Understanding how social networks contribute to both vulnerability and resilience in the mitigation of the ‘dual threat’ of food insecurity and HIV/AIDS

A case study from the rural district of Nkomazi, Mpumalanga, South Africa

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Abstract

The Sustainable Livelihoods Approach (SLA) has provided a useful framework for the last decade and a half for understanding the diversity of rural livelihoods. The SLA recognises the role of social capital although there is very limited literature on the extent, nature and role of social networks within this complex livelihood system. This research study provides an in-depth qualitative case study of fourteen households who have been directly affected by the AIDS epidemic living within the rural district of Nkomazi, Mpumalanga, South Africa.

As has been well documented, the livelihoods of households in Nkomazi are diversified. This research has shown that social capital is the link which enables households to diversify income sources and as a result be ‘resilient’ to food insecurity. This paper has shown that social networks enable resources to flow between persons and across space and that the weakening or dismantling of these (a result of the AIDS epidemic), undermine the ability of households to diversify income sources.

Within families living on the margins, kin networks cannot be romanticised nor can they be relied on as a livelihood source. This was evident in kin’s inability to help due to marginalized households being caught within marginal family networks. Kinship is far less binding as kin exert a greater degree of choice and agency in the incorporation of an ill subject or orphans and/or the provision of support and care. Kin networks were revealed to be disconnected, increasingly conditional and correlated to resources and likelihood of reciprocity. Kin-networks were shown to be at the root of a number of households’ vulnerability, particularly in kin’s misuse of social grants (often the only livelihood source available). Neighbours emerged as the key social network for daily survival and personal support as they live in close proximity with one another.

This research has indicated why social capital is essential to the livelihood framework and secondly, how little we know on the changing nature of social networks and norms of ‘householding’ in light of the AIDS epidemic.

(333 words)
TABLE OF CONTENTS

Acknowledgements .................................................................................................. 2

Abstract .................................................................................................................. 3

CHAPTER 1: Introduction

1.1 Background Context and Rationale ................................................................. 6
1.2 Objectives and key questions ................................................................. 7

CHAPTER 2: Literature Review and Conceptual Framework

2.1 Introduction ................................................................................................. 8
2.2 General overview of rural livelihoods .................................................. 8
2.3 The sustainable livelihood approach .................................................... 9
2.4 The relationship between HIV/AIDS and livelihood security ........ 10
2.5 Social Capital – networks and norms .................................................. 12
2.6 Urban-rural linkages ........................................................................... 13
2.7 Conclusions ......................................................................................... 15

CHAPTER 3: Methodology

3.1 Introduction ............................................................................................... 16
3.2 Overall Approach ................................................................................... 16
3.3 Research Site .......................................................................................... 17
3.4 Participant Observation ........................................................................ 17
3.5 Focus Groups ......................................................................................... 18
3.6 In-depth Household Interviews .......................................................... 18
3.7 Data Analysis .......................................................................................... 19
3.8 Ethical Considerations .......................................................................... 19
3.9 Researcher’s experience and limitations ........................................ 20
CHAPTER 4: Findings and Analysis

4.1 Introduction...........................................................................................................22
4.2 The political economy of Nkomazi......................................................................22
4.3 Description of the participants...........................................................................23
4.4 Analysis: Livelihood strategies..........................................................................24
    4.4.1 Remittance behaviour: from whom and to whom? ...............................25
    4.4.2 Documents or no documents: that is the question? ..............................28
    4.4.3 Social Grants: a means of survival.........................................................29
    4.4.4 The opportunities and challenges of subsistence agriculture...............30
4.5 Social networks..................................................................................................32
    4.5.1 Intra-household networks........................................................................32
    4.5.2 Kin networks............................................................................................33
    4.5.3 Neighbours key to survival......................................................................36
    4.5.4 Community Networks..............................................................................39
        4.5.4.1 Stokvels............................................................................................40
        4.5.4.2 Church..............................................................................................40
        4.5.4.3 Other.................................................................................................40

CHAPTER 5: Conclusions

5.1 Conclusions...........................................................................................................41
5.2 Opportunities for future research......................................................................43

Reference List..........................................................................................................44

Appendices...............................................................................................................49

A. Participant Information Sheet..............................................................................49
B. In-depth Interview Guideline..............................................................................51
C. Focus Group Discussion Guideline.....................................................................53
D. Interview Consent...............................................................................................55
E. Focus Group Consent...........................................................................................55
F. Recording Consent...............................................................................................56
G. The Political economy of Nkomazi district, Mpumalanga.................................57
CHAPTER 1

Introduction

1.1 Background Context and Rationale

The Sustainable Livelihoods Approach (SLA) is an analytic framework widely used to organise, plan and understand the complexity of rural poverty as it incorporates the multiple types of resources and capital available to households within a specific contextual and institutional setting which frame and construct livelihood possibilities (Niehof, 2004; Swift and Hamilton, 2001). There are a variety of definitions for a ‘livelihood’ which simply refer to ‘the means of gaining a living’ to ‘the complex web of activities and interactions that emphasise the diversity of ways people make a living’ (Scoones, 2009:2).

Food insecurity is not a temporary event in the lives of many South Africans, but a continuous threat (Chopra et al., 2009). In the rural areas, most households are net deficit food producers, as their access to food is partially or wholly reliant on household income. As a result, food security is largely about direct or indirect access to cash to purchase food (Chopra et al., 2009).

The HIV epidemic is a major driver of hunger as the epidemic worsens and exacerbates existing vulnerabilities to food insecurity (Murphy et al., 2005; de Waal and Whiteside, 2003; Neves and du Toit, 2008). It is also acknowledged that households employ multiple or diversified strategies to combat food insecurity and the impacts of AIDS. Social capital and migration are widely acknowledged as important livelihood strategies to sustain rural livelihoods and food security yet HIV/AIDS undermine them both (Twine and Hunter, 2008). Two recent studies in South Africa indicate that social networks and reciprocity which underpin African livelihoods can both alleviate HIV/AIDS related livelihood shock. However, they simultaneously transmit these shocks to otherwise unaffected households (Neves, 2008; Seekings, 2008). Understanding how social networks contribute to both vulnerability and coping is essential to understanding the needs of vulnerable families and how assistance can most constructively be provided (Ressler, 2008).

Several authors concur that despite the continuing importance of migration and remittance behaviour they have remained under-researched since the end of apartheid and remain poorly understood especially in light of additional stressors
such as HIV and AIDS (Walker, 2008; Seekings, 2008; Vearey et al., 2008). Another gap within the literature is an understanding of the changing extent, nature and role of social networks, the norms and responsibility to kin within the same household and between households (Seekings, 2008).

Nkomazi provides a dynamic context to explore and better understand the broad challenge of the cumulative impacts of HIV/AIDS on social structures and networks which in return impact on food security although not exclusively. Rural South African households are embedded within networks of reciprocity and exchange that link individuals to individuals in other households. Therefore this case study provides a means to understand the changing nature and role of social networks in light of the HIV epidemic. This research study provides a complex and fuller explanation on the social phenomenon of social networks and their role as a livelihood strategy within the specific context of Nkomazi.

1.2 Objectives and Key questions

The objective of the research study was to explore the role of social networks as a livelihood strategy in mitigating (and aggravating) the ‘dual threat’ of food insecurity and HIV/AIDS in Nkomazi, Mpumalanga.

Research Questions:

1. What are the dominant livelihood strategies employed by households in Nkomazi?
2. What is the impact of the HIV epidemic on household composition and on the livelihood strategies employed?
3. What is the role and nature of migration and remittance behaviour across rural and urban space?
4. What is the role of social networks in shaping these livelihood strategies and ultimately in mitigating the burden of AIDS and hunger?
5. What are the norms, obligations and responsibilities between kin and non-kin?
CHAPTER 2

Literature Review and Conceptual Framework

2.1 Introduction

The ‘livelihoods approach’ is a particularly effective analytic tool or framework to conceptualise and reflect on the complex realities faced by poor people in specific contexts (Devereux, 2004). AIDS is a long-acting stress to the livelihood system which renders other stresses/shocks (including food insecurity) both more likely and more severe in their impact, largely due to the impact of the HIV epidemic on social structures and networks used to attain food security (Gillespie, 2006).

The literature review first provides a general overview of rural livelihoods and food security in South Africa by unpacking the Sustainable Livelihood Approach (SLA). Secondly, it explores the relationship between HIV/AIDS and livelihood security. Thirdly, it demonstrates the importance of urban-rural linkages and social networks within these livelihood strategies/systems. The literature review links these bodies of knowledge by indicating the integrated nature of the developmental problems of HIV/AIDS, food security and migration/social networks. It also highlights the gaps within the existing knowledge in the South African context which not only provides a foundation but justification for the research study.

2.2 General overview of rural livelihoods

At the end of apartheid, it was estimated that there were fifteen million black South Africans living in the former ‘homelands’ (Wegerif et al., 2005) characterized by high levels of poverty, sub-standard or non-existent housing, poor access to basic services and subsistence modes of economic activity. A recent study by the University of Stellenbosch’s Department of Economics showed that poverty remains much higher in the rural areas of South Africa with 59.3% of poor individuals being rural dwellers despite the fact that the rural areas house well below one-half of the South African population (Armstrong et al., 2008).

In the last three decades, agrarian and economic changes within South Africa have reconstructed rural livelihoods, migratory pathways and household dynamics (Neves,
During apartheid, male urban migrant labour was a central feature of the South African economy as men from the ‘homelands’ migrated as wage labourers to the urban centres, farms and mines. This resulted in complex patterns of change in family structure and dependency relationships in which remittances were crucial to avoiding poverty (Niehof, 2004; Seekings, 2008). In contemporary post-apartheid South Africa, the ‘fluidity’ of households is more complex due to a rise in circulatory migration in which people move back and forth between the rural and urban setting and are often members of multiple households resulting in spatially dispersed or ‘extended families’ (Seekings, 2008). Present day rural livelihoods are far more diversified and are supported through urban remittances, some subsistence agriculture and, increasingly, the cash transfers of state welfare grants (Neves, 2008).

The sustainable livelihood approach provides a conceptual framework for understanding the complexity of rural livelihoods within a specific context and institutional setting.

### 2.3 Sustainable livelihood approach

The concept of sustainable livelihoods has become a fundamental approach to rural poverty reduction due to the diversification of on and off-farm livelihoods being dominant as few households rely on one source to secure their livelihood (Niehof, 2004). The livelihood approach provides the conceptual framework for this research as it incorporates the multiple types of both material and social assets available to households within a specific contextual and institutional setting which frame and construct livelihood strategies. Due to the multifaceted concept of livelihood, livelihood strategies are understood to be multiple, dynamic and constructed through the choices of actors based on their resources and constraints (Swift & Hamilton, 2001: 82; Niehof, 2004).

In terms of food security, a sustainable livelihood is less about productivity and entitlements and more about how individuals and households gain access to production and exchange capabilities, highlighting the importance of social networks. The specificities and dynamics of the context in which livelihoods are constructed are crucial to the livelihood approach as it affects the type of livelihood assets or resources available to construct a livelihood. These include environmental resources (wood, vegetables, natural medicines), financial resources (savings, access to credit, social grants), material resources (land, access to water, transport networks), human
resources (education, health, skills, productive labour) and social resources (social networks) (Swift & Hamilton, 2001 and Niehof, 2004).

