



The Role of Horizontal Philanthropy in Mitigating the Impacts of HIV/AIDS in Rural Areas: A Case Study of Mathulini Rural Area

By

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Declaration

This dissertation represents original work by the author and has not otherwise been submitted in any form to any tertiary institution. Where use has been made of the work of others it is duly acknowledged in the text. The research of this dissertation was carried out in the School of Built Environment and Development Studies, University of KwaZulu-Natal, Howard College Campus, Durban, from August 2012 to November 2013, under the supervision of Dr Mvuselelo Ngcoya and Dr Shauna Mottiar

Signature

Abstract

This Masters dissertation documents the results of a qualitative research study on how horizontal giving lessens the impacts of HIV/AIDS in the rural Mathulini area of KwaZulu-Natal, South Africa. The main objective of this research study was to understand the role and importance of horizontal philanthropy (giving occurring amongst families, friends and within communities) in mitigating the impact of HIV/AIDS in a rural community. The study was conducted in the Mathulini rural area of KwaZulu-Natal, with a focus on a community based organisation, the Mathulini Women's Group. The thesis uses the theory of horizontal philanthropy to investigate the role of philanthropy in rural areas, especially towards reducing HIV/AIDS impacts within these communities. In this research an understanding of horizontal philanthropy from a South African perspective was first put forward. Using participant observation and interview research methods, the study concludes that giving and philanthropy form a large part of South African tradition and culture, and also impact positively on the country's citizens. Based on an understanding of horizontal philanthropy, the study then reflects the way in which people from poor and marginalised settings engage in horizontal philanthropy as means of helping each other on a daily basis. It highlights the role of horizontal philanthropy in mitigating the impact of HIV/AIDS within the rural communities. This study contributes to the nascent literature on African indigenous philanthropies.

Keywords: Horizontal philanthropy, philanthropy, philanthropy of communities, social capital, social networks, social support, and community based organisations (CBOs), giving, *ubuntu*, HIV/AIDS, and home based care.

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DEDICATION

This dissertation is dedicated to my late father Mr P.M Khumalo; you will always be in my heart.

List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
CBO	Community Based Organisations
HIV	Human Immunodeficiency Virus
KZN	KwaZulu-Natal
MWG	Mathulini Women's Group
WHO	World Health Organisation
POC	Philanthropy of Communities
PFC	Philanthropy for Communities

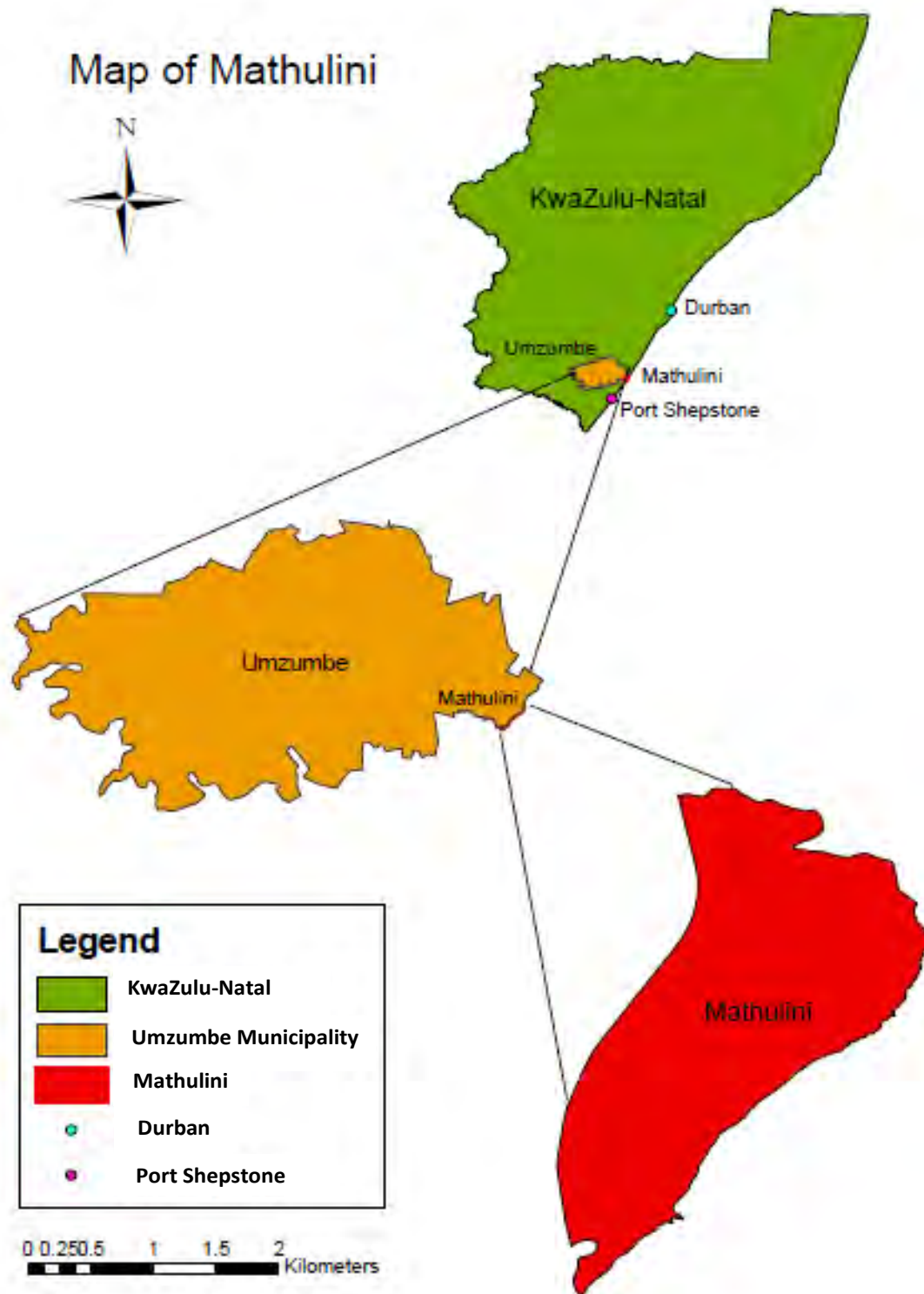


Figure1

Source: Own Map

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CHAPTER ONE:

Background and Rationale of the Study

The emergence of community based organisations (CBOs) in post-apartheid South Africa has played a pivotal role in protecting rural households from the effects of HIV/AIDS and poverty. The burden of HIV/AIDS is not equally shouldered across gender and geographical lines. Women residing in rural areas incur most of the social costs of HIV/AIDS through engaging in unpaid labour either by caring for bed ridden HIV/AIDS patients or looking after orphans and those who are affected by the disease (Classens, 2009; Grown *et al*, 2005). The patriarchal nature of South African society, in which care is traditionally, assigned to women further locks women into deprivation by reducing their chances of earning income since they cannot participate in paid labour (Bezuidenhout and Fakier, 2006). The process of task shifting HIV/AIDS health care responsibilities from the state to rural households, especially in resource poor rural settings, has further perpetrated the marginalisation and pauperization of women (Goudge *et al.*, 2009).

According to Bezuidenhout and Fakir (2006) inadequate hospital infrastructure, staff shortages and high costs for treatment for HIV/AIDS especially in hospitals situated in rural areas, resulted in governments' implementation of health policies such as comprehensive home based care. The programme of home based care allows for the transfer of patients back to their households when the state can no longer carry the cost of caring for them in hospitals. In this process the state appears to be resolving the issue of inadequate public health system by passing the burden of caring for the sick and the impacts of this pandemic to the households and communities.

The strategy of shifting the health care burden from hospitals to rural households leads to a process of social reproduction (Bezuidenhout and Fakier, 2006). The process of social reproduction ensures that gender inequality, poverty and marginalization of rural women reproduce itself across generations leading to intergenerational poverty transmission (IGT) (Hulme and Sheppard, 2003). This result in what Nurkse (1953) refers to as the vicious poverty cycle as people continue being trapped in poverty from one generation to another.

CBOs represent some of the ways in which communities mobilize in attempts to mitigate the effects of social reproduction in the wake of HIV/AIDS. Women often feel mutually obligated and the need to respond to the effects of such social reproduction based on their constructed gender roles within the rural communities (Laslet and Brenner, 1989). CBOs have been utilized as vehicles to mobilise women, assets and share resources to lessen the impact of HIV/AIDS (Everatt *et al.*, 2005). This type of civic engagement is sometimes referred to as ‘horizontal philanthropy’, as poor and marginalised communities feel the moral obligation to assist those in similar conditions as their own.

According to Wilkinson-Maposa and Fowler *et al.* (2005) horizontal philanthropy is a provision of mutual assistance and social solidity that increases the chances of survival, risk sharing and assistance to counter deprivation. In South Africa informal rural social networks engaging in horizontal giving are usually motivated by the African indigenous value system belief of *ubuntu* which involves reciprocity and selfless giving (Wilkinson-Maposa and Fowler *et al.*, 2005: 3). Sing (2010) states that “*ubuntu* is an ancient African word meaning humanity to others and also that “I am because of or through other people” (Sing: 2010:1). Within the field of horizontal philanthropy *ubuntu* has also been defined as one of the major motivators for horizontal giving (Sing, 2010).

This includes self-organized and self-regulating systems of giving help and support where people who are poor mobilize and share resources among themselves. The resources and assets they give to each other are diverse (both material and non-material) focusing on multiple needs at once, and have an immediate impact. As a result this research study was conducted in the Mathulini rural area, where women have mobilized (formed a CBO) and use their limited resources to give assistance and support to each other in the persistent struggle against HIV/AIDS. The Mathulini rural area is located in the south coast of Durban in KwaZulu-Natal, South Africa. The research study of Mathulini mainly focused on uncovering how communities in rural areas through CBOs utilize social ties (the foundation for effective collaboration) and social networks (social structure made up of individuals and organisations) to assist each other in distributing the burden and social cost of HIV/AIDS.

Research Problem and Research Objectives

The main aim of this study is to examine the role played by horizontal philanthropy in alleviating HIV/AIDS impacts in rural areas. The study assesses how community philanthropy through CBOs contributes to ameliorating the impacts of HIV/AIDS in the Mathulini rural community. The research further examines the types of philanthropic assistance offered by the members of the CBO and the community in general.

The main thrust for this study is to investigate what role philanthropy plays in reducing the impact of HIV/AIDS in rural areas. This study also assesses whether philanthropic giving through CBOs especially in rural areas is a feasible approach for HIV/AIDS impact alleviation that requires further development.

Mathulini Area

The Mathulini rural area is situated in the southern part of the KwaZulu-Natal province, South Africa. It is a rural settlement in the Luthuli Traditional Authority within the Umzumbe municipal jurisdiction. It lies approximately 85 kilometres south of Durban (eThekweni) with 98% of the population being Black Africans and isiZulu speakers. The area was chosen for this study because it is one of the rural areas with high rates of HIV/AIDS (39% as it was cited in the Umzumbe Municipal report of 2009) and members of the community, particularly women, are mobilizing to combat the impacts of HIV/AIDS within their community. I also chose this area because I have a geographic, cultural and social familiarity with the area as I was born and spent 17 years there. The Mathulini Women's Group is selected because it is one of the most active and oldest informal organizations in the area and its members are respected as agents of change within the community. It is made up mostly of unemployed women. This group engages in different forms of giving to those in need and provides care to those who are infected and affected by HIV/AIDS.

Structure of Dissertation

This first chapter gives an overview of the HIV/AIDS and public health system situation in South Africa, and a brief history in the implementation of comprehensive home base care initiative. In this chapter the concept of horizontal philanthropy is introduced as one of the initiatives the rural communities engage in to alleviate the impacts of HIV/AIDS. Mathulini rural area as well as the works of Mathulini Women's Group (CBO) is introduced in this chapter as the research area and the main focus of the entire research study.

The next chapter gives an overview of the concept of philanthropy in both Western and African contexts. It goes on to explore the philosophical definitions of philanthropy, its history and debates across the globe and also in South Africa. This chapter further discusses previous studies conducted on philanthropy in South Africa as well as research from around the world to contextualise this case study. The literature review segues into the theoretical framework which is further discussed in Chapter three. That section unpacks Wilkinson-Maposa and Fowler's theory of horizontal philanthropy which I use to examine the role of communal philanthropy in alleviating the impact of HIV/AIDS in Mathulini.

Chapter four describes the research methods used to conduct the case study; it also looks at why these methodologies were chosen as well as how the entire research study was carried out. The penultimate chapter (five) presents and analyses the results from collected data during the participatory research and interviews. Conclusions and implications drawn from the data will be presented in chapter six, which is the last chapter. The conclusion will summarise the findings and discussions from the collected and analysed data. It then determines whether or not horizontal philanthropy "community philanthropy" is a feasible approach contributing to alleviation of HIV/AIDS impacts in rural areas.

Conclusion

This chapter gave an overview of the research study. It also outlined the background and the rationale of the study. The study area was also introduced in this chapter as well as the concept of horizontal philanthropy of which the entire dissertation will be focusing on.

The following chapter will look at the literature around the field of philanthropy and also narrow down to horizontal philanthropy in detail.

CHAPTER TWO

Literature Review

Introduction

This chapter and the next will explore the existing literature addressing the key debates and trends in philanthropy that will provide a backdrop for understanding philanthropy in different contexts. A review of literature relating to the concept of philanthropy reflects fundamental differences. Studies on philanthropy are highly philosophical in nature; consequently a substantive engagement with the distinctions between different contexts, and the diverse criticisms on their philosophical and practical connotations is beyond the scope of this dissertation. Accordingly, this section of the literature review will focus on defining the concept of philanthropy and giving a brief outline of the critical issues that international and South African philanthropy theorists have highlighted and added to the debate. Some critical areas of contestation will also be outlined as they apply to the subject of this research. Though the discussion will be a philosophical one, it will provide a backdrop upon which the ideals and theory of philanthropy can be understood.

