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***Social Capital: Contribution of Rural Communities in Supporting
The Livelihood Strategies of Widows. Case of
Mashonaland East Province in Zimbabwe.***

**A Research project Submitted to Larenstein University of Applied
Sciences in Partial Fulfilment of the Requirements for the Degree of
Master of Development, Specialization Rural Development and
HIV/AIDS.**

By

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**Wageningen
The Netherlands**

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DEDICATION

This research is dedicated to Koos Kingma , my course coordinator.

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ACRONYMS AND ABBREVIATIONS

AGRITEX	Agricultural Technical and Extension Services
AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral Treatment
CBO	Community Based organisation
DFID	UK Department For International Development
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
NGO	Non -Governmental Organisation
PLWHA	People Living With HIV and AIDS
UNIAIDS	United Nations Programme on HIV/AIDS

ABSTRACT

Widows in Zimbabwe constitute more than half of the women and the majority of them live in the rural areas. By virtue of their number, widows play an important role in agricultural production and food security of the nation. However, both AIDS affected and non-affected widows have not been participating meaningfully in the agricultural projects as they spent time in non agricultural livelihood strategies some which put them at risk for HIV infections.

This research therefore seeking to identify what is being done by the community to enhance widows' livelihood strategies with aim of incorporating it in the extension programmes. The research identifies various sources of social network within the community that can be used by the widows to meet their different types of needs that arises due to death of the husband. It further explores the challenges that the community is facing in trying to assist the widows and ways that can be done to solve the challenges.

The research found out that there is weak social capital within the community due to a number of factors despite the fact that they have high asset base in the community.

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

CHAPTER I: INTRODUCTION

1.1 Background / Justification

Zimbabwe is a land locked country in Sub Sahara Africa. Its economy is agro based which contributes 19% to the gross domestic product. About 80% of its agricultural production is rain fed and the remainder is under irrigation. Agricultural sector is the major source of the food security as it provides livelihoods for about 70% of rural population (Sirte 2008). People living in the rural areas occupy over half of Zimbabwe's land area and accommodates 57% of the population (Sirte 2008). Rural areas are densely populated and relatively deforested with small arable fields of less than three hectares with 60% of the famers being female headed household (Agritex annual report 2009).

Lands for crops are close to grazing areas which are owned communally. Crops grown by the rural farmers are finger millet groundnuts, sunflowers cotton, round nuts and maize which is the stable food. Few cattle, chicken and goats are the chief livestock kept by rural farmer .They are usually used for home use rather than commercial purposes. Cattle are used for drought, manure and depending on the availability of grass they may be milked.

In Zimbabwe, about 70% of rural people derive its livelihood from subsistence agriculture (Andrea 2009). Government of Zimbabwe through its Ministry of Agriculture assist the rural farmers by providing free extension. The department of Agricultural Extension and Technical Services (AGRITEX) is the principal agricultural extension agency in Zimbabwe which provides general agricultural extension services and training for farmers in the use of new technologies for both livestock and crops .It also creates awareness on social issues on the role of gender in extension among all landholders, identifying farmer groups for extension efforts, promoting training schemes, particularly for farmers with limited resources; assisting farmers in solving their own problems, and furthering agricultural development.

The majority of AGRITEX's clients are the rural farmers who are the key group of agricultural producers and widows constitute more than 50% of the farmers (Topouzis and Guerny1999).Majority of these widows are AIDS survivors who abandons town to rural areas hopping 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 (Topouzis and Guerny1999). 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. This group of people require low-risk survival strategies which can assure household food security, as well as a cash income to pay for school fees and other basic necessities (Topouzis and Guerny1999).

One of the low –risk survival strategy implored by community to assist the widows is the use of social capital. Bourdieu (1986: 248) defined social capital as “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 (Wiegers 2007). Social capital is of the five capitals of livelihood framework and this plays an important role in protecting people in times of need. The other capitals are human, natural, physical, and financial and they used by people to pursuit a day-to-day living as well as to cope with a situation of crisis when necessary.

1.2 Problem Statement

The department of Agricultural Extension and Technical Services (AGRITEX) works closely with widows in rural areas to fulfill its mission of facilitating increased agricultural production and to improve people's livelihood, food security, income generation, poverty alleviation and sustainable socioeconomic development. The department is concerned by less participation of widows in its programmes to achieve its mission and yet they are the majority in the rural areas (Nongoma et al 2006). This is also revealed in 2009 programme evaluation which shows that viable projects are from less vulnerable groups of the community like men while widows who constitute more than 50% are overshadowed (Agritex annual report 2009). These widows are under privileged group in a patriarch society and yet they have responsibilities of raising the children. This research therefore seeks to identify the contribution by the family and the community as a social resource in supporting the livelihoods strategies of both non AIDS affected widows and AIDS affected widows so as to include it in its programmes in the rural community of Chihota in Mashonaland East in Zimbabwe.

1.3 Relevance of Study

Zimbabwe has a population of about twelve million people .Women constitute more than 51% and widows constitute more than 50% of total women (Lopman et al 2009:85:1).Women account for more than half (58%) of adults estimated to be living with HIV/AIDS (UNIAIDS2010) and most of them live in the rural areas where the prevalence of HIV is exceptionally high among widows with 61 % (Lopman et al 2009:85:1).

There are a number of programmes that have been run by different organisations. Among the list is the ABC programme that emphasises on abstinence, being faithful and use of condoms to protect HIV/AIDS. This is direct AIDS work that addresses issues of sexual life and yet there are social and economic issues that affect the widows in the rural areas. The government through the ministry of social Welfare tried to assist the widows but it flattered along the way due to harsh economic conditions. It is against this background that a topic on social capital that emphasises informal social network of the community in which the widow lives stay was chosen to try and find out what the community is doing with aim of mainstreaming into extension programmes.

1.4 Objectives

To come up with recommendations on how to include widows in AGRITEX programmes by strengthening community responses.

1.5 Research Questions:

- (1) What is the contribution of the community members in supporting the livelihood strategies of the widows?
- (a) What are the needs of AIDS affected and non affected widows?
 - (b) What is the contribution of immediate family members in supporting the widows?
 - (c) What is the contribution of the extended family members in supporting widows?
 - (d) What kind of support is given to widows by church, social community organisation, village head, neighbours, and friends?
 - (e) What challenges being faced in supporting the widows?
 - (f) What action is taken to solve the challenges?

1.6 Definition of Terms

(a) Supporting

In this research, supporting means the contribution that is made by the community to enhance livelihood strategies. The community encompasses the CBOs, the extended family, neighbours, friends and the churches.

(b) Widows

In this research, a widow is a woman whose husband died and is not remarried. These widows can either be AIDS affected or not affected. When the husband dies, a widow has to adjust to new life that was not prepared for either by education or upbringing. The new life has different needs and feelings that are to be fulfilled.

(C) Immediate Family

There are a number of definitions of immediate family with different dimensions. Generally, immediate family is defined as a husband, and his wife and a number of children. In this research immediate family is defined as the widow and the children who are not yet married. Children who are married are part of extended family. In this case, the children can either be working or not but because they do not have their family to support, they are still part of the immediate family.

(d) Social Capital

There are a numerous definitions of social capital found in the literature. These vary in depending on whether their forms is primarily on

- (a) The relations an actor maintains with other actors.
- (b) The structure of relationships among actors within a collectivity or
- (c) Both types of linkages.

In this research social capital is defined as social networks that bonds similar people and bridging between diverse people.

Social networks that bonds similar people is called bonding social capital .Social networks that bridges diverse people is called bridging social capital while social networks that links both similar and diverse people is called linking social capital.