In South Africa it is widely acknowledged that rural livelihood diversification is the norm (Barret et al., 2001) in which households predominantly pursue a combination of strategies simultaneously or successively (Niehof, 2004; Smith and Hamilton, 2001). Households with access to multiple livelihood resources can employ a far wider range of strategies and therefore secure a more sustainable livelihood (Barre to et al., 2001; Smith and Hamilton, 2001).

2.4 The relationship between HIV/AIDS and livelihood security

The HIV epidemic is not a one-time event but a multi-dimensional, phased phenomena which is often “hidden, slow moving but destructive” (Loevinsohm and Gillepsie, 2003: 12), undermining the ability of rural households to cope with the impacts (Niehof, 2004). The HIV epidemic is clustered in nature as the impact of HIV/AIDS goes beyond individual infection, illness and death. It affects multiple persons and households and undermines social structures and networks which sustain rural livelihoods (Murphy et al., 2005). As a result, the impact of HIV/AIDS can clearly have a direct impact on a households’ ability to attain food security.

Food security is no longer viewed as a failure to produce enough food nationally, but rather as a failure of livelihoods to provide adequate supply at the household level (Devereux and Maxwell, 2001). It is estimated that a third of the total population are food insecure and 1.5 million children suffer from malnutrition (HSRC, 2004). Food insecurity is not a temporary event in the lives of many South Africans, but a continuous threat (Chopra et al., 2009). Food security is dominated by discussion on the complexities and long-term resilience of livelihoods to access food and respond to perceived risks and uncertainties (Maxwell, 2001: 21). Oshaug cited in Maxwell (2001: 18) recognized three kinds of households: enduring households who maintain household food security on a continuous basis, resilient households who suffer from shocks but are able to recover quickly and fragile households which become increasingly insecure in response to shocks.

Successful, resilient or enduring households are predominantly those who are able to diversify economic activities, contexts, social networks and political authority (cross-border migration). Evidently, mobility and the building up of social capital are key to
resilience (Hamilton and Smith, 2001). Urban and rural food security are often polarised but are intricately connected due to circular migration and multi-spatial households which can be both detrimental and beneficial to food security (Hamilton and Smith, 2001). The relationships between the rural and urban context are predominantly informal, flexible and sporadic but the extent and nature of linkages to urban resources, opportunities and job markets are a key determinant of rural livelihoods (Neves & duToit, 2008).

De Waal and Whiteside (2003) propose that the HIV epidemic is undermining long-term food security as HIV and AIDS have worsened and exacerbated existing vulnerabilities to food insecurity (Neves and du Toit, 2008). The impact of the HIV epidemic on the household level includes changing household size, composition, and income. Many rural households are reliant on remittances from employed migrant family members. Therefore, illness and death of breadwinners has a major impact on rural households’ ability to attain food security and dietary diversity with few other potential sources of income (Twine and Hunter, 2008). Not only does AIDS morbidity and mortality provide a financial strain, it also significantly impacts on the households’ human capital needed for producing food (Twine and Hunter, 2008).

Most households use migration as a survival and accumulation strategy along with income diversification. Households who use both urban and rural sources for food and income (multi-spatial households) are more food secure than those who rely solely on either the rural or the urban (Crush et al, 2006: 30). Niehof (2004) argues that HIV/AIDS leads to diversification of income sources ‘for bad reasons’ as it is a form of coping rather than a profitable livelihood strategy which may result in the depletion of material assets and social networks.

The HIV epidemic has a significant impact on all dimensions of rural livelihoods, although both Neves (2008b) and Twine and Hunter (2008) state that households across different geographic locations experience significantly different consequences of HIV illness and death. The impacts are mediated through a range of household level factors such as pre-illness asset levels, care and dependency burdens and therefore households do not all face a similar inevitable and rapid decline of livelihood security due to AIDS (Murphy et al., 2005). Therefore, the ‘HIV lens’ as described by Loevinsohm and Gillespie (2003:29) is a useful conceptual tool but should not be used as an exclusive lens. Rural livelihoods and food insecurity must
be understood in light of HIV and AIDS without excluding the impact of other factors such as chronic poverty, lack of water, unemployment economic decline and broader social changes (Neves, 2008).

2.5 Social Capital – networks and norms

The livelihoods framework is particularly valuable as it includes consideration of human and social capital in understanding well-being, vulnerability and coping strategies of the household although a large knowledge gap exists concerning the extent, nature and role of social networks (Ressler, 2008). It is the relational aspect of social capital that distinguishes it from financial and human capital, as to possess social capital, a person must be related to others (Jooste, 2003). The concept of social capital is strongly contested and consequently, difficult to define, particularly at the empirical level. Social capital broadly refers to the structure and quality (norms and trust of reciprocity) of relationships and social networks (Stone, 2001).

At a conceptual level, how much social capital one has can be thought of as the number and strength of social relations that an individual or household can call on which have implications for individual and household well-being, be it beneficially or detrimentally so (Jooste, 2003). It is important to distinguish between formal and informal social networks. Informal networks refer to relations between family within one household, extended family, friends and neighbours. Formal networks refer to involvement in associations and groups such as churches, support groups or work based networks (Stone, 2001). Social networks are part of the defining elements of household well-being and often an important livelihood strategy, possibly the only strategy in times of acute distress (Ressler, 2008).

Collier (2002) identifies that social capital is difficult, if not impossible to measure directly due to its inherently abstract constructs. This has resulted in empirical studies predominantly in the developed world, using proxy indicators, primarily involvement and activism in social organisations. Jooste (2003) argues that in African contexts, social capital revolves heavily around informal networks and interactions, which are used by individuals and households to produce goods and services for getting things done and meeting basic needs. Therefore, informal social networks and relations, experienced on a daily basis are more insightful than formal associational activities which are often costly in terms of time and money (Jooste, 2003).
Social networks are essential to survival and well-being as no household or family survive completely alone and at no time are social relations more critical than in situations of acute vulnerability (Ressler, 2008). Social relations and networks are often assumed to be positive and supportive but research has shown that they can be weak, negative and even predatory (Ressler, 2008). Social networks may distribute risk and transmit shock for poor households but may also be the source of insecurity and marginality. Access to and places within networks can be highly unequal, asymmetrical, and traversed by the social disparity of gender, location and age (Neves and duToit, 2008).

Neves (2008b) shows how social reciprocity which underpins African livelihoods both alleviates HIV/AIDS related livelihood shock but simultaneously serves to transmit these shocks to otherwise unaffected households. Poverty and vulnerability are not just a consequence of economic deprivation but are also about social deprivation, resulting in often the most vulnerable families having very limited or weak social networks (Devereux and Sabates-Wheeler, 2004; Ressler, 2008).

2.6 Urban-rural linkages

Crush et al. (2006) defined social networks as the infrastructures that enable resources, both human and material, to flow between rural and urban areas. Rural South African households are embedded in networks of reciprocity and exchange that link the individuals within them to individuals in other households (Neves, duToit, 2008). Neves and du Toit (2008) problematise the definition and criteria of a household within the South African context due to the prominence of circular migration in which urban labour migrants move back and forth between the rural and urban contexts. Rural migrants have complex ‘affective and affiliational links’ with their rural, authentic ‘home’ and view urban residence as temporary (Neves, duToit, 2008: 9). For many urban people, returning to the rural home remains an option of last resort should life in the city be too insecure (Swift and Hamilton, 2001).

Migration within South Africa is not only between rural and urban areas but also intra-rural and between smaller, secondary cities (Neves, 2008 and Neves and du Toit, 2008). Internal migration has changed since apartheid in that it has become increasingly informalised and feminized in comparison to former male migrant labour during apartheid (Neves, 2008 and Neves and duToit, 2008).
It has been shown that households within the South African context are not only ‘fluid’ in that they move between the urban and rural setting but that they are ‘porous’ in that individuals may be members of more than one household. Seekings (2008: 28) states that “in post-apartheid South Africa, it seems likely that claims and responsibilities among many kin are decided on the basis of both expectations of reciprocity and the norms and obligations of kinship (i.e. help each other because both feel that they ought to do so and they expect reciprocal rights)” (Seekings, 2008: 28).

The effects of HIV/AIDS have lead to increasing ‘fluidity’ and ‘porosity’ of households as individuals make decisions regarding the need or desperation of kin. This may result in kin remitting money between ‘households’ or accommodating dependents within ‘households.’ An increase in the number of orphans and child fostering, as a result of the epidemic has lead to the importance of movement between households to facilitate access to school, care and food. Movements between households are not limited to children but include older household members moving to access food and care and moving in order to provide care or to bring resources into a ‘household’ (Hoseggood et al., 2007 and Seekings, 2008).

Seekings (2008) proposes that in light of poverty and the changing and shrinking nature of kin-relationships, the possibilities for relationships among non-kin are endless, yet relationships and responsibilities among kin remain shaped by distinct norms of responsibility. Seekings (2008) argues that in the past, reciprocal giving between kin had been done freely as if in response to a contractual obligation. However, presently, ‘householding’ and kinship is far less ‘binding’ and entails a greater degree of choice and agency (Seekings, 2008). Individuals may contest and negotiate claims made on them and claims made on each other as a result of mass unemployment and poverty, AIDS-related mortality and morbidity, and the declining incidence of marriage. Seekings (2008) criticises the notion of kinship as a system of unconditional obligation by proposing more selective and conditional patterns of responsibility. Seekings (2008) highlights the importance of understanding the limits of ‘fluidity,’ for example: the ways in which kin do and do not accept claims made on them as well as understanding both the material and the normative dimensions and constraints of these decisions.
2.7 Conclusions

In the South African context, a sustainable livelihood approach is useful in capturing the diversity of livelihood strategies employed by rural households. The households who are most resilient to hunger and the impacts of AIDS are those who can diversify income sources in which mobility and the ability to build up social capital are crucial. The paradigm shift of food security has lead to the focus being on the ability of household livelihoods to provide an adequate supply of food. The ‘fluidity’ and ‘porosity’ of households has increased as a result of the HIV epidemic. It is of significance that we seek to understand the changing nature and role of social networks, as the ‘dual threat’ may be further aggravated or alleviated as a result of individuals and households links to people resident elsewhere and the ability of people to move between households (Seekings, 2008).

It has been acknowledged that the three development challenges of food security, HIV/AIDS and migration/social networks are integrated and require greater collaborative knowledge in order for policy and interventions to address them as connected instead of isolated developmental problems (Vearey et al., 2008). A clear gap with regards to understanding social networks is the continuing importance and role of migration and remittance behaviour in South Africa (Walker, 2008; Seekings, 2008 and Vearey et al., 2008). Seekings (2008) in addition acknowledges that despite knowledge of the role of kinship patterns and the existence of ‘extended households’ there is nearly no research on the norms of ‘householding’ and kinship projects in South Africa.