Philanthropy Defined

The concept of philanthropy was coined in ancient Greece by Aeschylus and meant 'humanity-loving character'. This definition originated from the W.K Kellogg Foundation, which saw philanthropy as the giving of time, money and other resources to advance the common good. Robert Payton (1998) says that in the 17th century philanthropy was defined as voluntary action for the public good. Lester Salamon (1992) sees it as the private giving of time or values for public purposes. The concept of philanthropy is not limited to single definition, but is differently defined based on different understandings. Webster (2008) also defines philanthropy as the goodwill to fellowmen, especially an active effort to promote human welfare.

All of the above definitions refer to philanthropy as an act for public good through voluntarily helping those in need while bettering their quality of life. Even though philanthropy has taken many various forms and purposes, its main intention has been

important, sustaining and beneficial to different cultures, religions and societies. Philanthropy has been a feature of social practice and human interaction for many years and currently different countries and cultures reflect various modes of philanthropy.

The word philanthropy is also likely to be replaced by terms such as ‘help’ or ‘giving’ and is closely associated with “charity”. However, there is a distinction between philanthropy and charity. Scholars distinguish between ‘charity’ and ‘philanthropy’ where philanthropy serves social justice or social change in ways that are not merely ‘charitable’. According to Frumkin (2006) charity “...can be best understood as the uncomplicated and unconditional transfer of money or assistance to those in need with the intent of helping” (Frumkin, 2006: 5). Frumkin (2006) argues that charity is rooted on the assumption that no man should suffer, and those capacitated to assist have an obligation to do so. In existing debates, charity has been disputed to undermine and humiliate the poor as they are placed in the position of taking the money and resources they have not earned in order to survive. Rather than being accurate and curative, charity has been criticised for being superficial and leaving the social order unchanged since it does not get to the root cause of problems (Frumkin, 2006; Faber and McCarthy, 2005). “While charity and the informal and heartfelt desire to help those in need would continue to flourish, the philanthropic tradition, over time, would challenge the tradition of charity” (Frumkin, 2005; 6). According to Frumkin (2006) charity is seen as more of a giver’s aspiration to express caring and compassion, while philanthropy is seen as a potent tool for social change aspiring to do something more sustainable and radical. Unlike charity which is argued to create dependency, philanthropy is characterised by principles of self-help and opportunity creation (Frumkin, 2006). These arguments illustrate that philanthropy cannot be defined as another form of charity, rather as an alternative improvement to the charity model which addresses the root causes of social ills and despair.

Philanthropists throughout history have targeted several problems of human desolation such as poverty, natural disasters, failed governance, inadequate health and education, wars and their fierce after-shocks (Gaberman, 2006). Philanthropy has been practiced in different ways, from addressing shocks and crises requiring immediate responses to ensure survival and also to make transformative change. Similarly, Philanthropic giving comes in different forms; it could be through individual and community foundations, individual giving, public and private channels, religious or cultural organizations, CBOs and NGOs.

Several forms of giving, both formal and informal to tackle social problems and for poverty mitigation have existed in several cultures, within families and communities, through churches, religious work, public and private organizations, rich and poor individuals. Today giving is also done through social responsibility programs run by corporations (Wescott, 2009). Although historically giving was often not formally recognised as philanthropy by either the giver or the recipient, it still meets the definition of philanthropy today (Ferndrigger, 2010).

According to Gaberman (2006) philanthropy has long existed and is not and never was solely a western concept, but has existed throughout history in multiple forms. As much as this concept can be defined and well understood using the western paradigm, it can also be implied in other contexts. Philanthropy definitions usually take two forms, first the vertical relationships between the rich and the poor. Vertical philanthropy illustrates a top down relationship where giving is channelled from the rich to the poor, and the horizontal relationships among the poor themselves (or people who are not wealthy) (Wilkinson-Maposa et.al, 2004a). This notion of philanthropy refers to the self-organized and self-regulating systems of giving help and support where resources can be mobilized and shared among poor people without involvement of private and other external institutions. This is where they give diverse assets and resources to each other (both material and non-material).

The best part of horizontal philanthropy is that help focuses on multiple needs at once, and has an immediate impact as it is shared among people who know and understand their actual needs. In the western concept philanthropy is viewed in association with benevolence for the poor and needy. Beyond that it is also regarded as any self-sacrificing type giving towards any kind of social need that is not served by the market (Paula *et al.*, 2004). In the existing literature most work is on vertical philanthropy, and very few studies have been done on horizontal philanthropy. However, there is an emerging niche in horizontal philanthropy literature, with scholars such as Wilkinson-Maposa being in the forefront of horizontal philanthropy studies. Horizontal philanthropy and debates around this approach is discussed further in the next chapter. The next section looks at the international and South Africa literature and how philanthropy is defined and conceptualised in both contexts.

International Literature on Philanthropy

Most of the literature on philanthropy and giving originates from United States and Western Europe, this is because a major part of professionalized giving in the form of foundations and corporate originates in these parts of the world. In some sets of international literature, philanthropy or giving is considered to be motivated by the spirit of charity where the rich are giving and the poor are on the receiving end. The poor are assumed to be dependent on the charity assistance from the rich as means of overcoming the unfavourable conditions they are facing at a particular time. These discernments are strongly ingrained within the western understandings of philanthropy (Frumkin, 2006).

In reviewing the international literature on philanthropy, there are two key assumptions: First, that philanthropy or giving is an act generally undertaken by the rich or more resourced sections of the society (non-material giving at most), and directed towards the poor or less resourced section (Everatt et al., 2005). The second assumption presented in this literature is that giving is likely to arise from people who have been financially successful towards those who are still struggling financially (Donati, 2003), and this type of giving comes mainly in monetary forms. This assumption also states that those who have accumulated more wealth and assets are more likely to be at the giving end (Everatt *et al.*, 2004), and giving comes in both monetary and non-monetary forms. The second form of giving is not solely monetary. Both these assumptions are rooted on the vertical philanthropic relationship, a top-down form of giving from rich to poor. For example, Salmon (1995) argues that philanthropy tends to be shaped by the needs of wealthy individuals rather than the community as a whole. This leads to a situation where the rich are in a position of controlling their resources, while the poor become dependent on charity or resources provided by the rich.

This form of philanthropy is referred to as vertical or organised philanthropy where giving is controlled and in the hands of the rich. According to Faber and McCarthy (2005:74) “organised philanthropy demonstrates a strong top-down approach and professional bias, preferring to fund professionals in their services or research occupations rather than activates or institutions that encourages active citizenship”. This implies that vertical philanthropy is mostly directed to well-established organizations for distribution to the poor.

Small grassroots organizations in this context are considered too informal and decentralised; hence they do not receive much funding from the private philanthropic organizations (Faber and McCarthy, 2005). The irony is that, grassroots organizations are conducted directly by citizenries who will also benefit from the pursued changes and development (Faber and McCarthy, 2005). These citizenries also understands the root problems of the society and the acquired assistance and interventions at a particular time. Then the implication here is that philanthropy in this understanding either benefits the already comfortable or those with no clear distributional concerns.

Other critiques of vertical philanthropy arise from the formalization and institutionalization of giving. Scholars such as Peter Frumkin argue that at the centre “...of the fear within professionalised philanthropy are three complex and intertwined issues that have long confronted donors of all kinds such as effectiveness, accountability and legitimacy” (Frumkin, 2006: 55). In this type of philanthropy, the givers are in a position where they have to prove the effectiveness of the giving. Frumkin (2006) further disputes that the problem is that the philanthropy effectiveness consensus is thin and has little practical meaning. According to him, donors over the years have stipulated that there are no adequate accountability mechanisms, and without any mechanisms to hold donors accountable, philanthropy will never have the thrust to improve its performance and be more effective. It is also unfortunate that mainstream philanthropy largely operates as a one-way-street where the grants provided do not commit donors to anything and holding the non-profit organisations accountable and responsible for implementation (Frumkin, 2006). Frumkin (2006) further argues that professionalised philanthropy sometimes sacrifices some of its precious autonomy in seeking legitimacy from the government. Philanthropy collaborates with some public agencies and funds some government programs to draw some legitimacy from the government. In seeking legitimacy, sometimes philanthropy fails to achieve its core objectives, and rather conforms to the policies of those they seek legitimacy from. In summary the problem of professionalization of philanthropy requires givers to adhere to the issues of effectiveness, accountability and legitimacy. This tends to impoverish the field of philanthropy by robbing it an essential part of what makes it actually distinctive.

Jenkins and Halcli (1999) make some interesting theoretical contributions to the way we can understand philanthropy. In their writings, they draw upon the problems of the social control thesis in philanthropy, where funding flows to organisations that are more moderate than radical thus curtailing certain activities.

Second they refer to the channelling thesis, where funding is framed around certain activities so organisations that do not fall into these modes remain unfunded or are forced to adapt. In this case organisations are placed in a conforming position where they have to draw legitimacy from donors, and having to sacrifice some of their autonomy as means of securing the funds. At the end this may result in the organisations losing the true essence and values of philanthropy in order to ensure accountability and effectiveness to the main donors. This shows that as much as professionalised philanthropy is aimed at bringing about social change, its objectives can also be controlled by the main donors.

In conclusion all these assumptions view philanthropy in terms of money-power relations. In this context philanthropy is professionalised and formalised. This form of philanthropy focuses more on grant provision by large donors to non-profit organisations. Since professionalised philanthropy is dependent on large donor funding it is likely that organisations along the way lose their autonomy and become accountable to the donors. However the understanding of philanthropy tends to vary within different countries and beliefs. In the African context philanthropy is understood as both vertical and horizontal, of which the horizontal (also referred to as philanthropy of communities) prevails especially in the poor and marginalised settings. South Africa is one of the countries where philanthropy is not only viewed in terms of the rich disposing their accumulated resources through charity for the poor. Rather, philanthropy is further viewed in a horizontal context where the poor are also on the giving end where they are able to share their resources. Giving in this occasion is regarded as an altruistic act. Altruism is defined as a “social behavior carried out to achieve positive outcomes for another rather than for the own self” (Wolf *et.al*, 1998: 65).

South African Literature on Philanthropy

There is a growing body of research on philanthropy in South Africa. However, the historic importance of horizontal giving and philanthropy and the development of its national character have received scant attention from academics, policymakers, and other stakeholders.

This may be as a result of giving and philanthropy being associated with the elitist and class-based connotations of charity for the poor or disadvantaged.

Nevertheless, as with the international landscape, South Africa also appears to have an increasing number of writers who are focusing on philanthropy.

The main literature on South African philanthropy incorporates the work by Moyo (2004) which looks at the opportunities and challenges associated with philanthropy in southern Africa; Everatt and Solanki (2005) which focuses on individual social giving in South Africa, Kuljian (2005) whose work looks at the role of philanthropy and equity in southern Africa; Maposa (2005) looking at vertical and horizontal giving amongst the poor; and Habib and Maharaj (2007) which studies different resource flows for development and poverty alleviation in South Africa.

The term “giving” or “help” is used largely to denote the philanthropic act in the South African literature (Wilkinson-Maposa *et al.*, 2004:11). Contrary to the international literature, Wilkison-Maposa (2005) also challenges the connotations of “charity” as reflecting western cultural frameworks and inappropriate to the South African context. Rather, giving in this country especially within the black rural communities is ingrained in the philosophy of *ubuntu* which also relates to religious beliefs (Everatt and Solanki, 2004). *Ubuntu* is defined by Broodryk (2002: 12) as “an ancient African worldview based on the primary values of intense humanness, caring, sharing, respect, compassion and associated values, ensuring a happy and qualitative human community life in the spirit of family.” Even Wilkinson-Maposa *et al.* (2004) subscribe to this perception and argue that *ubuntu* is the foundation of social philosophy in the African culture placing prominence on reciprocity, compassion, humanity and harmony in the interests of building a community.

According to Everatt *et al.* (2005) and Moyo (2004), South Africa is a richly resourced country with a diverse and multicultural spectrum of giving behaviours which are common in everyday life. The spectrum of giving is so diverse in shape and form, that it contradicts many of the basic assumptions of the philanthropic literature which locate the act of giving primarily in the domain of the wealthy and powerful (Everatt *et al.*, 2005). Habib and Maharaj (2007) in their study of giving in South Africa argued that a large amount giving occurs within the economy affection that exists in nuclear, extended families and communities. This giving includes not just money, but also time and support given through actions such as caring for others and providing advice and psychological support.

Philanthropy or giving forms a larger part of South African tradition and culture, and impacts positively on citizens (Habib *et al.*, 2008). In this context, philanthropy is not tied to times of boom or prosperity, in other communities in hard times people give less but in most African countries hard times are usually the moments of sharing and togetherness (Mohamadou and Ibrahima, 2003). In this context philanthropy is seen as the individual or collective effort or inclination to increase the well-being of a person, a group of people or humankind. It is viewed in the sense of solidarity and sharing with people in need, and as an activity or institution intended to promote human welfare.

The Mathulini case study looked at the concept of philanthropy in a South African framework which is believed to go beyond charity and altruism (Everatt, 2005). In the South African belief philanthropy does not only work for the dignity and fulfilment of all people but it seeks to root out the causes of poverty, suffering and inequality while enhancing development. According to the survey conducted by Everatt (2005) in South Africa, there is a greater share of giving by the poor particularly through the provision of time, in the proliferation of HIV/AIDS home-based care initiatives, stokvels and burial societies (also see Moyo, 2004).

All these initiatives enable poor people to survive the ravages of their economic and health circumstances using only their available and limited resources. The Johns Hopkins study on the non-profit sector also suggested that giving in South Africa is not only conceived in a single direction which is from rich to poor communities, rather giving must be assumed to occur in both worlds of rich and poor (John Hopkins, 2010). Helping the poor is widely regarded as an important part of building the new South Africa (Everatt, 2005). Initiatives of helping the poor include multinational, national and local corporations being involved in programs aimed at assisting the poor, as well as the NGOs and CBOs. However, strategies used by individuals to assist each other to survive harsh conditions have not been taken into much consideration. As a result the crux of this research is to investigate the philanthropy of communities and what people who share the same circumstances can do to assist each other in times of hardship especially in the area of HIV/AIDS.