1.7 Conceptual Frameworks

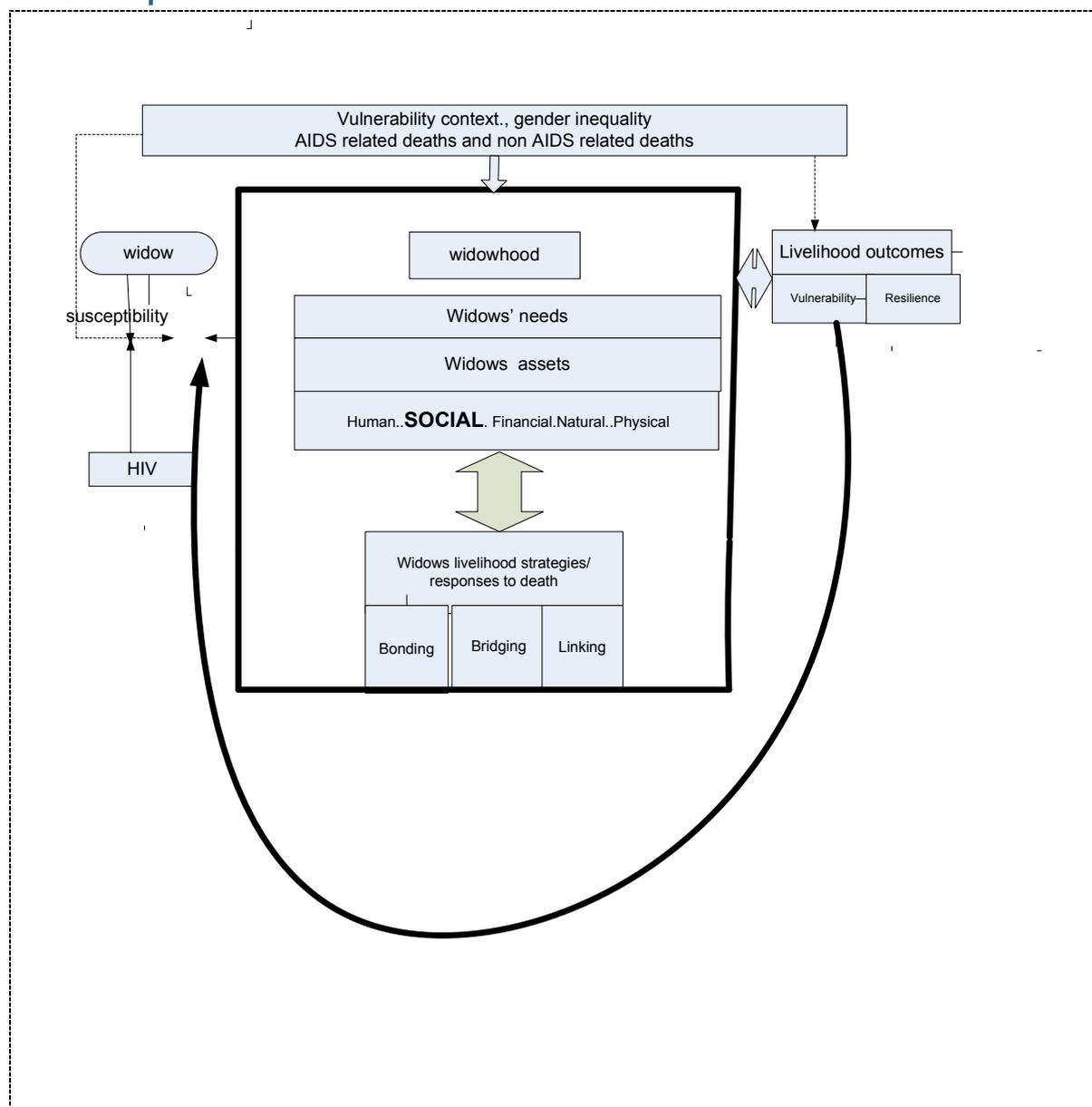


Fig 1 Conceptual Framework

Source: Adapted from

Basing on the defined terms above a framework is presented for guiding the research and the analysis. The framework is based on the sustainable livelihood framework of DFID. In this research the widow is the centre of the framework that has access to resources and assets like the social, human, natural, physical and financial from which they draw a variety of livelihood strategies that results in different livelihood outcomes. These outcomes include food security, health, income, wellbeing and reduced vulnerability to the impacts of AIDS. The livelihood outcome also influences widows and their dependants' susceptibility to HIV infection. The framework helps to understand how social capital, one of the five capitals of sustainable livelihood framework can be used by widows to derive sustainable livelihood through social networks.

The social networks can be bonding, linking and bridging which the widows can use for livelihood. AGRITEX wants to strengthen its programmes through incorporation of social capital as it identifies needs of the farmers. This is because AGRITEX, currently puts more emphasis on technical issues like dissemination of new crop or livestock technologies as it identifies needs of the farmers. It assumes that all farmers including the less privileged widows have equal access to extension programmes, bank loans, farming inputs and that they have control over their assets. It also assumes that there is equal participation of all farmers in the developmental projects.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter starts with a brief description of sustainable livelihood framework and the diagrammatic presentation of the framework. It is followed by describing the various components of the framework and then its application in agricultural extension programmes.

2.2 Sustainable Livelihood Framework (SLF)

The sustainable livelihoods framework is a livelihoods analysis that was developed by Chambers and Carney in the 1990s and adopted by DFID to analyse the causes of poverty, peoples' access to resources (Michelle and Dick 2002). It is primarily a conceptual framework for analyzing causes of poverty, peoples' access to resources and their diverse livelihoods activities, and relationships between relevant factors at micro, intermediate, and macro levels. It is also a framework for assessing and prioritizing interventions (DFID1997; Carney et al.1999).Household are seen as possessing the five sets of livelihood assets essential for livelihood strategies and these are human capita, finance capital , natural , physical and social capital. By utilizing these assets, households can adjust to their physical, social and economic environments through a set of livelihood strategies designed to strengthen their welfare (Marcela 2009).

SLF views people operating in a context of vulnerability within which livelihoods are embedded. A livelihood is sustainable when it cope with and recover from stress and shocks and maintain or enhance its capabilities and assets both now and in the future while not undermining natural resources base(DFID 1999).

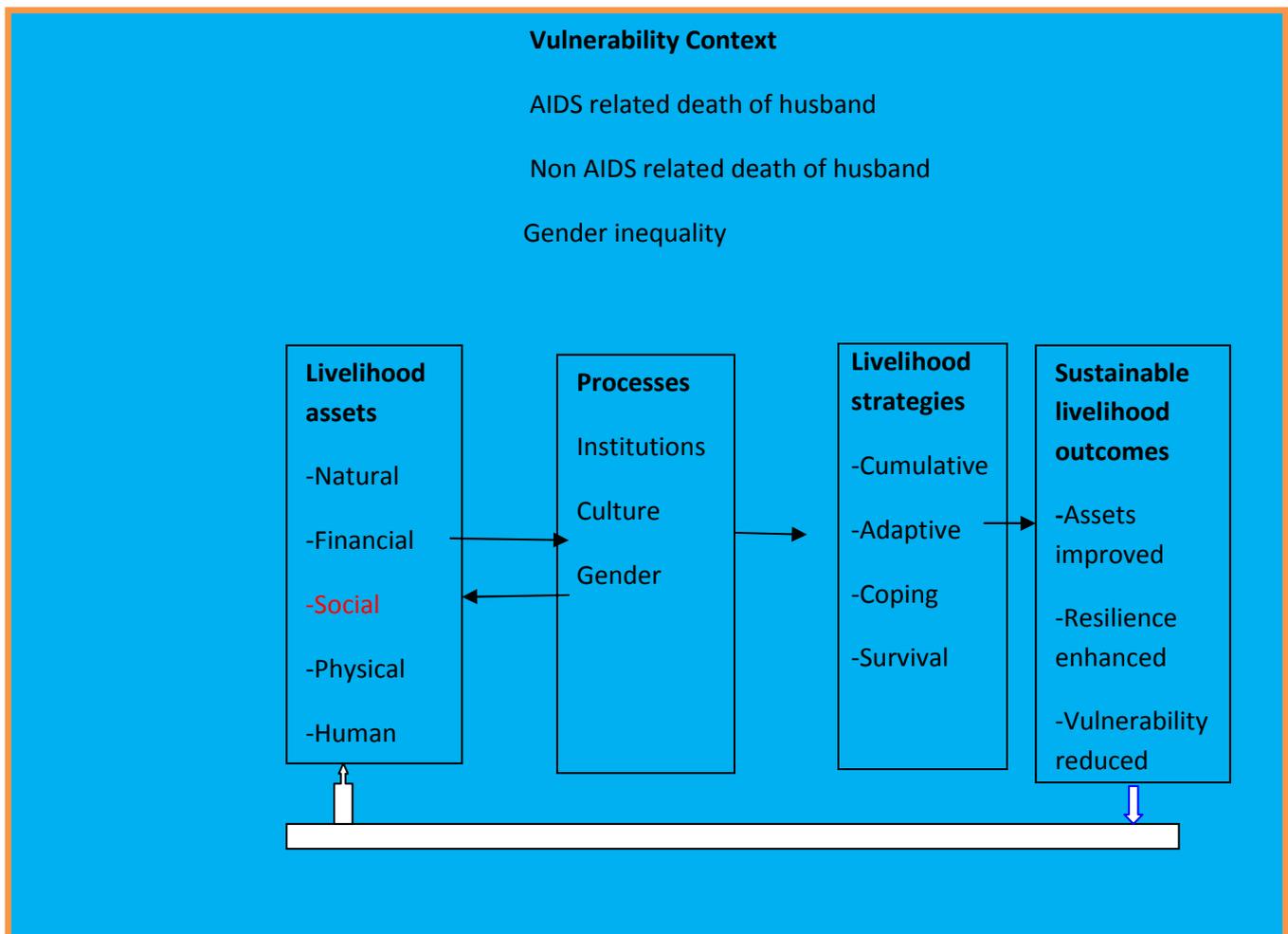


Fig 2 Sustainable Livelihood Framework

2.3 Vulnerability Context

According to Chambers et al 1989, vulnerability context defines the risks a livelihood faces due to factors beyond the control of the household. This risk of livelihoods includes economic condition, social, shocks (HIV/AIDS, health) and political (Wangui2009). Shocks come unexpectedly and may all of a sudden reduce households' assets or limit the chances of converting assets into livelihood outcomes. This is because the vulnerability context is exogenous meaning that the effects are beyond the households' control. For example death is beyond anyone's control and it leads to different type of needs that were not there before. The death can be as result of AIDS related diseases or not AIDS related diseases, both changes the livelihood of household. In this research the shock that will be looked at is the death of husband caused by AIDS related diseases and non AIDS related diseases of married women leading to widowhood. The livelihood of the widow is also influenced by the external environment which comprises of polices and institutions like culture and gender.