The southern region of Nkomazi, where the research will be conducted provides an area in which the developmental challenges of food insecurity, poverty, migration and the HIV epidemic are prevalent. Therefore, Nkomazi provides a context to explore the role of social networks, the norms and responsibility to kin and non-kin as a livelihood strategy in mitigating (and aggravating) the ‘dual threat’ of food insecurity and HIV/AIDS in Nkomazi.
CHAPTER 3

Methodology

3.1 Introduction

This chapter discusses the methodology that was used. The research is qualitative in nature and employed a small purposively selected sample. The research is not statistically representative and cannot be generalised. The objective of the research went beyond the relatively well documented diversified livelihoods employed by rural South Africans by understanding in particular the nature, extent and role of social networks between rural and urban households, intra-household and the wider community.

3.2 Overall Approach

A case study involves a detailed study of a single example of that which is being investigated and therefore makes no claims to be representative. McNeil (1985: 87) writes: “case studies may prompt further, more wide ranging research, providing ideas to be followed up later, or it may be that some broad generalization is brought to life by a case study.” There is a significant amount of quantitative data on Nkomazi which provides a foundation for this research. A case study approach was socially significant as it allowed depth and detail to be captured of “real people in real situations” which were not susceptible to numerical analysis (Cohen et al., 2000:81).

Qualitative research methods are appropriate for understanding social networks and norms as they exist between individuals and groups within particular contexts. Qualitative research methods (observation, in-depth interviews and focus groups) were chosen to document the everyday lives of fourteen households to provide an ‘authentic and compelling’ narrative on the role of social networks as a livelihood strategy (Janesick, 2000). This study therefore does not yield results that can be generalised to the communities from which interviewees came from or to the country as a whole.

Dudwick et al (2006) illustrates that adequate time and resources must be invested in adapting a proposed framework for the specific research needs and local context of a given research project. This research project uses the approach of ‘foodways’ which
aims to understand social networks within the household, and between family, neighbours and the broader community through food behaviour. A qualitative, participatory approach tilted the balance of power and expertise away from the researcher toward respondents and community members. Open-ended questioning and focus groups allowed respondents to identify and express their priorities and concerns free from researchers’ restrictions and assumptions which took the research in unexpected and unpredictable directions (Dudwick et al, 2006).

3.3 Research Site

Thembalethu Home Based Care was established up in 1999 in response to the AIDS epidemic in the Nkomazi Region by Sally Mckibben. Thembalethu operates directly in 22 villages through 300 field workers with an approximate outreach of 250,000. The purpose of the organization is to teach and equip local women and men to care for dying AIDS patients, counsel traumatized families, take care of orphans, engage youth in life changing programs to combat HIV infection and to empower the local community to become self-sufficient (Unknown, 2009). The researcher has known Sally Mckibben for many years and was therefore able to live in Schoemansdal, a village in Nkomazi, for a period of three weeks (one in March and two in June 2009). This enabled the researcher to integrate herself into the communities within Nkomazi where the research was conducted and gain access to a research assistant through Thembalethu. The participants, due to being chosen through Thembalethu, are impacted by HIV/AIDS in numerous ways, directly or indirectly. This is largely unavoidable due to the Nkomazi district having a 40% HIV prevalence rate.

3.4 Participant Observation

Although participant observation was not used as a primary research method, it did provide a context for interaction which allowed the researcher to immerse herself in the community and develop a ‘membership role’ to some degree (Angrosino and de Perez, 2000). This occurred through catching local transport, walking to the local spaza shop to buy groceries, giving lifts to members of the neighbouring villagers, spending time with the care-givers and being invited into their homes in-between household visits. These interactions and observations were not the primary method of inquiry but did provide invaluable insights into the rhythms of daily life in Nkomazi,
opened new areas of inquiry and provided validation of findings (Angrosino and de Perez, 2000).

3.5 Focus Groups

The research study included two focus groups, one with the coordinators and staff at Thembalethu Home Based Care situated in Schoemansdal and a second with eight care-givers at the home-based care programme in Jeppes Reef. The focus groups provided preliminary information to clarify questions for in-depth interviews and secondly, to purposefully choose the households for the study. The focus groups provided a context in which the ‘care givers’ working on the ground could reveal background information, attitudes and opinions that were not revealed in household in-depth interviews (Greenstein et al., 2003). A number of additional interviews were held with the staff at Thembalethu who had valuable knowledge and insight into specific themes including cross-border migration, urban remittances and the misuse of grants. These interviews allowed for further reflection and validation of findings which arose during the field research. (See Appendix C for Focus group discussion guideline)

3.6 In-Depth Household Interviews

Fourteen in-depth household interviews were done in the homes of the identified households. The fourteen households included within the study were selected strategically based on criteria to represent households from different villagers, nationalities and with access to different livelihood strategies. With regards to sampling, the input of Thembalethu and the local care-givers was invaluable as they were able to direct the researcher to appropriate cases and facilitate the research process. It would have been extremely difficult to access these households due to the stigma of HIV/AIDS without drawing on the village health workers to negotiate entry (Neves, 2008c).

The author was the main researcher, accompanied by her research assistant, Busie Sibiya and a community local care-giver who knew the households personally. The head of the household or oldest family member was the main respondent although many family members including the children, grandchildren, grandparents and extended family members were present and occasionally contributed. The interviews lasted between one to two hours and consisted of open-ended questions which
allowed the researcher to understand the ‘world’ as seen by the respondents. See Appendix B for the in-depth interview guideline.

Participatory methods such as community and network mapping and the drawing of family trees were used within in-depth interviews. These visual and participatory aids encouraged the sharing and understanding of information in light of low literacy levels and communication barriers and created a sense of ownership. The informal yet in-depth nature of these interviews provided the interviewer the time and space to pose additional questions, to follow up on issues raised which perhaps had not been anticipated, as well as allow for clarification and expansion on points of interest. (Babbie and Mouton, 2001; Greenstein et al., 2003).

3.7 Data Analysis

The data collected through jotted notes and digital recordings (with appropriate consent – see Appendix F) were translated and transcribed into comprehensive field notes. An inductive approach was adopted in which the researcher immersed herself in the details and specifics of the data in order to discover important categories, dimensions and interrelationships. The data was organised around the core issues discussed in the literature review including: livelihood strategies, food security, HIV/AIDS and social networks. This is otherwise known as grounded theory, since theory is built from data or grounded in the data and is therefore couched in the everyday terminology of the participants themselves rather than theoretical constructs (Babbie and Mouton, 2001; Greenstein et al., 2003). Direct quotations from the interviews are essential for revealing respondents “depth of emotion, the ways they have organized their world, their thoughts about what is happening, their experiences, and their perceptions” (Patton 1990: 24). Throughout Chapter 4, direct quotations are cited verbatim in order to illustrate respondents’ experiences and six case studies narrate the ‘story’ of a few of the participating households experiences (Pophiwa, 2009).

3.8 Ethical considerations

Considering the participatory nature of this research and the sensitivity of the subject matter, the researcher complied with the ethical requirements of the University of the Witwatersrand and obtained approval from the Human Research Ethics Committee (Non-Medical) (protocol number: H090511). To warrant that the research did not
cause participants any form of harm (moral, physical, emotional), careful steps were taken. A period of time before the interview was devoted to inform and explain the purpose of the research and then to seek consent of the respondents. Due to the low literacy levels and communication barriers, verbal consent was more appropriate. Participants' names, addresses, and phone numbers were not recorded and pseudonyms are used in the report.

The researcher did not rely solely on 'objective ethics' as required by the University’s Ethics Committee as her personal beliefs are that doing research such as this is less about having the correct forms and signatures and more about building and sustaining ethical relationships with participants. The two focus groups and key informant interviews were digitally recorded although the household interviews were not recorded, besides two. The recording of interviews was viewed as inhibiting the freedom of people to speak and was unnecessary due to the translation from Siswati to English, which provided time for the researcher to listen attentively and jot down the translation.

Due to the participatory nature of the research, confidentiality could not be guaranteed as more than one person and the researcher were always present. The researcher did her utmost to ensure information shared remains confidential as far as possible throughout the research process. No specific questions regarding HIV status were asked nor were households selected in specific relation to their HIV or AIDS status as the focus of the study was on their access to social networks. (See appendices A, D and E for participant information sheet and the in-depth interview and focus group consent forms).

3.9 Researchers Experience and Limitations

The researchers’ familiarity with the area and involvement with Thembaelthu, in conjunction with a week’s visit in March to establish relationships with the staff at Thembaalethu made the bulk of the field research in June much simpler as a degree of rapport and trust had been built.

Another key dimension which is significant to reflect on is that the researcher is a white, educated, middle-class, young women from urban Johannesburg entering a predominantly black, poor and rural setting. The researcher found herself welcomed
with great warmth into the homes of participants although there were inherent assumptions. For example, as a white woman with a car, there was an assumption of receiving ‘hand-outs’ or money. The researcher took the response of saying she was a student doing research and believed the respondent had invaluable information to share and was highly appreciative of their time but could not and would not make promises of money which could not be kept. Once these assumptions expressed above were out in the open and the purpose of the research had been explained, these expectations tapered and allowed for further ‘conversation’ to take place.

The researcher acknowledges that with a deeply qualitative research study like this, her personal identity shapes the interpretation of the findings although key informant interviews and continual dialogue with Busie and other staff at Thembalethu provided validation of findings and interpretations. During the field research the researcher acknowledges the fluidity of roles she adopted in different circumstances including roles of researcher, friend, daughter, interested bystander or volunteer depending on the social environment (Angosino and de Perez, 2000).

When considering the few men analytically engaged in the study, there is a sense of their invisibility which is a key limitation yet on the other hand, a significant finding. In most participating households, the majority of men had passed away, were in the city working or were unavailable. Another area of invisibility was the perspective of the remitter or migrant in the city.

In retrospect, not enough care was taken to select the households suggested by the care-givers, to avoid them determining which cases were selected. In addition to greater care, selection of households should have occurred through sharper criteria to provide a more nuanced ‘description of specifics’ as the households themselves represented a large degree of heterogeneity which has both advantages and disadvantages. As the researcher reflected on the households included in the study, it was apparent that the majority were the most vulnerable and the most economically and socially deprived and are not representative of the region. Another important reflection is that portions of the focus groups and the key informant interviews provided a space for the care-givers and co-ordinators to ‘vent’ their frustrations and concerns regarding the struggles of a place characterised by high levels of poverty and unemployment which is only compounded by the HIV epidemic. A number of the verbatim quotes cited in chapter four need to be understood within this context.
CHAPTER 4
Findings and Analysis

4.1 Introduction

This research provides an in-depth case study which penetrates into the ‘stories’ of real people in real situations which allows the reader to understand in what circumstances social networks function as a vital livelihood strategy as well as circumstances where social networks are a source of vulnerability.

Presentation of results is structured as follows: First, the political economy of Nkomazi is briefly discussed. Secondly, a description of the general characteristics of the participating households is provided in a tabular format. Thirdly, the livelihood strategies of the different households are explored and discussed under the following sub-themes: remittance behaviour, the importance of documentation, a critical analysis of the role of grants and the opportunities and challenges of subsistence agriculture.

The study then focuses specifically on the role of social networks as a livelihood strategy under the following sub-themes: intra-household norms and networks, kin norm and networks, the importance of neighbours and community events including the role of stokvels and churches. The SLA provides the conceptual framework for this chapter. Therefore, a detailed understanding of the livelihood system these households engage in is provided in order to identify and discuss the nature and extent of social networks.

