

**An Exploratory study of motives for foreign, young adult volunteers in South Africa**

**Thea M. van Heyningen**

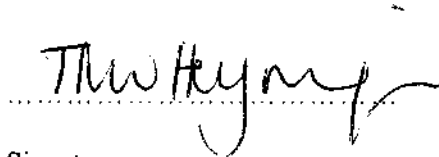
**Thesis submitted in partial fulfilment of requirements for the degree Master of Arts  
(Clinical Psychology) at the University of KwaZulu-Natal, Pietermaritzburg.**

**Supervisor: Professor Graham Lindegger**

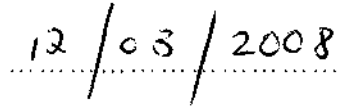
**DECEMBER 2007**

## DECLARATION

I, the undersigned, hereby declare that unless specifically indicated to the contrary, the work contained in this thesis is my own, original work and that I have not previously in its entirety or in part, submitted it at any university for a degree.



Signature



Date

## ABSTRACT

This study was undertaken as an explorative, qualitative study to explore the motives for foreign volunteers to volunteer at an NGO in South Africa. Increasing numbers of young adults and adolescent school leavers from developed countries are choosing to take a sabbatical year to engage in volunteer work in foreign, often developing countries. In South Africa, much of this work takes place in the Non-governmental sector, around environmental and humanitarian issues including HIV and AIDS. The incentives underlying this behaviour are of interest to try to understand what motivates altruistic, pro-social behaviour.

The study took the form of qualitative interviews with 12 participants currently volunteering at an NGO in rural KwaZulu-Natal. Most of the participants were volunteering for a mixture of altruistic, egoistic and social reasons.

## **ACKNOWLEDGEMENTS**

I would like to thank Professor Graham Lindegger for his support and supervision throughout the completion of my Masters degree. Particularly through the process of completing this dissertation.

I would also like to thank my parents for their unwavering support, encouragement and guidance throughout my life.

## TABLE OF CONTENTS

<b>DECLARATION .....</b>	<b>1</b>
<b>ABSTRACT .....</b>	<b>2</b>
<b>ACKNOWLEDGEMENTS.....</b>	<b>3</b>
<b>LIST OF TABLES.....</b>	<b>8</b>
<b>LIST OF FIGURES .....</b>	<b>8</b>
<b>CHAPTER 1: INTRODUCTION .....</b>	<b>9</b>
<i>1.1 SETTING THE SCENE .....</i>	<i>9</i>
<i>1.2 CHANGING PATTERNS OF VOLUNTEERISM TODAY .....</i>	<i>10</i>
<i>1.3 GLOBAL TRENDS IN VOLUNTEERISM.....</i>	<i>10</i>
<i>1.3.1 Foreign volunteers .....</i>	<i>10</i>
<i>1.3.2 Volunteer Tourism.....</i>	<i>11</i>
<i>1.4 THE GAP YEAR .....</i>	<i>12</i>
<i>1.5 OBLIGATORY YOUTH SERVICE .....</i>	<i>13</i>
<i>1.6 BENEFITS OF VOLUNTEER TOURISM.....</i>	<i>15</i>
<i>1.7 PROBLEMS WITH THIS KIND OF VOLUNTEERISM.....</i>	<i>16</i>
<i>1.7.1 Sustainability .....</i>	<i>16</i>
<i>1.7.2 Skills .....</i>	<i>16</i>
<i>1.7.3 Exclusivity.....</i>	<i>17</i>
<i>1.7.4 Exploitation and lack of regulation.....</i>	<i>17</i>
<i>1.8 VOLUNTEERISM AND HIV VACCINE DEVELOPMENT .....</i>	<i>18</i>
<i>1.8.1 The Millennium Development Goals.....</i>	<i>18</i>
<i>1.8.2 SA Government's New Strategic plan for HIV/AIDS.....</i>	<i>19</i>
<i>1.9 HIV VACCINE DEVELOPMENT .....</i>	<i>19</i>
<i>1.9.1 Need for volunteers .....</i>	<i>21</i>
<b>CHAPTER 2: VOLUNTEERISM IN GENERAL .....</b>	<b>24</b>
<i>2.1 INTRODUCTION.....</i>	<i>24</i>
<i>2.2 CONCEPTUALISING VOLUNTEERISM .....</i>	<i>24</i>
<i>2.3 THE FOUR TYPES OF VOLUNTEERING.....</i>	<i>25</i>

2.3.1	<i>Mutual aid/ self-help</i> .....	25
2.3.2	<i>Philanthropy or service to others</i> .....	25
2.3.3	<i>Campaigning and advocacy</i> .....	26
2.3.4	<i>Participation and self-governance</i> .....	26
	<b>2.7 THE GROWTH OF THE VOLUNTEER SECTOR</b> .....	<b>26</b>
	<b>2.8 THE IMPORTANCE OF THE VOLUNTEER WORKFORCE</b> .....	<b>27</b>
2.9.1	<i>International Volunteer Programmes in South Africa</i> .....	27
	<b>2.10 VOLUNTEERING FOR SUSTAINABLE DEVELOPMENT</b> .....	<b>28</b>
	<b>2.11 VOLUNTEERISM IN DEVELOPING COUNTRIES</b> .....	<b>30</b>
2.11.1	<i>Southern Africa</i> .....	31
2.11.2	<i>Description of volunteerism in developing countries</i> .....	31
2.11.3	<i>Volunteer profiles in developing countries</i> .....	32
2.11.4	<i>Volunteer activity in South Africa</i> .....	32
	<b>2.12 FACTORS AFFECTING VOLUNTEERISM IN RSA</b> .....	<b>34</b>
2.12.1	<i>Youth Volunteerism in South Africa</i> .....	35
	<b>CHAPTER 3: THEORETICAL PERSPECTIVES ON VOLUNTEERISM</b> .....	<b>36</b>
	<b>3.1 INTRODUCTION</b> .....	<b>36</b>
	<b>3.2 MOTIVATIONS FOR VOLUNTEERING</b> .....	<b>37</b>
3.2.1	<i>Altruism</i> .....	37
3.2.2	<i>Functional Analysis</i> .....	39
	1) <i>Values</i> .....	39
	2) <i>Understanding</i> .....	39
	3) <i>Social</i> .....	40
	4) <i>Career</i> .....	40
	5) <i>Protective</i> .....	40
	6) <i>Enhancement</i> .....	40
	<b>3.3 OTHER FACTORS THAT INFLUENCE VOLUNTEER BEHAVIOUR</b> .....	<b>41</b>
3.3.1	<i>The setting</i> .....	41
3.3.2	<i>Religion</i> .....	41
3.3.3	<i>Socioeconomic status</i> .....	42
3.3.4	<i>Gender</i> .....	42
	<b>3.4 MAINTENANCE OF VOLUNTEERING</b> .....	<b>42</b>
3.4.1	<i>The volunteer Process Model</i> .....	42

3.4.2 <i>The role identity model</i> .....	43
<b>3.5 MOTIVATIONS FOR ADOLESCENT AND YOUNG ADULT VOLUNTEERS</b> .....	<b>43</b>
3.5.1 <i>Social</i> .....	44
3.5.2 <i>Egoistic</i> .....	44
3.5.3 <i>Altruistic</i> .....	45
<b>3.6 OTHER MOTIVATING FACTORS FOR ADOLESCENTS AND YOUNG ADULT VOLUNTEERS</b> .	<b>45</b>
3.6.1 <i>Early volunteer experience</i> .....	45
3.6.2 <i>The nature of the work and the setting</i> .....	46
3.6.3 <i>Stage of life</i> .....	46
<b>3.7 BARRIERS TO VOLUNTEERISM</b> .....	<b>47</b>
<b>3.8 HIV/AIDS AND VOLUNTEERS</b> .....	<b>48</b>
<b>3.9 THEORETICAL PERSPECTIVES ON HIV VACCINE TRIAL PARTICIPATION</b> .....	<b>48</b>
3.9.1 <i>Perceived susceptibility to contracting HIV and personal protection</i> .....	49
3.9.2 <i>Altruism and the common good</i> .....	49
<b>3.10 COGNITIVE THEORIES OF BEHAVIOUR</b> .....	<b>50</b>
3.10.1 <i>Health Belief Model</i> .....	51
3.10.2 <i>Theory of Reasoned Action</i> .....	52
3.10.3 <i>Theory of Planned Behaviour</i> .....	52
<b>3.11 THE RELEVANCE OF THESE THEORIES TO HIV VACCINE TRIALS AND VOLUNTEERISM</b>	<b>53</b>
3.11.1 <i>Critique of HBM</i> .....	53
3.11.2 <i>Criticism of TRA, TPB</i> .....	54
<b>3.12 SUMMARY</b> .....	<b>54</b>
<b>3.13 BRIEF OUTLINE OF THE STUDY, OBJECTIVES AND METHODOLOGY</b> .....	<b>55</b>
<b>CHAPTER 4: METHODOLOGY</b> .....	<b>57</b>
<b>4.1 INTRODUCTION</b> .....	<b>57</b>
<b>4.2 RESEARCH DESIGN</b> .....	<b>57</b>
<b>4.3 ETHICS</b> .....	<b>58</b>
<b>4.4 SAMPLE</b> .....	<b>58</b>
<b>4.5 RESEARCH PROCEDURE</b> .....	<b>59</b>

4.5.2 Data collection procedure .....	59
<b>4.6 DATA ANALYSIS .....</b>	<b>61</b>
<b>CHAPTER 5: FINDINGS .....</b>	<b>63</b>
<b>5.1 PROFILE OF VOLUNTEER PARTICIPANTS.....</b>	<b>63</b>
<b>5.2 INFLUENCES ON VOLUNTEER WORK .....</b>	<b>64</b>
5.2.1 Prior volunteer experience.....	64
5.2.2 Family culture of volunteer work .....	64
5.2.3 Religious beliefs.....	64
<b>5.3 MOTIVES FOR VOLUNTEER WORK.....</b>	<b>65</b>
5.3.1 Altruistic motives.....	65
5.3.1.1 Benefit to humanity.....	65
5.3.2 Egoistic motives .....	66
5.3.2.1 Gap year and life-stage issues.....	66
5.3.2.3 University/college entrance requirement.....	67
5.3.2.4 Travel.....	67
5.3.2.5 Alternative to military service.....	68
5.3.2.6 Self gratification.....	68
<b>5.4 DIFFICULTIES IN VOLUNTEERING .....</b>	<b>69</b>
5.4.1 Financial.....	69
5.4.2 Lack of social support .....	70
5.4.3 Lack of experience/competency .....	70
5.4.4 Cultural differences.....	71
<b>5.5 HIV VACCINE DEVELOPMENT.....</b>	<b>71</b>
5.5.1 Motives .....	72
5.5.1.1 Altruism.....	72
5.5.2 Barriers to participation in an HIV vaccine trial.....	73
5.5.2.1 Personal costs of participation in a hypothetical HIV vaccine trial.....	73
5.5.2.2 Personal risks of contracting HIV.....	74
5.5.2.3 Personal experience with HIV.....	75
5.5.2.4 Knowledge of vaccine trials and vaccine development.....	76
5.5.2.5 Mistrust of the researchers and the research process.....	76
5.5.2.6 Risks to others.....	77
<b>CHAPTER 6: DISCUSSION.....</b>	<b>79</b>
<b>6.1 SUMMARY OF MAIN FINDINGS.....</b>	<b>79</b>
<b>6.2 THEORETICAL ASPECTS .....</b>	<b>80</b>
6.2.1 Egoistic and altruistic motivations .....	80