2.4 Types of Needs

Death of a husband dramatically changes the life of a woman as this brings in new needs that were not before. These needs include emotional, financial, material and advice. There is also an uncertainty on her HIV status. There is fear of being infected which ends after being tested. Emotional need entails sharing thoughts, joys if there are any, sorrows and concern. This helps in breaking depression of the widow by talking to them and this needed soon after the death of the husband. The feeling that even though the husband dies, there is still someone who cares about her life makes her strong to face new challenges in life.

A widow also needs physical material for daily living and these includes food, clothing, labour and farming in puts. Death of a husband robs the women the source of labour for tasks like clearing the forest. Linked to material need is finance, which would a have been used up due to long illness of the husband especially to AIDS related illness and chronic illness. This leaves the widow with less or no finances for use in daily lives like school fees, purchasing of food and clothing. For AIDS affected widows, extra money for medical bills is needed and this is an ongoing need for most widows due to compounding effect of AIDS.

Advice is one of those needs needed by the widows. This is usually in the form of encouragements to face new life and also information about marketing of agricultural produce. For AIDS affected widows, there is need to advice on the positive living and where to get the ARVs. These needs however are influenced by the five capitals which are social, human, finance, and physical and natural the widow is exposed to. To meet these needs, all the five capitals should be converted to one form or another and this can be done through social capital by social networks within the community.

2.5 Five Capitals

According to Chambers and Conway(1992:2), a livelihood comprises of assets (including both material and social resources) and activities required for a means of living. Within the context, there are assets that can be utilized through strategies to have specific livelihood outcome. These assets are also referred as the five capitals and these are natural, social, physical, human, and financial. Depending on accessibility, households can combine these capitals to create a livelihood. To possess the capital, one is to be related to others like friends, neighbours, family members both immediate and extended. It is through these structures that a household can engage different livelihood strategies

2.6 Social Capital

Social capital is a resource that is generated through family and group relationships and through which a range of capital assets is transmitted across generations. James Coleman 1990: 300 as quoted by Wiegiers in her 2007 article, defined social capital as part of people's family relationships, particularly inter-generationally, which helps to increase human capital, which in turn results into economic returns. Social capital is seen a resource that facilitates actions of individuals and groups by virtue of their direct and indirect links to other actors in social networks (Wiegiers 2007). In these relationships the family is the most important institution that provides care, support, continuity and stability to individuals in communities. The family is however, under siege due to HIV/AIDS pandemic with its devastating consequences that has left the family and the community crying out loudly for assistance to help it cope , remain solid , useful and performing its crucial responsibilities to its members (Nhongo 2004). For example family in South Africa has always been viewed as adaptive

and vibrant institution that responds creatively to challenges. However, in the face of HIV/AIDS, the question arises as to whether the family, as a network of care and integral social resource in society, will be able to live up to this challenge (Ria 2007). Moreover, the effects are severe because it affects family structures, intergenerational relations and family social networks.

In Zimbabwe, the family is the traditional social security system in the rural area that provides assistance to the widows and yet they are overburdened by harsh economic conditions. HIV/AIDS worsens situations for the rural families who once depended on remittances from urban kin as safety net as those afflicted by illness return to their home area. According to Wiegers 2007, Kinship networks, neighbours, friends and the community, remain the most important coping mechanisms for the rural households. It is one of the strategies for impact mitigation for widows in the rural areas and generally, people tend to put claims on their kinship ties for food, financial assistance or labour at a time of stress or shock.

2.7 Types of Social Capital

Adler and Kwon in their book called Knowledge and social capital categorized social capital by grouping definitions of social capital. Definitions of social capital focus on both internal and external relations of individuals. From these definitions, three types of social capital were identified. These are bonding, bridging and linking.

2.7.1 Bonding

Bonding focuses on the ties between individuals of similar situations such as extended family, close friends and neighbours. It focuses on the internal relations and have tendency to strengthen exclusive identities and the groups with similar characteristics http://www.infed.org/biblio/social_capital.htm accessed 06/09/10 . It is very important for specific reciprocity and mobilising solidarity among people who live near each other or same community. For instance extended family extends across geographical boundaries to connect distant family units to all family members and is built in a mutual system as a whole. Traditionally, in Zimbabwe marriages was to link two families and not two individuals. The two families were linked together by the payment of bride price that was usually in the form of a number of cattle paid to the bride's family. The future children from new family will be responsible for supporting both families due to payment of the bride price. The extended family in Zimbabwe is the traditional social support system for its members. It is responsible for the protection of the vulnerable, care for the poor and the sick and transmission of social values and education among its family members (Foster 2000). However, the extended family system is currently disintegrating due to contemporary pressures which include work related migration and the massive 2000 resettlement programme that led to family dispersal. Friends and neighbours are also important parts of bonding as they provide daily life companionship and can be consulted whenever there is need for support and this can be a relative or not at all.

2.7.2 Bridging

Bridging is a vertical relationship between communities, individuals and organisations. It encompasses distant relationships like workmates, loose friends, extended family and people across different social divides. This is important for the widows as it brings different kinds of support from loose friends and the community at large. One of the important components of bridging in the rural areas is community based organisations.

These are non profit community based organisation working at a local level with the aim of improving life for its residents. The aim is to have equal access to assets, services and resources to disadvantaged people of the community. This is staffed with community staff with information and experience of the neighbourhood. Local residents join together to offer assistance to those in need during periods of shock or crisis. This community-based initiatives have become one of the outstanding features of the epidemic and a key coping mechanism for mitigating the impact of HIV/AIDS (UNAIDS 2002). For example Home based Care is one the organisations that is assisting People Living with HIV/AIDS in the rural communities. However, as the number of HIV/AIDS cases increases, the need for assistance may overwhelm the support system, and traditional coping mechanisms have began breaking down. (Ntangis 2005)

2.7.3 Linking

Linking connects people of dissimilar situations like those outside the community and this enables people to leverage for wider range of resources than are available in the community http://www.infed.org/biblio/social_capital.htm accessed 06/09/10. However the widows cannot rely on this type of social capital because the community do not have obligatory to assist the widows but when it comes it a bonus .The extended family is the only source of social capital in linking that can be of importance to the widows. This is usually through remittances from the either local towns or from those who work outside the country.

2.8 Importance of Social Capital

Social capital has been identified as a resource with positive outcomes (Adler &Kwon1999:12).One of the positive outcomes of social capital is that it facilitates information accessibility from a broader sources. This information could be on market prices, availability of farming inputs, saving possibilities, how to live positive and technologies and innovations on farming. Social capital allows people to solve problems collectively and easily .These problems could be labour shortages in farming, school fees, and shortages of food .Through cooperation, people will be better off than being individualistic. Extended family, friends, neighbours and community members are important people in solving the problems collectively. The third benefit of social capital is solidarity. These are strong social norms and beliefs which are often found in closed social networks .Individuals comply with established rules and customs and reduce the need formal checks (Adler&Kwon 1999:12) as quoted by (Wiegers 2007.)These benefits are derived from CBOs and the church organizations.

While social capital is very important in the welfare of household in the communities through social network, it has also its limitations on either individuals or the groups. For example group participation demands for conformity by following norms, procedures and beliefs. This kind of social control is quite restrictive of personal freedoms (Portes1998:24:1-24).

Social networks also tends to exclude outsiders as the same strong ties that yield benefits to group members can prevent others from access. Also, an excess of claims on group members can prevent the success of the group business venture or that of the individual members (Portes1998:24:1-24).

2.9 Physical Capital

These producer goods include buildings, irrigation canals, roads, productive tools, livestock, food stocks and machines. Physical capital is important for the rural poor as it is a means of diversification for livelihood. For example, power lines, road networks and water supplies are important for reducing costs of transactions for people in the rural areas. Productive assets like food stocks, live stocks and equipment are important for responding to livelihood shocks such as HIV/AIDS. Through social capital, the widows make use of physical capital by using either the friend or neighbours' cattle for ploughing in their fields. They can use barter trade for some of the domestic and productive assets to meet rising costs of illness or to pay school and for medical bills. However, most of the affected widows have little productive assets at their disposal as most of them are used for caring the sick, medical bills and for funeral expenses. There is a need therefore for the community to assist those who are in need of productive assets to strengthen their livelihood.

2.10 Human Capital

Human capital is the sum total of ability to labour, skills, knowledge, experience, education and good health that enables a person or household to pursue different livelihood strategies (Wiegiers 2007). Human capital value is increased through training and being healthy. This is however, rare for the poor rural widows. This is because they lack other capitals like finance needed to improve the quality of human capital. As a result, skills and education is very low among the rural poor widows. This increases risk to livelihood security of widows' household. Moreover, there is restricted occupational choice for its household. To improve the quality of human capital for the widows' households is necessary if livelihood is to be improved by enhancing the social networks within the communities in which the widows live. This can be through bonding with the extended family or through bridging with the community leaders.