4.2 The political economy of Nkomazi

Nkomazi is situated in the eastern ‘lowveld’ ofMpumalanga, 350km east of Johannesburg, Gauteng, between the southern boundary of the Kruger National Park, Mozambique and Swaziland. Nkomazi was a former Bantustan known as KaNgwane and has a long history of underdeveloped and adverse integration into the larger South Africa political economy. Nkomazi is characterised by poverty, unemployment (50%), low education levels, with the majority of the population residing in densely
populated villages without secure tenure and in need of extensive infrastructure and service investment (Polzer, 2007b). This is aggravated by an alarmingly high HIV prevalence rate of approximately 40% (Nkomazi Municipality, 2006). The majority (88%) of Nkomazi households earn less than R1000.00 (Nkomazi Municipality, 2006). There is a high dependence on government social grants, especially old age pensions and child support grants (Polzer, 2007b).

Cross-border migration is an integral part of Nkomazi as residents of neighbouring border areas in Swaziland and Mozambique have been part of South African society and the economy for generations (Polzer, 2007). Most non-citizens in Nkomazi are long-standing residents of the border area, not recent migrants although cross-border migration is still a daily occurrence (Polzer, 2007). Due to inadequate documentation and the challenges posed by the bureaucracy of the system, many migrants and South Africa citizens are excluded from access to many public services and opportunities (Polzer, 2007).

Appendix G provides a detailed analysis on the political economy of Nkomazi. This includes: a brief summary on the demographics and socio-economics of the region. Secondly, a detailed analysis on the extent and impact of the HIV epidemic in Nkomazi. Finally, cross-border migration from Mozambique and Swaziland will be discussed as it emerged as a dominant theme throughout the field research in understanding the livelihood strategies and social networks of participating households.

4.3 A description of the participants

The households who participated in the study lived in the neighbouring villages of Schoemansdal, Driekoppies, Buffelspruit, Schuzendal, Jeppes Reef and Block B which is about 30km north near the Mozambican border.

The fourteen participating households are all directly affected by the HIV epidemic. Seven of the households had lost both parents, the large majority to AIDS and were headed by the oldest sibling largely dependant on a social grant for mere day to day survival. The other seven households were headed by either both parents, one parent or a grandparent who is still alive. Three of the households were Swazi, two were Mozambican and the remaining nine were all South African. The research
shows that the rural ‘poor’ are not a homogenous group nor are the villagers in Nkomazi characterized by the same developmental concerns.

<table>
<thead>
<tr>
<th>Household</th>
<th>Village</th>
<th>Nationality</th>
<th>Household members</th>
<th>Urban remittance</th>
<th>Local Wage Employment</th>
<th>Social grants</th>
<th>Subsistence agriculture</th>
<th>Informal enterprise</th>
<th>Other</th>
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4.4 Analysis: Livelihood strategies

The research confirmed that the livelihoods of those in Nkomazi are diversified. The majority making use of subsistence agriculture, state welfare grants, informal enterprises such as spaza shops or craft making and a few being able to access urban remittances or formal wage employment. Nkomazi offers a very limited number of jobs outside the commercial agriculture sector which results in the towns and cities, specifically Witbank, Nelspruit and Johannesburg being the sources of employment.

The households who currently access an urban remittance are very few comparatively, and only two of the households incorporated in the study. This is a result of the low levels of education, the cost involved in moving to the city, limited social networks or a connection to the ‘city.’ A number of the households where the prime-age adult had been working in Johannesburg or Nelspruit, lost this form of income due to the adult household member passing away.

The majority of households in the region who are unable to access an urban remittance, have a livelihood characterised by ‘daily survival’. The most vulnerable households were those who had lost the household prime-age adults or key breadwinners to primarily AIDS which resulted in the children being left destitute. As
a result of this, children drop out of school to care for their parents and then provide for their siblings. This creates a cycle of vulnerability as their chances of employment and their ability to migrate for work diminish due to their responsibilities to younger siblings.

For these households, the social grants from the state are the most significant source of income and often the only source of income. The grants received in the majority of households were not enough to adequately cover the costs of basic foodstuffs for the month. Grants were viewed as vital to survival but did not hold the potential to break out of poverty. Within these vulnerable households, many Mozambican and Swazi but not excluding South African households, are unable to access grants as a result of no documentation or incorrect documentation. A key distress for many of these households was the problem of water access and an inability to access other governmental services such as schooling and electricity.

The households with the weakest livelihood base were those which relied purely on social welfare, especially those which received only the child support grant (R240) or foster care grant (R600). Households which were unable to access grants entirely and therefore relied exclusively on social networks and subsistence agriculture were more vulnerable. On the contrary, a strong livelihood base within Nkomazi involves access to formal employment or urban remittances in addition to social welfare, subsistence agriculture and often activities within the informal economy such as a spaza shop. This study indicates that the loss of a key breadwinner and the further isolation of households impacted by AIDS undermines a households’ ability to diversify their livelihood. The study argues that while the expansion of social grants has brought much-needed relief for many in South Africa, obtaining a job in the formal sector of the economy is a basic requirement for escaping poverty (Armstrong et al., 2008). The role of social networks in attaining an urban remittance will be explored subsequently.

4.4.1 Remittance behaviour: from whom and to whom?

Migration and the dependence on remittances have been a characteristic of rural South Africa for decades as a result of the labour migrant system during apartheid which extracted cheap labour from the former ‘homelands.’ Mpumalanga’s economy is dominated by commercial agricultural and mining which results in a significant proportion of employment being sought at Barberton mines and commercial citrus
and sugar farms which pay between R600 and a R1000 a month. Others are employed in Johannesburg and other smaller towns and remit money back to their families.

It became clear that unlike apartheid, migration patterns to the city are far more informalised. A concern raised repeatedly was that jobs are now not guaranteed in the city and depend on the city-dwellers determination, city savvy and social networks. The households who had linkages to urban resources, opportunities and jobs were ‘better off’ although an urban remittance was combined with other sources of income.

“Some people go to the city to seek for job, because here is our area, there is no work, before there was people coming from Joburg from mines to fetch people who are willing to go and work and promise money, but now people go to find jobs themselves, in that times it was very difficult as it take a year and he wont come back, only visit once a year, now its better, visit once or twice a month” (Nokuthula)

Lucrative work is not always available or accessible in the city. This corresponds with the low education levels of the Nkomazi population and the fact that 88% of the population survive on R1000 or less (Nkomazi Municipality, 2006). Unless it is a direct family member, migrants have their own expenses resulting in remittances being erratic or in some cases deficient. This was revealed by Thandi who spoke of how her uncle who was a gardener in Johannesburg. He used to remit money on a semi-regular basis although since he lost his job, they now receive nothing.

Migrating households had social networks and relations in an urban place which facilitates the process of finding a place to live; identifying income opportunities and finding schools. Therefore, these social networks are valued and invested in. Their maintenance is the connection between the opportunities of employment in the city and the safety net of a rural home. Bekker (2001:6) argues that the most important constraint on migration is the social obligation to maintain social and kin ties with ones community of origin. This research has shown that this may not necessarily be a constraint but a survival strategy as by the family remaining in the rural area, costs are reduced.
There was limited evidence of the feminization of migration, as indicated by the literature (Neves, 2008 and Neves and duToit, 2008). The only exception was Lesego’s mother who went to Johannesburg to find work but returned to Nkomazi in 1998 when she lost her job as a domestic worker. The main explanation given for this was that a women’s core responsibility is to care for her family. Two reasons emerged why circulatory migration is dominant and why the family will remain in the village while the man in the majority of cases goes to seek for work. Firstly, there is a deep attachment to Nkomazi as their family and neighbours are here and secondly, an acknowledgement that life in the city is very expensive. Busie highlighted that ‘in the city you cannot just plant your own vegetables and you pay for everything, even water’. Nkomazi remains to be ‘home’ for the remitter and he will return every Friday if work is within approximately 100km (Nelspruit), otherwise every two weeks or if Johannesburg, once a month.

“Women are not moving like men…women they are thinking of their children, they are going to work maybe at Malelane, then they come back, sometimes they work at shops here, maybe at someone’s home doing washing” (Nelsiwe)

It’s more men…its because men used to work far because they can’t get work here so they go far, and the women are left with their children at home, most are working in towns” (Nkosazana)

“Nkomazi is where home is, their family stays here in Nkomazi, these people are working in Joburg and Barberton. In Barberton they travel during the night and coming late at home every day but they go at two in the morning” (Nkosazana)

Nkomazi is not only ‘home’ in regards to an attachment to the place but also provides a ‘safety net’ when the remitter looses his job or is unable to work anymore because he is sick. This was evident with Lesego’s mom. A concern for women is the lives of their husbands when they leave for the city. They look forward to the ‘hope’ of more income but have experienced or heard too many stories of their husbands finding new women in the city which results in remittances being reduced (as little as R200 a month), sent in an unpredictable manner as well as withdrawn completely.
“they coming back when they sick, sometimes others they go to the city, then they don’t go back home, children are suffering (Why?), they get another women there and sometimes they marry that side, let me say my husband go to the city and work, get a woman there and marries that side, I don’t know...when he is sick, that woman will chase him away and he will come back home and he died. When he died, that is when I’ll know this one is married that side, I did not get anything, anything, anything for my children” (Nkosazana)

Johannesburg still has the aura of being the ‘city of gold,’ the place to make your fortune. Themba, a Mozambican who has been living in Nkomazi for many years working on a contractual basis doing thatch roofing for local resorts decided in January 2009 to go to Pretoria to look for work. His family were suffering and he has seven people to support. He stated after returning a month after arriving in Pretoria, “from January, I was at Pretoria, too much Zimbabweans...no jobs, no jobs, better to look at home.”

Households who are able to access an urban remittance are ‘better off’ although there are many constraints which prevent this from being a viable livelihood strategy for the majority of households. Another key concern, is that an urban remittance does not result in livelihood security as jobs are not necessarily lucrative and are not always permanent. As a result, the rural home provides an important ‘safety net’ when a job is lost or when the migrant becomes ill. In addition, the rural home is a place where children can be raised and if nothing else, food can be grown – a livelihood strategy further constrained in the city. As smaller towns nearer Nkomazi, such as Malelane develop, further job opportunities open which do not bare the same cost and risk involved in moving to Johannesburg, an option more attractive and feasible for women.

4.4.2 Documentation or no documentation: That is the question?

A lack of identity documentation excludes local residents from access to many public services and opportunities, such as education, health care, housing, social grants and formal employment which makes them socially and economically vulnerable (Polzer, 2007). The research elicited South African documentation as the biggest constraint in securing social grants from the government for survival. There were a number of South Africans who are unable to access the grant system due to
insufficient documentation although of greater concern is the inability of cross-border migrants, especially long-standing residents from Mozambique and Swaziland to access grants.