6.2.3 <i>The setting</i> .....	81
6.2.4 <i>Other influencing factors</i> .....	82
6.2.3 <i>Functional Analysis</i> .....	83
6.2.4 <i>The Theory of Reasoned Action (TRA)</i> .....	85
6.2.5 <i>The Theory of Planned Behaviour (TPB)</i> .....	86
<b>6.3 WILLINGNESS TO PARTICIPATE IN HYPOTHETICAL HIV VACCINE TRIALS</b> .....	<b>87</b>
6.3.1 <i>Summary of main findings</i> .....	87
6.3.2 <i>The Health Belief Model</i> .....	87
<b>6.4 LIMITATIONS OF THIS STUDY</b> .....	<b>89</b>
<b>6.5 RECOMMENDATIONS FOR FUTURE RESEARCH</b> .....	<b>89</b>
<b>6.6 CONCLUSION</b> .....	<b>90</b>
<b>REFERENCES</b> .....	<b>92</b>
<b>APPENDIX A</b> .....	<b>106</b>
<b>Letter to the Director</b> .....	<b>106</b>
<b>APPENDIX B</b> .....	<b>108</b>
<i>Consent form for Qualitative research with existing volunteers</i> .....	108
<b>APPENDIX C</b> .....	<b>113</b>
<i>Interview schedule for individual interviews with volunteers from NGO</i> .....	113

#### **LIST OF TABLES**

Table 1. UN Volunteer Organisation strategy for achieving Millennium Development Goals .....	29
Table 2. Demographic profiles of volunteer participants .....	63

#### **LIST OF FIGURES**

Figure 1. Most prevalent areas of volunteer activity in South Africa.....	34
---	----

## CHAPTER 1: INTRODUCTION

### *1.1 Setting the scene*

There is a rapidly growing phenomenon whereby many young people living in Europe, Canada and North America travel vast distances to volunteer in foreign countries. The globalisation era has engendered a generation of young adults that are strongly motivated to make a difference. Volunteer and community organisations are driving forces for social change and social activism in many parts of the world. This has generated a growing trend of volunteer holidays or so-called “volunteer tourism” package deals to fly tourists to an exotic location and connect them to a volunteering project. Volunteer tourism combines holiday or leisure travel with volunteering at the destination visited. The internet reflects dozens of organizations – both nonprofits and travel businesses – involved in organizing volunteering vacations. The phenomenon has also generated new vocabulary, including “voluntourism”, “ethical holidays” and “travel philanthropy” (Ellis, 2007).

Volunteerism takes many different forms and can be described in general terms as a form of unpaid helping behaviour that benefits other people, groups, or organizations. Although such behaviour could be beneficial to volunteers themselves, they do not gain financially (Dekker and Halman, 2003; Hodgkinson, 2003; Wilson, 2000 in Ruiter and de Graaf, 2006).

Volunteerism is described by Clary, Snyder, Ridge, Copeland, Stukas, Haugen and Miene (1998) as the premeditated and deliberate act of making personal sacrifices for another person; often a stranger. It involves planning, sorting out of priorities and matching of personal interests with capabilities and type of intervention. Volunteers often actively seek out opportunities to help others. The process involves deliberation about extent of involvement, degree to which activities match personal needs and abilities, commitment to an ongoing relationship that may extend over considerable periods of time and may entail considerable personal costs of time, energy and opportunity. In the age of HIV/AIDS, much of the work in communities and NGO’s has been undertaken by volunteers. And in the search for treatment and prevention, volunteers have once again become important players. The development of a successful and effective HIV vaccine would not be possible without the involvement of volunteers.

## *1.2 Changing patterns of volunteerism today*

Traditionally, volunteering has been seen as a form of charity work, however, this perception of the activity is changing. There are many different kinds of volunteering requiring different kinds of commitments from participants, varying in degree of involvement. Each type of volunteer activity subsequently varies in underlying motivating factors. The rewards also differ according to the person who is volunteering, the activity engaged in and the setting.

According to the U.S. Bureau of Labour Statistics, nearly 30% of those 16 and older in North America participate in service projects each year, however, fewer people are volunteering in traditional ways of working for charitable organisations. In Great Britain, studies show that although between two-thirds and three-quarters of people regularly give to charity, donating over £7 billion pounds a year, the total value and frequency of charitable donations has remained unchanged since 1988. Moreover, there is some indication that the proportion of people giving money to charity, a form of volunteering, is declining and that the amounts given have not kept up with increases in national wealth. Despite outstanding acts of individual philanthropy, it is the poorest in society who continue to give a greater proportion of their income to charity, rather than the wealthy (UK Home Office, 2005).

In South Africa, there are also fewer people donating blood today than there were a decade ago. Although the actual quantity of blood collected over the past decade has increased by about 20%, the respective number of active donors decreased by 10% (South African Blood Transfusion Service [SABTS], 2000).

## *1.3 Global trends in volunteerism*

### *1.3.1 Foreign volunteers*

The World Volunteer Web (WVO), which is part of the United Nations Volunteers Organisation, is an internet-based information and resource centre that is used by individual volunteers and volunteer organisations to build collaborative partnerships, campaign and network. According to WVO, there are over 20 000 individuals and organizations in their constituency. This ranges widely from students taking gap years, professionals seeking volunteer work opportunities and international NGO's seeking to recruit volunteers, to campaign, or for advocacy.

More than 55 million North Americans have travelled to other countries on holidays that included volunteering. Young people are particularly representative of this volunteer movement: nearly 83% of the 264,000 incoming college students in 2006 said they had volunteered during the previous 12 months, the highest rate in a 40-year history. Two-thirds said they would volunteer more, and were especially oriented toward international issues and volunteering abroad (Bocella, 2006; World Volunteer Web [WVW], 2007).

Younger people are volunteering more: in 2004, 15% of international volunteers were under the age of 20, an increase from 10% in 2002. An international volunteer travel company, based in New York and London, reportedly sent more than 3,000 volunteers on one- to 12-week service tours on six continents, an increase of over 800 participants from the previous year. Nearly 50% of these participants were between 18 and 24 years old (WVW, 2006, 2007).

Awareness of world affairs and humanitarian and environmental issues are growing among young people, and with celebrities and music concerts to benefit and promote such causes, it has become a trend amongst young people to engage in activities for these causes. Such activity increasingly includes volunteer work abroad. Growing numbers of altruistic, adventure-seeking students, regarded as the most volunteer-oriented generation in decades, are reaching beyond their communities to aid scientific field research, work in orphanages, and build houses in outposts worldwide. For undergraduate students, hands-on activism is a form of political engagement. Often, high-profile international events, high-tragedy crises and natural disasters tend to generate interest in social issues beyond national borders, and for young people, a 'dangerous' locale can be part of the appeal.

### *1.3.2 Volunteer Tourism*

Volunteer tourists are defined as "... those tourists, who for various reasons, volunteer in an organized way to undertake holidays that involve aiding or alleviating the material poverty of some groups in society, the restoration of certain environments or research into aspects of society and environment... It may involve individuals from Western countries paying to come to the Third World (sic) to assist with development or conservation work, as they desire to achieve something more meaningful than a pleasure-filled, self-indulgent holiday" (Wearing, 2001 in Stoddart and Rogerson, 2004, p.311). Volunteer tourism is a form of 'alternative

tourism', where travellers seek personal and unique experiences away from the mass tourism market. The literature suggests that volunteer tourists do not see themselves at leisure, but rather that they are involved in a sense of good citizenship concern for the community. However, there are benefits for both volunteers and for the communities that they assist.

Volunteers form the bulk of the development and humanitarian workforce in many countries and communities. In South Africa, many non-profit organisations (NPO) and non-governmental organisations (NGO) rely on these young adults as a labour force, to do a range of tasks, from physical labour like construction to more experienced, skilled tasks such as care work, medical assistance, fund raising and administration. Many of the volunteers are unskilled, having mostly completed high school or a few years of college, and most of them volunteer in developing countries in Africa, Asia and South America (Volunteer Service Overseas [VSO], 2006).

A 2004 (Stoddart and Rogerson) study on Habitat for Humanity in South Africa reports that most young volunteers used travelling and volunteering abroad as an educational and spiritual experience and opportunity to engage cross-culturally. Learning about diverse social practises, culture and language attracts many young adults to volunteer in foreign countries. Traditionally, the average volunteer tourist is most likely to be European, retired (aged 50 – 59) and reasonably well-off financially. These individuals are most likely to have the necessary disposable income and savings as well as available time. They are generally fit, healthy and committed to development work. However, the largest growing group of volunteer tourists are the younger segment of 'world travellers' who are generally in their early 20's or late teens, taking a 'gap year' either post-school, from studies or from work. Again, the largest numbers are from Europe, with the expressed desire to enjoy the outdoors, as well as the opportunity to engage in physical work outdoors and skills development. Most volunteers report seeking physical, emotional and spiritual fulfilment from the experience.

#### *1.4 The Gap year*

Many young adults from developed countries travel. Volunteer Services Overseas (VSO) an UK-based NGO concerned with volunteer programmes internationally, report that nearly 200 000 British people annually (of which 130,000 are school leavers) take a gap year (VSO, 2006). Nearly half of all private-school pupils in the UK take gap years, compared with about

one in five students overall. Instead of going straight to tertiary education or seeking employment, many young European, North American and Canadian adolescents similarly take a gap year after high school (Ellis, 2007).

The gap year is increasingly becoming an obligatory rite of passage for many young school leavers or newly graduated young adults unsure about what to do after studying or school. Many young adults decide to spend the year travelling, and some decide to combine this with volunteer work, choosing to use this time in a seemingly selfless manner, in the service of others (Ellis, 2007). Volunteering is not a cheap and easy way of travel: it often involves costs for the volunteer in terms of travel expenses and living expenses. In the overwhelming majority of cases, volunteers do not receive remuneration for their work and it is standard that they have to support themselves during the volunteer period. This can be very expensive; reportedly an average US\$9,500 is spent by North American gap year students on the experience. There exists a plethora of international volunteer organisations that offer tailor made volunteer 'packages' that include the placement, accommodation and post-volunteer tourism. Many young adults are willing to incur these costs in order to volunteer abroad, and thus one can hypothesise that there must be strong motivations to engage in such kind of travel and work (VSO, 2006). Exploration of these motivations forms the basis for this study.

There has been a sharp rise in travel companies specializing in provision of package holidays to developing countries where gap year students can volunteer and travel. "Voluntourism" is a growing market in which increasing numbers of school leavers are paying commercial companies for the privilege of working for nothing in some of the world's poorest communities.