2.11 Natural Capital

Natural capital is made up of natural resource stocks from which useful resources flow are derived (Rakodi 1999:17). The resources include land, natural forest, rivers, pastures and other natural environmental resources that can be utilized by the rural households for their livelihood. Underprivileged rural widows have access to the natural resources and they depend on these public assets as they have no direct access to private assets. They are very important for the rural widows engaged in farming and other activities as their livelihood depends on rural environment as compared to men. However, improved access to these natural resources for the rural widows is of importance especially for the AIDS affected as they can use either fruit for nutritional and for medicines. The community can assist the widows to have access to the natural capital by maintaining natural environment and sharing the produce with the widows. The widows can benefit from the natural environments when the community forms the CBOs that conserve and maintain the natural capital which will be shared among the community members.

2.12 Finance Capital

This includes cash, loans, credit and savings that are owned by the household. The main sources of finance for the rural household are the crops and livestock not for sale but for consumption as well as the remittances from urban. Finance plays an important role in the life of rural poor especially the widows as it enables other types of capitals to be owned and traded. Finance capital itself has no value but in other forms like natural, human, social land banknotes and bonds.

HIV/AIDS put a severe strain on household financial capital through high medical bills funerals costs and related transport costs .It impacts financial capital through reduced on farm and off farm sources as a result of sickness and death (Wiegers 2007).For widows therefore, social network is important here for utilising other sources of capital for the benefit of the community. Bonding, bridging and linking are important for the enhancing livelihoods strategies of the widows through family networks, friends and neighbours.

2.13 Processes and Institutions

Institution refers to rules and processes that govern relationships within and between different organisations and between organisations and the public (North and Ostrom 1990).These have an effect on assets availability to household and the composition of different activities that can be undertaken at particular moment. It is important to know the institutional process if one is to identify and make use of available opportunities to get a livelihood.

Institutions are either formal or informal but in this research I will focus on the informal institution. This is because the research focuses on how the community contributes to the welfare of widows through social networks within their own institutions. These institutions include customary practices related to marriage, gender, inheritance and ownership, access to and control over assets and resources. These are important for widows as they influence access to land, ownership, control, and how inheritance practices are viewed which affect livelihood strategies.

2.14 Livelihood Strategies

Livelihood strategies are different activities individuals undertake on the basis of the different assets they have access to in order to generate a livelihood. The livelihood strategies can be divided into four categories and these are accumulative, adaptive, coping and survival (Orr 2002).Accumulative strategies increases the assets through profitable enterprise like selling of vegetables and petty trading while adaptive strategies spread risks of the household through adjustments and diversifications of livelihoods like off farm and nonfarm activities for the rural household like widows. Coping seeks to minimize the impact of future livelihood capacity and one this can be done through withdrawal of school children and reducing the number of meals per day Survival strategies aim at reducing destitution and death (Orr 2002). These strategies are helpful if only the household has access to the capitals. It is important therefore that the widows get the necessary support through social networks to strengthen their livelihood strategies.

Livelihood is away and means by which people make living and the resources they have and how they use them. According to Chambers 1989:7, livelihood is a condition whereby

there are adequate stocks and flows of food and cash to meet basic needs. Livelihood comprises of assets, capabilities and activities required for a means of living (Chambers and Conway 1992:6) These assets can be tangible like livestock, maize and can be intangible like claims and access to resources and to cope with and recover from stresses and shocks and maintains or enhancing. In the case of widows, recovering from the shock of death is gradual process that requires putting the resources together through concerted effort by the stakeholders like extended family and friends. For AIDS affected widows more assets are required than non affected widows as most of the assets would have been used up during the long illness of the husband.

Livelihood strategies of the widows in the rural areas are affected by the institutions like culture and gender that can inhibit or facilitates different activities that can be undertaken for the betterment of the household.

2.15 Livelihood Outcomes

Social capital that inheres in the structure of the peoples' relationship is one of the capitals that can be utilized to transmit other capitals into livelihood outcomes through livelihood strategies (Portes 1998). Farrington et al 1999, defined livelihood outcomes as achievements or outputs of livelihood strategies through utilization of assets accessible to household. These achievements includes livelihood resilience, which is the ability of individual to recover from stress or shocks like drought, loss of income, mortality without significant erosion of assets and entitlements. When significant erosion of assets occurs as it often does in AIDS related deaths, resilience is reflected in the ability of an individual to forge new claims and assets (Wangui 2009). Improvements in assets and increased resistance to HIV infection of the individual are some the desired livelihood outcomes that can be achieved through the use of social capital. However, operationising of a livelihood approach requires improving access to assets and resources for supporting effective functioning of the organisation policies and process that influence access to assets.

CHAPTER 3: METHODOLOGY

3.1 Introduction

This chapter starts with brief description of the study area followed by discussion of the research design, selection of respondents, data collection and summary respondents. It ends on discussing limitations of data collection.

3.2 Study Area.

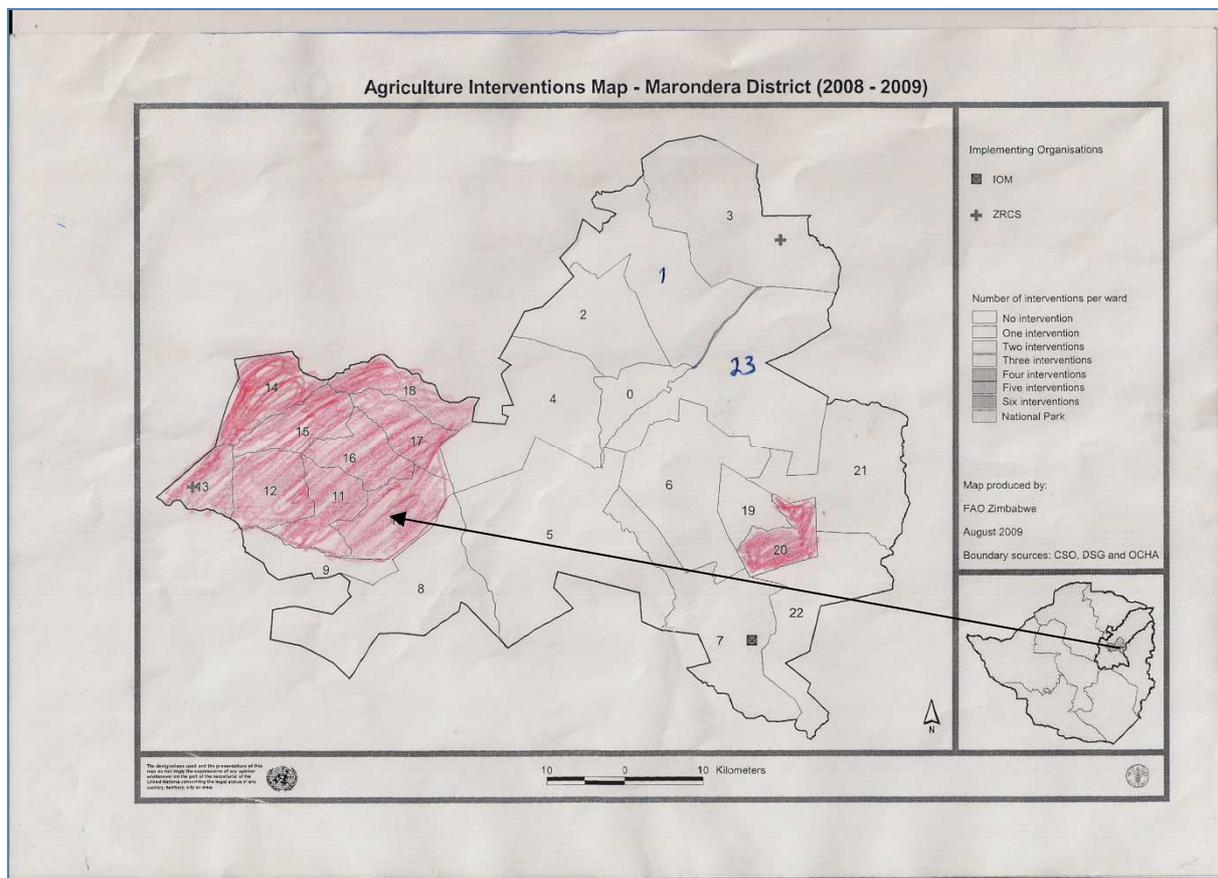


Fig.3 Map of Chihota

The research was conducted in Chihota of Marondera district in Ward 10 of Mashonaland East Province. It is situated in the eastern part of capital city Harare and in the western part of the provincial city of Mashonaland East province. People live in a line and the farming land and grazing lands for animals are away from the houses. It has low agricultural potential characterized by unreliable and inadequate rainfalls that seriously affects agricultural activities. As a result of this, their main source of income is gardening and petty trading. The area moderately dry hence they grow maize groundnuts, sorghum, millet, and cowpeas.

Chihota area was chosen for my area of study because

- It is the only rural area where people live in a traditional way rather than new models that were brought due to land reform. The other places nearby are all farms so I thought of choosing Chihota rural area where people live in a communal set up with established community structure. The farms are business enterprises so issues of social capital may not be of importance to them hence I did not chose them.
- Chihota is near the capital city of Zimbabwe where most of the widows go to stay after the death of husband in town. Most widows go to nearby rural areas to stay when life in town is no longer affordable meaning that I would easily get all the respondents I wanted rather in farms.
- Near to my place of work.