Existing ways of thinking about philanthropy are grounded in the culture and economic structures of Western countries understood as vertical philanthropy and may not fully capture the range of ways in which giving happens across the African continent. This research is based on the view that horizontal philanthropy can be an important and valued aspect of poor communities in Africa. However it recognises that vertical philanthropy can

support and in times of hardship especially in the area of HIV/AIDS increase the value of horizontal giving. Horizontal philanthropy or philanthropy of community does not seek to cover the broader challenges of the society at large, it is rather based on initiatives where givers pool resources to tackle challenges in their own immediate community that any one individual would have been unable to address (Moyo, 2011; African Grantmakers Network (AGN) Report, 2013). This form of philanthropy is also based on donations of time, labour, knowledge, influence and visibility in support of a specific cause and is motivated by kindness and humanity rooted in the African upbringing (AGN Report, 2013: 9). Horizontal differs from vertical philanthropy since the vertical form is based on structured donations through which donors seek to achieve specific goals and outcomes (KCDF Report, 2014). Whereas in horizontal giving, institutional structures mobilize resources from a range of sources to channel towards defined charitable aims in broader society, and this type of philanthropy is entrenched in the existence of an autonomously controlled, private pool of resources (AGN Report, 2013: 8). Horizontal or philanthropy of community is regarded as an act whereby individual citizens and local organisations contribute goods, money, time and skills to promote the betterment of others in their community (Knight, 2012).

In the African context, horizontal philanthropy also relates to the concept of *ubuntu*. This philosophy is associated with the moral philosophy of the collective self, which describes the African philosophy of being yourself because of those around you. It is a framework of thinking which celebrates the positive aspects of community, and closely related to the social capital actions of family which plays an important role in societal stability (Venter, 2008). In other words, *ubuntu* has to do with the way in which people see and treat other human beings. This concept encourages people to see the humanity of others and to treat all humans with tolerance and respect. It can also be regarded as the ability to care for other people and thus make a positive contribution to society (Venter, 2008: 3). *Ubuntu* overturns the dominant view of philanthropy and places the lives of the individuals on an equal footing so that both the giver and the recipient are deemed equal. It means understanding that we do not exist in isolation, rather that we are part of a community and therefore responsible for one another. Horizontal forms of giving and *ubuntu* are an indication that the poor themselves have sophisticated system of financial and non-financial mutual help and that giving is an intrinsic part of life for all South Africans either rich or poor (Smith, 2006).

Conclusion

The literature on philanthropy so far shows that philanthropy in its broader perspective is practiced differently in different parts of the world.

Even though, Western European and American scholars are the most prominent contributors to the literature on philanthropy and giving, the trend is changing as more writers across the world are starting to engage in philanthropic literature. Looking at the western or international and the South African understandings of philanthropy one can see that there is a slight difference. The philanthropic understanding and practices in South African context tends to challenge the mainstream notions of philanthropy to a certain extent. In the studied literature, South African giving patterns presented to go beyond charity and disposal of resources to the poor from those who have accumulated enough. Rather it also takes a horizontal form which reflects the spirit of generosity that underpins and builds communities. This chapter however did not speak much of this horizontal form of giving, but the next chapter will focus more on this area of research.

CHAPTER THREE

Theoretical Framework

Introduction

The principal theoretical framework on which the research study was constructed is the Horizontal Philanthropy Approach. Horizontal philanthropy also referred to as ‘Philanthropy of Communities’ (COP), was popularised by Susan Wilkinson-Maposa and Alan Fowler. It focuses on giving that occurs among family and friends within communities. Horizontal philanthropy uses the principle of reciprocity and mutuality as an investment for the future. It deals with assessing the levels of hardship, vulnerability and survival (Wilkinson-Maposa and Fowler, 2009), and is also based on embracing the richness of giving traditions in different cultural contexts in different parts of the world, as this has been ignored by the western definitions of philanthropy.

This approach has been chosen because it covers the larger part of the research question which looks at role of community philanthropy in alleviating poverty and impacts of HIV/AIDS in rural KwaZulu-Natal (KZN). This chapter explores the findings of previous studies on the role of horizontal philanthropy in mitigating the impacts of HIV/AIDS in rural areas. The main areas covered in this chapter include: origins and definition of the horizontal philanthropy concept, exploring horizontal philanthropy in South Africa and the role it plays in mitigating the impacts of HIV/AIDS. Furthermore, this chapter explores the relationship between social capital and horizontal philanthropy.

Horizontal Philanthropy

There are very few academic studies of horizontal philanthropy in South Africa, and given that the northern based literature does not adequately reflect the practice in South Africa; this research intends to contribute, in some part, towards filling this gap. One of the formal definitions by Wilkinson-Maposa and Fowler describes horizontal philanthropy as “a process in which people who are poor mobilize and share resources among themselves” (2005: 1).

Wilkinson-Maposa and Fowler (2009) further defined horizontal philanthropy as an approach which assesses the core values of the helping systems (helping the one who helps you no matter how little you have), and also the resilience and reliability of helping networks and linkages. In their study, Wilkinson-Maposa and Fowler (2009) have established that the focal point of horizontal philanthropy is on mobilisation of assets, the actual act of helping, and the value placed on the behaviour not on the quantity of help. Basically horizontal philanthropy investigates the investments made on the community's own ability to apply their knowledge and abilities for development solutions within the same community. In some literature horizontal philanthropy is discussed in correspondence to traditional philanthropy, which is seen as focusing on the symptoms of poverty, injustice and inequality (Milner: 2003). Horizontal philanthropy tends to be broader in a sense that it involves people on the same standard of living assisting each other reciprocally, rather than on the transfer of resources from the well-off to the needy.

Horizontal philanthropic transactions provide types of mutual support and can act as an investment to improve conditions and future prospects. Such transactions are understood using local idioms emphasizing people helping each other as human beings. African Idioms such as '*izandla ziyagezana*' (one hand washes another) or '*umuntu ngumuntu ngabantu*' (you are because we are) are usually used to define the aspirations behind the act of giving. Giving in this context is said to be motivated by the philosophy of *ubuntu*, where people are motivated to give heartlessly because it is only human to do so. The philosophy of *ubuntu* is understood in terms of providing different kinds of reciprocal support and social cohesion that largely increases the chance of survival, share risk, and help resisting further deprivation (Wilkinson-Maposa, 2004). The spirit of *ubuntu* plays a major role particularly in rural settings because the aspiration of giving is motivated by a cultural belief and societal orientation. Giving and the act of *ubuntu* are premised in a common condition and mutual survival, and are informed not only by compassion and pity but also by the need for reciprocity.

Contrary to professionalized philanthropy, horizontal philanthropy exists outside the problematic issues of effectiveness, accountability and legitimacy. This gives horizontal philanthropy an advantage as it always keeps it autonomous position and does not seek legitimacy from any institutions. Horizontal Philanthropy allows for the givers to execute their strategic giving without conforming to any other agencies.

However, horizontal philanthropy has its own downside. Decentralisation of giving activities in horizontal philanthropy may lead to a lesser real authority over the giving activities. A lack of control in giving activities can lead to finger-pointing when things go awry and this may hinder horizontal philanthropy from achieving its optimal objectives.

Horizontal Philanthropy in South Africa

Horizontal philanthropy or ‘horizontal help’ in South Africa especially in rural areas is rarely recognised or celebrated as it forms a greater part of the everyday life. Giving behaviours in South Africa particularly in rural areas often operate within the institutional parameters of the extended family (Wescott, 2009). The nature of horizontal philanthropy suggests that community needs are seen as a combination of proximity (physical closeness and kinship) and demand. However, horizontal giving within families has created a challenging debate within the existing literature on philanthropy.

A significant proportion of the African population is socially organized around the extended family, this results in their patterns of familial giving treated as an obligation and reciprocity extending well beyond the nuclear family unit (Everatt *et al.*, 2005). In such occurrences giving within extended families is often not conceived as philanthropy or charity since it is informed by patterns of obligation very similar to those occurring within the nuclear family. In this context, many people do not regard the considerable amounts that they give to extended families or community as giving but the underlying reciprocity is understood in terms of mutual obligation and the responsibility of belonging to an extended family or community. Though the giving is hardly recognised as philanthropy, it is still understood to be largely motivated by philosophy of *ubuntu* as discussed above.

In this context philanthropy is shaped by community and social values. Philosophically, philanthropy is seen as a set of values and practices which mirrors the social values, visions and norms (Wilkinson-Maposa *et al.*, 2004). On the other hand, CBOs are seen as philanthropic organisations with ability to build communities by growing community funds and providing vehicles for any kind of support based on moral values and beliefs. This signifies the community efforts to eradicate the hardship circumstances on their own through mobilization of their own resources.

Equally, Paula *et al.* (2004:34) have asserted that “when communities gather their resources work together, they see themselves as being resource-rich instead of asset-poor, and they are in a better position to solve community-wide problems

Social Capital and Horizontal Philanthropic Giving

In literature on horizontal philanthropy the existence of social capital is seen as a key requirement for giving to occur. Social capital is defined as social relationships which facilitate collective action (Field, 2003).

Social capital resources include norms such as reciprocity that encourages bargaining and compromising, trust and networks of associations between groups that meet consistently for a common purpose. According to Woolcock and Narayan (2002) the basic idea of social capital is that a person’s family, friends and associates constitute an important asset, one that can be called on in times of crisis. This means, communities with stronger sense of social capital are able to be more effective in meeting challenges and more involved in giving. This defines what Wilkinson-Maposa *et.al* (2005) refers to as ‘philanthropy of community’. The connotation here is that, in communities where social capital is stronger philanthropic giving in different forms is more likely to take place.

Putman (1993) popularized the concept of social capital by linking it to a number of major policy concerns; in his approach he defined social capital as one feature of social organisation comprising three components. The first component involves social networks which are social structures made up of individuals and organizations. Social networks play a major role in different communities through philanthropic giving. The second component is ‘moral obligation’, of which Wilkinson-Maposa *et.al* (2005) defined as another motivation for philanthropic giving within nuclear and extended families, friends and within communities. Norms and social values are the third component of social capital which facilitates the process of people working together to achieve shared objectives (Putman, 1993). Giving in different communities is also motivated by social norms and values for instance traditional or religious beliefs.

All the three components suggest that social capital is ingrained in building better functioning communities and providing safety nets based on trust and reciprocal relationships motivated by social values and norms. This denotes that social capital includes a process where individuals and communities systemically mobilize resources through a system of self-help and mutual assistance, which Wilkinson-Maposa and Fowler (2009) have coined as “horizontal philanthropy” or “philanthropy of community”.

Likewise, Wilkinson-Maposa and Fowler (2009) contend that horizontal philanthropy provides safety nets ensuring that people do not sink further into hardship, and this is based on social contracts, relationships of trust, collaboration and cooperation, and attaining a person’s dignity respect and honour as a human being. These two arguments imply that social capital and horizontal philanthropy complement each other. They both focus on community resource mobilization and self-help as a strategy for impact mitigation in times of distress.

Horizontal Philanthropy and HIV/AIDS in South Africa and KwaZulu-Natal

There is a paucity of studies which speak to horizontal philanthropy and HIV/AIDS; however there has been a significant amount of studies conducted on social capital and HIV/AIDS. A number of researchers on philanthropy like Everatt *et al.* (2005) have contributed some knowledge to the study of giving patterns in South Africa and HIV/AIDS. The findings from the Everatt’s Giving Survey indicated that about a third of South Africans engage in giving acts. However, the form and character of giving in poor communities differ significantly from that in rich sections of society (Everatt *et al.*, 2005; HSRC, 2008). The survey concluded that given that poor people lack money, they give more of their time.

Much of this time is given on voluntary basis largely for HIV/AIDS home based care programmes. For example, in the study conducted by Everatt *et al.* (2005) poor provinces like Limpopo, Eastern Cape and KwaZulu-Natal have the highest amounts of volunteering or giving time to HIV/AIDS related initiatives than giving money. This study went on to reveal that giving is higher among women than men, and also among those of low socioeconomic status. In South Africa, the KwaZulu-Natal province is the most afflicted by high levels of HIV/AIDS on the other hand, poverty in this province is rising faster compared to other provinces (Thurlow *et al.*, 2009). According to Ganyaza and Seager (2005) South Africa is one the countries where HIV/AIDS morbidity and mortality rates are still high.

On the other hand, KwaZulu-Natal is one of the provinces where households in poverty are often the worst hit and more vulnerable to the long term effects of HIV/AIDS (Ganyaza and Seager, 2005). With the new post-apartheid system in place, the economic burden of the HIV/AIDS epidemic has shifted, with communities shouldering state health, education and social welfare responsibilities through home-based care, community schools and informal financial transfers. According to Foster (2007), for HIV/AIDS affected households, casual transfers are intense around major income shocks such as life-threatening illnesses and funerals. In this case, informal sources such as individuals and communities provide significant proportions of funeral expenses, medical and nutritional assistance. In this instance, nuclear and extended families together with communities are the most effective responses enabling access to support for households facing such crisis (Moyo, 2004).

KwaZulu-Natal has produced high scores in terms of social capital and giving (Everatt *et al.*, 2005). Everatt's study indicated that in this province, there is a remarkable demonstration of giving by the poor through the provision of time, particularly in the rise of HIV/AIDS home-based care initiatives, stokvels and burial societies (Moyo, 2004). Another study on *ubuntu* and horizontal giving, as opposed to vertical patterns of giving was conducted in Maphumulo rural area of KwaZulu-Natal. Though the study focused on the aspirations behind the poor helping each other, it also provided a backdrop to how horizontal giving amongst the poor in KwaZulu-Natal to mitigate poverty has also assisted in mitigating the impacts of HIV/AIDS (Everatt *et al.*, 2005). Beyond the above mentioned studies, very little is known about horizontal philanthropy and mitigation of HIV/AIDS in this province. As a result the main objective of this research is to further investigate this topic.

Conclusion

Social capital and community philanthropy are some of the safety nets used by South African communities, particularly in the rural or poor sections of the society to help each other in times of hardship. This includes focusing on their local needs and mobilizing their available resources, and involves the specialised knowledge of community members to provide financial and psycho-social support in the name of assisting each other during unfavourable conditions.

Even though significant studies have been conducted in the area of philanthropy and poverty reduction, there is still a big gap in studies of horizontal philanthropy and HIV/AIDS impacts mitigation. As a result the next chapters of this research will focus uncovering the role of horizontal philanthropy in lessening the impacts of HIV/AIDS.