### *1.5 Obligatory Youth Service*

In certain parts of the world, volunteer work forms a part of an obligatory service year that all young adults need to complete in the service of their country. There are various programmes in place that offer either national or international engagement in humanitarian or development work.

In the UK, for example, there is a call for a national volunteering programme for 16- to 24-year-olds that would be taken as a "gap year" after school. This would offer young citizens

the chance to learn new skills and participate in altruistic activity. The UK Department for Skills and Education in 2004 invested £5m in a pilot project to encourage young people from lower-income families to volunteer long term, the Home Office and the Treasury set up a commission to look at new ways to persuade young people to volunteer (Liz Clarke, 2004). Mexico has been running such a programme since 1944. Nigeria introduced its Youth Service Corps in 1973 (VSO, 2006).

Germany has implemented volunteer service as a part of obligatory civil service. The German Development Ministry, hoping to increase awareness of development issues, created a voluntary service program aimed at people between the ages of 18 and 28, who have a high school diploma or equivalent certificate and want to work in a developing country for three to 24 months. In this programme, volunteers are paid 580 Euros per month to cover living costs. Candidates have to meet certain criteria that include language skills and level of independence, in order to be considered for the programme. The German conscription ("Wehrpflicht") is an obligation for all male citizens where they can choose to serve nine months in the military, which they can refuse, or do alternative civilian service, or 100 hours each year for six years in a civil protection organisation. All German school leavers have the option of engaging in work overseas in community or volunteer work as an alternative. This alternative has proven to be attractive, as twice as many young draftees choose to do the alternative services. Young German women are increasingly also choosing to participate in volunteer work despite the fact that it is not obligatory for them (German volunteer abroad program, 2007; Winkler, 2007).

Volunteer work is also seen as a necessary part of selection to various degree programmes at universities worldwide. This requirement is seen as part of motivation for many young adults and school leavers. For example, university entrance requirements in North America regard volunteer work as an essential component in selecting candidates for admissions to medical school. Volunteer work is seen to reflect the humanitarian, altruistic and empathic traits that are regarded as essential qualities in potential doctors and health workers. It is also seen as a benchmark for developing people skills and compassion. This has been met with enthusiasm and understanding from most of the students who are applying to do medicine. Many young aspirant doctors volunteer in free clinics, nursing homes or hospices and regard the experience as invaluable (Smith, 2006).

### *1.6 Benefits of volunteer tourism*

Volunteer tourism is regarded to have a mutual benefit to both the volunteers and those whom they serve. However, much of the literature focuses on the benefits of volunteer tourism for the volunteers themselves. It meets the needs of people who want to volunteer and travel. The experience is seen as a unique way of learning about self and interests in a setting that offers experiential learning and exposure to other cultures and global issues. For some, the benefits were learned through default – for example, learning to appreciate what they have through the frustrating parts of the experience (Blum, 2006).

The greatest significance of the experience may occur on a personal level through greater self awareness, refiguring of self and identity. Studies cited in Schondel and Boehm (2000) recount volunteer tourists being rewarded by increased understanding and awareness of their own potential as well as of their limitations. This self-awareness and perception of personal limitations are necessary to the development of identity, particularly pertinent to the developmental phase of late adolescence and young adulthood. Giocos (2006) also acknowledges the significance of adolescence stage-of-life issues on the decision to volunteer. Wearing (2001) and McGhee (2003) in Stoddart and Rogerson (2004) support this notion and also postulate that involvement in volunteer kind of activity increases self-efficacy and facilitates the development of new networks that influence social movement for the volunteer. Volunteering enables further maturation and development, as volunteers seek out opportunity to incorporate social value into their identity, this realises personal growth. There is evidence that volunteering, in addition to fostering confidence and independence in volunteers, builds commitment, engagement and social capital.

For communities and NGO's, well-managed spurts of volunteer help can be extremely productive for many types of projects that need a lot of work. After a natural disaster, for example, the enormous clean-up and rebuilding work goes on for years, and a continuous stream of fresh recruits can keep the momentum going. Ideally, volunteer tourism is a people-to-people experience, in which both the helper and the helped become acquainted with one another, strives to create cultural exchange and understanding, and gives insight into the world of the "other."



Volunteer tourism can be regarded positively in that it can lead to more sustained service, either in return trips for the same individual to the same country or to more informed and deliberate forms of volunteering back home for international or development causes (Blum, 2006).

### *1.7 Problems with this kind of volunteerism*

#### *1.7.1 Sustainability*

Criticism of volunteer tourism has questioned the sustainability of this kind of activity for both the community and the individual volunteer. There seems to be little commitment by the tour organizers to complete work started, or guarantee that a project will be sustained if some other destination becomes more popular. In general, the biggest criticism of volunteer tourism is that it engenders a trend of episodic volunteering, in which feel-good bursts of service give the volunteer pleasure but do not result in much useful help for the recipients or the complex cause (Stoddart and Rogerson, 2004).

Young, idealistic volunteers may also have raised expectations about what is possible to achieve within limited framework of time and resources. Sustained, long-term volunteering is usually necessary to really make a difference, and often this is not feasible for the individual volunteer. As most individuals cover their own costs, they may not be able to complete projects as they run out of money. This leads to a lack of continuity which can have adverse effects on the recipients of the volunteer work (WVW, 2007).

#### *1.7.2 Skills*

As many young volunteers are school leavers, they lack the skills to do the work. They may engage in an activity without the necessary skills, which can be detrimental to all parties concerned. Although young people bring a whole range of skills - flexibility, enthusiasm, commitment, there are concerns that these young "voluntourists" can do more harm than good, especially where programmes are not well planned and without clear objectives, or where there is an emphasis on volunteer enjoyment rather than on how to help the communities they work in (Bartham, 2006).

Lack of proper orientation and training can be frustrating for the foreign volunteers, who may not be fully prepared for the experience. There is criticism of the view that volunteer work

offers an opportunity for individuals to try out a field before committing to study or work in it, which may raise certain ethical questions. Professionals with experience are able to help a lot more than an inexperienced 18-year-old.

There is also a danger that young adults view the work in terms of their own needs - wanting to travel, experience life and learn about themselves - without realizing that hard work and effort are required from them. Related to this are the motives for volunteering. Some of these volunteers have been labelled as the "new colonialists" when it is perceived that they put their own needs above those of the communities that they profess to help. In many cases, individuals from the community may be better equipped to do the work, but due to socio economic circumstances and opportunistic tour operators, they are sidelined from participating (WVW, 2007).

### *1.7.3 Exclusivity*

As volunteering in a foreign country requires money, time, and access to travel abroad, resources which are more accessible to people in the developed world, only certain individuals have the option to do it. A disproportionate number will be white, privately educated and from wealthy families. At the moment, the vast majority of volunteer vacation projects send people from North America and Europe to developing countries in Africa, South America, and Asia. This bears testimony to the fact that there is now a huge interest, among the young of the affluent West particularly, in the lives and struggles of communities across the globe (Bartham, 2006). This pertains not only to the individual level, but also at a national level. Managed volunteering in particular, requires stable infrastructure at both local and national level if it is to be effective. This is in order to provide support, training and management for volunteers in their activities and has proven to be an important factor in recruiting and retaining volunteers. Therefore, only certain countries will have the ability to send their citizens abroad to volunteer, representing exclusivity and marginalisation at the international level.

### *1.7.4 Exploitation and lack of regulation*

The greatest criticism of volunteer tourism is that the volunteers are generally regarded to benefit more from the experience than the individuals or communities which they are serving. The pre-packaged volunteer/holiday programmes, which are set to make a profit, do not always benefit the communities that they are operating in. Furthermore, these raise ethical

concerns as the settings often involve vulnerable populations or marginalised groups (Bartham, 2006; Blum, 2006; Ellis, 2007).

However, there has also been exploitation of the volunteers themselves, when some companies that offer gap-year volunteering, do so with little support or training for volunteers and charge large fees. Some volunteers report unrewarding placements and this may have as much to do with unscrupulous travel companies as with the students lacking the skills or resources to be effective in their placements (Klaushofer, 2000).

There is a general consensus in academic literature that certain projects may benefit more when the volunteers are from the community in which the work is to occur (Perold, Carapinha, and Mohamed, 2006). However, for volunteer tourists, it is noted that problems away from home can be more appealing to support than those close to home. The foreign volunteers may lack the social acumen and knowledge to participate meaningfully.

### *1.8 Volunteerism and HIV Vaccine Development*

#### *1.8.1 The Millennium Development Goals*

The eight Millennium Development Goals (MDGs) – which range from halving extreme poverty to halting the spread of HIV/AIDS and providing universal primary education, all by the target date of 2015 – form a blueprint agreed to by all the world's countries and the entire world's leading development institutions (Millennium Development Goals Report 2007).

One of the targets of the MDGs is to have halted and begun to reverse the spread of HIV/AIDS. According to the UN 2007 Report on the Millennium Development Goals, international prevention measures are failing to keep pace with the spread of HIV. Slight declines in HIV prevalence among young people were reported in eight of the 11 African countries surveyed. However, in general, prevention measures are failing to keep pace with the growth of the epidemic. In sub-Saharan Africa, correct and comprehensive knowledge among young people was lacking. This was further exacerbated by the stigma and discrimination that people living with HIV and AIDS face, leaving many young people discouraged from taking an HIV test and disclosing their status to sexual partners (Bearinger, Sieving, Ferguson, and Sharma, 2007; Buga, Amoko, and Ncayiyana, 1996; Cleland and Ali,

2006; de Irala and Alonso, 2006; Simbayi, Kalichman, Strebel, Cloete, Henda and Mqeketo, 2007).

### *1.8.2 SA Government's New Strategic plan for HIV/AIDS*

The South African government's expenditure on HIV and AIDS increased 5 fold between 2001 and 2004 (UNAIDS, 2006). The New Strategic Plan (NSP) was unveiled by the government earlier in 2007 as a response to the rapidly escalating HIV/AIDS crisis in South Africa. It was designed to guide a multi-sectoral response to the control of HIV, AIDS and sexually transmitted infections (STI's) in the period 2007 – 2011. The main authorities involved in the implementation of its policies and strategies are the provinces, local government, private sector and various community based organisations. This response indicates an understanding of the importance of multi-sectoral involvement. Such a programme delegates responsibility to all sectors in working towards effective prevention, treatment and care programmes, and in managing the widespread impact of HIV/AIDS (Bearinger et al., 2007; van Niekerk, 2007; Chesson, and Pinkerton, 2000; Department of Health, 2007; Dunkle, Jewkes, Brown, Gray, McIntyre and Harlow, 2004).

Four key priority areas were demarcated as 1) Prevention; 2) Treatment, care and support; 3) Human and legal rights and 4) Monitoring, research and surveillance. Goals for the NSP prevention strategy aim at the reduction of new HIV infections by 50%, as well as to reduce the impact of HIV on individuals, families, communities and society by expanding access to treatment, care and support to 80% of PLWHA. Another major aspect of the NSP involves targeted interventions aimed at the 15 – 24 age group (Dunkle et al., 2004; Gbesso, Decosas, Gnahoui-David and Sala-Diakanda, 2006). Behavioural interventions as well as VCT are to be promoted and encouraged as part of a multi-pronged approach to prevention of HIV incidence in this group (Jewkes, Dunkle, Nduna, Levin, Jama, Khuzwayo et al., 2006).