3.3 Research Design

For data collection, a qualitative methodology was adopted because I wanted an in depth understanding of what is happening on the rural areas as regards to social capital on the welfare of widows and the reasons behind such phenomenon. Moreover, I wanted to work with small samples rather than large samples and that is why I had to use qualitative. Again qualitative methodology uses open-ended questions and probing that give participants the opportunity to respond in their own words and this helps in getting the detailed information on the topic under discussion, rather than forcing them to choose from fixed responses. Prior to the design of the field study, a desk study review of existing literature on the contribution of family, CBOs, local leaders and church in the welfare of widows was undertaken to support the development of a research framework. This also helped in identifying data gaps and identifies what is applicable in present in Agritex activities so as to refine research methodology. The study focused on the welfare of both AIDS affected widows and non affected as regards to social capital. Before data collection a check list of unstructured questions was developed and pre-visit to the research site to meet the community leaders and get acquainted to the research area and make appointments with Key informants was done.

3.4 Selection of Respondents

The information required was sensitive as it covers emotional and personal life. As a result of this, a chain referral or network sampling was going to be used to identify both AIDS affected and non affected widows. However, because of time constraint, 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 ward 10 of Chihota 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 ward. 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. Ten widows were enough and manageable within the time limit I had to give me enough information on areas I wanted find out. From each interviewed widows, one immediate and one extended family members were interviewed. A total of five neighbours, and five friends for both AIDS affected widows and non affected widows were selected. These interviewed to ascertain the information from the main respondents.

A local leader with the knowledge of the widows was selected and the pastor with the largest church in the area was also selected. There was only one HBC in the area and hence it was taken on board for interviews. The HBC leader, church leader and the local leader were selected as key informants.

3.5 Data Collection

The information required was sensitive as it covers emotional and personal life. As a result of this an interpretative methodology involving both informal and formal discussions was implored. Two complementary methods of data collection namely separate in-depth individual interviews and key informant interviews were used to collect the data. In-depth interviews was used because of its suitability for collecting data on individuals' personal histories, perspectives, and experiences, particularly when sensitive topics are being explored.

- Discussions with individuals from selected AIDS affected widows and non affected widows focusing on their experiences as widows and the challenges they meet in daily life since their husbands died were also held. Information on whether they receive support from family members and the community was also collected. To verify the data from the widows, each widow's friend, neighbour and extended family member was also interviewed. Data on the livelihood strategies from all interviewees was collected so as to get clear picture of all the respondents on how they live. Information on asset ownership from all interviewees was also collected and the aim was to understand how claims to assets had changed due to death of the husband.
- Interviews were also administered to three key informants from HBC leader, church leader and the local village head. The objective of key informant interviews was to gain insight into the condition on which the widows are subjected to and to understand what the organisations are doing to assist the widows. These community experts, with their particular knowledge and understanding, can provide insight on the nature of problems and give recommendations for solutions. The interview with key informants also focused mainly on, what support activities these organizations are providing to the community, who are the community they are working with, and the challenges and opportunities encountered.
- Other source of information was also recorded in the field through observation of what is happening on the households of widows especially on livelihood strategies. I observed one the respondent cutting thatch grass for selling to a neighbour.
- Relevant literatures from AGRITEX staff working in the area were also obtained regarding the livelihood strategies of the widows.

The study took great care to respect confidentiality (no names of the dead in the group asked was mentioned). At community level, local leaders were introduced to the objective of the study and asked for their approval and cooperation in selecting the respondent for

interviews. Selected respondents were again informed about the objectives of the study and their oral consent to participate in the study was solicited.

3.6 Limitation of the Methodology

The limitation of the research was on how the data was collected. I was moving with the local agricultural extension worker and the HBC leader and I was using the government vehicle which the respondents associated with a process of beneficiary selection. This is because whenever there is either government or NGO programme aimed at supporting the under privileged, they use the local extension officers. As a result all respondents had preconceived ideas about the all process even though I explained the objectives of the study. So I feel that information was not given freely hoping to get hand out and thus misrepresenting figures.

Table 3.1 Summary of Respondents, Category and Method of Data Collection

Number of respondent	Category of respondent	Method of collecting data
5	HIV/AIDS affected widows	Interview, observation
5	Non affected widows	Interview, observation
10	Immediate family member	Interview, observation
10	Extended family member	Interview, observation
10	Friends	Interview, observation
3	Key informant	Interview
10	Neighbour	Interview , observation

Source: Households interview 2010

CHAPTER 4: FINDINGS AND DISCUSSION

4.1 Introduction

In this research affected widow is a woman whose husband died due to AIDS related diseases while non affected widow is a widow whose husband died of non AIDS related diseases. They are aged between 30 and 64 years with the AIDS affected widows being at the lower end and the non affected widows at the upper end. They have been widowed for about 3 and 16 years. The non affected widows have the longest period of widowhood. Some of the widows have migrated from the nearby city when the husband dies to find a rural home where life is not expensive as compared to town. These women are the de jure heads of households as their husband died and have not remarried.

Table 4.1 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

4.2 Labour Force for Widows

According to Muller (2005:2), one of the impacts of epidemic at household level experienced is labour shortages and has an impact on people's labour at several levels like supply, productivity and opportunities. AIDS related deaths tend to affect the experienced agricultural worker resulting in labour shortages and declines in productivity. The prime labour pool from which households can draw for agricultural labour and other productive tasks is determined by the mean number of adults in the productive years (15-64 years) and their sex. This is used as the denominator in calculating the household dependency ratio (Curry et al 2006:110).

In Table 4.1 the AIDS affected widows in the study sample have on average more adult labour than non affected widow. This is in contrast to the general assumption of labour scarcity among AIDS affected female de jure headed household (Mutangudura 2000). This is because AIDS related deaths will result in reduced number of children being born and the proportion of those who might be born will 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 for daily agricultural activities as they are also sick. This is in line with Muller 2005:2 who also found that the impact of epidemic at household level is labour supply, productivity and opportunities which are critical during the summer period. This is usually from October to May when there will be high demand for labour in the fields for planting, weeding and harvesting. One of the interviewees from the research gave her story on what happens when AIDS entered her household that resulted in more labour but less productive.

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 of vegetables at Mbare musika and one of them who died leaving two children was now a cross border to South Africa and Botswana. She was like my father. The other four are now sick and they are at home'. (Widow of 56 years).

From above case , it mean that the widow faces increased demands on her time for domestic tasks and crop production despite the fact that she is also sick .There is burden to feed the sick old children and the orphans left by her daughter. This has the implication that the AIDS affected widows headed households have to find ways to help them in labour exchange activities, thus the household must fill labour gaps by utilizing children or the elderly, and by hiring labour or by exchanging labour with other households. This finding reveals that, those poorer AIDS affected widows are in the precarious positions in the absence of social capital.

As seen from the case above, 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(Okuro2007:2.108-123). 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 vulnerability to impacts of AIDS to the extent that they find it difficult to resist further consequences of HIV/AIDS. The deterioration of livelihood building blocks experienced by HIV/AIDS-affected households eventually will force certain households to dispose of productive assets such as land often with tenuous results considering the many widows, orphans and the survivors whose livelihoods depend directly on land. (Okuro 2007:2.108-123).

Due to labour shortages, female school children were forced to leave school so that they can help younger sibling and to help in food production. A respondent who is AIDS affected said that she had to withdrew her daughter from school so that she can help her with household work. It is one of the coping strategies implored by the widows and this supported by Loevisohn(2008:18) who wrote that children are withdrawn from school both to reduce expenses and to provide additional labour. They graduate into earlier adulthood .This means that they will attain lower education and this perpetuates the cycle of poverty across the generations and reduces prospects for decent work opportunities (Mutangadura 2005:7). In the study area, HIV/AIDS is threatening recent positive gains in basic education that has been gained by Zimbabwe since 1980 as majority of children withdraw from school as the parents fails to pay school fees.

Non affected widows have the smallest household size and are expected to experience greater labour shortages than AIDS affected widows. However, they are better in that all of them can work unlike the AIDS affected household.

From the sample, AIDS affected widows have same dependency ratio to non affected widows. This is however in contrast to what Barnett and Whiteside 2006 found .They found that dependency ratio increases where households comprise of more children and elderly than the adults. Muller (2005:2) also supports this statement because she said that highest dependency is found in the affected female headed household. This means that they rely on few people to support the large number of children.

Where adult workers are insufficient widows tend fill that labour gap by using children, at times hiring labour or exchanging labour with other households depending on activities . However, this has the implication for other household because of interdependence, resulting in weakening of coping mechanism of farming communities as more households in the community are affected and communal support networks are less able to provide support. This is the group of people who need to be supported through social networks by arranging labour sharing in the community in order to strengthen their livelihood strategies depending on their asset ownership. However, the impacts of death husband does not affect labour availability and quality only but also the asset ownership as shown on the table below.

Table 4.2 Asset Ownership of the Widows and Incidences of Property Grabbing.