CHAPTER FOUR

Research Design and Methodology

Introduction

This chapter describes the overall methodology and methods employed by the research study. This chapter first describes the research setting and then the design of the study. In this chapter, the validity and reliability as well as limitations of the study are highlighted. Finally, it explains the ethical measures that were followed in conducting the research.

Research Setting

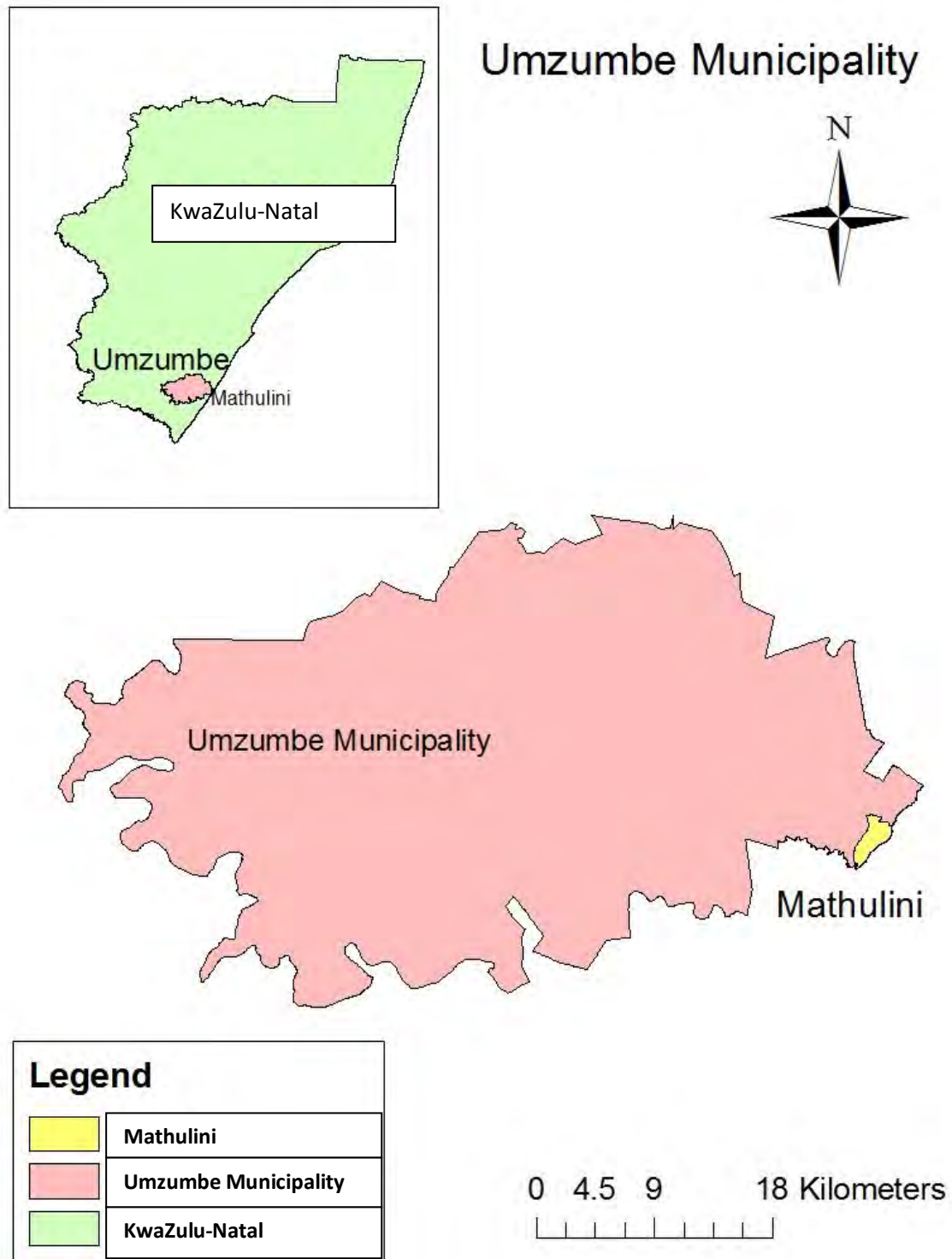
This research was carried out in the Mathulini rural area which is situated in the southern part of the KwaZulu-Natal province, South Africa. Mathulini is a rural settlement in the Luthuli Traditional Authority within the Umzumbe municipal jurisdiction.

Table 1: Key Demographic Information of the Umzumbe Municipality

Extent of the Umzumbe Municipal area	1260 km ²
Population	193 756
Approximate number of households	38 280
Population Group (%)	(%)
Black African	99.83%
Coloured	0.1%
Indian	0.02%
White	0.05
Male Population (%)	45 %
Female Population (%)	55 %
Number of Municipal Wards	19

Source: Umzumbe Municipality Report (2009)

Figure 2, Umzumbe Municipality and Mathulini Map



Source: Own Map

Mathulini lies approximately 85 kilometres south of Durban (eThekweni). 98% of the population is Black African and isiZulu speaking. Even though the area is situated not very far from the city, it is still characterised by poor infrastructure as 35% of the households have no proper toilet facilities and more than 60% do not have access to piped water in the homesteads (Umzumbe Municipal Report, 2009: 10). The average household size is 6 members. The research area is situated in a municipality that is characterized by high unemployment and poverty, with only 9.5% of its population formally employed and the majority being in semi-skilled or unskilled low paying occupations (Umzumbe Municipal Report, 2009: 10). Several households in this area depend on their salaries from low paying jobs and also social grants as means of income. In terms of health, HIV/AIDS and Tuberculosis (TB) are reported to be a major problem in the area. Although there are no official area statistics on HIV/AIDS the provincial prevalence is cited to be 39% by the municipality (Umzumbe Municipal Report, 2009: 13).

According to the 2009 Umzumbe Municipality report, HIV/AIDS is one of the major causes of population decline in the Mathulini area. Most of those affected by and dying from HIV/AIDS have been reported to be young people of working age (Umzumbe Municipal Report, 2009). The area is also characterised by a high dominance of females as they make 55% of the Mathulini population. This percentage is higher than provincial and national numbers (about 49:52 nationally and about 48:52 provincially) according to STATSA's (2013) mid-year population estimates. This dominance can be attributed to the weak local economies as men often leave the rural areas to seek work in urban and peri-urban settlements, or other regions of the country. The low number of males in this area is also attributed to deaths (*of males*) from HIV/AIDS and other chronic diseases they get exposed to during their migration to seek employment in urban areas (Umzumbe Municipal Report, 2009). For example, there are males who have been reported to pass away due to liver and heart related diseases because of their long-term hard labour in some mines and farms (Umzumbe Municipal Report, 2009).

Like many similar rural areas, the primary economic activity in Mathulini is agricultural production. As a result, a greater share of this community depends on the combination of subsistence farming, social grants and informal trading for survival. From the interviews and other primary research, it was noted that the land in this area is fertile and inhabitants could depend on rain-fed subsistence farming and livestock husbandry.

Mathulini has been chosen for this study because it is one of the rural areas with high rates of HIV/AIDS (39% as it was cited in the Municipal report of 2009) and members of the community particularly women are mobilizing to combat the impacts of HIV/AIDS within their community. As a researcher, I also chose this area because I have a geographic, cultural and social familiarity with the area as I was born and spent 17 years in Mathulini. The Mathulini Women's Group is selected because it is one of the most active and oldest informal organizations in the area and its members are respected as agents of change within the community. It is made up mostly of unemployed women. This group engages in different forms of giving to those in need and provides home based care to those who are affected by HIV/AIDS.

Research Design

In order to determine the contribution of community philanthropy in alleviating the impacts of HIV/AIDS in the rural community of Mathulini, a qualitative research study was carried out over a period of three months (September to November 2012). The qualitative research method was used in this research study since it is more flexible and fluid, and is superior in density of information compared to quantitative methods (Bryman, 1984). According to Britten *et al.* (1995), qualitative research investigates the objects in their natural settings and attempts to make sense of, or interpret phenomena in terms of the meanings people bring to them.

As a result, in understanding the role played by philanthropy in addressing the impacts of HIV/AIDS in rural areas, the qualitative methodology is used to apprehend the views and behaviours from the different perspectives of the Mathulini community. There are numerous research methodologies available to the researcher within a qualitative research framework (Charmaz, 2003); however, interviews and participant observation have been chosen as the appropriate tools for data collection in this research project.

Interviews

Distinct from the use of a questionnaires or surveys, according to Warren (2001), the epistemology of the qualitative interview aligns itself more with a constructivist paradigm than a positivist one. This is important for this study as it gives the researcher an opportunity to be actively involved rather than being just a passive listener in the research. In this study, interviews formed a larger part of the research approach to data collection. The interviews took an informal form, with more focus on asking questions and listening to the participants (Kvale, 1996). According to Cater (1993), the use of a free-flowing and unstructured style, using convergent interviewing techniques, with emphasis on listening and observing, ensure that the interviewees' stories are heard. Similarly, in this study the researcher at all times attempted to allow the interviewees to tell their stories in detail.

During the interviews I was mindful that it was necessary to gain insights into the key concepts of the research as the interviewees were telling their stories (Rubin and Rubin, 1995). As a result I only used the interview guide to direct the interview discussions, but never restrained any additional materials that happened to arise. At all times richness of data was sought from participants as they were encouraged to talk openly about their experiences to enable insights through words and not in numbers (Kouzmin, 2005).

For the research 20 respondents were interviewed. The key informants were identified and selected based on their knowledge and role in the community and their availability and willingness to be interviewed. Five members from the CBO (Mathulini Women's Group) and a mixture of 15 young and older adults from the overall community were interviewed to obtain information from different age perspectives. I used the referral method to choose the 15 participants for interviews. First members of the Mathulini women's group referred me to some of the community members they assist and work with for interviewing. The interview guide contained both unstructured and structured questions to allow unrestricted flow of ideas from participants.

The interview guide for the CBO members was different from that of the general community members. The guide for the CBO members spoke to the different types of philanthropic assistance the group was offering as a strategy to lessen the impacts of HIV/AIDS within the community. It also focused on uncovering the motivations of giving behind the group members and their understanding of the philosophy of *ubuntu*.

For the general community members the interview guide focused on exploring how individuals perceive giving within the community, to uncover the kind of assistance they receive from Mathulini Women's Group. Follow up questions were asked where necessary to achieve clarification. The interviews were tape-recorded with the consent from the respondents, and respondents were assured of anonymity and confidentiality of the interview and throughout the study. The interviews took approximately 30 to 35 minutes each. For the CBO members the interviews were conducted in the field during their activities to ensure an active and stimulating environment. For the general community members interviews were conducted in their homes or their preferred locations to ensure that respondents were comfortable enough to fully participate. The interviews were conducted between September and November 2012.

More women were interviewed than men, since the CBO is comprised of only women and even in the general community women are likely to be involved in groups or individual giving. It was also easier for the female interviewees to reach out to the female researcher who has also been a known member of the community. The interviews were conducted in IsiZulu since it was the language all the respondents understood better. As the interview questions were originally in English, they were translated into IsiZulu during the interviewing process for the respondents to understand them. This allowed for clear communication, and the respondents felt comfortable to share their stories and experiences in a language they prefer.

Flaws and Challenges of Interviews

Potential weaknesses in interviewing as a technique of discovery is that even confidential interviews may not necessarily generate the truth but only what a respondent is willing to share at a particular moment (Becker, 2000). As a result even during interviews for this study, this type of flaw was acknowledged and taken into consideration. There were also occasions where interviewees requested that some statements made were not to be used and these requests were adhered to. To avoid any discomfort for the interviewee the researcher chose not to probe too deeply into each respondent's background concerning such issues as childhood influences, ethnicity, current financial status, religious affiliations, etc. However, where these were volunteered, some questioning with sensitivity was embarked on.

Participant Observation

Interviews alone were deemed insufficient for the study, and they were supplemented by the use of participant observation to improve the validity of the findings. Participant observation was used because it “provides the researcher with ways to check for non-verbal expressions of feelings, to understand how participants communicate with each other and check how much time is spent on various activities” (Schmuck, 1997 and Kawulich, 2005: 17). Participant observation particularly, has been used in an array of disciplines as a tool for data collection about people, processes, and cultures in qualitative research (Kawulich, 2005).

According to DeWalt and DeWalt (2002), it can also be used to increase the validity of the study. In this case study observations helped the researcher to have a better understanding of the Mathulini community as well as the giving patterns within the community. Similarly, the main objective of conducting the research using participant observation as a method was mainly to develop a holistic understanding of the horizontal philanthropy phenomena. For the duration of the study, I participated in different activities conducted by the Mathulini Women’s Group (MWG). The activities included:

- Accompanying them when they visited those who are affected by HIV/AIDS and related diseases. Donations of school uniforms and food parcels were given to carers for orphans with HIV/AIDS. Sometimes prayers were held in the carers’ home as a matter of showing spiritual and emotional support. The visits were conducted on Thursdays and I went for six visits within the period of three months of my research. MWG donate school uniforms to learners only during the beginning of each school term, I only participated in the one that occurred during September 2013.
- Participating in their club society meetings. The stokvel meetings were held every first Monday of the month, as a result I had a chance to sit in three of their monthly meetings. Each meeting lasted for approximately three hours with about 20 members participating. The club society and burial scheme meetings were not only about contributing money, but it also gave Mathulini women a platform to talk about social ills affecting them as women within the Mathulini community.
- Involvement in their farming projects. Participants regarded September as their ploughing month, and most of the mornings we spent in the fields. Because I grew up in the same setting, participants felt comfortable when I was with them and asking

questions. I was also allowed to assist participants in cultivating their gardens. For the duration of my research I spent most of my time involved in the gardening projects since they took place almost every day except for Sundays where the majority of MWG members would be attending church. At most we would spend about three hours of every morning engaging in gardening activities.

Limitations of the Participant Observation

One of the limitations in using the participant observation technique is that sometimes the researcher must rely on the use of key informants and not be interested in what happens out of the public eye (DeMunck and Sobo, 1998). Sometimes researchers are not easily accepted in the communities where they are conducting their research. According to Schensul and LeCompte (1999), a number of things like one's appearance, ethnicity, age, gender and class may affect the researcher's acceptance in the community.