The complexity of accessing documentation was demonstrated through a number of clear examples of households in the study. Nokuthula’s mother in law has been trying to attain her pension which she was entitled to since 2006 but “the problem with ID was there is a mistake, the home affairs say that she is sharing an ID with someone who has passed away, when we go to Home Affairs it says that ID is correct, no problem with home affairs, no one is sharing ID but when she goes to SASA, they say she is sharing ID...since 2006 she applied but still she has got nothing.” Other problems included children not having birth certificates and the oldest siblings of child headed households being unable to get death certificates of both their parents, resulting in an inability to access foster care grants. Another key problem is the delay between applying and receiving a grant. The staff at Thembalethu highlighted that, the foster care grant of R600 can often take two years to get and in some cases, five years.

Identity documentation is the key constraint to accessing the social grant system as discussed. The following section provides a critical analysis on the role of social grants within the participating households.

4.4.3 Social Grants: a means of survival

South Africa has an exceptionally well-developed system of social assistance grants which has been dramatically increased in recent years. Government spending on such grants increased from 1.9% of GDP in 2000/01 to an estimated 3.3% in 2007/08, while the number of beneficiaries increased from 3 million to an estimated 12.4 million (Armstrong et al., 2008). The most significant and widely-accessed grants in Nkomazi are the State Old-Age Pension (R1000), the Foster Care Grant (R600), the Child Support Grant (R240) and less widely accessed, the Disability Grant (R1010). The findings reveal that social grants from the state are a significant source of income and often the only source of income for poor households due to the high levels of unemployment.

This research feeds into debates on whether state transfers lead to increased dependency or to further economic growth and productivity as people use the money
creatively to generate further income. Mpho, a recipient of the disability grant and four child support grants is able to generate an income, through her spaza shop run from her home. There are isolated cases of grant recipients using money to go to Joburg to buy blankets and other goods to sell in Nkomazi. The income of grants, specifically the pension grant has seen increased numbers of people joining stokvels as people are able to save a little more than they were before.

In the majority of households who participated in the study, the grant(s) received were often not enough to cover expenses or provide adequate food for the household members. Grants were viewed as vital to survival but did not hold the potential to break out of poverty.

"Most of them use grants to survive, for instance the child support grant. Some families are surviving on that child support grant because without that there is nothing at all, the only thing is R250, that is the source of income in the house, they just use it to survive" (Lindiwe).

As discussed above, access to documentation poses an important constraint to accessing the livelihood strategy which is crucial for daily survival for the majority of households. There is a need for critical analysis on the sustainability of social grants and their possible long-term effects. For example, when the children who are eighteen, the foster care grant is no longer provided, the question needs to be posed – then what? Due to social grants being an insufficient income source for meeting daily food requirements, subsistence agriculture is a common livelihood strategy to supplement the diet of households within Nkomazi.

**4.4.4 The opportunities and challenges of subsistence agriculture**

Due to the majority (88%) of Nkomazi households earning less than R1000.00 per month (Nkomazi Municipality, 2006), subsistence agriculture plays a vital role in supplementing people’s food security. Ten of the fourteen households had varying degrees of subsistence production. The households who did not grow their own food was a result of no or very little water, very little space, no fences and/or an inability to afford or build a fence resulting in cattle destroying the crops. The majority of households were engaged in agriculture on a small-scale. This provided a ‘fall-back’ in times of need which indicates its role as a ‘safeguard’ when other livelihood means
cannot be secured. Therefore greater significance is given to urban remittances, local wage employment and state welfare grants.

The majority of households planted onions, spinach, cabbage, lettuce, beetroot, potatoes and maize in small back-yard gardens. In Jeppes Reef, the author visited a local church where a garden was sub-divided and cultivated by women in the church to provide for the poor households in their community, in particular orphans. Many of the households would sell their excess produce at small spaza shops in their yards which generated a little excess income.

Piped water was highlighted as a daily distress in the villages as the majority of homes in the region have a tap in their yard but only get water sporadically; approximately two or three days a week. Some villages, especially areas within Driekoppies and Block B do not get any water and have to buy their water and store it in JoJo containers, which is a cost most cannot meet.

There was no consensus regarding the lack of water, the unpredictability of the water supply and why within one village, there would be some households with water all the time while others had intermitted supply and others none at all. The ‘water issue’ is an area of great confusion and has created a great deal of frustration as people have taps in their yards but are forced to walk kilometres to fetch water or purchase water. The negative consequences of this are that: people are forced to use the dam and rivers which hold multiple health risks; it prevents or limits households engagement in subsistence agriculture and provides much additional work for household members who have fetch water on a daily basis.

The two key explanations given for these problems were firstly, the inability of the government to provide a sufficient system or maintain the existing infrastructure. Secondly, due to the increased population growth as a result of immigration from both Mozambique and Swaziland, the demand is greater than the supply. Subsistence agriculture is a key livelihood strategy for those who have no other resources to access income, although it has multiple challenges as discussed above.
4.5 Social networks

Informal social networks, interactions and engagements are often presumed to be used by individuals and households to meet basic needs, share risk and maintain a livelihood based on trust and reciprocity. This research shows that these relationships in Nkomazi are not always based on an inherent ‘African reciprocity,’ and can instead be the source of insecurity.

This research reveals that social networks are multi-dimensional and context specific. Important elements in the strength of social networks depended on: financial position, likelihood of reciprocity and actual need of household. The research validates that vulnerability is not only a result of economic deprivation but social deprivation, as households with strong, supportive social networks were those with a diversified livelihood system, again rendering the poorest most vulnerable. This is particularly clear within the households who had access to an urban or formal employment remittance.

Family networks amongst the most vulnerable households were characterized by an inability to help due to marginalized households being caught within marginal and poor kin networks. On the contrary, kin networks were also shown to be at the root of a households’ vulnerability, particularly clear in family members misuse of social grants. An important finding is that kin networks amongst the poor, cannot be relied on as a livelihood strategy nor should social networks be romanticized as the panacea for the poorest of the poor. The research indicated the importance of neighbours as an important livelihood strategy for daily survival. In many respects, neighbours have taken over the traditional roles of kin as households become increasingly isolated.

4.5.1 Intra-household networks

Intra-household norms were explored through questions regarding who cooks and eats together within the fourteen households. The purpose of this was to ascertain who is and is not of close enough relationship that if and when food is scarce, they would be included in household food activities. In all cases, the food was prepared predominantly by the oldest sibling (girl or boy) and occasionally by a living parent or grandparent. The households tried to eat all meals together although this was not
always possible. The food, even when scarce, was distributed evenly amongst the household members. Besides two household, which were supporting additional dependants outside the immediate kin, the households supported the needs of the direct family and their children only. Occasionally close family and/or neighbours were included in the sharing of food but on the whole, did not reveal wide social networks.

4.5.2 Kin networks

This research critiques the Joint Initiative study which notes that there is a rise in extended and complex households, which would be a clear sign of positive rather than negative social responses to the HIV epidemic (Hosegood, 2008). The research revealed the isolation of vulnerable households (especially those who have lost both parents to AIDS) from their extended kin. Two clear distinctions will be discussed in greater detail which reveal the complexity and household-specific nature of social networks between kin. The two distinctions include firstly, the very vulnerable households (unable to access formal employment or urban remittance) and those who are ‘better off’ and secondly, a distinction between South Africans and non-South African citizens.

Kin networks amongst South African households

The majority of the households had very little contact with their extended family even if they lived within Nkomazi. Many households only saw their family at big events such as weddings and funerals. There are obligations among kin to take care of their parents and the children of their siblings if their parents have passed away. Buhle, the orphan care co-coordinator at Thembalethu stated that approximately 10% of families take on this responsibility. These decisions would traditionally be made by the oldest male relative but the research indicates strongly, that poverty has resulted in families becoming increasingly isolated resulting in families ‘turning their eyes’ (a commonly used phrase) to the suffering of their extended family members.

In a study focusing on household experiences of HIV-related illness and AIDS death Hosegood et al. (2007: 1253) notes that “Several respondents felt strongly that their impoverished circumstances deterred people from visiting or helping them out, and that poverty exacerbated the stigma around HIV and AIDS.” This relates to Gillespie (2006: 17) who recognises the stigma associated with people living with HIV and
AIDS (or those left behind as a result of an AIDS death, specifically children), are considered a ‘burden’ because they can no longer contribute to the household resources but instead require many resources (money, time, energy). It was beyond the scope of this research but this isolation may be related to what Walker (2007) refers to as ‘stigmatisation by association’ in which families and communities are no longer welcoming of a family but instead condemned or stigmatised by virtue of their association with a family member who is HIV positive or has died from (Gilbert and Walker, 2009 and Walker, 2007). This was beyond the scope of this research to unpack in greater depth and would require future research.

A similar finding occurred in the villagers in Nkomazi, in which extended family members had in many regards cut them off from the kin network. The households in Nkomazi explained that some of their kin did not visit them or provide any support because they themselves were struggling to provide for their immediate family. It was apparent that there are very vulnerable, poverty stricken households which are caught within vulnerable networks, where neither can support each other. The distinction was made between kin networks and households who have resources and those who do not which considerably shifted their ability to provide support as explained below:

“If parents passed away and relatives work in government department, will take care of family, but if there is nothing at all, they will all run away, look away because there is nothing because they think they will always take something, that is the main main problem.....because the situation allows you to stay with your family...” (Nokukhanya)

“If rich have someone who dies, there is many many people who go to funeral, is large funeral. With poor, the funeral is smallest...there is no-one who is going to look after children....there is no-one to see if they need something. People think that if they go they will beg from us for something so they rather look away....and don’t go to funeral” (Thulani)

The caregivers at Thembalethu raised the misuse of grants and the abuse of orphans being taken in by the extended family as a worrying yet recurring situation. The caregivers spoke of kin taking in orphans with selfish intent as it enables them to access social grants and use the money for their own purposes. Another consequence is the abuse of the children who are taken in. They are often made to work in the households and sell additional goods to
make an income. This is very disconcerting and requires further research as the very people who families believe they can rely on, are the ones who exploit them.

Non-nationals kin networks

South African households have a far greater kinship network within Nkomazi and in other parts of South Africa than cross-border migrants, which increases their vulnerability.

Sarah, the mother of two girls, Rose (aged 10) and Gugulethu (aged 6) crossed the Swaziland border into South Africa in 2005 in hope of a better life. The girls grandmother was already living in Jeppes Reef, the village closest to the Swazi border with her ‘boyfriend’. In January 2009, Rose and Gugulethu’s mom died from AIDS, leaving her two young daughters with no other family or even a home of their own. The grandmother had also passed away by this stage. After, the loss of their mother, an adjacent neighbour offered to take in Rose and cover her food and schooling expenses. Gugulethu has continued to live at Mr Matabula’s (neighbour) house with his second wife (a young woman of 24).

Gugulethu’s ‘story’ highlights the migration of often isolated and disconnected individuals or families from both Mozambique and Swaziland. The caregivers at Thembalethu highlighted that many mothers and children cross the border in search of their husbands or fathers who crossed the border at an earlier time and in many cases end up residing in Nkomazi. Buhle at Thembalethu noted that often there are families from Swaziland all living in Nkomazi, but they are unaware of each others relocation. On the contrary, there are examples of migrants precisely as a result of their isolation and disconnection from wider kin networks, sticking together to support one another. This appeared to be predominantly young men who cross the border.