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
Non AIDS affected widow(N=5)	0	4	1	5	0	4	1

4.3 Asset Ownership

Type of assets, quantity, quality and how accessible are they determines the capability of household for responding to hardships. Assets are important for improving household stability ,creating an orientation toward the future ,stimulating the development of other assets, enabling focus and specialization, providing a foundation for risk taking, increasing personal efficacy, increasing social influence ,enhancing the welfare of offspring(Sherraden 2000:110).

The overall pattern across the Chihota ward for all categories of household shows low asset base for the widows (see table4.3) which is an indicator for the general wealth of 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 exactly what Okuro (2007:11:2) 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 (Okuro2007:11:2) It started 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 said.'" This left her with land only as the productive asset which is communally owned meaning that it is the only asset left for her disposal for her livelihood.

On a better note, the issue of property grabbing is not common for both affected widows and no 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.

For non affected widows, the situation is different. The results are in line with expectations as most deaths of husband for the non affected widows were sudden. This means that there were little expenses incurred for the care of the sick. Because of this, non affected widows have better asset ownership as they have both liquid assets like cattle which is the traditional source of wealth for the rural household. Land is common to all respondents because it cannot be sold as it is owned communally. 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 Chihota 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 .The widow had no child and she is not from the same area, so they thought she would go away with what the brothers saw their wealth .Moreover, the widow was still young and yet she refused to be inherited 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 4.3 below.

Table 4.3 Livelihood Strategies for Both AIDS Affected Widow and non Affected Widow.

Category of widows	Crop production	Animal production	Trading	Petty trading
AIDS affected (N=5)	5	1	1	4
None affected (N=5)	5	4	3	2

Source: Household interviews 2010

4.3 Livelihood strategies for both groups of widows

According to Perz 2005:41:7, livelihood depends on some combination of agricultural and non-agricultural activities that constitute income source. These activities depend on asset availability and their accessibility. From the table 4.2 above, the other category of respondent has assets and hence they can diversify for greater household incomes and better welfare than AIDS affected widows with less assets endowment. However, all widows from the study engage in either on farm activities, off- farm activities and nonfarm activities as their livelihood strategies. On farm activities is the most popular with crop production being the highest followed by animal production.

Chihota is located near the capital city of Zimbabwe, where there is the largest market for the vegetables hence they grow vegetables especially the perennial covo for the Mbare musika market in 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 truck that comes to buy from the gardens and they buy on lower price as compared to those who sell in the market place. Moreover growing covo is not labour intensive and is not expensive and that is why all widows rely on this crop production. Marketing of vegetables in this area is also easy as the transport network is effective and efficient

Besides gardening, they also 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.

Animal production is higher in the non affected widows compared to affected widows and it is the second livelihood strategy of the widows from the study. Off-farm is higher in the non affected widows with more than three quarters of the widows while the majority of affected widows are up to nonfarm activities besides on farm. Off farm entails in this covers small activities that a widow does to earn a living like selling pots made of dagga.

Although animal production is the second largest livelihood strategy for non affected widows, this however contributes less to the livelihood of the widows. The animals are used for ploughing and not for selling as might be portrayed on the table. It is only when milking that the widow can consume the milk and not meant for selling. It is only on rare occasion that

goats and indigenous chicken can be sold especially to pay for school fees .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.

Off farm livelihood strategy as a source of income for the widows is higher for non affected widows as compared to affected widows. As shown on the table 4.3 above three out of five respondents in the AIDS affected widows engage in trading as compared to one out five for the affected widows. The non affected widows work on other farms .and they get money in exchange for labour. For this category of widows this is a form of a diversification and this helps to reduce vulnerability to food and livelihood insecurity. Moreover it 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 during later rains. They will get poor harvest as there will be no more rains and the maize is affected by sun and diseases. Some are given maize seed in exchange for labour. As for the AIDS affected widows, because they have labour constraints they cannot diversify into other strategies and that is why there is only one person out of five who sells the firewood from the planted gum trees at the orchard.

Non –farm income refers to non –agricultural incomes (Ellis 2005). This is the most common in the AIDS affected widows category as their livelihood strategy with four out of five widows resorting for petty trading as a 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 (Wiegiers 2007). Besides beer brewing, they sell the home made pots made out of clay dagga.As for the non affected widows , they go to work in the nearby towns of Harare and marondera during the off season .Some do cross border trading in Botswana, Mozambique and South Africa. The cross boarder activity has-been associated with increased risk of contracting the virus in Zimbabwe (stokes and Sambisa 2006:71:2).This is because of the situations they undergo when transit, and when selling their products.

School children withdrawal is the other strategy used by the AIDS affected widows. From the study one out of five respondents withdrew children from school. 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. Because of this, the person is likely to engage in risk situations that exposes her/him HIV infection. This can be avoided if there is a strong social network in the community. 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.

Table 4.4 Comparison of Felt Needs (AIDS Affected Widows and non Affected)

Type of need	AIDS Affected widows (N=5)		Non Affected widows (N=5)	
	Soon after death	Current	Soon after	Current
Financial	5	5	3	4
Labour	5	5	3	4
Emotional	1	-	4	1
Material	5	5	3	5

Source: Household Interviews 2010

Mean number of years after the death of husband for affected widows is 3.6 years.

Mean number of years after the death of husband for non affected widow is 11.8 years.

4.4 Different types of needs required by widows

When the husband dies, women’s grief brings physical and emotional pain such that they become so weak to do physical work. Depending on widows’ resources, the effects of death vary across the AIDS affected widow and non affected widow. The table 4.4 above compares the type of needs required by the two categories of widows soon after the death of husband and their current needs.

A widow experiences the impact of death differently depending on the nature of death of the husband. AIDS related death brings a lot of changes in life of widow as compared to non AIDS related death in terms of their needs. As seen in table 4.4. AIDS affected widows in the study sample have on average more material or tangible needs both soon after the death of husband and the current needs than non affected widows. This is because during the long periods of illness caused by AIDS related diseases, there is loss of income and cost of caring for dying husband and this result in cash problems for the widow for both soon after death and latter in life as shown in table in table 4.4. These results are supported by (Ashford 2006), when he said that AIDS affected widows experience the immediate impact of AIDS because they suffer financial hardships when the husband dies. The AIDS affected widows will in dire need of finance for paying school fees for children, buying food, and paying for the funeral expenses. Moreover , from the sample the mean number of years after the death of husband is 3.6.This means there is short period after the death of husband hence there is need to replace the used money during the illness. However, these expenses are spiral as AIDS has clustering and compounding effect. This means it may affect the whole family because the mother will also likely to follow the same rout followed by the husband unless they were protecting themselves or they were no longer having sex anymore. Besides that, the family will end up trying to minimise the impacts of AIDS through coping mechanisms like withdrawal of school children. An AIDS affected widow said that she had to withdraw her child from school because she had no money to pay school fees. They can also reduce area under crop production as there will be shortages of labour and money for farming inputs. This makes it different from chronic illness because it has no compounding effect at all.

For non affected widows, they require less tangible needs soon after the death of husband in the form of finance, material and labour as shown on table 4.4. From the sample study, 4 out of 5 respondents said that the husband died after short illness and only one died of chronic disease. This makes it different from the AIDS affected widows as they spent less money in caring and supporting the husband during illness. The non affected widows have some money left for paying school fees and for food. However this diminishes with time as shown on table 4.4. as the money gets used up meaning that in the long run non affected widows face difficulties as the affected widows.

“All widows regardless of AIDS affected or non affected have to cope with issues of intense isolation and loneliness and some the sense of losing ‘womanhood’ as seen as sexless and fear of being HIV positive” (Sleep 2001). The trauma of being widowed is great enough for non AIDS affected widows especially soon after the death of husband as shown on the table 4.4 with highest number of people who requires emotional needs. This because the non affected widow requires emotional support in the form of comfort due to unexpected death of the husband .However, for the AIDS affected widows, they encounter the emotional need during the long illness of the husband such that by the time he dies the only need left is material in the form of labour for agriculture activities and finance for school fees and food. This is supported by Barnnet and Whiteside (2006) and Sleep(2001) when they say long illness that increases in frequency and duration which results in death of husband causes the affected widows to pass the emotional need. The other reason could be that the community appreciates AIDS related deaths such that they take it like any death in the community. This means that there is low stigma and discrimination in the community as there has been awareness campaigns on HIV / AIDS by organisations.

Emotional need tends to decrease with time as shown on the table 4.4 for the non affected widows as the number of widows decreased from four people for soon after death of husband to one person in the current needs. This is because feelings are strong soon after the death as one tries to remember life experiences and looking forward for new life. However, this is weakened as time goes on. For the non affected widows the average time after the death of the husband is 11.8years and this is evidenced by the sharp decrease in number of widows who feel that they still require emotional support.

From the sample, it shows that needs of widows are not constant. They seem to be different at first for the two groups but in the long run they will be same. It is therefore for necessary to come up with safety nets programmes for all groups of widows. These safety nets came be either in the form of material support in the form of emotional need depending on the time of bereavement. However the type of support that can be given to the widows depends on the strength of social networks within the community as shown on table below.

Table 4.5 Asset Ownership and the Types of Support Offered to the AIDS affected Widows.