Another limitation of the participant observation study is that the researcher immerses into an unfamiliar culture and studies the lives of other people as a full time community member during the period of the research. This is limiting because sometimes researchers have to change their ways of lives so as to fit within the community of study. However, this was not the case with my research study as I am familiar with the culture and the way of life within the study area. As my study was also focusing on women it was easy for me to be accepted. Most of all I was known by most of the respondents as a result it was easy for me to have access to information and be granted permission to participate in the giving activities.

Combining Interviews and Participation Observation Methods

The overall objective of using these two methodologies was to explore people's knowledge and experience of giving in order to gain an understanding of how community philanthropy can contribute to poverty alleviation both theoretically and in practice. Furthermore using interviews and participant observation, gave a better understanding of how members of Mathulini community perceive their role in making their community a better place in the midst of persistent social problems such as high levels of unemployment, HIV/AIDS and food insecurity that currently define the plight of rural communities in KwaZulu-Natal.

Informed Consent

Permission of participants was sought to record the interviews and conversations so as to allow the interviewer to focus on the interviewees, and their responses, not with note taking. Questions pertaining to the interviews were listed on the informed-consent sheet that each interviewee signed. In addition to respecting the privacy of the respondents the researcher ensured anonymity of the respondents, an environment of comfort and trust was ensured throughout the research study in order to facilitate the greatest flow of views and insights from each participant. Participants were further given choices of withdrawing from the study whenever they felt that they have lost interest to participate. To protect the participants, their genuine names were kept confidential and the pseudo names were used when referring to their experiences

Conclusion

Two qualitative data collection methods were used to conduct the research study. The use of interviews and participant observation methods allowed the researcher to gain a deeper insight of the views within the community in general. The results and findings obtained through the adoption of the two methodologies will be discussed in the next chapter.

CHAPTER FIVE

Research Findings

Introduction

This chapter discusses and analyses research findings of fieldwork which took place between August and October 2012 at the Mathulini area in rural KwaZulu-Natal, South Africa. It further aims to position the findings within the objectives of the research study. In addition, it explores the linkages of research findings with research questions, existing literature and the concept of horizontal philanthropy. This section of the dissertation begins by presenting and analysing data, it then makes summaries and conclusions that are considered to be evident in the data. It goes beyond what is evident in the data collected by outlining some interpretations that are more exploratory and speculative.

Data from the Mathulini research study revealed that unstructured forms of giving are more important in low-wealth and marginalized communities as also concluded by Wilkinson-Maposa and Fowler (2004). These forms of giving are assistances that pass freely among friends and family. The data from this study shows that the most important forms of giving may be those that occur naturally as part of daily lives; they are relatively unplanned and unorganized. Responses from the study indicated that labour sharing, orphan support, care giving, emotional support, community food banks, club societies and credit schemes for funeral benefits, and provision of food forms a bigger part of horizontal philanthropy in Mathulini rural area. Moreover, participants from the research placed a great emphasis on family, friends and community social networks being the basis of horizontal philanthropy.

Identified Negative Impacts of HIV/AIDS in Mathulini rural area

The research findings identified several negative impacts imposed by the HIV/AIDS pandemic in the Mathulini rural area.

- Social impacts (changing family structures, fear of stigmatization and decrease in social activities participation).
- Economic impacts (bearing the costs of caring, transport to get medication, funeral costs, and paying school fees for orphaned and grandchildren).

- Psychological impacts (fear of participating in societal activities resulting in worsened psychological health and wellbeing, trauma, internal grieving, isolation, hopelessness and stigmatisation).

Importance of Horizontal Giving and HIV/AIDS Impact Mitigation

Horizontal philanthropy is wide-ranging; below are the forms of horizontal philanthropic giving that plays a notable role in mitigating the negative impacts of HIV/AIDS as identified by research participants from the Mathulini rural area

- Care giving (that is taking care of the sick, orphaned children and or other people infected and affected by HIV/AIDS and other sicknesses in general).
- Saving clubs and associations (saving and lending money to the community members for food, uniforms and some expenses such as burial expenses and or transport).
- Labour sharing (helping with house and gardening chores).
- Emotional support (this includes being there for people, listening to their stories and giving advice).
- Information / skills (giving information about HIV/AIDS and available services, teaching young ones about accepted social behaviour).
- Food and Nutrition (giving food and cooking for those who are sick and weak)
- Giving for personal growth and self-satisfaction (volunteering, merely helping to feel good, and to learn from those you are helping).

From the research findings, participants reported that by far the most important form of giving is horizontal philanthropy, which is giving embedded within social networks and relationships of trust in their community (Wilkinson-Maposa *et. al.*, 2005; Wilkinson-Maposa and Fowler *et.al.*, 2004; Everatt, 2005). According to data, this form of philanthropy comes from within the community and is based on reciprocity. It is also entrenched on mutual obligation, trust, and support; and on a relationship where the receiver and the giver have strong ties of family or friendship. This type of giving has an important role in the mitigation of HIV/AIDS impacts within the Mathulini rural community.

Data Findings, Analysis and Interpretations

Findings from the research study indicated that Mathulini community members engage in different forms of giving as a way of supporting those affected by HIV/AIDS. The discussions of the findings will commence with the personal profiles of the respondents followed by and narrative discussions:

Care Giving

As HIV/AIDS affects mostly the productive economically active part of the population (young adults and working class males), this leads to a creation of elderly female headed families as well as child-headed families or orphans (Ainsworth and Dayton, 2003; Makiwane *et al.*, 2004: 9; Avert 2009; Alpaslan and Mabutho, 2005). The Mathulini area has a majority of elderly female-headed households; hence elderly females are more active members of the community. For instance, of the 20 participants in this study, 14 were from female-headed households. Elderly females of Mathulini area mobilise as a way of helping each other towards bearing the burden of changing family structures while caring especially for orphans and grandchildren affected by HIV/AIDS in their community.

One bigger form of horizontal philanthropic engagement outlined in the study was caring for others, especially children or elders, or people who are ill or injured. Forms of care giving varied from taking care of others' children, cooking food for people who are ill and cleaning up houses of those who are sick or injured. These findings are similar to Susan Wilkinson-Maposa and Alan Fowler's conclusion on 'The Poor Philanthropist', suggesting that care giving amongst family, friends and within communities is another form of horizontal philanthropic giving. Below are some responses that emerged from the interviews on how care giving has helped in the reduction of HIV/AIDS impacts in Mathulini. Responses indicated community support for AIDS orphans. Orphans are likely to be particularly susceptible to HIV (Alpaslan and Mabutho, 2005). Caring for HIV orphans is also coupled with acceptance by the community, by the person's support structure and by the person's family. Below is an example of an MWG member who is taking care of an AIDS orphan in her home.

Mrs Dlamini¹ is one of the oldest members of MWG and has been residing in the Mathulini area since 1979. She lost her husband in 2012 and has eight children two of whom are in the University but youngest two are still in school. Mrs Dlamini currently lives with three of her children and two grand-daughters and also cares for a young orphaned boy (Sandile) who is eight years old. His parents died of AIDS couple of years back, and he was left at the care of her aunt (mother's sister). Due to the need for income the aunt had to go and work in the nearest town to help the entire family. On the other hand, Sandile's biological grandmother doesn't want anything to do with him as his mother died of AIDS and Sandile himself is HIV positive. When Mrs Dlamini learnt of Sandile's situation, she decided to take him to her home and care for him as one of her grandchildren. She explained Sandile's ordeal:

Some of my older children did not want me to take Sandile in because of his HIV status, as they were afraid that he might infect the other children at home. However, being a mother and a grandmother my conscience did not allow me to let a child suffer because of his parents' doings. He is such an innocent child and I really don't mind taking care of him. I am not expecting some payments for taking care of him, but I know I am doing a good thing by taking him in.

Mrs Dlamini took the initiative to go to the nearest hospital and enquired about taking care of an HIV positive child. After obtaining the information she then sat down to teach her children about HIV/AIDS and how to care for Sandile. She also made sure that Sandile adhered to his medication by teaching him to take his medication twice every day at certain hours. The other children at Mrs Dlamini's home are responsible of reminding Sandile to take his medication on time every day. Mrs Dlamini also informed Sandile's teachers at school about his status as a precaution. Every day in the morning she ensures that Sandile gets a proper breakfast and carries healthy lunch to school for a good nutrition. "We are humans we are bound to help each other, it is our cultural belief. I don't have much but it feels good to me that I am helping this child" she said. Mrs Dlamini s believes so much in helping and in the idiom that says "*Umuntu ngumuntu ngabantu*" (I am because you are). She attested that one day Sandile will hold her hand just like the rest of her grandchildren, when she is old to walk on her own. She went on to state that, "We have to care for our children no matter

¹All names used in this research study are pseudonyms.

what, and we were raised to know that any child in my community as a parent is my child too, and I have to take care for that child as my own, it is only human to do so”.

Another member of the MWG had this to say:

When my neighbour was sick, she disclosed to me that her husband had died of AIDS and that she is also suffering from this disease. I didn’t have much, but every day I made sure that she had a meal, when I had time I would cook for her or bring food I had cooked at home. Sometimes I would ask my children to fetch water for her from the standpipe which is a bit far from her home. As she was getting weaker I found myself having to help her bath and also feed her. I knew that I was also in a risk of getting infecting as I was continuously helping her but I would buy some gloves as a way of protecting myself. I would feel bad and ashamed as her neighbour and as a woman if I had to let her suffer just because I was at risk. It is embedded in our culture to help and you will never know when you need help yourself. The same person or their family will also help you some day.

Both responses from the interviews and observations during participant observation indicated that care giving is one major form of horizontal giving that people from Mathulini (especially from MWG) engage in as means of reducing HIV/AIDS impacts. Women in the Mathulini community play a major role in mobilising and help each other towards carrying the burden of caring for the sick, orphaned and grandchildren who lost their parents due to HIV/AIDS related illnesses.

Table 2: Mathulini Community and CBO’s Engagement in Care giving

Participants	Engagement in Care giving	Care giving for those impacted by HIV/AIDS
General Community	75%	30%
Mathulini Women’s Group	90%	55%

The above table presents statistics from the collected data on care giving. It shows that the majority of Mathulini residents including it oldest CBO (MWG) are involved in care giving activities in one way or the other. Although all the care giving activities can be related to HIV/AIDS, there is also a notable percentage that goes to HIV/AIDS and caring for its orphans within the community. 90% of the CBO members are involved in care giving initiatives of which 55% of that caring goes to those affected and infected by HIV/AIDS.

Looking at the South African scenario, care giving is important in reducing the impacts of HIV/AIDS. Care is also preventive; it is evident that the community care engagements undertaken by MWG promote physical, social, economic and spiritual well-being of people affected and infected by HIV/AIDS. This shows that as Mathulini residents engage in horizontal philanthropy through caring for each other, they are also greatly contributing towards the reduction of HIV/AIDS negative impacts (social, physical and psychological) within their community. The above responses are also supported by Wilkinson-Maposa (2004) conclusion on horizontal philanthropy that friends, neighbours, family and the communities play an important care giving role.

Saving Clubs and Associations

The challenge of debts incurred as a result of HIV/AIDS related illness and deaths leads to a negative economic impact within the community (Ssengonzi, 2007; Okayo, 2004). Mathulini area is a couple of kilometres away from the community clinic as a result residences have to bear the transport costs to get to the clinic for their medication. Sometimes the caregivers have to pay the school fees for orphaned children due to HIV/AIDS and their grandchildren as well as funeral expenses (Baylies, 2002; Kipp *et al.*, 2007; Schatz and Ogunmefun, 2007). As the majority of this community are of low socioeconomic status it has been difficult for them to bear all these costs. To overcome such a challenge, the MWG and other community members started saving clubs and associations as their support structures.

In the case of savings clubs and associations, individuals put their resources and save together for a specific purpose and then distribute the benefits among members by taking monthly or weekly turns of receipt (Wilkinson-Maposa *et al.*, 2004: 26). Participants from the MWG and other members of the community said? That community saving clubs and associations forms a bigger part of giving within the Mathulini area. For MWG they pay a certain amount of money into their club society for the purpose of investing for critical times in December and January. From participating in some *stokvel*² meetings I observed that within these meetings there were those women who took the leading role, and throughout the meetings they listened and respected one another. I also established that within these meetings club members

²*Stokvels* are group saving schemes providing for mutual and financial well-being as well as social and entertainment needs.

strategized on the forms of giving they offer and on how they will distribute their limited resources to those in need. Although there was an active participation within the meetings however, some women especially the young adults did not take much initiative. This could have been the issues of respect to the elderly. The lack of youth participation towards horizontal philanthropic activities was observed as one downside of horizontal philanthropy. That horizontal giving still fails to capture the attention of the young adults. One saving scheme is for food in December, so that everyone has enough food for the festive season and also in January which the month where most people do not have enough funds due to overspending in December. The second saving is to save money for when children are going back to school in January. The third one is to provide food whenever one of their group members is having a traditional ceremony or if there is a funeral. Below are some of the sentiments expressed by some of the club members:

One of my church members passed away due to AIDS, knowing that she had no one to bear the funeral costs; I had to ask the members of MWG to assist with anything they could. That I have been a member for a long time and that the woman who passed away was our neighbour, the group brought some food packages and even chickens for the funeral. I also managed to get a loan from our club society and helped the family to get a tent and a coffin. Although some of my family members thought I was being too helpful for my own affordability, I didn't care because I knew that one day I will need similar help, and the same family might be there to bail me out (Ayanda Shandu).

I am not working and I rely on the child support grant and the AIDS grant to support my kid and myself. If it happens that I have to go to hospital to get my medication and I don't have money, I got to one of the *stokvels* (club societies) in the community to borrow cash and bring it back when I have collected my grant money (Sphehile Shabangu).

According to Wilkinson Maposa *et al.* (2005) poor communities in Southern Africa have entrenched indigenous systems, instruments and mechanisms that assist in coping with some hardships that people experiences in their everyday lives. Saving clubs and associations such as *stokvels*, burial societies forms a larger part of day-to-day assistance through material and non-material means, including emotional support (Wilkinson-Maposa *et al.*, 2004:4, Everatt *et al.*, 2005). In the case of rural Mathulini area they also play a role lessening the negative impacts of HIV/AIDS as illustrated in the above responses.