“They come one by one, you will find that there are people from one family who are scattered in South Africa, not knowing they are all here. When they go to Swaziland, maybe once a year in December, they ask - Where have you been? Haw, I was in Schoemnasdal, oh, I was in Driekoppies (only a few km away). They don’t know, you find in Swaziland they are using a different network, it does not work here, we are using vodacoms and Swazi MTN does not work here, cannot use it here” (Buhle)
A similarity among South Africans and non-nationals is the isolation of households despite kin networks and a refusal to support kin because they themselves were struggling to provide for their immediate family.

“They say if maybe the people from Swaziland come here, so if maybe sometimes come another one, maybe a relative to that one, that one don’t take care of that one who is coming from Swaziland, they don’t take care of each other from Swaziland” (Margaret)

The kin networks of each participating household were different although a number of key themes may be drawn. Kin networks were revealed to be disconnected, increasingly conditional and correlated to resources and likelihood of reciprocity. Therefore, social networks were not supportive in the daily life and survival of the most vulnerable households. None of the households mentioned family as the people they would call on first when food was scarce. The research validates that vulnerability is not only a result of economic deprivation but social deprivation, as households with strong, supportive social networks were those with a diversified livelihood system, again rendering the poorest most vulnerable. Family networks amongst the most vulnerable households were characterized by an inability to help due to marginalized households being caught within marginal and poor kin networks. On the contrary, kin networks were shown to be the root of a households vulnerability, particularly clear in family members misuse of social grants. An important finding is that social capital or networks amongst the poor, especially kin networks, cannot be relied on as a livelihood strategy when there is no other livelihood means nor should social networks be romanticized as the panacea for the poorest of the poor.

4.5.3 Neighbours key to survival

The research had a specific interest in the perceived quality of trust and reciprocity between neighbours. The research showed that for the majority of households, neighbours are the key social network for daily survival and personal support. Neighbours live in close proximity with one another which ensures they know the daily needs and struggles of each other. Neighbours play multiple roles; firstly, they are the primary source of help for short terms needs such as water, food stuffs, electricity and safety. Secondly, they are often a source of information and communication for the most vulnerable households. This may entail letting the
principal of a school know the conditions under which certain children are living which would hopefully result in the children being incorporated within the School Feeding programme. Other examples were of neighbours letting Thembalethu (who are well known in the villagers) or a councillor from local government know the needs of a certain household in order for them to begin to support the family where possible. Other functions recorded were neighbours sharing their television to watch the soccer, looking after each others children as well as their homes when they were away visiting other family or at funerals or weddings.

“We go first to the neighbours to get food” (Thapelo)

“We are friendly, you saw the little one (little boy just walked in), he feels free…yes, we help each other, when our neighbours have no electricity and today its cold so they come here to boil water for tea” (Kgomotso)

“We have a good relationship, if I need something, they’ll come, if I need I can go, we are welcome…if you ask them to look after your house, they will come” (Nonhlanhla)

Neighbour relations were not always reciprocal as the one neighbour may be too poor to reciprocate in the same manner or repay what was borrowed. The research showed that neighbours are often the most important source of support to the most vulnerable households. There were examples of poor households developing a ‘give me’ attitude with their neighbours. This resulted in neighbours withdrawing support on occasions. This was termed the neighbours ‘getting tired and then dropping them’, something which neighbours (especially caregivers) raised as being difficult.

Neighbours evaluate different situations specifically and are to a degree conditional in their support. The most helpful and healthy relationships between neighbours were when they were reciprocal in regards to food and paid back money which was lent to them. The relations between neighbours concur with findings of the 2005 Cape Area Study in which people facing extensive poverty have neighbour relations based on norms of exchange and reciprocity (of food for money, shelter for labour, etc) rather than kinship (Seekings, 2008). Rose expresses below an example of when non-reciprocity leads to the social network being disbanded:
“You know what when you trying to help them, they depending on you, I want bread, food, they demand you. You assist them but you get to a point when you decide to drop them, they do not want to do anything…when you say lets plow garden they say AAAwww…when you say help with my washing, they don’t want…they demand” (Mbali)

“My neighbors on three sides are good except the fourth one. The children they dropped school, they stealing, drink beer, before I was helping them but now I don’t…they disappointing” (Busie)

The 2005 Cape Area Study revealed that networks of obligation among non-kin (neighbours) are more important as the radius of responsibility among kin shrinks or changes shape (Seekings, 2008). This was apparent in Nkomazi as the role of neighbours was crucial among households who had lost their parents to AIDS or where kin networks were disbanded, marginal or the source of insecurity. Drawing on neighbours as a key source of support was often out of desperation more than choice although there were cases revealed by caregivers of neighbours taking in orphans for their own selfish purposes in order to gain the child foster care grant as discussed below:

“There is a family in Schoemansdal, the one is not related to children, parents passed away. The neighbour take children in order to apply for foster care grant, she get it and she was misusing money for her own use and not children. When they come back from school they are just selling tomatoes or whatever, do all the jobs without shoes and empty stomachs” (Lindiwe)

There was a clear distinction between the role of neighbours in the other villages as compared with Block B which is predominantly Mozambican and a very poor area. Themba and Raymond, both Mozambicans spoke of how their neighbours on all sides are struggling to provide food on a daily basis, like themselves. As a result, there is an understanding that neither of them can help each other. Themba mentioned specifically that his neighbours on two sides are both female-headed households with many children and that they too are going hungry. He had one neighbour nearby who had water in his yard; unlike himself; he had connected himself to the water system through putting his own pipes under the ground. Themba was sometimes able to retrieve water from this neighbour but on the whole, there was acceptance that they were all too poor to help each other in regards to food. For
the majority of households, neighbours are the key social network for daily survival and personal support and have in many ways taken over the traditional roles of kin although these networks are reliant on a degree of reciprocity for their long-term fulfilment.

4.5.4 Community Networks

Ressler (2008) argues that household participation in community events is an indicator of the web of relationships around the household and its subsequent social capital. Community events in Nkomazi include burials and weddings, stokvels, ANC meetings, HIV support groups, church functions and school event participation. Many of the most vulnerable households reported no participation in community events as monetary resources are necessary for participation. The main cost is transport to attend family weddings and funerals. Richer households participate more fully in these events while poorer households are often excluded.

4.5.4.1 Stokvels

Stokvels have been argued to be the most important manifestation of coping mechanisms amongst poor communities in South Africa (Seleoane, 2007). In Nkomazi, a stokvel is described as a group of people coming together once a month and each contributing an agreed amount of money to a common pot which may be put into a bank account. This money is saved and distributed at the end of the year to predominantly provide for additional expenses over the Christmas period.

Stokvels are very varied, some are of groups of 15, while others have up to 70 members. Some stokvels have one core function while others may house three or four functions (i.e. groceries, savings, December expenses). Stokvels were perceived to be used by 95% of the community in Nkomazi which is far greater than the estimated figure of 25% of black South Africans as noted by Seleoane (2007) and would require further investigation to be validated. The research showed that stokvels are varied across income groupings to meet various needs. On initial examination, it appeared that the poorest and most vulnerable households and individuals are excluded as they are unable to save a R100 a month. With further examination it was apparent that there are stokvels which contribute anywhere between R20 and R1000 a month which allows for the majority of population to participate.
This research did not explore the social benefits of stokvels in great detail although it is evident that stokvels are an example of community members acting together to address problems which arise out of their poverty. Of particular interest is the degree of food security which is associated with stokvels, with a number of respondents explaining that foodstuffs (oil, mielie meal, sugar) purchased in December can last between six months and a year.

4.5.4.2 Church

Churches were highlighted as an important source of social networks and support. Churches were noted as collecting money to support the orphans and vulnerable families in the community by providing food or blankets and therefore have an ad-hoc function. There were two examples in Schuzendal and Jepees Reef of women, often grandmothers (gogo’s) starting a food garden on the church premises to support orphan headed households in the community. Thapelo indicated that often churches have very few resources themselves as the majority of the congregation is unemployed (“even the pastor is unemployed,” she said) and therefore they can only have a limited impact.

4.5.4.3 Other

The households consisting of orphans highlighted the importance of South Africa’s Primary School Feeding Scheme (PSFS), otherwise referred to as the National School Nutrition Programme (NSNP) introduced by the government in 1994. The school feeding programme aims to particularly help poor children by providing basic food to improve their learning capacity as well as empowering poverty stricken communities by alleviating poverty and unemployment (Engelbrecht, 2005). The programme has been initiated in rural areas in all nine provinces across South Africa including Nkomazi although not all the schools have the programme operating. This study did not look at the programme in any detail but does illustrate it as a key livelihood strategy for many households and children.

Thembalethu Home Based Care programme and other non-governmental and community organisations were highlighted as an important support base, providing food packs and other needs, such as the building of houses.
CHAPTER 5
Conclusions

5.1 Conclusions

This research provided confirmation that diversification is key to a sustainable rural livelihood and food security with access to formal wage employment being decisive. The poorest and most vulnerable households are less able to diversify their livelihood resulting in many of them being completely dependant on the state grants. The HIV epidemic intensifies the inability of households to diversify their income sources due to the key breadwinners passing away, a lack of social networks in the city and the long term consequences of households who have lost both their parents rendering the oldest sibling unable to access the job market or migrate.

Households which are able to guarantee two or three sources of income (rural and urban) are ‘enduring’ households which are able to maintain household food security on a continuous basis. The majority of the households in the study were reliant on social grants, subsistence agriculture and local employment. A number were ‘resilient’ in that they could recover from socks while others were ‘fragile’ and would be unable to survive or respond to shock if for example, the social grant was removed from the livelihood system. Social grants were viewed as vital to survival but did not hold the potential to break out of poverty. A key concern that arose is that many of these families are unable to access grants as a result of no documentation or incorrect documentation largely due to the bureaucracy of the system.

This research has shown that social capital is the link which enables households to diversify incomes sources and as a result be ‘resilient’ to food insecurity. This paper has shown that social networks enable resources to flow between persons and across space and that the weakening or dismantling of these, undermine the ability of households to diversify income sources.

The research concurs with Seeking (2008) who criticises the notion of kinship as a system of unconditional obligation and proposes a more selective and conditional pattern of responsibility. Kin networks were revealed to be disconnected, increasingly conditional and correlated to resources and likelihood of reciprocity. This research
has shown that social networks can be at the root of vulnerability as kin ‘turn their eyes’ or misuse the very little social support available to them. The most vulnerable of households are often those caught within marginal networks that are unable to provide support – financial and emotional.

Neighbours not kin were in many instances, the difference between survival and destitution. Similar to kin networks, neighbours were increasingly selective and conditional. The research illustrates that the most socially and economically isolated in the community respond with the kinds and extent of networks to which these households belong. Therefore, the most resilient households to food insecurity and the impacts of the HIV epidemic are those who can diversify income sources in which mobility and formal employment are essential, which in turn rely on strong social networks.

The Sustainable Livelihoods Approach (SLA) has provided a useful framework for the last decade and a half for understanding the diversity of rural livelihoods. The SLA recognises the role of social capital although there is very limited literature on the extent, nature and role of social networks within this complex livelihood system. This research has indicated the importance of social networks as a means to attain other resources to secure a sustainable livelihood.