### *1.9 HIV Vaccine development*

An effective, safe and affordable vaccine remains one of the most promising long term solutions to containing the HIV epidemic and preventing the spread of HIV. This is becoming an increasingly important goal in prevention efforts and the fight against HIV/AIDS (Editorial, 2007; Kalichman, Simbayi, Kagee, Toefy, Jooste, Cain et al., 2006). A much more distant hope for HIV prevention is the development of an effective vaccine that

can offer long-term protection against the wide spectrum of HIV variants that exist. Despite the fact that there are now more than 30 vaccine candidates in clinical trials, and three of these are in advance stage testing (phase II and phase III); many obstacles still lie in the way of the development of a truly effective HIV preventive vaccine (Clarke, 2004; International AIDS Vaccine Initiative [IAVI], 2007; Jamison, Breman, and Measham, 2006; Kegeles, Johnson, Strauss, Ralston, Hays, Metzger, McLellan–Lernal and MacQueen, 2006).

The African AIDS Vaccine Programme (AAVP) in conjunction with the UNAIDS and WHO, is an African-based initiative dedicated to the development of a safe and efficient Vaccine specifically for use on the African continent. Countries involved such as Kenya, Uganda and Tanzania, have adopted a National Plan which provides an opportunity to build consensus on each country's strategies for scientific, ethical, legal and regulatory framework in support of HIV vaccine research and development. The South African AIDS Vaccine Initiative (SAAVI), in conjunction with various other partners such as the Medical Research Council (MRC) and the HIV and AIDS Vaccine Ethics Group (HAVEG), is engaged in the development, research and testing of a vaccine in South Africa. An important aspect of this research is dedicated to ensure that the highest ethical principles are adhered to and that volunteers are treated with care and respect (WHO, 2007; SAAVI, 2008).

HIV vaccine trials incorporate three phases. Phase I is a safety trial, where smaller numbers of low risk individuals who are HIV negative are recruited to volunteer to test the safety of the vaccine for human use. This phase usually lasts about 1 year. Phase II trials are then designed to test the body's immune response to the trial vaccine. This phase involves larger numbers of healthy, HIV negative volunteers that are relatively low risks candidates. Once this immunogenicity has been established, which takes about 5 years, Phase III can be commenced. Phase III also takes about 5 years. In this phase, an estimated number of two thousand HIV negative volunteers are recruited to test the efficacy of the trials vaccine substance. All spheres of risk are recruited in order to test whether the vaccine is efficient and does indeed protect people who are exposed to HIV from contracting it (IAVI, 2007; Stover, 2005).

Ultimately, even if an HIV preventive vaccine or microbicide were to be developed, they are unlikely to be 100% effective (Balzarini and Van Damme, 2007). This prospect, together with the knowledge that male circumcision offers only partial protection against HIV

infection (for males), means that the future of HIV prevention will involve combining new methods with existing approaches, such as condom use. The emerging truth is that no single approach alone will be able to stem the spread of HIV (Bailey, Moses and Parker, 2007; Gray, Kigozi, Serwadda, 2007; Kalichman, Eaton and Pinkerton, 2007; SAAVI, 2007; Williams, Lloyd-Smith and Gouws, 2006).

### *1.9.1 Need for volunteers*

For candidate vaccines to be developed, they need to be tested on healthy, HIV negative volunteers. Without such participants, it would not be possible to establish an effective, safe vaccine. In order to best recruit participants for such trials, it is essential to understand volunteer behaviour, what motivates and what hinders participation. This also includes ethical aspects of recruiting volunteers for biomedical research (Bass, 2004a; 2004b; Slack, and Kruger, 2005; Strode, Grant, Slack and Mushariwa, 2005).

A trial that was running in the USA and South Africa, deemed to have been the most promising candidate vaccine to date, has recently been cancelled. This vaccine was the first candidate substance to make it to such a large Phase II trial: more than 3000 HIV negative volunteers were involved after successful earlier stages. However, in September, preliminary analysis, based on interim data, showed that there was no statistical significance in the findings and the trial was halted. It was then discovered that participants receiving the candidate vaccine were testing positive for HIV in greater numbers than those who received a placebo (Forbes, 2007; Fox, 2007).

There is concern among experts that people might misinterpret that the vaccine itself infected trial participants with HIV, which could deter people from volunteering for future trials. Reluctance to participate for fear of HIV infection risk, or mistrust of researchers and research process, might jeopardise future trials (Fox, 2007; HealthDay, 2007; Rubenstein and Schoofs, 2007; Song, 2007).

“It was a little frightening to learn that the experiment might increase my risk...It's the last thing you would have expected from participating in the study...The reason I got into this study was to make a difference...If there is still something to be learned, I'm willing to continue...When I signed up, people were saying, 'Don't do it!'...Now they are looking at me and saying, 'I told you so.' I'm afraid this might affect people's participation in future

studies." - Male, 34, San Francisco, USA (Russel, 2007).

"If I had known this vaccine could diminish my overall immunity (to HIV), I definitely would not have signed up." - Male, 40, Seattle, USA (Paulson, 2007).

"I wanted to help find a way to combat this virus and I'm still committed to this study.... This is for the greater good. But my biggest concern now is not with my own status, but with how this may affect AIDS vaccine research in general." - Male, 37, Seattle, USA (Paulson, 2007).

Although it is impossible that they became HIV infected from the actual candidate vaccine, it appears that these individuals had certain immunity to the vector substance which rendered them more vulnerable to HIV infection. The vaccine carrier was a part of a (harmless) adenovirus, to which a number of the participants had pre-existing immunity. Thus, when exposed to HIV, these individuals were more susceptible to contracting it (HealthDay News, 2007; Timberg, 2007).

- Forty-nine of the 914 (5.4%) participants receiving the trial vaccine tested positive for HIV, compared to 33 of 922 (3.6%) participants who received the placebo.
- Individuals who had higher levels of pre-existing immunity to the adenovirus before vaccination were actually much more prone to developing HIV infection, compared to participants with low levels of immunity.
- Among 778 volunteers with a high level of pre-existing adenovirus immunity, 21 of those vaccinated are now HIV-positive, versus nine in the placebo arm of the trial.

Although there is no certainty that the vaccine actually heightened users' risk for HIV infection, or that the numbers of new infection are statistically significant, there is a noticeable enough trend that requires investigation. There is debate around whether to reveal to study participants whether they received the placebo or the vaccine. However, researchers in South Africa have already done so with the 801 study participants involved in this country, so as to inform them about whether they face increased risk (Timberg, 2007). Despite the

latest results, using a viral vector remains the most promising means to develop a safe and effective vaccine for HIV (HealthDay News, 2007; Timberg, 2007).

A significant outcome of this situation, however, relates to recruiting of participants to volunteer for subsequent trials. From a scientific aspect, potential participants will need to be screened for underlying immunity to the vector. Prevention of exposure to HIV and promotion of safe practises are ongoing factors. However, the anticipated repercussions of the publicity surrounding this are largely linked to the negative effect on public perceptions of such trials. Potential volunteers may now perceive the risks of participation as greater than they are which will negatively affect the numbers of individuals willing to volunteer. This in turn, will affect the success of trials, which rely on healthy, HIV negative volunteers to participate.

This is not the first attempt at HIV vaccine development to have failed. The Vaxgen AIDSvax trial in Thailand was withdrawn in 2003 after running for nearly 13 years. Preliminary data showed that it was not effective in preventing HIV infection. This was a huge blow to the development of a vaccine as the trial had already progressed to Phase III and had shown promise in the initial phases (BBC News online, 2003).



## Chapter 2: Volunteerism in General

### *2.1 Introduction*

The United Nations offers a broad definition of volunteering which refers to “contributions that individuals make as non-profit, non-wage, and non-career action for the well-being of their neighbours, and society at large” (Patel et al., 2007, p. 9). Included in the definition are mutual self-help and different forms of collective action concerned with social, economic, cultural, humanitarian and peacekeeping activities in which volunteering functions as a service (The Interparliamentary Council, 2001; United Nations, 2001 in Patel, 2007). Volunteerism exists as a spectrum from informal and occasional forms of volunteering at the one end, to increasingly formal, long-term, intensive volunteering or civic service at the other. These range from local, community-driven and -delivered endeavours, to international service provision.

### *2.2 Conceptualising volunteerism*

There are two categories of volunteering: managed and unmanaged. Unmanaged volunteering is the spontaneous and sporadic helping that takes place between individuals that are related or known to each other or in response to natural or man-made disasters. It is the dominant form of volunteering in many cultures. Managed volunteering tends to be more organised, regular and occurs through organizations in the non-profit, public, and private sectors (Patel et al., 2007; Perold et al., 2006).

Within a broad conceptual framework, there are three key defining characteristics of volunteering:

- 1) The activity should not be undertaken primarily for financial reward. The monetary reimbursement that people receive for the work should not be greater than the ‘market value’ of the work. Reimbursement for legitimate expenses incurred during volunteer activities is valid, as it ensures that people with limited financial resources are not excluded from volunteering.
- 2) The activity should be undertaken voluntarily, according to an individual’s own free-will. However, it is pertinent to recognise that people who volunteer are usually

under some pressure, either from their peers or from their own feelings of social obligation. However, situations of explicit coercion are excluded in this criterion.

- 3) The activity should be of benefit to someone other than the volunteer, or to society at large (although it is recognized that volunteering brings significant benefit to the volunteer as well).

These three criteria incorporate the wide range of volunteering to conceptualise volunteering as more than just organised activity that involves a substantial, regular, and long-term commitment. There is a vast amount of unmanaged, sporadic and spontaneous volunteering and mutual aid that is also recognised.

### *2.3 The four types of volunteering*

By applying the above criteria to the myriad activities that make up volunteering, it has been possible to propose four basic types of voluntary activity. Each of the types of volunteering listed below can fall into either the managed or unmanaged categories. There is a considerable overlap between these definitions provided by Patel et al. (2007).

#### *2.3.1 Mutual aid/ self-help*

This is the dominant system of social and economic support in many parts of the world, especially in the developing world. Collectivistic cultures and traditions ensure that vital resources are provided for and managed within the communities where these are scarce. In developed countries, mutual aid can be recognised in organisations that are established by groups of people affected by the same problem, such as unemployment or specific illness.

#### *2.3.2 Philanthropy or service to others*

People give service to the community as a whole, rather than to a specific group to which they themselves belong. Non-profit and statutory organisations carry out much of this volunteer work. This kind of volunteering is more prevalent in countries where such organisations proliferate, mostly the developed world.

### *2.3.3 Campaigning and advocacy*

Volunteering occurs as a result of desire for social change or justice. Advocacy and activism mark this kind of volunteering, and with the globalisation and information technology, this can supersede geographic boundaries.

### *2.3.4 Participation and self-governance*

Volunteers become involved in processes of governance, such as committee members of community projects or local representatives in governing bodies, or as consultants to their community committees. This type of volunteering is mostly found in developed countries where there is a strong tradition of civic society.