Support providers	Type of assets						Type of social capital				
	Liquid			Productive			Labour	Finance	Material	Spirit	advice
	Finance	Cattle	goat	Land	Farming inputs	Ox-drawn plough					
Immediate (N=5)	-	-	-	2	-	-	1	3	-	-	-
Extended (N=5)	-	5	2	5	-	5	1	3	4	1	1
Neighbour (N=5)	-	4	4	5	-	4	-	-	-	1	1
Friend(N=5)	-	4	3	5	-	5	-	-	-	1	1
HBC(N=1)	-	1	1	1	1	1	-	-	-	-	1
Church (N=1)	-	-	-	1	-	-	-	-	-	1	1
Community leader(N=1)	-	-	-	-	-	-	-	-	-	-	-

Table 4.6 Asset Ownership and the Types of support Offered to the non- affected Widows.

Support providers	Type of assets						Type of social capital				
	Liquid			Productive			Labour	Finance	Material	Spirit	advice
	Finance	Cattle	goat	Land	Farming inputs	Ox-drawn plough					
Immediate (N=5)	-	-	-	2	-	-	1	1	-	-	-
Extended (N=5)	-	4	4	5	-	4	1	5	2	1	1
Neighbour (N=5)	-	5	4	5	-	5	-	-	-	1	1
Friend (N=5)	-	5	3	5	-	5	-	-	-	1	1
HBC(N=1)											
Church(N=1)	-	-	-	1	-	-	-	-	-	1	1
Community leader(N=1)	-	-	-	-	-	-	-	-	-	-	-

4.5 Asset Ownership and types of Social Capital

Table 4.5 and 4.6 present information on social capital types and the asset ownership of the social capital providers. Asset ownership of the support providers was included in these tables in order to show the relationship and the type of support offered. For example material support to widows can only be given if someone has that type of assets. At the same time financial support can be given by those people with finance. This entails that wealthier people can give more material support than those who are not wealthy.

The results from the study show that there are low 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 (Foster 2000:5:1). This is evidenced by the role they play in assisting the widows in the form of finances, labour and even material things. The material support given to widows includes clothing, cattle for ploughing in the fields and food while financial support is for money for schools and other household requirements.

From 4.5 and 4.6 tables, AIDS affected widows have people in the extended family category who support them with material more than the non-affected widows while the reverse is true for financial support. The AIDS affected widows require more material support because during the long illness of the husband, assets are sold to get money for drugs. For the non-affected widows the case is different as most of the respondents say that the deaths of husband were sudden. This means that there were no distress sales of property unlike the AIDS affected widows. Moreover, all extended family members of the AIDS affected widows have more asset base in terms of cattle. See table 4.5 and 4.6.

More financial support for non-affected widows could mean that the relatives are more wealthy financially than those of AIDS affected widows although all of them have from the research say they have no finance. The respondents could have said that they have no finance because they were not willing to disclose. Moreover, issues of finance are sensitive to discuss. However the results are supported by what Glick et al (1974) as quoted by Thuen (1997:2) found in the study of young widows. They found that family members are the most important sources of social capital.

The results may also mean that families, particularly in traditional societies, like Chihota area have large network of connections among people extending through varying degrees of relationship including multiple generations. This means that there is bonding type of social capital between these families. However, due to harsh economic condition prevailing in the country, the support is irregular although they feel obligated to support the widows.

From the tables 4.5 and 4.6, it is only the extended and the immediate family members that provide tangible support in form of food, finance and other material needed for the household. The rest provide advice and spiritual support. Looking at the number of people with material asset it would suggest that they can also offer material support to widows. These results suggest that people are not willing to part ways with their properties but they can only support on advice and on spiritual matters.

The advice given for both categories of widows is agricultural advice especially on marketing of the vegetables they grow and also where to buy the seeds for field crops like maize and sorghum. They also give advice on the planting times of different crops in the area and also on storage of their harvest. Spiritual advice includes how to pray and which church to join. However, the widows give also this information meaning that there is reciprocal of information. The results suggest that there are both linking and bridging social capitals in the area.

From the key informants and the widows, it come out that the church gives the spiritual assistance only to its members while the only CBO –the 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. They also facilitate formation of widow associations for prayer networking. In terms of material, it is the church that benefits from the widows in the form of tithe – amount of amount paid to church monthly and Sunday collections. This is however contrary to the principles of bible. The bible says the church must give to the widows as they have no one to support them. However, from the widows associations, widows help each other on ideas of getting money for survival. There is danger however for those AIDS affected widows to be excluded from other programmes. These informal networks tend to discriminate the AIDS affected widows. From sample, one of the AIDS affected widow was removed the AGRITEX master farmer programmes and this has a bearing on her livelihood strategies.

The HBC on the other hand, also provides advice on positive living for the affected widows and were to get ARVS. The HBC provides half of the respondents with advice and this means they give information to AIDS affected widows only. 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 interrelations within the community tend to be weak. This is because there are no CBOs that unite people together except the HBC which is not 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. Only one of the interviewee provides advice while the rest said they do not assist the widows. They leave everything to the NGOs and the government who also does not support the widows.

From tables 4.5 and 4.6, it is evident that there are all three types of social capital. There is strong bonding evidenced by support between the families and the widows. There are also linking and bridging shown by the support offered by the neighbours, friends and the CBOs who provides non -tangible support only.

4.5 Reasons Why There is Weak Social Networks in Chihota

Harsh Economic Conditions

From the key informants' interviews, it was reported that while the community wants to assist the widows the most challenge the community faces is the harsh economic conditions prevailing in the country. People have nothing materially to give to widow except advice .Each family is also fighting hard for survival such that there is nothing left to give other family and this has contributed in weakening the social networks in the area.

Individualism

In Chihota area, individualism has taken the centre stage instead of community participation. From the key informants it was reported that most people are worried by their personal identity and self interest at the expense of the community. Each family is busy for its prosperity and this is brought by competition among the family. This has contributed immensely to the breaking down of social cohesion in the community.

Westernisation

Discussion with the community leaders revealed that the traditional African culture has been torn apart by western culture. The leaders lamented that western education has contributed much to disappearing of African culture of sharing , giving for the needy in the community as most people think that it the responsibility of the government and other formal structures.

NGO Support

The work of NGOs who used to work in the area as they support the widows and the orphans has also contributed as the cause of weak social capital in the area. The NGOs have been operating in the ward for some time to such an extent that people forget their responsibilities of assisting the needy. However, the NGOs have since stopped working in the area and yet the widows are increasing due to the epidemic. The key informants especially the community attributed the present situation of social networks to the work of NGOs who used to operate in the area. This may mean that there is need to strengthen all types of social capital within the area. Linking between community that was provided by the NGOs was broken due departure of the NGOs.

Government Support

The government of Zimbabwe through the ministry of Social welfare used to support the widows in the area .Discussions with the church leaders revealed that the government programme that used to support widows in the past has also contributed to the weakening of social capital. However, the programme stopped due to harsh economic conditions prevailing in the country and this has exposed the widows who have nothing to cushion themselves in times of need and hardships.

4.7 Action Taken by the Community to Assist the Widows.

Community in this research refers to the every member and CBOs that can support livelihood strategies of the widows. These are extended and immediate family members, neighbours, friends, church and CBOs .All these people said that they are not doing anything more to assist the livelihood strategies of widows. However discussions with key informants especially the church leaders show that they have a positive attitude towards widows although they have nothing on the ground to offer. The church proposes to have Christmas presents for the widows so that they have something new during Christmas holiday to put on and to eat .They also proposes to buy farming inputs for the widows although they felt is difficult to separate those who are in dire need of farming inputs or not because that will result in discrimination.

For the affected widows, it was felt that they receive monthly groceries so that they can save the little amounts they get from vegetables sales for other household needs.

The community leaders feel it is the responsibility of the government to pay for school fees of the widows children as they are feeling the pinch of harsh economic conditions of the

country. The rest of the respondent feels that formation community based labour sharing groups is a necessity if the widows are to be assisted in farming. Some had sentiments that it may not be successful due to high levels of individualism in the ward.

The widows can be assisted by strengthening the existing networks within the community and establish new networks through enhancing the role of social capital within the community. This can be done through collaborations with local authorities and other relevant stakeholders who work with the community.

CHAPTER 5: CONCLUSION AND RECOMMENDATIONS.

5.1 Introduction

This chapter deals with conclusions and recommendations that are derived from the study. Conclusions will be drawn from each element that was asked in the research questions in chapter one. Basing on the conclusions, recommendations will be made to AGRITEX for its considerations to mainstream them in its programmes.

5.2 Conclusions

From the analysis of data, it can be concluded that emotional, financial, material and advice are the most important needs required by both AIDS affected widows and non affected widows. These needs are emerging at different times and for different reasons. AIDS affected widows require more of material needs than emotional needs while the non affected widows require more of emotional needs as shown on table 4.4. However, these needs tend to vary with time such that in the long run both AIDS affected and non -affected require same needs especially finance and material. So in the beginning needs differ, but in the long run they all face same needs.

Extended family showed to be the most supportive source of social capital for the welfare of both categories of widows despite being weakened by economic and social factors like the impacts of AIDS. It remained the predominant source of social capital as it provides labour, finance, material items and advice. See table 4.5.