Secondly, this research has revealed how little we know of the changing nature of social networks in light of the AIDS epidemic within particular contexts. This research has shown that the dismantling or weakening of social networks reduce opportunities for diversification. It has also been shown that social networks can be the root of vulnerability. It is important to acknowledge and differentiate between kin and non-kin networks as this study has shown that neighbours play a particular role in the daily survival of households within Nkomazi. Therefore, social networks within poor settings must not be romanticised as the ‘panacea for the poor’ but need to be studied further. Assets in themselves (financial, physical, and human) cannot secure a livelihood but require the ability to transform these assets into income or food which depend on intra and inter-household and community social capital (Niehof, 2004).
5.2 Opportunities for future research

As a result of this research, a number of key gaps have emerged for further exploratory research. These include:

1. Detailed research into the misuse and abuse of grants by kin

2. Migrants (particularly) men who stop sending remittances back to the rural areas, often a result of finding a new girlfriend or wife in the city - developing new relationships and obligations

3. The long terms impacts of households dependant on grants when they are removed from the livelihood system. For example, when the grandmother dies, the pension grant is removed from the livelihood system or if the child reaches 18, the foster care grant expires.

4. A wide-ranging analysis of stokvels and their role in food security as basic supplies can be stored for up to six months to a year

5. The ‘associated stigma’ of families and communities who are condemned and stigmatised by virtue of their association with a family member who is HIV positive or a person who has died from AIDS.
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Appendices:

A. Participant Information Sheet

Good day

My name is Hannah Dawson. I am doing my Honours degree in Geography at the University of the Witwatersrand in Johannesburg. I will be conducting research within the Nkomazi district looking at the role of social networks in mitigating the dual threat of food insecurity and HIV/AIDS. I would like to take this opportunity to invite you to participate in the research study.

The research aims to understand the dominant livelihood strategies employed by households and how they have been impacted by HIV and AIDS. This provides the context to focus on the role of social networks with a specific attention on understanding, the form and role of migration and remittance behavior across urban and rural space and the patterns of norms, obligations and responsibilities within the household and extended family.

The research will occur in June and July 2009 and will include focus groups with fieldworkers from Thembalethu Home Based Care and in-depth semi-structure interviews with household members of approximately ten households. A fieldworker from Thembalethu will accompany myself and provide not only interpretation but also support and advice beyond the interview setting. Confidentiality cannot be guaranteed at all times due to that participatory nature of the research as more than one person and myself will always be present although the confidentiality of information shared will be emphasized and assured as far as possible throughout the research process. No personal details (i.e. physical address) apart from your first names will be collected. In the research report, pseudonyms will be used, unless you wish to have your name disclosed.

My written notes will be destroyed after the completion of the study. If you agree, I may record the interview on a digital voice recorder, so that I am able to catch all the details. The information I will get from all the different participants will be compiled in a final report that will be submitted to the University of the Witwatersrand and
disseminated to the International Food Policy Research Institute (IFPRI), Thembalethu Home Based Care, relevant journals and may be presented at a conference.

I therefore wish to invite your participation in this study. However, you are under no obligation to participate and can withdraw from the study at any time. It is also important to let you know that there will be no payment or financial benefit for participation.

If you require more clarity on this research or have any questions, feel free to ask and I will try and answer your queries where possible. If you would like a copy of the completed report, please let me know and I will get one to you at the end of the year.

I thank you for taking the time to consider participating in the study.

Kind Regards,

Hannah Dawson

071 108 0791
B. In-depth Interview Guideline

A. Livelihood Strategies

- Who lives within this household (age, sex, relation, education, employment status, nationality)? (Draw family tree)
- Do other people live here sometimes and not other times (Have more than one house?)
- Do you have other family in Nkomazi or in other parts of South Africa?
- Who is the head of the household (main breadwinner)?
- What are all your sources of income (wage, remittance, grant –which)?
- Do you grow any of your own food?
- Do you collect any resources from the natural environments (i.e. from mountains) on a regular basis?
- Do you rely on anyone else in or outside the community for monetary support/income?
- How and who makes decision regarding who lives with whom?
- Is this enough to ensure there is food for everyone in household?

B. Urban Remittances (Only relevant to some households)

- Who sends remittances to the household (relation, age, sex)?
- For what periods of time does the person go away to earn the remittance?
- What work is done?
- What form do the remittances take (i.e. transfer of cash, pension pay-out)?
- How does remittance get to you?
- To whom are remittances sent?
- How is the money spent?
- Who is included and excluded from the spending of that money?
- Is it reciprocal – any rural-urban remittance?
- How are decisions made regarding those that migrate?
C. Food Security

- Is there enough to ensure there is food for everyone in the household?
- Are any of your children unable to go to school/struggling at school because they do not have enough food? (use indicators from focus groups)
- How many days in last month did you go to bed hungry?
- Seasonality of hunger – go through months – when is hunger the greatest problem?

D. Foodways

- Who eats together in this household?
- Who cooks?
- When food is scarce, who do you and don’t you share food with?
- If there is nothing to eat in house, what do you do?
- What survival techniques do you use when there is no food? (who can you borrow food from?)
- What community events are you involved in (school and church functions, burials, HIV/AIDS support groups)? –are these networks a source of financial help, care and personal support – more so than family?
- Scenario – if you only have one loaf of bread – who would eat first, who would not eat? (Radius of responsibility)
- If your neighbour gave you beans and pap – how would you pay him back? Would you have to – is it conditional, reciprocal or gift?
C. Focus Group Discussion Guideline

1. Ask care-takers to describe families they are working with…. (then categorise according to May – are his categories good?)
   - Remittance dependant households (money coming from JHB/Witbank/Nelspruit)
   - Wage dependant – informal (spaza shop) or formal (on farm/shop)?
   - Mixed income households – different sources of income
   - Welfare dependant households - survive off grants – pension, child support, disability grant
   - Marginalised households – no access to wage labour, remittances, state grants (may grow own food, dependant on peoples contributions)

2. Household structure/members of these families – how many people on average living in one house?

3. Reflect on different classes – what has changed over the years – have their been shifts – is there more money/poverty in Nkomazi? (Has the importance on wage labour and remittances increased/decreased since grants? How important is agriculture to livelihood?)

4. What are your perceptions on the extent of Hunger in Nkomazi?

5. Are people more or less vulnerable to hunger in the last 10 years?

6. How do you know people are hungry – what indicators do you use to identify food insecure households (for Thembalethu – gardens)? (i.e. cant go to school, no bag of mielie meal in the corner of the room)

7. Do you think those that are impacted by HIV and AIDS are more vulnerable to hunger? WHY?

8. Why does HIV make people more hungry?

9. Is there seasonality of hunger – some months worse than others – WHY?

10. How has HIV/AIDS changed household structure? Moves in and out household?

11. How has HIV and AIDS affected households and household structure? Has it lead to increased fluidity (individuals move between households – carers and dependants)? Has it increased porosity (Individuals are members of more than one family)? Who in family is most affected? Who carries care burdens? How has it impacted on their ability to provide for family? How has it affected family structure? What happens when key breadwinner dies? Where do children go if both parents die?
• **Scenario:** Mom, Dad, 4 children and Granny – Dad worked in Nelspruit for ten years at Sasol and brought home R2000 a month. Who decides who uses the money? Who is included and excluded from the spending of that money? (Is there a hierarchy?) The Dad got very sick and came home in February 2008 and passed away in January this year. What would this family do? (has no other sources of income) Possibilities: send someone to city to earn money, receive help from family/neighbours?

• Get care-takers to tell other stories of how family dynamics have changed, coped etc… (will provide opportunity to ask further questions – reciprocity, who money comes too)

12. Other impacts of HIV and AIDS on household? (decreased labour – cannot fetch wood, cannot grow vegetables)

13. Nkomazi – are families connected? – are relationships stronger with family or neighbours/religious communities– where to people find greatest sources of financial assistance, care and personal support? Are relationships based on exchange (food, money, shelter, labour) or on kinship, distinct norms of responsibility?

**Scenario:** There is a family with 3 children (6, 10 and 13), both the parents pass away. The only family in Nkomazi is an Aunt, her husband and her have 5 of there own children? What would happen to these three children? Would it automatically be assumed that they would move in? What factors would delay the choice of them moving in? What would possible other situations be?

• Get care-takers to tell other stories….

14. Ask care-takers – what does kinship mean – who is and isn’t family?

15. Are family networks becoming more constrained? (more conditional)

16. Would you agree or disagree that households who are able to move people between households - dependants can be moved into care of others or other breadwinners or caregivers might move into AIDS affected household have less severe impact - are better off?

17. Would you agree or disagree that households who have links to people resident elsewhere (i.e. remittance) are better off? (Ask Remittance questions)
D. Interview Consent

I……………………………………. hereby consent to take part in an interview. I understand the purpose, conditions and procedures of the study as they have been explained to me. I understand that I am not going to get paid for my participation and that I have the right to withdraw from the study at any time. I understand that due to this research being participatory, more than two people present, confidentiality cannot be guaranteed with the information I share.

Name of Participant………………………………………………
Date……………………………………………………………………
Signature………………………………………………………………

I, Hannah Dawson have explained the procedures, purpose and conditions of the study to my participant. I agree with the above mentioned conditions and will ensure I adhere to them.

Date……………………………………………………………………
Signature of Researcher………………………………………………

E. Focus Group Consent

I……………………………………. hereby consent to take part in a focus group with Thembalethu 'care-takers', facilitated by Hannah Dawson. I understand the purpose, conditions and procedures of the study as they have been explained to me. I understand that I am not going to get paid for my participation and that I have the right to withdraw from the study at any time. I understand that due to this research being participatory (more than two people present), confidentiality cannot be guaranteed with the information I share.

Name of Participant………………………………………………
Date……………………………………………………………………
Signature………………………………………………………………

I, Hannah Dawson have explained the procedures, purpose and conditions of the study to my participant. I agree with the above mentioned conditions and will ensure I adhere to them.
F. Recording Consent

I………………………………………… hereby consent to have the interview digitally recorded. I understand that I am not going to get paid for my participation and that I have the right to withdraw from the study at any time and I understand that all the information that I share with the researcher will remain confidential and be destroyed after the research is completed.

Name of Participant………………………………………………
Date……………………………………………………………………
Signature………………………………………………………………
G. The political economy of Nkomazi district, Mpumalanga

This chapter has been placed as an appendix as it provides a detailed analysis on the political economy of Nkomazi. It will firstly provide a brief summary on the demographics and socio-economics of the region. Secondly, a detailed analysis on the extent and impact of the HIV epidemic in Nkomazi is provided. Finally, cross-border migration from Mozambique and Swaziland will be discussed as it emerged as a dominant theme throughout the field research in understanding the livelihood strategies and social networks of participating households.