## *2.7 The growth of the volunteer sector*

The social entity between the market and the state has, in recent years, witnessed a considerable surge of interest throughout the world. Known variously as the “volunteer,” the “non-profit,” the “civil society,” the “NGO,” or the “charitable” sector, this entity incorporates a diversity of institutions from hospitals, health clinics and human rights organizations, to universities, social clubs and professional organizations to grassroots development organizations, environmental groups and community associations. Although they are very diverse, these bodies share important common features that identify them as part of a distinctive social ‘sector’: they are private, non-governmental, and are expected to serve a public or common purpose without profit-making. They embody a commitment to freedom and personal initiative, with the incentive that people have by right, the autonomy to improve the quality of their own lives or the lives of persons they care about. This is juxtaposed with the idea that people have the responsibility to their community, an emphasis on solidarity with others. These dynamics can also be recognised as the basic premise underlying volunteer activity (Salamon et al., 2007).

## *2.8 The importance of the volunteer workforce*

Civil society organizations play a major role in mobilization of volunteer effort. Of the 39.5 million FTE<sup>1</sup> civil society workers, approximately 16.8 million, or 43 percent, are volunteers. In fact, since most volunteers work only a few hours a week, the actual number of people volunteering for civil society organizations in 35 reported countries exceeds 190 million. This represents over 20% of the adult population in these countries (Salamon et al., 2007).

### *2.9.1 International Volunteer Programmes in South Africa*

The United Nations Volunteers (UNV) programme has been operating in South Africa since 1994. A number of initiatives have been implemented to assist the Government in its mandate to improve the social and economic conditions of the poor and traditionally excluded members of society. There are currently eight UN Volunteers serving in South Africa, all of whom are professionals, working on rural development and capacity building in various sectors from health and human rights to business and statistics. Of these, 3 are South Africans. Internationally, there are four South Africans officially volunteering with the United Nations Volunteers Programme. These individuals are skilled professionals who are contributing their expertise and knowledge to growth and development and humanitarian issues (UNV, 2003)

In South Africa, the recruitment of over 5000 volunteers during the UN World Symposium on Sustainable Development (held in Johannesburg in 2002) created an awareness of volunteering and what it entails, as well as fostering an understanding that volunteering involves making a difference in one's country and community. Most of these volunteers were young adults and students, who reported motivation to advance volunteerism in their communities. This demonstrates how groups of volunteers act as catalysts to multiply the impact of volunteer action, and how international organisations and events can create these opportunities (UNV, 2007).

The South African government designated 2002 as the year of the volunteer in South Africa in continuation with the 2001 UN International Year of Volunteers. The focus was on

---

<sup>1</sup> *Full-time Equivalent* (FTE), i.e. an organization that employs 20 half-time workers would have the same number of "full-time-equivalent" workers as an organization that employs 10 people full-time (Salamon et al., 2007).

promoting the value of volunteerism and contribution that volunteers make to society. This culminated in the institution of the Volunteer South Africa organisation to promote and mobilise volunteerism in the country. Financial support is being sought from government and international aid agencies to cover the operational cost and to strengthen established provincial structures.

In 2002, the South African Minister of Social Development, Zola Skweyiya, reiterated the importance of building, strengthening, rewarding voluntarism in South Africa. In recognizing the contributions of volunteers, the government's commitment to strengthen volunteering was voiced. A University of Johannesburg (Wits) School of Public Management study (2002) indicated that 43% of the workforce in the non-profit sector is made up of volunteers, making an annual contribution of 5.1 billion Rand to national output (UNV, 2007).

#### *2.10 Volunteering for sustainable development*

Sustainable development requires people's active, reciprocal engagement. Inclusion, participation and a sense of ownership, lead to solidarity and social cohesion, necessary for real capacity development. The goals of economic and social development cannot be obtained without the participation of ordinary people who are willing to involve themselves as volunteers. An example in the literature is that of the Global Polio Eradication initiative in 2000, in which 10 million people volunteered within their communities with the worldwide immunisation of 550 million children. The contribution in terms of time and money made by volunteers is estimated to be more than US\$10 billion which is far beyond the reach of governments, NGO's and INGO's. However, more importantly, volunteering led to capacity development as volunteers who received health training could now be used in future efforts (UNV, 2007; VSO, 2006; WWV, 2006, 2007).

In many parts of the world there is a commonly held (mis)perception that that volunteerism for development is all about young, inexperienced people. Most developed countries recognize the critical role of volunteer action in their own societies and extend direct support accordingly. It is still a challenge for international organisations to impress the importance of the developed world to support volunteerism and volunteer action in developing countries,

and include this into their aid programmes. Effective advocacy for volunteerism at local, national and international levels is critical.

	<b>Millenium Development Goal</b>	<b>UN Volunteer Organisation Strategy</b>
1	Eradicate extreme poverty and hunger	Community level work with a range of development partners, focus on building local capacity, fostering ownership and participation, and strengthening existing voluntary action.
2	Achieve universal primary education	Partnership with local volunteer-involving organizations to address issues relating to enrolment, school dropouts and low literacy rates. Strengthen the capacity of institutions, teachers and other professionals to deliver effective educational services.
3	Promote gender equality and empower women	Provide practical support to women's groups in areas such as literacy, effective management, financial systems, micro-credit, and income generation.
4	Reduce Child Mortality	Promotion of public health care policy, strengthening institutional capacity for effective service delivery, fostering community participation and ownership, and raising awareness on critical health issues.
5	Improve Maternal Health	
6	Combat HIV/AIDS, Malaria, and other diseases	
7	Ensure environmental sustainability	Strengthen local capacity to ensure the sustainable use of, and equitable access to, natural resources. Provision of technical expertise in water and sanitation, support of efforts to generate income in an environmentally sustainable manner, and engagement in activities such as environmental awareness campaigns and education programmes.
8	Develop global partnerships for development	Establish business-community programmes targeting grassroots communities. Active encouragement of corporate volunteering, whereby private sector companies extend the services of their employees, free of charge, to community-focused development initiatives

**Table 1. UN Volunteer Organisation strategy for achieving Millennium Development Goals**

Source: UNV, 2007.

The importance of making volunteerism more visible in order to garner support has been recognised in new strategic efforts to measure volunteer contributions in financial and economic terms. This is hoped to foster enabling environments for volunteer activity, and to be put onto the agenda of policy makers (UNV, 2004). The importance of volunteers as a workforce are outlined as a part of achieving the Millennium Development Goals (see Table 1 above).

Pro-volunteer policies and legislation in developing countries are regarded as positive indicators for reduction of poverty and corruption as well as increasing investment and debt relief. This is regarded as vital in the efforts to bring about sustainable development and revitalize economic activity on the African continent. Volunteer action was placed as the fourth cornerstones of sustainable development, in addition to economic growth, environmental protection and social development, at the 2002 World Summit on Sustainable Development (Asante-Ntimoah and Nyberg, 2002).

Many regard the mutual aid and self-help phenomenon observed amongst Africans, as volunteerism that is embedded in culture and tradition. In South Africa, volunteers also contribute to the social and economic development through their involvement in community work. Volunteers constitute a large part of the NGO corps involved in HIV/AIDS-related work. A study by the School of Public Administration at the University of the Witwatersrand, reported that volunteers do 43 % of the work in the non-profit sector, contributing ZAR5.1 billion per annum to the national output (Perold et al., 2006).

The establishment of an African Volunteers Corps was recommended at a 2002 Year of the Volunteer symposium. This entity was created to facilitate hands-on, community-level sustainable development, through nurturing local forms of volunteerism. Increased support from government in the forms of research, infrastructure and promotion of volunteering was called for, as well as greater private sector investment. In South Africa, President Thabo Mbeki advocated to strengthen volunteerism through the Letsema (volunteerism) Programme to encourage individuals and the private sector to contribute to the socio-economic development of the country through volunteer action (Perold, et al., 2006).

### *2.11 Volunteerism in developing countries*

In recent years, the civil society sector in the developing and transitional countries in Africa, South Asia, the Middle East, Latin America, and Central Europe has become stronger (Asante-Ntiamoah and Nyberg,2002). However, these regions still constitute a smaller part of the world's economically active population that is engaged in volunteer activity. A reason for this may be that these societies operate according to informal, traditional forms of social assistance such as through clan and family relationships rather than through formal volunteer organizations. Another aspect cited in the literature is the possibility that authoritarian states

and politically fragile regimes, common to the developing world, often perceive their social and political status quo as threatened by independent organizations, and thus limit their development. An additional reason for the slower growth in volunteerism is that most civil society organisations rely on public sector funding, however, in these regions, the urban middle class population that would contribute financially is still emerging, and there are large numbers of marginalized rural poor. In the developing regions, governments contribute on average only 25% of the revenue that the volunteer sector needs to operate (Patel et al., 2007).

#### *2.11.1 Southern Africa*

However, in South Africa, the civil society sector has experienced growth beyond that of its regional counterparts. Here, as much as 3.4 percent of the economically active population is engaged in activity in the civil society sector. Volunteers comprise over half of this workforce, reflecting the strong collectivistic traditions that characterize the region. Some countries like Kenya and Malawi in Southern and Eastern Africa have also made a notable effort in growing the volunteer sector (UNV, 2007).

The nature of involvement of volunteers in sub-Saharan Africa is significant. Nearly 60% of the volunteer work is dedicated through development organisations orientated around empowerment and advocacy. Hypotheses link this to the political and colonial past of the region. However, despite variations in size, composition, and financing, civil society organisations and their volunteer workforce are becoming a significant presence in this part of the developing world (UNV, 2007).

#### *2.11.2 Description of volunteerism in developing countries*

The commonly held belief in much of the literature on volunteerism is that volunteers tend to come from more privileged socio-economic and educational backgrounds and that there is a strong correlation between social class and volunteering (Bittman and Doyle, 2002; Flick, Reisch and Wenocur, 1984; Voicu and Voicu, 2003 in Patel et al., 2007). A five-country study (Patel et al., 2007; Perold et al., 2006) of volunteerism in Southern Africa indicated a trend to the contrary. In traditional African societies, volunteerism is rooted in culture, and regarded as an expression of communalism to benefit the common good (Thupayagale and Rampa, 2005 in Patel et al., 2007). The majority of the volunteers observed in the study came from underprivileged backgrounds and served in their own communities. This may be



in line with the observation that, in recent years, a new phenomenon has emerged whereby 'excluded' people are increasingly becoming more active in developing and uplifting their quality of life and that of their communities. The study found that women tend to be more involved in social care and social services type of volunteer work, whereas men tend more to be involved in skilled or manual labour, committee work or decision-making activities (Anheier and Salamon, 1999; Bacon, 2002; Moleni and Gallagher, 2006; Nthara, 2004 in Patel et al., 2007).

### *2.11.3 Volunteer profiles in developing countries*

A study of 5 countries in Southern Africa (Patel et al., 2007; Perold et al., 2006) found that volunteers are mainly adult women, with a low socio-economic status, who originate from the communities in which they volunteer. They tend to be poor and vulnerable themselves. The ages of volunteers differ by programme type, with HIV/AIDS programmes favouring more mature women who can cope with the care-giving roles that reflect traditional gender norms and stereotyping (e.g. home-based care and orphan care). Younger people favour youth service programmes. Youth participation is strong where there is a prevalence of youth service programmes, but also where there is unemployment (Patel et al., 2007; Perold et al., 2006).