From the research, 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. It is complimented by the CBOs, neighbours, friends, and the community leaders who also play an important role in supporting the livelihood strategies of the widows. However, they provide spiritual and advice only even though most of them have both productive and liquid assets that can be used to support the livelihood strategies of the widows as shown on table 4.5. This may imply that AGRITEX can work with the neighbours based extension groups so that if widows cannot join this group, they may have access to information.

In trying to support the livelihood strategies of the widows the community members face a number of challenges which includes harsh economic conditions, westernisation, individualism, government support to the widows and NGO support to the widows. However, the community is not taking any action to solve these challenges as they leave everything for the government to address them.

From the research, it came out that all three types 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. Bonding was the most prevalent because it had the largest number of people who provide social networks internally. These were inter-family networks of extended family and the immediate family.

There is a growing recognition by many organisations that strengthening community based initiatives such as the use of social capital in supporting the livelihood strategies of the widows is as urgent as preventing the further spread of HIV. AGRITEX therefore can make use of the existing networks and enhance them through provision of agricultural extension programmes that are tailor made for widows.

This can be done by emphasising all three types of social capital and not paying heed to the most prevalent or the least prevalent. It is necessary to invest in building the external

bridging and social capitals of individuals or the community as whole need to be balanced by investments in the internal bonding within the family and community networks. However, due to weak social networks within the community, investments in these different social capitals have to be guided by understanding of different contributions to the welfare of the widows and accessibility of social capital providers.

5.3 Recommendations for AGRITEX

Communities can have major impact on mitigation the effects of deaths on households and families. The strength of social capital ties on social trust and relationship within the community and the sense of collective responsibility influence communities willingness and ability to organise and support affected families. It is therefore necessary for AGRITEX to change the prevalent bonding social capital to linking because the community is accessible and there is gap between the widows and the community that has to be filled establishing and enhancing the existing social networks within the community.

Due to weakening of extended family by contemporary pressure like migration of young and young people to nearby countries and resettlement programmes, may not be able to cope up with the increasing number of AIDS affected widows so less effort should put on the bonding social capital. However, it should be supported as it is the most important source of social capital for both categories of widows.

Therefore, AGRITEX should target both AIDS affected and non- affected because they all require needs after the bereavement. However, different strategies have to be implored to meet the needs of widows at different times.

I also recommend AGRITEX to put more emphasis on the linking social capital so as to depolarise the community. This can be done through linking with community leaders and all community members so as to strengthen the social networks and this is possible because there is no stigma and discrimination of both categories of widows.

In view of this, AGRITEX through its programmes can have a major impact on communities' outlook through incorporation of different types of social capitals.

It should focus on bonding which emphasise the networks of people with similar characteristics like extended immediate family members and friends through labour sharing arrangement.

It should also focus on bridging of different people in the community and linking of both the people of the same and different characteristics.

It should strengthen the existing networks within the community and establishes new networks through enhancing the role of social capital within the community. This can be done through collaborations with local authorities and other relevant stakeholders who work with the community

To incorporate social capital in AGRITEX, I recommend that practical work have to be done rather than to encourage the community and family members to interact only. This can be achieved by ways described below.

Forming extension groups made up of different people of community like widows and other groups of people in the community making use of the fact that there is less discrimination of AIDS affected widows. The community must able to support each other socially, economically and emotionally. The method will assist in that the people will share ideas on livelihood strategies and assets as they will be learning together and they live in the same community. Emphasis should be put on social networks as this facilitates conversion of other capital into useful and meaningful benefits to the widows.

Forming labour sharing arrangements within family members and the community. Labour sharing is an important community resource sharing method that can cushion the shortages of labour for the AIDS affected widows. This entails strengthening the linking and bridging of social capital by AGRITEX by having community meetings.

AGRITEX to work with local institutions that affect the vulnerability context under which the widows operate. It can influence procedures and practices of inheritance and customary marriages that affect the livelihood strategies of the widows in the community. For example issues of property grabbing and gender can be incorporated into extension programmes to assist those people who are being disadvantaged by these institutions.

Forming community safety nets which are founded by local community members. These are CBOs that pool their resources together for the purpose of using them in times of emergencies. They will assist the widows financially so that they can buy farming inputs as financial need was common for AIDS affected widows and non -affected widows. One of the advantages of cash is that it is highly liquid. This can be used to buy all materials that the widows want and this can be used to pay school fees. The funds are managed by the community members who are selected basing on their willingness to assist the widows.

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Annex 1 Checklist For AIDS affected widows

Checklist for AIDS affected widow

(a) Characteristics of the household

- Number of people in the household (and age structure)
- Year when the husband died.
- Needs needed as soon as the husband died like material , finance , labour ,emotional
- Needs now like finance, farming inputs, labour, finance
- Access to service providers like AGRITEX, banks , farming inputs providers
- Sources of livelihood eg crop production, livestock production, petty trade, beer brewing , other
- Type of assets like, land, finance, farming inputs,

b) Support given to widows

- Do they get support or not. Eg in cash or kind like material , finance and emotional support.
- Who gives the support
- How often do they get the support
- Do widows ask for support or they are obliged
- People or community associations who gives support to the widow.eg, family members, friends, neighbours and CBOs.
- Kind of support given to the widows and by who.eg financial, material, emotional, social, spiritual and labour.
- Perception of the widows regarding the support given eg sufficient or insufficient

Annex 2: Checklist for non-affected widows

Checklist for non AIDS affected widow

(a) Characteristics of the household

- Number of people in the household (and age structure)
- Year when the husband died.
- Needs needed as soon as the husband died like material , finance , labour ,emotional
- Needs now like finance, farming inputs, labour, finance
- Access to service providers like AGRITEX, banks , farming inputs providers
- Sources of livelihood eg crop production, livestock production, petty trade, beer brewing , other
- Type of assets like, land, finance, farming inputs,

b) Support given to widows

- Do they get support or not. Eg in cash or kind like material, finance and emotional support.
- Who gives the support
- How often do they get the support
- Do widows ask for support or they are obliged
- People or community associations who gives support to the widow.eg, family members, friends, neighbours and CBOs.
- Kind of support given to the widows and by who.eg financial, material, emotional, social, spiritual and labour.
- Perception of the widows regarding the support given eg sufficient or insufficient

Annex 3: Checklist for both immediate and extended family members.

(a) Characteristics of the household

- Number of people in the household
- Age and structure
- Relationship with the widow
- Assets (are they wealthy or not)
- Why did they decide to give support

(b) Kind of support given to widows and the challenges faced and their solutions.

Support given	How often	Reason for support	Who gives the support	When is the support given	Challenges experienced by family members, friends, village head, church leaders and CBOs	Initiatives made to solve the challenges
Labour						
Financial						
Material						
Emotional						
Spiritual						
Advice(information)						

Annex 4: Checklist for both friends and the neighbours.

(a) Characteristics of the household

- Number of people in the household
- Age and structure
- Relationship with the widow
- Assets (are they wealthy or not)
- Why did they decide to give support

(b) Kind of support given to widows and the challenges faced and their solutions.

(b) Kind of support given to widows and the challenges faced and their solutions.

Support given	How often	Reason for support	Who gives the support	When is the support given	Challenges experienced by family members, friends, village head, church leaders and CBOs	Initiatives made to solve the challenges
Labour						
Financial						
Material						
Emotional						
Spiritual						
Advice(information)						

Annex 5: Checklist for key informants CBOs, church leaders, village heads,

1. Contribution in supporting the livelihood strategies of widows in your area?
2. Rating the overall quality of area of the community as a place to live for widows? Excellent, good, fair or poor? Why?
- 3 biggest contributions made by widows in your area?
4. Services or activities that can be added in the area of the community that are not currently provided to strengthen livelihood strategies of the widows.
5. **Perspective**, the biggest areas of need for widows in the area. Why?
6. Problems those widows may face. What has been a major problem, minor problem or no problem for widows in area or for those that are in contact with you? (For each where “major problem” is selected, follow up question is need as to why it is a major problem?

- Barriers widows face in getting their needs met in this area

a. Getting health care..... Major minor no problem

Why this is a major problem?

Barriers widows ‘face trying to get their needs met in this area

b. Inadequate transportation major minor no problem

Why this is a major problem?

Barriers widows’ face in trying to get their needs met in this area

c. Having enough food to eat major minor no problem

Why this is a major problem?

Barriers widows’ face in trying to get their needs met in this area

d. Performing activities of everyday living..... major minor no problem

Why this is a major problem?

Barriers widows’ face in trying to get their needs met in this area

e. Care giving..... Major minor no problem

Why this is a major problem?

Barriers widows’ face in trying to get their needs met in this area

f. material----- Major minor no problem

Why this is a major problem?

Barriers widows’ face in trying to get their needs met in this area

g spiritual----- Major minor no problem

Why this is a major problem?

Any specific kind of care giving that poses the biggest problem what is it?

8. Widows programmes working well in the area

9. Widows programmes not provided

10 Types of programs or services to be enhanced to improve the livelihood strategise of the widows

. Key challenges to providing services to widows

11. Ideas to help facilitate the livelihood strategies of the widows