Labour Sharing

The study in Mathulini rural community indicated that people sometimes help each other out by sharing physical labour, or doing manual work for others. This included taking up house chores such as cleaning, cooking, collecting water as well as taking care of vegetable gardens of their families, friends and neighbours. The research study from the 'Centre for Participatory Change' (2010) also suggested that labour sharing is one form of horizontal giving present in low-wealth communities. Ntombi Buthelezi, one of the community members I interviewed explained how they share labour with their families' friends or neighbours, she said:

The queues in the clinic are very long, so when my cousin is going to the clinic to collect her ARV treatment, she leaves her son with me to take care of him. I will help clean up her house and bath the child as she leaves very early in the morning. I will cook the soft porridge for my niece and make sure she is well taken care of while her mother is gone. I do not feel obligated to do this just because she is my cousin, but I will just be helping her because I know when I need similar help she is always there for me as well. We are just family like that.

Another participant, Thobisile Zungu commented on helping her friend with labour:

I have known my friend before she got sick and weaker that she liked her house spotless clean. So for some days after finishing cleaning up my own home, I would go to her house and start tidying up. Sometimes I can see in her eyes that she feels ashamed when I do that for her, but I also feel ashamed as her friend and neighbour when some relatives from far come by to see her and find the house dirty. I also send some of my children to fetch water from the nearby standpipe for her. She sometimes doesn't even have energy to even carry five litres of water, so I would just ask my children to help her out. I sometimes also gather some women and we plough her field or vegetable garden since she is unable to do so herself...

Other kinds of labour sharing mentioned by the participants in the study included digging graves during funerals as well as ploughing the neighbour's field or garden. Ploughing other person's field or garden (*ilimo*) as mentioned by one of the participants above is another form of horizontal help. *Ilimo* is an old African traditional culture where members of the community come together and plough another community member's garden without

expecting any payment. In this proceeding, the person whose field is being ploughed will only offer the community a traditional beer and food if they can afford to.

In Mathulini area, women were mobilising to plough another woman's field who is too sick to do it on her own. This form of assistance was also presented in the study of Maphumulo rural area "*How and Why Poor People Help Each Other*". In the study Murenha and Chili (2011) concluded that *ilimo* is still present in some rural communities and can be regarded as horizontal philanthropy since the community will come together to plough the other person's field or garden. This does not lessen the impact of food insecurity, but it lessens the psychological impacts as the affected or infected person still feels the love and support from other community members.

Emotional Support

In Mathulini the findings also revealed that some of the community members were facing psychological impacts. Those affected by HIV/AIDS would sometimes refrain from participating in societal activities because they feared stigmatisation attached to AIDS. The fear of stigmatization actually worsens the psychological health and the total wellbeing resulting in trauma, internal grieving, isolation, hopelessness, and feeling helpless (Alpaslan and Mabutho, 2005).

Participants from the MWG indicated that giving and receiving emotional support were one of the most important forms of horizontal philanthropy that plays a major role in lessening the psychological impacts of HIV/AIDS. They outlined that to fight the battle of HIV/AIDS they had to support the members of their community who are both infected and affected.

As a result they are engaging in a social and behaviour change communication for HIV/AIDS program where they use Thursday church prayers for women as a platform to talk, give advice and provide emotional support on issues regarding HIV/AIDS which give women courage to talk about these issues at home. Below are some of the comments from the Mathulini Women's Group members:

After my husband passed away, I was tested for HIV though I came out negative. The whole situation gave me courage to talk to my group about the disease and how to support those who are affected and stop stigmatizing. It helps to when someone openly talk about these things

because others get to open up and as women in this group we are able to emotional and spiritually support, help and advice each other, and even other members of the community. As women it is easy to talk to each other, relate to one another's problems and even trust each other. HIV/AIDS issues are still very difficult to talk about, however in our group we support each other in a way that one feel safe to disclose and seek for help where needed. It is very good to see someone leaving with a smile just after talking to you, seeing that someone is having trust on you and feels better emotionally after talking to someone else rather than keeping this to themselves.

A community member from one of the churches in Mathulini had this to share:

Churches should uphold values of kindness, acceptance and care for those who are affected by this disease. Churches are entrenched within communities and understand local needs and circumstances and they have long histories of providing emotional and spiritual support and care to community members, regardless of any church they go to.

In another case, Ntombi Magwaza indicated the importance of community and family ties in providing support to those living with HIV. She explained her situation:

My neighbour who is also my cousin knows that I am HIV positive, and as someone who is almost my age I found it easy to talk to her and turning o her whenever I need some help. Currently she just learnt that she is positive herself and I was one person she told...and as she was going through the entire stage of accepting that she is now infected, I have been there to give her emotional support as a friend, a sister and a neighbour because in time like these you need someone who is like a family to hold your hand throughout. I am not just helping her because we are both infected, just because our parents has taught us that taking care of another person is important and it is in our culture to do so. My help to her may not be as valuable as money; however it is important because it changes the way she feels, she sees her situation and heals her emotionally while giving her strength to deal positively with her condition on a daily basis.

Culturally families and friends support each other, also religious beliefs encourage that people in churches supports each other especially emotionally and spiritually. According to the findings from the Wilkinson-Maposa *et al.* (2004) study on horizontal philanthropy, it is common for altruistic or generous help to be prompted by religious beliefs, including a search

for 'blessings' (Wilkinson-Maposa *et al.*, 2004). Their findings were also supported by responses of people in Mathulini who claimed to be guided by their cultural or religious beliefs in emotionally supporting their friends, families, neighbours or church companions.

Information and Skills Sharing

Study participants also talked about sharing information and skills with others. Information included things like voluntary teaching the community about HIV/AIDS such as available resources or services in the local clinic or hospital, taking on HIV/AIDS treatment. The comments below, from several different some interviews portray the importance of sharing information among friends, neighbours and neighbours:

I did my Home Based Care Certificate a couple of years ago; however I have never got any job with it. When the new hospital opened, I joined those who were taken to HIV/AIDS volunteers in their communities. I have decided to use the information and skills I got from my Home Based Care training to teach people in Mathulini about HIV/AIDS. I do home visits for those who have started their medications, teach them about adherence to their treatment and healthy eating habits and behaviour while taking their treatment. I also get database from the hospital of those who are no longer collecting their treatment and teach them about the implications of stopping the treatment. I also give my neighbours and friends advices on taking care of people who are living with HIV. It is not much that I do, but I believe that teaching my community about these things, although they hear about them on radios and television every day, it will make more sense when they get such information from one of their very own (Nomusa Ndebele).

As older women of this community we are responsible of teaching our children about respect and acceptable behaviour in our community. We do virginity testing for our girls, and we get them into classes where we teach them about ways of taking care of yourself as a girl. We believe by teaching them these things while they are still very young will help reduce this pandemic which is finishing our children. We always hear about HIV/AIDS and we encourage them to abstain and save their selves from suffering with this terrible disease. We have the responsibility to our children, we have to show them the right way and teach them good things that one day they will thank us for giving them knowledge that will help them prolong their lives and great future (Gogo Shandu).

Societal myths and misrepresentations about HIV/AIDS can stand in the way of more awareness, dialogues, and acceptance of individual and societal behaviour change to reduce its potential negative impacts. Throughout the research study people of Mathulini area seemed to be taking initiatives on teaching each other about HIV/AIDS. The CBO members (MWG which is made up of older women) also share information amongst themselves about HIV/AIDS while giving those who are affected spiritual support.

Some of these women are also involved in the community task team dealing with virginity testing and teaching young girls how they can protect themselves from getting HIV through abstinence, and through usage of condoms when they start to engage in sexual intercourse. Within this community some of the youth also engages in voluntary activities towards teaching the community about the pandemic and the available healthcare in their local clinic; also ensuring that those who have started their treatments adhere to it. Information sharing also assists in terms of lessening the stigma attached to HIV/AIDS.

The challenge of stigma was presented as another negative impact as some of the society members have been misinformed about HIV/AIDS, they tend to discriminate against those infected, affected or caring for the infected people. One of the interviewees had this to say:

I am caring for a child who is HIV positive and the mother is working in town and his father passed away. When my older daughter learnt about the boy's status and the mother's, she accused me of bringing burden to our family and that this child might affect other children here at home. This this really made me sad because I was helping the child and the mother, but my daughter had to know better than to judge the mother and never want to do anything with the child after knowing their status. This resulted in me going to the clinic and telling the nurses about the situation, they advised me on many about living with someone who is HIV positive. I called my daughter sat down with her and shared the information I had received from the clinic. I also took her to the clinic so that she can get the information on her own. I believe this helped a lot because it actually changed her attitude towards the child and today I am happy because my daughter is doing a course in Home Base Care.

The information on HIV/AIDS shared amongst, friends, families and within the Mathulini area also assists in changing the status of HIV/AIDS within the community. Such information sharing changes the societal mythologies and misrepresentations about HIV/AIDS while increasing awareness, dialogues, and acceptance of individual and societal behaviour change; thereby reducing HIV/AIDS potential negative impacts within this community as the above quote indicated.

Food and Nutrition Security

Nutrition insecurity, and HIV/AIDS are becoming increasingly intertwined in a vicious cycle, with food insecurity worsening vulnerability to HIV exposure and infection, and HIV/AIDS in turn is heightening vulnerability to food insecurity (Levinsohn and Gillespie, 2003a). Malnutrition weakens the immune system, increasing the risk of ill-health, which in turn can aggravate malnutrition. MWG understands the importance of food and nutrition for those who are infected by HIV/AIDS, and those who do not have food at all in their homes. As an initiative women in Mathulini have adopted the “One Home One Garden” initiative to ensure that the majority of homes in the area have a vegetable garden for nutritious food. Moreover neighbours also share food with those in need whether they are or not infected by HIV/AIDS. Some people are scared to expose their statuses of HIV/AIDS, but the fact that they are sometimes very sick to even cook for themselves, the neighbours make it their duty to cook for them or dish-up for them to ensure that they are eating something at least every day. Participants in the study shared stories and comments on giving food especially to the very poor and those who are very sick due HIV/AIDS and other diseases. Gogo Buthelezi shared her sentiments:

Sometimes when I see that my family will go to bed hungry, I send my grandchildren to one of my neighbours to ask for something to cook. I always know that I can count on my neighbours even if they don't have much but they will always share the little they have. In our neighbourhood we understand each other, and the culture of “ukwenanelana” still existing. I know in some communities they don't do it anymore, but here it is just the way we live. I ask for two bowls of maize meal and I know even if I don't take it back my neighbour one day will come to ask for two bowls of rice. Sometimes I will dish up for my neighbour when I have cooked and he doesn't have anything to eat. He is sometimes all by himself and suffers

from TB so now and then I check up on him and bring him supper because I know he needs to eat with his medication and he is sometimes very weak to cook for himself.

Africans are known of practicing the act of 'ukwenana' which is a traditional act of giving or sharing with someone expecting returns but with no guarantee (Nussbaum, 2000). This is a form of cultural exchange where the receiver is accepting help with an intention of returning or to reciprocate in kind, but the giver will give knowing that there may be no return. Some neighbours and friends when not around will send their children or other neighbours to check-up on the sick and ensure that they have food. Zandile Nxumalo, a community member known for her social entrepreneurship and community health promotion activities in Mathulini stated:

Although I cannot tell anyone that my neighbour is very sick of HIV/AIDS, I will just tell my daughters that my neighbour is very sick and weak so when I am not at home they should also go and help her out which house chores including cooking for her. Sometimes I would send them to give her supper. Knowing that when she was still very strong and healthy she used to love her vegetable garden very much, I would take some of my mornings and plant some cabbages, onions, beans and mealies for her. I know she loves fresh food from her own garden and I know that is the healthiest food you can ever eat. I also encourage other women to go along with me to do the same for others who can no longer plant any vegetables for themselves due to different sicknesses. One thing I know, as elderly women of this community we pride ourselves of having our own vegetable gardens and we spent most of our early mornings there as most of us are not working. So, to see one of not being able to do that just hurts, I feel bad when I see my neighbour's garden just producing weed instead of vegetables she can eat with her family just because she is very sick to take care of it.

Given the communal aspect of horizontal philanthropy it was interesting to see that there is also confidentiality. The respondents outlined that sometimes when they are helping someone, sometimes those who are being helped prefer it when certain people are not told of their statuses. This is said to respect maintain their dignity within the community. One of the MWG members also reflected her experiences about living with an HIV/AIDS orphan and the importance of food security to the child, she explained:

One of the main reasons I took in this child to my home understood that as he is on medication for HIV, it is important for him to have food and healthy meals every day. At home my grandchildren sometimes run away from me because I always give them food or trying to make them eat and finish their food. It is because as elderly people we understand the important of eating and growth. I also know that someone who is taking pills need to eat for them to work. So I make it my responsibility that this child eats every time before taking his pills. When I also asked the nurses about taking care of an HIV positive orphan, because at the beginning I was nervous myself, they emphasized that he has to eat at least three meals a day. Also as a mother I know the importance of food and nutritious food for growth. That is why I also have my huge vegetable garden where I plant a variety of vegetables to ensure that my children and grandchildren get healthy fresh food.

Nutrition interventions can improve nutritional status of people living with HIV/AIDS (Tang, 2003). However, there is evidence that people living with HIV/AIDS in resource-limited settings are likely unable to follow the food and nutrition recommendations for ARV therapy. This is due to lack of access to required foods or because they are already malnourished. Such difficulties may reduce drug adherence, which is a major problem in all ARV programs. Respondents from the study indicated they understand the importance of nutrition and food security especially for those who are sick either or not related to HIV/AIDS. Giving food was also concluded to be one of the important forms of horizontal giving in the study conducted by the 'Centre for Participatory Change' (2010). Subsistence farming also forms a huge part of everyday life for Mathulini residents. They help each other through ploughing or gardening (*ilimo*) to ensure that at least each home has access to fresh vegetables which are very important for food provision and nutrition.