### *2.11.4 Volunteer activity in South Africa*

Civic service and volunteering in South Africa take many forms and embody diverse meanings because of the unique political history. Various systems of informal care and volunteer initiatives exist in communities throughout the South Africa, particularly in the context of HIV and AIDS. Perold et al. (2006) identify three types of volunteer activity in South Africa:

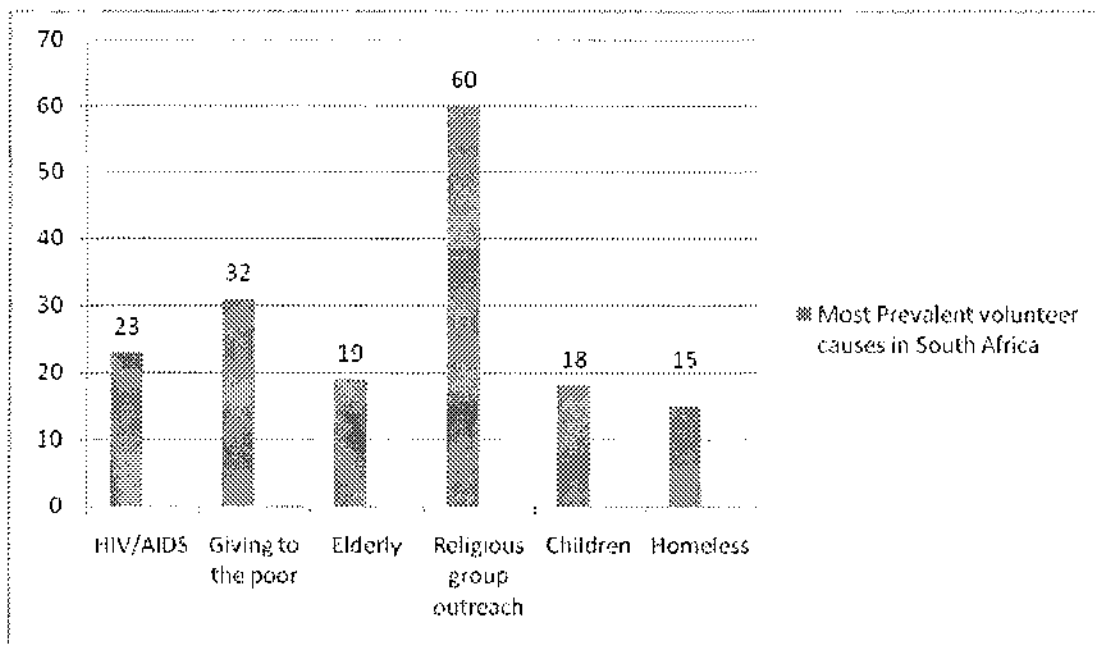
- 1) Mainly free and voluntary activity through which humanitarian assistance or relief is provided to the needy;
- 2) Activities undertaken in the service of a greater cause, or ideal;
- 3) Professional activities in a structured relationship where expert service is provided for a fee (e.g. community service for newly qualified health care professionals).

Volunteerism takes place in a variety of sectors, through diverse activities and in various forms. There are volunteers in the human and social services, education, health, community

development, employment or economic development, cultural integration, environmental protection, peacekeeping and human rights sectors. The activities of, and contributions made by volunteers will vary according to the context within which volunteerism takes place. Finally, there are various forms of volunteerism: national youth service, social and disaster relief, emergency services, advocacy, community service through community-based organisations and community service as a requirement for professional registration (Patel, 2003 in Perold et al., 2006).

The variations in types of volunteer work, and who does the volunteer work, are determined by the rationales, purposes and resources of groups, institutions or individuals. This can differ quite substantially in a heterogeneous society which shares a complex political and social past. There are a wide range of beliefs, assumptions and interests involved, which can also influence the nature and setting of the volunteer work. Patel et al. (2007) argue that the choices made about what kind of volunteer work is carried out, and where, are thus essentially political. In South Africa, Indian and African women from poorer communities are the most likely to volunteer. Religious reasons underlie almost two-thirds of volunteers' activities. Assisting the poor and support of HIV/AIDS sufferers are the most common sites of commitment for volunteers (Patel et al., 2007; Perold et al., 2006).

Volunteers often give their time to more than one cause. In South Africa, the most prevalent causes for volunteers are depicted in the graph below.



**Figure 1. Most prevalent areas of volunteer activity in South Africa**

Source: Perold et al. (2006)

### *2.12 Factors affecting volunteerism in RSA*

The studies by Patel et al. (2007) and Perold et al. (2006) suggest that the number of volunteering programmes in both public and private sector are on the increase in South Africa. This may reflect a growing awareness of the concept of volunteering among South African communities. The study also identifies that volunteering plays an important role in skills development for employment, which many school leavers feel are inadequately provided by the education system. Several factors identified as hindrances to service and volunteering in the country include lack of sufficient resources allocated to developing programmes and training volunteers. Furthermore, it is argued that young people have become complacent or apathetic about activism for social change. There is reference to the “spirit of the youth” that prevailed during the struggle against apartheid (Perold et al., 2006, p. 55).

Other difficulties faced by volunteers include the constraints of poverty and high unemployment as well as perceptions (among men) that volunteering is for women. The stigma surrounding the HIV and AID pandemic also discourages volunteers from getting involved, or if they do, preliminary research shows that high stress levels caused by working

closely with terminally ill people may lead to volunteers dropping out of home and community-based care support programmes. The data suggest that while South Africa features a widely diverse voluntary sector, much of the volunteering tends to function independently. Flexibility and diversity in volunteering provides more opportunities for people to get involved.

#### *2.12.1 Youth Volunteerism in South Africa*

The South African Student Volunteers Organisation (SASVO) has been engaged in student-driven development throughout the Southern African region since 1998. SASVO is one of South Africa's largest volunteer organizations and is a joint venture of the Centre for Human Rights and the Centre for Study of AIDS at the University of Pretoria, in partnership with the United Nations Volunteers (UNV). SASVO's mission is to empower people at the grass roots level to contribute to improving their own quality of life. They seek to promote volunteerism among South Africa's students, who have worked to implement small-scale projects during holiday work camps in rural areas across Southern Africa. The activities have ranged from construction of new classrooms, renovations of schools and assistance in the construction of community centres. Apart from manual labour, students have also been involved in conducting training programmes in human rights, HIV/AIDS community awareness, and environmental sanitation (South African Student Volunteers Organisation [SASVO], 2007; UNV, 2007).

SASVO maintains that individuals who volunteer in their own country have the advantage of understanding the social and political and historical context, affording a better understanding of issues. They are also better able to identify with the people they work with, be part of the community and are less likely to face language and cultural barriers. This translates into better facilitation of projects and greater involvement. Young adults and students are recognised as a reservoir of untapped potential volunteers, seen as key contributors to development, especially in assisting rural communities and organisations realise the Millennium Development Goals (SASVO, 2007; UNV, 2007).

## Chapter 3: Theoretical Perspectives on Volunteerism

### *3.1 Introduction*

Theoretical perspectives on volunteerism initially branched off from theories on pro-social or helping behaviour. However it became apparent that the mechanisms involved in spontaneous, once-off helping differed from that of planned, long-term, sustained behaviour such as volunteerism (Penner 2002). Volunteering differs from interpersonal helping in many ways, but the most important of these is that, relative to interpersonal helping, volunteering is less likely to result from a sense of personal obligation (Omoto and Snyder 1995). Most acts of interpersonal helping involve a sense of personal obligation to a particular person, volunteering, however, is typically not motivated by such considerations. Because of this aspect of volunteering and the fact that it usually begins with a thoughtful decision to join and contribute to an organization, research on the reasons why people volunteer has taken a very different stance to research on interpersonal helping.

Theoretical perspectives on volunteerism in the 1980s and 1990s focused on the underlying mechanisms for prosocial or helping behaviour. The general principles of learning theory, particularly conditioning and social learning were applied to volunteering at this time, to understand how helping skills were acquired and how they translated into volunteering activity. The main focus was on the influence of developmental and socialisation factors (Eisenberg and Fabes, 1991; Grusec et al., 2002; Staub, 2002 in Penner et al., 2005).

Another perspective at this time was orientated around social and personal norms. The emphasis was on how norms of social responsibility and reciprocity influence behaviour: People strive to maintain positive self-images or achieve their ideals and fulfil personal needs, which promotes helping behaviour (Dovidio, 1984, and Schwartz and Howard 1982 in Penner, 2005; Omoto and Snyder, 1995; Snyder and Omoto, 1992). This perspective contributed to the shift in emphasis from spontaneous, single-encounter helping to longer term, sustained prosocial behaviour such as volunteering.

The role of emotion in prosocial action has been recognised in theoretical approaches exploring arousal and affect. The hypothesis is that empathic arousal is fundamental to many kinds of helping and the mechanisms of how it engages people in helping behaviour are

complex (Davis, 1994; Eisenberg and Fabes, 1991 in Penner et al., 2005). Empathic arousal may produce different emotions in different individuals depending on the individual and the situation. Situations which arouse feelings of distress, guilt or sadness may produce egotistically motivated helping behaviour, whereby the individual is motivated to act in order to relieve their own negative emotional state (Batson, 1991; Cialdini et al., 1997; Piliavin et al., 1981 in Penner et al., 2005) Situations which arouse empathic concern (feeling sympathy and compassion) are more likely to engage altruistic helping behaviour where the motivation is to improve the welfare of the person in need (Batson, 1991 in Penner et al., 2005).

### *3.2 Motivations for Volunteering*

Volunteerism may involve multiple motives. The underlying theoretical assumptions are that people are motivated to behave in ways that either help them attain some goal to improve their own situation (egoistic motivation) or the welfare of another person (altruistic motivation).

#### *3.2.1 Altruism*

Theories emphasizing altruism suggest that volunteers act primarily to help others irrespective of personal benefits (Marotta and Nashman, 1998; Martin, 1994 in Ferrari and Bristow, 2005). Various social, developmental, evolutionary and neurobiological theories claim to elucidate the phenomenon of altruism. Social psychological theories, for example, suggest that under certain conditions, people are motivated to help others in order to alleviate a negative emotional state, such as sadness or distress. According to the negative state relief hypothesis (Cialdini, Darby, and Vincent, 1973 in Sprecher and Fehr, 2006), people can feel good when focusing on another, which can reduce pre-existing distress. More generally, a social exchange perspective or cost-benefit analysis (Dovidio, Piliavin, Gaerther, Schroeder, and Clark, 1991 in Sprecher and Fehr, 2006) would suggest that people engage in pro-social emotions and behaviours when it is rewarding to do so. The rewards may be an increase in self-esteem and an enhancement of good mood. There are also long-term benefits to the self of helping others (Mills and Clark, 1994 in Sprecher and Fehr, 2006; Post, 2005).