Socio-economic demographics of Nkomazi

Nkomazi is situated in the eastern lowveld of Mpumalanga, 350km east of Johannesburg, Gauteng, between the southern boundary of the Kruger National Park, Mozambique and Swaziland. The Maputo corridor passes through Nkomazi and has had a significant influence on the growth and development of the area. The southern section of Nkomazi, formally known as KaNgwane district, remains underdeveloped and characterised by problems of poverty, massive unemployment with the majority of the population residing in densely populated villages without secure tenure and in need of extensive infrastructure and service investment (Polzer, 2007b). The northern section is composed of formal towns such as Malelane, Komatipoort and Hectorspruit along the Maputo corridor (N4 highway). Dividing these two regions is a highly successful and intensely cultivated agricultural area with a very low population density (Nkomazi Municipality, 2006).
The total population of Nkomazi is 486,435, concentrated primarily in the undeveloped southern section. The population is 98% black and in the southern
The unemployment rate of those who are economically active is estimated at 50% while 38% are formally employed and a further 12% are active within the informal sector (Nkomazi Municipality, 2006). The major employers are Government and the commercial sugar and citrus farms located 30-50km away. The dependency ratio is 6.8 which means 6.8 persons are dependant on the income of one person employed (Nkomazi Municipality, 2006). The male absenteeism rate is 30.7% which infers that 30.7% of those who are economically active work outside of Nkomazi in Nelspruit, Witbank and Johannesburg (Nkomazi Municipality, 2006). 35% of the labour force in Nkomazi has no education, 24% attended primary school, 31% attended secondary school and 5% obtained a diploma or certificate at a tertiary institution. Only 0.06% of the population obtained a university degree. It is estimated that 24% of labour force are illiterate (Nkomazi Municipality, 2006).

There are 71,774 households in Nkomazi, 59% of which live in brick dwellings while the remainder in informal dwellings (Nkomazi Municipality, 2006). There is high demand for formal housing and very limited piped water supply to villagers (Polzer, 2007b). The Nkomazi municipality believe that the average household size is 4.7 persons. The majority (88%) of Nkomazi households earn less than R1000.00 per month although subsistence agriculture is said to play a vital role in providing income and supplementing the diet of people (Nkomazi Municipality, 2006). There is a high dependence on government social grants, especially old age pensions and child support grants (Polzer, 2007b).

**HIV epidemic in Nkomazi**

The Nkomazi region has an HIV prevalence rate of approximately 40%. The majority of people who are dying are women between the ages of 18 and 40 and men between the ages of 30 and 50 (ETU, 2006). The morbidity and mortality associated with HIV and AIDS has changed the size and composition of households in Nkomazi. The epidemic has multiple impacts although as a result of the prime age adults and breadwinners dying, households’ economic status and their ability to sustain a livelihood is weakened (Neves, 2008c).
The epidemic in Nkomazi has resulted in a very young population structure in which 54% of the population are under the age of 19, 23% are between the ages of 20 and 34, 16% are between 35 and 65 and only 4% are older than 65 years (Nkomazi Municipality, 2006). The epidemic is resulting in increasing number of orphans of which this research study is a clear indicator as seven of the fourteen households had lost both parents to AIDS and were headed by the oldest sibling. As noted by Hosegood (2008), not all orphans are young children, he argues that child-headed households are quite rare as a temporary adult will move in to provide care or children will move out to another household (Hosegood, 2008). This research did not confirm this as five of the orphaned households were headed by the oldest sibling. The research study included only one skipped generation household although many households’ composition was complex and inter-generational yet, the most vulnerable households were isolated with very little social capital, discussed in greater detail in section 5.4. This study does not hold an exclusive HIV/AIDS lens as a ‘livelihood approach’ was adopted in order to incorporate other factors such as chronic poverty, lack of water and unemployment yet it is evident that the HIV epidemic further exacerbates these livelihood shocks resulting in increased vulnerability.

The staff at Thembalethu illustrated that the impacts of the epidemic are far beyond individual infection, illness and death but rather affect multiple persons and households and undermine social structures and networks which sustain rural livelihoods (Niehof, 2004). The impacts identified were that as a result of someone being sick in the home expenses go up with regards to medication, funeral expenses, a loss of income due to person being too sick to work or having passed away. A key concern in Nkomazi is that firstly, children drop out of school to care for their sick parents and then take on the responsibility of looking after the rest of the family when they pass away. This responsibility was noted as resulting in young girls partaking in risky behaviour by engaging in transaction sex in order to provide food for their siblings. This holds the possibility of further spreading the virus and leading to increased vulnerability in the household. Another consequence was young boys dropping out of school to join gangsters to rob and steal to provide for the family. A further consequence noted was that of young girls desiring to fall pregnant in order to receive the child support grant of R250 a month. These were noted by the staff at Thembalethu although the participating households provided examples of children doing their utmost to provide for their siblings, as will be discussed.
“You see that the one who is sick and dying is the one who is the breadwinner...when he die, the children maybe they are 15 upwards, someone outside will come and say that give me your body and I'll give you something, the they agree, then there is HIV....the one that is getting something in the house, when she pass away, the children or people who are left on their own, if the 15 year old will start to sell her body, sleep around to get something to feed her family, that is how HIV gets in because when she sleeps around, she will be affected outside...” (Lindiwe)

The research was clear in indicating that it is the “breadwinners who are sick and dying” resulting in a loss of income, productive labour and important knowledge and social networks. The households who were part of this study indicated that AIDS can be claimed as a ‘major driver of hunger’ as all dimensions of food insecurity are affected when HIV/AIDS is high although different families experience different impacts as these are mediated through different levels of household assets and social networks (Murphy et al., 2005). Households who may not have been affected directly through the infection, illness or death of one or more household members are often impacted by an increased number of dependants.

“HIV and AIDS is stricken here so I am trying to assist them that they must go for a check-up if she is able to do that...because we know that when...some of them are passed away with children with no parents, is starvation, Thembalethu tries by all means to give them food and clothe...” (Nokukhanya)

“Families who are struggling are those who have lost parents to HIV and AIDS so if maybe it was lower, something can be different...better...ok, because, if my husband has dies from AIDS, as a mother it is possible that I will die, but because if my husband was alive, he would try and support us” (Thulani)

A household who reside in Schoemansdal in a small informal dwelling consists of the grandmother (Gogo) who is originally from Maputo, Mozambique but moved to Nkomazi and had her children in South Africa. Her daughter and her husband, the parents of Thembi (19) and Nicholas (6) died in 2006. Thembi only completed Grade 6 as she dropped out of school to care for her parents. Thembi had a daughter of her own in 2008. In the household now is the Gogo (very old and sick herself), Thembi,
Thembi has been unable to find any work as she has not completed school nor does she have an identity document. Due to the Gogo being a Mozambican, she cannot access a pension grant resulting in the family having no financial income at all. Thembi said, “Sometimes we sleep without food…I am very worried about my child who does not eat.” It is clear that the ramifications of the disease persist far longer than the life of the infected family member and create households trapped in a cycle of marginality and vulnerability.

**Cross-border migration**

Cross-border migration is an integral part of Nkomazi as residents of neighbouring border areas in Swaziland and Mozambique have been part of South African society and the economy for generations (Polzer, 2007). It is unclear on the number of immigrants currently residing within Nkomazi although currently, an average of 8000 people cross the border at Lebombo/ Ressano Garcia border post from Mozambique to South Africa every day (Polzer, 2007). This excludes the large number of Swazi foreigners who have and continue to cross the border and the volume of informal border crossings.

There are cross-border communities which straddle the borders between the three countries and often share language, culture, kinship and traditional leadership structures (Polzer, 2007). Most non-citizens in Nkomazi are long-standing residents of the border area, not recent migrants. There are many Mozambicans who have been living in Nkomazi since escaping the civil war in the 1980s. Some migrants have been able to access South African identity documents through government amnesties and exemptions in 1996 (for SADC citizens) and 1999/2000 (for former Mozambican refugees), but many were not able to access those processes, due in large part to procedural weaknesses in the implementation of the amnesties, and remain without documentation (Kloppers, 2006 and Polzer, 2007). A lack of identity documentation excludes local residents from access to many public services and opportunities, such as education, health care, housing, social grants and formal employment which makes them socially and economically vulnerable (Polzer, 2007).

Cross-border migration is currently still occurring and the key reasons which emerged were starvation, a lack of jobs, cheaper and better education (borderland residents in Swaziland often send their children to school in South Africa) and a
desire to get South African documentation to access social grants from government. Robert, a Mozambican stated that "some have come during war, even now they still coming to South Africa, they crying for job, no money." South Africa does have a larger employment market than either Swaziland or Mozambique on average although employment opportunities in Nkomazi Municipality itself besides work on commercial farms, is very limited (Polzer, 2007b, p. 16).

Nkomazi is a major gateway into South Africa from the continent which results in the majority of people crossing the border on route to urban areas to seek work and again passing through Nkomazi on their way to visit home. It is imperative to distinguish the different forms of cross-border migration, as some people cross repeatedly and reside in Nkomazi while others may be permanently settled non-citizens (Polzer, 2007). The households who are included in the study are all permanently settled residents of Nkomazi, some since 1981, another from as late as 2006.

The research indicated that borderland residents from Swaziland often send their children to school in South Africa, a result of South Africa’s policy change of no-fee schools. These households may have been working in South Africa for generations, even though they retain strong links with and often residences in Swaziland (Polzer, 2007b, p. 14). Busie, the research assistant had a boy from Swaziland living with her family as he was attending school in Nkomazi although the boy’s family reside permanently in Swaziland. These migrants are remarkably different to permanently settled residents, such as Raymond as they have retained strong link to their home country and therefore travel back and forth frequently (Polzer, 2007b).

South Africa’s no-fee schools policy has resulted in contradictory provisions in the Constitution, guaranteeing the basic right to education for all, and the Immigration Act (Sections 39 10 and 42), prohibiting government officials from providing services to undocumented migrants (Polzer, 2007b, p. 10). This results in local school principals fearing individual disciplinary proceedings for accepting undocumented local residents into their schools. Swazi or Mozambican students are unable to attend school unless they have a South African birth certificate or a study permit, which are only issued in Pretoria. This has lead to many Mozambican and Swazi learners in Nkomazi being excluded from schooling entirely or from completing matric due to the costs and administrative difficulties of acquiring study permits. This will be discussed
in relation to the case study of Gugulethu, a 10 year old Swazi girl who is unable to attend school in section 5.4.2.

Migrants are not evenly distributed across the different villagers but concentrated in specific villages near the borders. For example Block A, B and C near Komatipoort is home to many Mozambicans and Jeppes Reef, on the Swaziland border is home to predominantly Swazi’s. The Nkomazi municipality highlight the extensive cross border migration from Mozambique which they refer to as the ‘influx of the aliens’ (Nkomazi Municipality, 2006). This is leading to concern on the carrying capacity of the area as water supply is increasingly a problem and land allocation from tribal authority gets smaller and smaller. Local governments are directly affected by migration, specifically necessary services (like water and housing provision) being overstretched (Polzer, 2007b).

The Nkomazi municipality does not have an explicit local migration management plan or a wide-ranging analysis of the impacts of migration on municipality service provision or local development programmes, despite the large numbers of resident non-citizens and high volumes of cross border movement (Polzer, 2007b). A clear challenge in Nkomazi, is providing inclusive services which take migration into account although the problem is not purely a result of migration but often a technical one of adequate needs assessment and planning.

From South Africa, Nkomazi is viewed as a poverty-stricken rural area, a remnant of a system of racial exclusivity. However, from its bordering communities, South Africa holds the hope of a ‘better life’ or in some cases ‘survival’ including access to jobs, schools and documentation to access social grants.