In *ilimo* the receivers initiates the philanthropic action by providing food and drinks to givers who helps to plough or harvest their land with an understanding that the giving action will be reciprocated. Chili and Murehna (2011) also concluded that *ilimo* although is vanishing in other rural communities it can be regarded as another form of horizontal assistance. In Mathulini area there was also a minor change in the practice of *ilimo* where the receivers could only offer some refreshments if they can afford to. However, if they could not, then *ilimo* was done without expecting to get any food or drinks from the recipient. Respondents

presented that their engagement in this practice of *ilimo* is also motivated by the philosophy of *ubuntu*, or a common humanity.

Plate: 5.1 Mathulini ‘One home One Garden’ Project



Photo Credits: Buyisiwe Khumalo

HIV/AIDS orphans are also likely to be more food-insecure, more malnourished, and less healthy than non-orphans (Lundberg and Over, 2000; Ainsworth and Semali, 2000; Gilborn *et al.*, 2001; Gertler *et al.*, 2003). Wilkinson-Maposa and Fowler (2004) point out that horizontal philanthropy is part and parcel of people’s social fabric and a derivative of the *ubuntu* philosophy. It is only kindness and humanity (*having ubuntu*) of the CBO (MWG) members and the general community members that prompt them to take-in HIV/AIDS orphans into their homes, caring for them and ensuring that at least every day they have access to healthy meals and following the food and nutrition recommendations for ARV

therapy. Respondents maintained that they are fortunate to have supportive neighbours who share food with them, and this has helped in improving both their physical and psychological well-being. It is also pleasing to note that this particular community is embracing rather than marginalising the orphans. Study respondents also regarded as giving or cooking food for the sick as having *ubuntu* which is entrenched in their cultural and societal beliefs. However, from the observation, it can still be assumed that some of the community members do not get involved in such giving initiatives. Some participants presented a lesser interest towards assisting the HIV/AIDS affected orphans; rather they recommended that they should be placed in appropriate caring centres for orphans for better care and treatment.

Giving for Personal Growth and Self Satisfaction

During the interviews one participant spoke about giving as another form personal growth and enhancement, and how it gives her self-satisfaction. She had this to say:

Since I am not working I have decided to join Community Work Projects (CWP). I know some people think I do it because there is a little incentive you get from doing it. But since I was growing up my parents used to teach us a lot about respecting and helping other people. When I help people, for me it is just merely for my personal growth, and giving back to my community. I have also decided to be a community volunteer for monitoring HIV/AIDS patients who are taking their medication from our local hospital. I got training at the hospital, and then I go out to remind them about taking and adhering to their treatment. I do this because it doesn't feel like I am only volunteering, but it also helps me to grow as a person both spiritually and personally. When you give or help others you learn a lot of things even from those you are helping and most of all it just feels good to be able to help others who are not able to help themselves but need help: and hear them saying "Thank You" from their hearts. I do not do it for personal recognition but just for self-satisfaction. This just forms my humanitarian part and it makes me feel good inside when I can help others. I am just glad that there's a lot of volunteering that goes on within this community of ours, and most of it is wholehearted.

In their studies Everatt *et al.* (2005) and Wilkinson-Maposa *et.al* (2004: 5) suggested that some people within communities gives and assist others out of self-fulfilment. This however does not disqualify it as type of horizontal giving. Although this type of giving is motivated

by self-realization, participants argued that it is also motivated by their belief of *ubuntu*. This kind of assistance is still rooted within the community, regardless of the motivation; it is still altruistic thereby qualifying it as a form of horizontal philanthropy.

Flaws of Horizontal Philanthropy

Although several positive impacts of horizontal philanthropy were shown in the study, some limitations of horizontal philanthropy were also observed. Firstly, the observation that horizontal philanthropy still fails to fully capture the attention of youth indicated some flaws of the *ubuntu* philosophy or social capital. In Mathulini, limited involvement of young adults in horizontal giving outlined the existence of an age gap in horizontal philanthropy. Due to weak social capital amongst the youth, they feel less obligated to give or engage in horizontal philanthropy. This also presented a notion that horizontal giving is more expected to come from the elderly, particularly women who are expected to carry the burden of giving. This is also associated with another downside of horizontal philanthropy; namely, its gendered nature.

In Mathulini, the elderly women were observed to be the vanguards of horizontal giving activities. Men were hardly involved in any horizontal giving, and to some extent they expected women to carry out those activities. For instance one male participant had this to say: “My wife can assist others with farming activities and caring for the sick, but as a man in my community I cannot be expected to be involved in caring activities or gardening in another man’s house. It is against our societal belief.” This is an indication that societal constructions still affect the involvement of males in horizontal philanthropy, thereby shouldering the entire burden to women.

The third flaw of horizontal philanthropy is that communities do not usually agree or unite all the time. Although, most participants were grateful for the giving within the community and wanted to get more involved, some were sceptical about giving or even receiving assistance as they were still scared of being stigmatised or even bewitched by those who claim to be helping them. The research also uncovered that horizontal philanthropy especially in rural areas may contribute towards the government’s neglect of the rural communities. The government may stall in providing all necessary care and enough resources for healthcare in rural areas. This may be propelled by the belief that families, relatives and community

members can take care of each other, since rural communities believe in not letting the next person suffer while there are measures to assist within the community.

Finally, it cannot be denied that horizontal philanthropy initiatives assist communities on a small scale compared to better-funded, capacitated and organised foundations engaged in vertical philanthropy. Although philanthropy of community plays a major role in ameliorating the effects of poverty as well as HIV/AIDS within marginalised communities, it cannot address all the challenges. However, if combined with vertical philanthropy it may be able to create a new direction for coordination and leveraging efforts at the grassroots towards mitigating HIV/AIDS and poverty within poor communities.

The above shortcomings of philanthropy indicate that, as much as this form of giving is playing an important role within this community, there are still other important areas that need to be addressed.

Conclusions from the Data Findings, Interpretation and Analysis

The two data collection tools used for this study (interviews and participant observation) reveals that horizontal giving is an important phenomenon in the Mathulini rural community. The findings indicated that people in this community engage in different forms of horizontal giving as initiatives towards lessening the impact of HIV/AIDS in their community. These research findings are consistent with previous research on horizontal philanthropy which displays similar results. Furthermore, horizontal philanthropy was perceived by respondents as one way of lifting and assisting each other in the midst of persistent high rates of HIV/AIDS and poverty.

The research data shows that people in Mathulini area changing the face of HIV/AIDS within their community. They are doing this out of their hearts without expecting any payment. The concept of *ubuntu* is also playing a major role, as the elders (especially women) of the community said that they raise each child for the entire community. Moreover, they stated that it is only human that they protect each other's children from acquiring HIV. They felt that it didn't matter whether one has a child or not, but in the spirit of *ubuntu* they have to help each other and humanity guides them to do so. In the African culture, *ubuntu* speaks to the interconnectedness and the responsibility of people to each other that flows from connections and social ties.

Ubuntu is a good illustration of the 'self-in-community' basis that gives rise to isiZulu saying “*umuntu ngumuntu ngabantu*” which literally means it is through others that one attains selfhood. Some of the respondents from the study used this expression when they were explaining what motivates them to give to their families, neighbours, and other community members. This is exactly the kind of community engagement that Wilkinson-Maposa *et al.* (2005: 3) refers to as philanthropy of communities. In her studies on horizontal philanthropy she also concludes that having *ubuntu* or the spirit of *ubuntu* is one of the motivations that propel people to give.

Findings from the Mathulini area indicated that help is mainly extended through engagements labour sharing, orphan support, care giving, emotional support, community food banks, club societies and credit schemes for funeral benefits, and provision of food. These findings are consistent with those of Wilkinson-Maposa (2006) on the ‘*Poor Philanthropist*’ as well as those from the Centre for Participatory Change (2010) on ‘*Horizontal Philanthropy and the Importance of Giving in Low-Wealth Communities*’. Horizontal philanthropy, according to Wilkinson-Maposa is giving based on social relations, reciprocity and more over based on the relationships of trust. My findings also indicate that similar forms of giving exist in Mathulini area, with the CBO (Mathulini Women’s Group) engaging more in such giving patterns. In ‘*The Poor Philanthropist*’, Susan Wilkinson-Maposa suggests that such ‘horizontal philanthropy’ is a potent force within communities, enabling people not only to survive the ups and downs of life, but also to invest in systems that improve their collective future.

Furthermore, the study indicates that in the Mathulini area there are strong ties of social capital. The existence of MWG in which Mathulini women work together with a common purpose of helping their community proves that social capital is stronger within this community. Wilkinson-Maposa *et al.* (2005:4) argues that communities with a high prevalence of social capital are able to be more effective in meeting challenges and more involved in giving. Community philanthropy taking place in Mathulini area appears to be motivated by the relations of trust and reciprocity amongst the Mathulini residences. This observation is also supported by Wilkinso-Maposa’s conclusion that in communities where social capital is stronger philanthropic giving in different forms is more likely to take place (2005).

Putman (1993) further defined social capital as one feature of social organisation comprising three components. The first component entails social networks which are social structures made up of individuals and organizations. In Mathulini the MWG is a social structure made up by women from this area. This social structure plays a major role in uplifting the Mathulini through philanthropic giving. Second, Putman (1993) outlines that moral obligation is also an important element of social capital that leads to horizontal giving. Some participants from the interviews indicated that they feel morally obligated to give, especially when it comes to their families and friends. Similarly, Wilkinson-Maposa *et.al* (2005) outlined moral obligation as another motivation for philanthropic giving within nuclear and extended families, friends and communities. Thirdly, Putman (1993) asserted that norms and social values are components of social capital. In Mathulini the majority of participants said that societal norms and values and their belief in the phenomenon of *ubuntu* motivates them to give. Furthermore Putman (1993) argues that norms and social values and norms facilitates the process of people working together to achieve shared objectives. MWG members also presented that their involvement in horizontal giving activities motivated by social norms and values such as traditional or religious beliefs.

From the study, the MWG and the general community members of the Mathulini rural community engage in giving activities as an initiative to ensure that the community survives the negative impacts of HIV/AIDS. These activities of giving are also motivated by social capital, which was observed to be one of the strong characteristic of Mathulini community. Similarly to the study conducted by Everatt and Solanki (2004) and that of Murehna and Chili (2011) on giving patterns in South Africa and rural communities, even in the study of Mathulini most of the respondents said they were not obliged to give and gave freely with a sense of developing and sustaining their community. In conclusion, the culture of helping and giving forms a very important part of Mathulini, and it plays a significant role towards lessening the negative impacts of HIV/AIDS in this small rural community of KwaZulu-Natal.

CHAPTER SIX

Implications and Conclusions of the Study

Introduction

The main objective of this study was to examine the role played by horizontal philanthropy in alleviating HIV/AIDS impacts in Mathulini rural area of KwaZulu-Natal, South Africa. The study aimed at assessing how community philanthropy through CBOs contributes to ameliorating the impacts of HIV/AIDS in the Mathulini rural community. The research further examined the forms of horizontal philanthropic assistance offered by the community members of the studies CBO and the community in general.

Implications of the Study

On the Concept of Horizontal Philanthropy

The data from the study suggests that it is not only the vertical philanthropic institutions that are generally the central providers of resources especially in the marginalised communities; rather, it is the networks of family and friends. This implies that horizontal giving also plays an important role in bettering the conditions within communities (Wilkinson-Maposa, 2004:3; Everatt *et al.*, 2005: 47). In the area of HIV/AIDS; the vertical giving institutions have been portrayed as the main providers of resources in combating HIV/AIDS (Alpaslan and Mabutho, 2005). However the data from this research proves that horizontal philanthropic givers are changing the face of HIV/AIDS within communities, with CBOs and women being in the forefront of such initiatives. Looking at the Mathulini case study, the studied MWG engages in several initiatives towards addressing the social, economic, psychological and other impacts posed by HIV/AIDS within their community.

Furthermore, the data shows that naturally occurring systems of mutual support and trust are perceived as more significant in providing assistance as compared to specialized interventions by institutions based outside of a community. From the study, participants presented to have more trust when it comes to their families and friends. That they give the exactly wanted help at the right time, and they give knowing that someday they will receive the same or even more help from the people they are helping.

As established by Wilkinson-Maposa and Fowler (2009: 16), the findings also suggested that horizontal philanthropy based in social networks are rooted within family, friends and neighbours. Literature on horizontal philanthropy asserts that the existence of social capital is seen as a key requirement for giving to occur. Social capital is characterised by social networks and social relationships which facilitate collective action (Field, 2003). These social networks propel families and friends to horizontal give to each other, sometimes out of moral obligations, societal values and norms. In Mathulini, the social capital resources included norms such as reciprocity, trust and networks of associations (MWG), and these were the core motivations of giving within community. Wilkinson-Maposa *et.al* (2005:2) refers to giving occurring based on social networks and relationships within communities as ‘philanthropy of community’. Further, Wilkinson-Maposa asserted that when the social capital is prominent then philanthropic giving is likely to take place. Finally, horizontal philanthropy can be based on social networks emerging out of grassroots groups (for instance giving among members of some community based organisations) and can play a vital role in mitigating the negative impacts of HIV/AIDS within communities through different forms of giving.

The Poor as Beneficiaries of Horizontal Philanthropy

A key finding from this study is that poor people are not just submissive beneficiaries of philanthropic acts as understood in the Western sense of giving. According to Wilkinson-Maposa *et al.* (2004: 12) there is a form of giving that occurs among and between the poor whose inspiration has not been sufficiently understood within the field of development. The study suggests that even poor people from marginalised communities like Mathulini are also taking initiatives and help each other; they do not necessarily wait for the government or other external organisations to provide resources for them. They use their available resources to help each other in combating poverty and the effects of HIV/AIDS within their communities. This brings us to the conclusion that people from economically poor communities are also philanthropists in nature, and that they give based on reciprocity, mutual trust and mutual support.

Philanthropy or giving has been understood as an act generally undertaken by the rich or more resourced sections of the society, and directed towards the poor or less resourced sections (Everatt *et al.*, 2005: 49), and also in terms of those who have accumulated more wealth and assets being at giving end and the still poor at the receiving end (Donati, 2003: 259). In this context philanthropy has been restricted to only vertical ways of giving and motivated by excessive wealth. The study of Mathulini brought a different understanding of philanthropy where people are using their existing assets to help each other, regardless of having more wealth. Rather the participants understood philanthropy in terms of reciprocity and motivated by their beliefs in the philosophy of *ubuntu*. Participants viewed *ubuntu* as what motivates them towards giving to each other as ‘they are because of one another’.