Post (2005) regards altruism as a motivational state with the ultimate goal of enhancing another's welfare. The welfare of oneself (self-fulfilment) and of others (self-sacrifice) is viewed by Post (2005) as inseparable and interrelated components of the healthy human

personality in a healthy environment. A strong correlation exists between the well-being, happiness, health, and longevity of people who are emotionally and behaviourally compassionate, so long as they are not overwhelmed by helping (Post, 2005; Post, Underwood, Schloss, and Hurlbut, 2002). Various research studies indicate that giving to others is associated with life satisfaction, happiness, and self-esteem (Caprara and Steca, 2005; Penner, Dovidio, Piliavin and Schroeder, 2005; Simmons, 1991 in Sprecher and Fehr, 2006).

Traits shared by altruistic people include an awareness of the complexity and interrelatedness of human problems, philanthropic work as an integral part of life and an ability to use negative emotions like anger, sorrow, and other negative emotions as catalysts to act in the interest of others. Along with charity and compassion, altruistic people are also motivated by anger, ambition and personal issues to help others. An awareness of their own limitations is also used as a motivator for helping behaviour (Paul, 1998). A large part of research on altruism explores the positive consequences of altruistic action for the individual who is engaged in it. Altruism enhances self-esteem, caring for others creates a sense of self-competence that contributes to fulfilment and meaning in life (Post, 2005; Post et al., 2002). For adolescents the same is true, Magen (1996, cited in Post, 2005) relates that adolescents who identify their primary motive as helping others are happier than those who lack such motives. The link between happiness and helping, however, is correlational, not causal.

While most research attention focused on egoistic aspects of helping others, many researchers pointed out the importance of examining altruistic motivations. Research (Allen and Rushton, 1983; Anderson and Moore, 1978; Batson, 1991; Serow, 1991 and Wakefield, 1993 in Bristow and Ferrari, 2005) has consistently shown that students are motivated more by altruism and the desire to be useful in their community than egoistic motives in their volunteer behaviour. Monroe (1996, in Marsh, 2004) concludes that at the heart of altruism, is an 'altruistic perspective', which is a common perception among altruists that they are strongly linked to others through a shared humanity.

Researchers at the International Committee of the Red Cross (ICRC) and Harvard University (Briton and Leaning, 2000, in Marsh, 2004) exploring motives for altruistic behaviour have identified four main factors associated with altruism and compassion: feelings of self-efficacy, a desire for reciprocity, a sense of group affiliation, and a wish to reclaim one's

moral identity. Oliner and Oliner (1988, in Marsh, 2004) who conducted extensive interviews with 406 rescuers of Jews during the Holocaust, 126 non-rescuers who lived in Nazi Europe, and 150 Holocaust survivors, conclude that rescuers were not likely to be motivated by concerns with self, external approval, or achievement. Rather their actions reflected their heightened capacity for extensive relationships—their stronger sense of attachment to others and their feelings of responsibility for the welfare of others, which had often been instilled in them from childhood. These findings were reiterated by an extensive sociological study (Wilson, 2000, in Penner, 2005) which similarly found that people are more likely to volunteer and commit more strongly to these activities if their parents have also been volunteers (Piliavin, 2004 and Sundeen and Raskoff, 1995, in Penner 2005).

### *3.2.2 Functional Analysis*

Clary et al. (1998) hypothesise that volunteering potentially serves certain functions and tried to understand what motivates and sustains voluntary helping behaviour. Applied to volunteer behaviour, the core proposition of this theoretical framework is that acts of volunteerism, although appearing to be similar on the surface, may reflect markedly different underlying motivational processes (Clary et al., 1998; Clary and Snyder, 1991; 1995, 1999; Clary, Snyder and Ridge, 1992; Clary, Snyder and Stukas, 2000 in Houle, Sagarin and Kaplan, 2005).

#### *1) Values.*

Volunteerism provides an opportunity for individuals to express values related to altruistic and humanitarian concern for others. These values are often characteristic of those who volunteer, distinguish volunteers from non volunteers, and predict whether volunteers complete their expected period of service (Clary et al., 1998).

#### *2) Understanding.*

Individuals volunteer so that they can be exposed to new learning experiences and also because it provides an opportunity to exercise and apply knowledge, skills, and abilities that might otherwise go unpractised. When volunteers are motivated by an understanding function, they view the volunteer work as a learning and self-development experience, and generally expect to receive benefits related to self-development, learning, and adding variety to life through the work.



### 3) *Social.*

Strong normative or social pressure may also motivate individuals to volunteer. Volunteer work may be undertaken to form relationships with others or to get along with others in the peer/reference group. Volunteering may also offer opportunities to be with one's friends or to engage in an activity viewed favourably by important others. This motivation involves external social motives and is seen as a need to respond to the expectations of others.

### 4) *Career.*

For some volunteers, the primary motive for their involvement may be the perceived career-related benefits. Volunteer work may be a means of preparing for a new career, gaining experience in a certain career field, or of maintaining career-relevant skills. There are also anticipated benefits of gaining knowledge and experience, increasing job prospects in a certain field. Volunteer work is seen as a 'stepping stone' to employment or to further study. Bristow and Ferrari (2005) explored egoistic models, which propose that self-centred motives such as seeking personal satisfaction or growth of skills underlie volunteer behaviour.

### 5) *Protective.*

Another function that may be served by volunteer behaviour relates to processes associated with the functioning of the ego. Volunteerism may serve to reduce guilt over being more fortunate than others, or may offer escape from personal problems. Frisch and Gerard (1981, cited in Clary et al., 1998) found that some Red Cross volunteers reported that they volunteer to escape from negative feelings. Similarly, studies done by Schwartz (1970, cited in Houle et al., 1997) found support for this protective function of volunteering: where salience of a personal responsibility towards others was high, there was a greater level of commitment to volunteer.

### 6) *Enhancement.*

Volunteerism can serve to enhance one's self-esteem, self confidence and provide an avenue for self-improvement. Research on volunteerism has found evidence of positive strivings, where individuals report that they volunteer for reasons of personal development or obtain satisfaction related to personal growth and self-esteem from the activity. The enhancement function focuses on growth and development and positive strivings of the ego, in contrast to

the protective function's concern with eliminating negative aspects surrounding the ego (Clary et al., 1998).

A study by Houle et al. (2005) similarly found that certain volunteer tasks serve different functions for different individuals, and that individuals prefer tasks that match their volunteer motives. The essential message of the functional perspective is that it encourages us to consider a wide range of personal and social motivations that promote this form of sustained helping behaviour (Katz, 1960; Smith et al., 1956 in Clary et al., 1998).

### *3.3 Other factors that influence volunteer behaviour*

#### *3.3.1 The setting*

Stewart and Weinstein (1997) found that the setting is important in predicting participation. They maintain that motivations for participation become meaningful in relation to the nature of involvement offered by the setting. The type of person who is attracted to a certain setting is more likely to be motivated by incentives particular to that setting. Further and significant differences in settings were found in the characteristics of setting inhabitants; that is, who is attracted to each of the settings. The young traveller, for example, was more likely to want to volunteer in a setting that involves travel and difference.

Research by Stewart and Weinstein (1997) and Clary et al. (1998) cites a combination of supra-personal (e.g., altruism or civic duty) with interpersonal (e.g., group identification or social interactions) motivations, are the best predictors of volunteering. Material benefits (e.g., skills acquisition) are seen as an additional factor. However, the authors postulate that differences in findings of what motivates individuals are probably attributable to differences in the various settings in which volunteerism takes place (Stewart and Weinstein, 1997).

#### *3.3.2 Religion*

Wilson (2000, in Penner, 2005) also found that among both youths and adults, there is a positive association between affiliation with some religions and being a volunteer. Although volunteering for one's church, synagogue, or mosque is the most common form of volunteering (in the United States), people who identify more strongly with an organized religion also have a higher incidence of other types of volunteer activities (Lam, 2002; Reed

and Selbee, 2000 and Uslaner, 2002 in Penner, 2005; Penner, 2002 and Piliavin, 2004 in Penner, 2005).

### *3.3.3 Socioeconomic status*

Volunteering is also strongly associated with level of education and income (Penner, 2005). One possible explanation of these findings is that better educated, wealthier people have more free time to donate because they are less constrained financially (Wilson and Musick, 1997 in Penner, 2005). This is supported by research that shows that in Canada, the US and the UK, volunteerism is substantially more common among employed individuals (The UK Home Office, 2005). This is attributed to factors such as increased awareness of the problems of others, greater empathy for distress in others and perhaps, a greater sense of self efficacy (Independent Sector, 2002, Institute for Volunteering Research, 1997, Reed and Selbee, 2000, Volunteering Australia, 2003 in Penner et al., 2005; Wilson 2000). This is directly opposite to what has been found in South Africa, however, where studies have shown that the highest level of volunteerism occurs among the socio-economically disadvantaged communities (Patel et al., 2007; Perold et al., 2006).

### *3.3.4 Gender*

Gender is also related to volunteering. In the US, women are somewhat more likely to be volunteers than are men (Independent Sector, 2002, Reed and Selbee, 2000 in Penner et al., 2005), although this difference is not found in Europe or Australia (Volunteering Australia, 2003, Wilson, 2000 in Penner et al., 2005). However, across these specific locations there are sex differences in the kinds of work volunteers do. This resonates with some of the literature on volunteerism in South Africa which similarly finds that women are more involved, but less likely in leadership positions (Wilson 2000; Patel et al., 2007; Perold et al., 2006).

## *3.4 Maintenance of volunteering*

Two major theoretical models of what factors sustain volunteer activity over time that have been developed are the volunteer process model and the role identity model.

### *3.4.1 The volunteer Process Model*

The volunteer process model proposed by Snyder and Omoto (1992; Omoto and Snyder, 1995) regards sustained volunteerism as being primarily determined by the extent to which

there is a match between the motives or needs that originally led the person to volunteer and that person's actual experiences as a volunteer. Initial motives claimed by volunteers are other-oriented or prosocial. However, volunteering can also be motivated by more selfish motives, related to career advancement or developing of social relationships (Clary et al. 1998; Clary and Snyder 1999).

Omoto and Snyder's (1995) model also speculates that intrapersonal variables such as prosocial dispositions, personal motives and satisfaction with the volunteer experience play important roles in sustained volunteering. Social and organizational support are critical factors in sustaining volunteer activity (Kiviniemi et al., 2002; Penner and Finkelstein, 1998; Vecina, 2001 in Penner et al., 2005).

#### *3.4.2 The role identity model*

Piliavin, Grube and Callero (2002, cited in Penner et al., 2005) propose a role identity model which is concerned with social roles and the social context in which volunteering occurs. The two key constructs are perceived expectations (i.e. beliefs about how significant others feel about the person's behaviour) and role identity (i.e. the extent to which a particular role, being a volunteer, becomes part of the person's personal identity). This model hypothesises that perceived expectations lead to becoming a volunteer, but that actual experiences of volunteering, facilitates the development of a volunteer identity. Grube and Piliavin (2000) and Penner and Finkelstein (1998, cited in Penner et al., 2005) found that a volunteer role identity was significantly associated with intentions to continue volunteering.