They use their existing resources to reciprocally help each other, for instance care giving was one major philanthropic act that Mathulini philanthropists engaged in as it didn’t require wealth or power. Other than seeing the widely known power-money motivation for philanthropy, in Mathulini we see philanthropy being a phenomenon best captured by the notions of solidarity and reciprocity. Norms such as reciprocity, mutual trust and social networks are also key elements of social capital. Giving occurring among individuals, families and the within the community indicated the existence of social capital. Woolcock and Narayan (2002) argued that, the basic idea of social capital is that a person’s family, friends and community constitute an important asset that can be called on in times of crisis. Mathulini also presented a situation where family, friends and community members can be trusted to always assist and uplift each other in difficult times.

CBOs’ Pivotal Role in Combating HIV/AIDS through Horizontal Philanthropy

The implication of this study is that grassroots organisations or CBOs play an important role in combating HIV/AIDS and other social ills within the Mathulini rural area. This suggested that when people within a community mobilize, they are likely to provide the correct form of help when it’s needed, because they are fully aware of the challenges facing their community. For example MWG members have close connection with Mathulini residents that they are helping; as a result they know exactly the kind of assistance to provide for each person. Moreover CBO are formed by members of the same community (family, friends and neighbours), thus people easily accept their assistance which is based on mutual trust.

Finally, we see how MWG helps mitigate the impacts in Mathulini through their gardening programs, club societies (*stokvels*), food provision, giving emotional support and above all, care giving.

Although MWG has such a vital role within the community, its members pointed out challenges when it comes to some activities they are doing. Sometimes the amount of work they are doing exceeds the amount of assets and resources they can offer. In some cases they reach a point where they have to try and get external help so that they can continue helping their community. For an example, they outlined that in 2012 they got the municipal assistance with the 'One home one garden' initiative where they were provided with some seeds, however this kind of assistance is not always available when they need it.

People from Resource Poor Communities as Selfless Givers

The majority of participants claimed that they give selflessly with no expectations of getting something in return, but some also referred to perhaps needing similar help themselves one day. However a certain percentage of respondents indicated that they give or help others for self-satisfaction. Wilkinson-Maposa *et al.* (2004: 4) concluded that poor people are generally selfless and will put their individual concerns aside in order to satisfy other people's needs.

As much as this indicated to be true to some extent, this conclusion was not definitely supported in this study. According to the Mathulini findings, some people give with the motivation of also receiving assistance someday, to get self-satisfaction, honour and respect from other community members. This shows that philanthropy in the Mathulini area is not being understood as giving based on power-money relations, rather it can be understood in the context of solidarity and reciprocity. This shows that as philanthropic giving is understood differently in different countries, regions, societal and cultural beliefs.

Philanthropy of Communities Extends Beyond Poverty Reduction

Several studies on horizontal philanthropy suggest that people horizontally give to each other because of their poverty conditions. Although the similar trend is noted in the findings from Mathulini area, but their philanthropy of community extends beyond just coping with poverty but also toward changing the nature of HIV/AIDS within this community. The forms of

giving from the study are not only directed towards coping with poor conditions, but also towards addressing the challenge of HIV/AIDS within the communities.

Respondents give their time towards caring for those who are affected and infected, share labour with those who are too sick to do some chores on their own, promotes dialogue about HIV/AIDS and encourages children of the community to abstain and protect themselves from this epidemic. Information sharing has also promoted dialogue about HIV/AIDS within the community hence reducing stigma. On the other hand care giving is impacting positively on nutrition, wellbeing and promoting adherence to HIV/AIDS treatment. The data also concludes that while philanthropy of the community plays a major role in mitigating poverty within the low-wealth, it simultaneously plays a major role in mitigating the impacts of HIV/AIDS within these communities. The giving activities that Mathulini residents provide amongst each other helps in terms of reducing the social, economic, psychological and all other impacts posed by HIV/AIDS within their community.

Indigenous Forms of Giving and Sharing

'Ilimo' and *'ukwenana'* are two forms of indigenous giving or sharing that were outlined by some of the research participants. These are two forms of horizontal giving are common in the Zulu tradition. Participants claimed that both these practises are entrenched in the philosophy of *ubuntu* which is their great motivation for borrowing and sharing resources with their families, friends and the community. Participants would engage in *ukwenana* with their neighbours with things such as food, soaps and other small materials, and in this process the giver had no guarantee that what was given would be returned. Most participants said that they usually ask for or give food or cooking ingredients which impacts positively on nutrition. Gogo Shandu shared these profound words "I would never let my neighbour go to bed hungry if I have food, sometimes I take my food at home and go cook for her when she is too sick to cook. I know that when she has, she will return some".

This process also positively impacts on those who are sick of HIV/AIDS and related diseases as they are able to get food from their neighbour hence improving their nutrition. *Ilimo* also plays an important role when it comes to nutrition, as the givers help to plough the recipient's land which in turn they will harvest some fresh food that can last them for a certain period.

Ilimo is a labour sharing method which has a component of sustainability because the givers (labour) comes as a part of a community network, and the community will always be there. These two indigenous forms of giving and sharing ensure that while givers play a vital role, the recipients also remain at the core of the philanthropic act. In this context giving goes in both ways rather than in a vertical form where giving is only trickling from the rich towards the poor.

Moreover, indigenous philanthropy is not dependent on big donors for sustainability; it is the members of the community who mobilise their resources to ensure that giving occurs continuously. Contrary to the professionalised philanthropy, indigenous philanthropy does not incur the challenges of effectiveness, accountability and legitimacy. Indigenous philanthropy seek no legitimacy from any external institutions as the giving is largely motivated by societal norms and beliefs, hence it is always autonomous. It is also easier to observe the efficiency of indigenous philanthropy as the givers are directly involved in the giving activities, and can always assess if their giving is impacting on the community existing problems. Ultimately, indigenous philanthropy is only accountable to the people it serves not other external donors who may divert the giving activities to suit their policies. As a result, indigenous philanthropy has all the advantages to impact positively on communities without external hindrances.

Exploitation of Indigenous Philanthropy

The observations from this study further indicate that indigenous philanthropy emanates from the government's neglect of the health system. Indeed, task-shifting in the provision of health care, by the South African government shifts the responsibility of care to households consequently increases caring burden to women. Inadequate hospital infrastructure, staff shortages and high costs for treatment for HIV/AIDS especially in hospitals situated in rural areas, has resulted in the government's implementation of health policies such as comprehensive home based care (Bezuidenhout and Fakir, 2006: 8). The programme of home based care, allows for the transfer of patients back to their households when the state can no longer carry the cost of caring for them in hospitals. In this context the government neglect and failure to prioritise rural hospitals in budgeting for HIV/AIDS care and treatment leaves the communities particularly women susceptible to too much work load of unpaid labour.

The government solves the issues of inadequate public health system by passing the burden of caring for the sick to the households and communities. Caring and helping each other is known to be entrenched within the rural communities and households' members. As a result, it tends to be easier for rural health workers to send home those who are really sick, in a belief that family members, relatives and neighbours will take care of them. In Mathulini, I observed a case where health workers would ask patients if there was anyone who could take care of them at home since they did not have enough beds to accommodate them. Secondly the hospital is now prioritising of HIV volunteer initiatives, where willing members of the community are trained to volunteer in counselling and helping those taking HIV treatment to adhere. HIV volunteers are expected to do home visits on weekly bases, to ensure that the sick are cared for and they are taking the treatment accordingly. It is sad the volunteers are not offered even transport money or any kind of incentive; however they do it out of the good of their hearts and for the love of their community. From this observation, it was concluded that the government sometimes exploits the indigenous forms of philanthropy.

Gender Aspects of Horizontal Philanthropy

The patriarchal nature of South African society, in which palliative care is traditionally assigned to women, further locks women into deprivation by reducing their chances of earning income since they cannot participate in paid labour (Bezuidenhout and Fakier, 2006). Rural areas are still dominated by social constructions that force women to assume caring roles. In Mathulini, while I was doing my research I also observed that women are in the forefront of the horizontal philanthropy initiatives. The MWG which is the dominant CBO actively engaging in horizontal giving is only comprised of women. Besides the fact that most this area is dominated by female population, from the interviews and observations I realised that Mathulini women are still conforming to social constructs that assign women are carers. For instance, when one woman was sick in one of the households, the neighbours (women) felt obligated and outlined that it was important to go there and assist in caring for her even though her husband was around.

Although Mathulini males are not directly involved with the horizontal philanthropy initiatives undertaken by women, they still contribute in terms of contributing resources to women within their households and to allocate some time towards giving in the community. Sometimes it is the husbands that give women money to buy food, to contribute to the burial schemes and stokvels. In conclusion, the study assumes that although women are a driving force of horizontal philanthropy initiatives within this community, men are also contribute indirectly as well. Surprisingly, I also discovered that some men within the community have started their own saving schemes, however when asked, they responded that they are helping each other to save money so that they can assist their wives and families in times of need. This indicates that men are slowly getting involved in horizontal philanthropy.

Conclusion and Further Research

The Western understanding of philanthropy asserts that resources have to flow from outside the targeted population in order to assist the poor. Commonly, even in the developing or underdeveloped countries we tend to implement development approaches which have been applied in other parts of the world, without a consideration of other possible indigenous solutions (Moyo, 2011). This thesis concludes that giving and philanthropy forms a large part of the South African tradition and culture, and also impacts positively on the country's citizens. However, to some extent the importance of giving and philanthropy in South Africa especially in marginalized communities has been overlooked. The Mathulini research findings suggest that there are practices already entrenched within South African communities that could be acknowledged and built upon to ensure better social solidarity and sustainability even in the case of HIV/AIDS.

Although, there are limited studies specifically on HIV/AIDS and philanthropy, studies on social capital and HIV/AIDS have indicated that giving within communities is pivotal in lessening the impacts of HIV/AIDS. In the Mathulini study participants showed that they understand the challenge of HIV/AIDS. As a result they have engaged in different forms of giving and have used their available and significant resources to combat the negative impacts of this AIDS epidemic. The data concluded that people in local communities know how to attain resources where they're most needed, and that people are doing important work already to help each other and make their communities better places to live even in the persistence of high poverty and HIV/AIDS.

In low-wealth communities, assistance among people is widespread, intensely rooted and works as an imperative component for survival, development and sustainability. In these settings, horizontal philanthropy is part and parcel of the social fabric rather than random or disorganised. This research suggests that horizontal philanthropy in all of its diversity has noteworthy effects on people's lives. Different understandings of the *ubuntu* philosophy appear in this research and is analysed through the lens of traditional practices such as *ukwenana* and *ilimo*. The recognition of *ubuntu* philosophy in the study suggests that indigenous forms of philanthropic giving plays an instrumental role in South African communities and requires further consideration within the development sphere and that combating HIV/AIDS.

In conclusion, horizontal philanthropy or philanthropy of community can be seen as a pathway to advance the aspirations of communities at the core of groundwork practice. However, combining horizontal and vertical philanthropy can also provide a new direction for coordination and leveraging efforts at the grassroots. This would impact the expansion and enhancement of resources within poor rural communities enabling them to continue helping each other.

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Appendix1

Interview Questionnaires for the CBO members (Mathulini Women Group)

1. What motivated you to join this group or organisation?
2. How much influence do you think this group have on your community?
3. How do you as a member benefit from being a part of the group/organisation?
4. What are your group's/organisation's aspirations behind the act of giving?
5. Does your belief in the concept of *ubuntu* motivate your organisation's philanthropic act?
6. What do you do to ensure the sustainability of the group/organisation?
7. Does this group/organisation receive any assistance from donors outside the community? If yes, what kind of assistance?
8. What type of assistance and support does your group provide for those poor families or individuals infected and affected by HIV/AIDS?
9. So far do you think your group/organisation has played a major role in reducing poverty and the impacts of HIV/AIDS in your community? How?
10. How would having more community organisations/groups like yours improve community development?

Appendix 2 Interview Questionnaires for the General Community Members

1. What kind of help do you receive from other community members?
2. What type of assistance or support do you give to other community members if you ever do so?
3. What are the inspirations behind your act of giving?
4. As a community member do you feel you have a role to play when it comes to lessening poverty and HIV/AIDS in your community?
5. What does *ubuntu* means to you?
6. Have you ever witnessed any giving act from the Mathulini Women Group? If yes what type of support or assistance?
7. Do you think groups/organisations like the Mathulini Women Group play a major role in alleviating poverty and the impacts of HIV/AIDS in the community?
8. How much effect do you think community members have in bettering their own communities when it comes to the issue of poverty, HIV/AIDS and the overall development?

Appendix 3: Informed Consent Form



Informed Consent Form

(To be read out by researcher before the beginning of the interview. One copy of the form to be left with the respondent; one copy to be signed by the respondent and kept by the researcher.)

My name is Buyisiwe Khumalo (student number 208520123). I am doing research on a project entitled ‘The Role of Philanthropy in Mitigating the Impacts of HIV/ AIDS in Rural Communities: A Case Study of Mathulini Rural Area, KwaZulu-Natal, South Africa’. This project is supervised by Dr Mvuselelo Ngcoya and Dr Shauna Mottiar at the School of Built Environment and Development Studies, University of KwaZulu-Natal. I would be managing the research project and should you have any questions my contact details are:

School of Development Studies, University of KwaZulu-Natal, Durban.
Cell: 0837296701; Email: buyiek.khumalo@gmail.com or 208520123@stu.ukzn.ac.za.

Thank you for agreeing to take part in the project. Before we start I would like to emphasize that: your participation is entirely voluntary; you are free to refuse to answer any question; and you are free to withdraw at any time.

The interview will be kept strictly confidential and will be available only to members of the research team. Excerpts from the interview may be made part of the final research report. Do you give your consent for: *(please tick one of the options below)*

Your name, position and organisation, or	
Your position and organisation, or	
Your organisation or type of organisation <i>(please specify)</i> , or	
None of the above	

...to be used in the report?

Please sign this form to show that I have read the contents to you.

----- (Signed) ----- (date)

----- (print name)