#### *3.5 Motivations for adolescent and young adult volunteers*

Motivations behind volunteering have been found to be much the same for adolescents and young adults as for adults (Kirkpatrick Johnson, Beebe, Mortimer and Snyder, 1998). Volunteering is not purely an expression of prosocial tendencies, but may also be an action intended to meet an instrumental need. There may be multiple motivations underlying the complex behaviour of volunteering, which echoes theoretical perspectives explored above (Clary et al., 1998; Chou, 1998; Atkins et al., 2005). Gaining experience, feelings of social responsibility, social contact, response to expectations of others, social approval and expecting future reward or recognition were listed as factors that influence volunteer behaviour. Adolescents are mostly influenced by needs for socialisation (prosocial

behaviour), self-actualisation (affirmation) and relatedness. Personal growth and personal competency needs also featured as motivators for this volunteer age-group (Clary et al. 1998; Francies, 1982 in Schondel and Boehm, 2000). Of interest is what makes young adults choose to volunteer their time and energy to help others during this period of their life.

Three major categories to explore motivators for adolescent and young adult volunteering were defined by Schondel and Boehm (2000) as 1) social, 2) egoistic, and 3) altruistic.

### *3.5.1 Social*

Social networking and participation in extracurricular activities can also be associated with altruistic behaviour during adolescence, with most volunteering done within the context of social organizations such as teams, clubs and religious groups. Social organizations offer opportunities to volunteer, as proposed in the social network theory behind volunteering: that those who are affiliated through social memberships are more likely to volunteer. This is enhanced by supportive parenting or by a cohesive, harmonious family environment, which implicitly provide positive modelling. Peer and teacher encouragement to join social groups that engage in altruistic activities are also seen to have a positive motivating influence on volunteerism. Parents with higher levels of education were also more likely to promote volunteering in their children. (Atkins et al., 2005; Chou, 1998)

Motivational needs of adolescent volunteers as identified by Schondel and Boehm (2000) were that the task was seen as important, was seen as enjoyable and interesting and that the volunteers had a good supervisor or leader. This research reiterated the findings of Atkins et al. (2005), Clary et al. (1998) and Chou (1998) that personal satisfaction, duty to society, altruism, concern for others and socialising were primary motivating factors.

### *3.5.2 Egoistic*

Fitch (1980, cited in Schondel and Boehm, 2000) described primarily egoistic motivations for college student volunteers. These revolve around career, esteem, reward, respect and fulfilment. With career as a motivator, the primary objective behind volunteering is to develop skills and to build a resume for future employers. In some cases, the volunteer work becomes a new career path, allowing for volunteer work to serve as an internship or career trial. Volunteering through this motivation has been likened to a new form of career exploration using the community to learn (Schondel and Boehm, 2000).

The volunteers described service work as a way to feeling better about themselves (Fitch, 1980 in Schondel and Boehm, 2000). Egoistic motivations included satisfaction in helping others, meeting people, friendships made, and a hope that someone would help the volunteer in similar circumstances. Reciprocal social exchange was also a motivator in this category. In giving service, the volunteer received insight and awareness of their own problems and those of other. Volunteers report that having fun through the process of volunteering gave them a sense of fulfilment and vicarious enjoyment through their constituents' fun. Although this was especially through work with children, there was an element of fun entering other types of volunteer work too. Volunteers also reported that they had to learn to accept their limitations in the face of the types of problems they encountered. The learning described is a by-product of involvement and is seen as a form of egoistic motivation (Schondel and Boehm, 2000).

### *3.5.3 Altruistic*

Altruistic motivations included concern for others less fortunate and an inner sense of charity toward others. The four components in this category of motivation were: (a) children, (b) making a difference, (c) family, and (d) less fortunate. Work with children is a strong motivator for volunteers. Mentoring and helping children develop self-esteem are initially what engage the volunteers, although retrospectively, the volunteers report that they themselves have grown through their work (Schondel and Boehm, 2000).

## *3.6 Other motivating factors for adolescents and young adult volunteers*

### *3.6.1 Early volunteer experience*

A study assessing the motivations and interests of female volunteers aged 18 – 29, found that adult volunteering is rooted in youth volunteering. More than 60% of these volunteers had volunteered during their childhood and saw volunteer work as an integral part of their self image, engrained in whom they saw themselves to be. Volunteerism started through assisting family members or church groups with volunteer activities. In order of importance, family values, spiritual beliefs and/or involvement in religious groups and feeling gratification were strong influences on decisions to volunteer. Career interests, jobs, friends and earlier involvement were also mentioned as influencing factors, but were secondary (Schoenberg, Pryor and Hart, 2003).

### *3.6.2 The nature of the work and the setting*

As with adults, the setting and nature of the work plays a role in the decision to volunteer for many adolescents. Work with youth/children, caring for the elderly, campaigning/advocacy against violence, health care, animal protection and environmental issues are regarded as the most attractive volunteer opportunities. Another important motivation behind the decision to volunteer has to do with principles and values. People are more likely to volunteer when the activity or organisation for which they volunteer is in line with their own values and belief systems. Prior positive experience in volunteering adds to this motivation. For older volunteers, the choice of volunteer activity was often related to their profession; for the younger, the choices had to do with their areas of interest or potential career paths (Atkins et al., 2005; Schoenberg et al., 2003).

Similarly, a report on American youth volunteering (Grimm, Dietz, Spring, Arey and Foster-Bey, 2005), finds that three primary social environments (family, school and religious organizations) played an essential role in motivating volunteer behaviour for the 12 – 18 year old group. These social environments played a positive role in connecting adolescents to volunteer opportunities and encouraging engagement in service (Grimm et al., 2006).

With regard to volunteer tourism, for older adolescents and young adults, the developing world, and South Africa in particular holds an attraction in the decision to volunteer. Although development work is at the core of the tourism experience for most, a number of key themes have emerged that have influenced the decision to volunteer in this particular destination. These include the opportunity for adventure, experiencing African culture; the political and social history of South Africa and a desire to help the poor (WWW, 2007).

### *3.6.3 Stage of life*

Adolescent-specific studies, such as Chou (1998) found that adolescence and young adulthood involved a growth in perspective-taking skills, empathic and sympathetic reasoning, social problem-solving and level of moral reasoning during adolescence. These maturational achievements have been linked to prosocial and volunteer behaviour. Chou (1998) as well as Atkins et al. (2005) further found significant correlations with age on altruistic behaviour in that older adolescents were more likely to participate in volunteer activities, and that involvement in volunteerism increased with age.

This is reiterated by Marotta and Nashman (1998) who cite Erikson (1982) in theorising about adolescent volunteer activity. From a developmental perspective adolescents and young adults grapple primarily with identity and intimacy issues. Each life task, from autonomy through ego integrity, is present throughout life, although it may not be the primary focus. Generativity, the life task that follows intimacy, is engaged through altruistic behaviour. When they are in balance, the generative pole and its opposite, the stagnation pole, result in the virtue of caring. A developing adolescent and young adult would therefore exhibit cognitive, affective, and behavioural signs of caring for other people as part of the identity searching process (Marotta and Nashman, 1998).

The nature of the relationship between personality type and volunteering has been a source of debate. Atkins et al. (2005) conducted a longitudinal study examining the influence of childhood personality traits on volunteering during adolescence. They found that resilient children, who measured higher on emotional regulation and displayed positive emotionality - a pattern of prosocial traits, are more likely to be associated with prosocial behaviour. Having a higher degree of empathy was also associated with prosocial behaviour such as volunteering. The link between personality trait and behaviour is that people who are more extraverted are more likely to be part of social networks and therefore more likely to volunteer. There is some research that postulates that extraversion is a personality trait that might lead indirectly to volunteerism (Wilson, 2000 in Atkins et al., 2005).

### *3.7 Barriers to volunteerism*

There is not much literature on barriers to volunteerism. Stressors can affect motivation. These have been identified as time management, financial limits, issues with the organization for which they were volunteering, working in a violent environment, and a personal limit setting. Other issues that arose were with ambiguity around their roles, duties and requirements of the site. Time, effort and resources spent on volunteering where funds were scarce, was also stressful (Schondel and Boehm, 2000).



### *3.8 HIV/AIDS and volunteers*

With regard to volunteering in AIDS organizations, Snyder and Omoto (1992) found that motivations for personal growth and enhancement of self esteem were the best predictors of continued participation in volunteer activity. Volunteers at the information/referral setting reported an interest in education of themselves and others and/or an experience of personal loss due to HIV/AIDS as motivating and setting selection factors. Every respondent from the individual support setting reported personal loss due to HIV/AIDS as motivating their involvement and choice of settings for volunteering (Stewart and Weinstein, 1997).

Penner and Finkelstein (1998, cited in Atkins et al., 2005) found that prosocial characteristics such as concern for others in need predicted volunteering: the greater the characteristic was present, the higher the chance for volunteering.

### *3.9 Theoretical perspectives on HIV Vaccine trial participation*

Recruitment of volunteers to participate in clinical HIV vaccine trials is currently an area of international interest. The success of clinical trials is affected by whether or not people will be willing to participate or not. Understanding barriers and motives for participation is an important aspect of the process of recruitment. Willingness to participate has been extensively researched internationally (Celentano et al., 1995; Golub et al., 2005; Koblin, Holte, Lenderking, and Heagerty, 2000; MacQueen et al., 1999; O'Connell et al., 2002; Strauss et al., 2001). Trials are in Phase III stage in various countries all over the world. In South Africa, clinical HIV vaccine trials for a new vaccine substance are scheduled to commence in this year, following the failure of the Phase II Phambili trial in 2007.

Incentives for volunteerism to participate in HIV vaccine trials reportedly include the access to health care and a decreased risk of HIV infection for participants and families, as well as personal recognition. However, altruism, the sense of contributing to the benefit of humanity, has also been cited as an important motive (Celentano et al., 1995; Golub et al., 2005; Koblin et al., 2000; MacQueen et al., 1999; O'Connell et al., 2002). Various barriers and incentives to participation in HIV vaccine trials for volunteers can be identified and discussed in the following paragraphs.

### *3.9.1 Perceived susceptibility to contracting HIV and personal protection*

Studies (MacQueen et al., 1999; Newman et al., 2006; Sahay et al., 2005 in Giocos, 2006) on willingness to participate in HIV vaccine trials worldwide (Rio de Janeiro, Uganda and India) indicate that an overwhelming majority of higher risk participants were willing to participate in a future HIV vaccine trial. The higher the perceived risk of contracting the disease to the individual, the more likely they are willing to participate. Among high-risk populations: for example: sex workers, men having sex with men (MSM), intravenous drug users (IDU), willingness to participate was related to a positive outlook that future vaccine trials would be successful and would be effective in protecting them or in reducing their chances of getting HIV infection (Giocos, 2006; Suhadev, Nyamathi, Swaminathan and Venkatesan, 2006).

Conversely, those who did not perceive themselves at risk for HIV infection were less likely to be willing to participate in HIV vaccine trials.

### *3.9.2 Altruism and the common good*

Participants in studies examining willingness to participate indicated that this willingness to participate in an HIV vaccine trial was in order to assist researchers in finding an effective vaccine that would benefit humanity. Being able to be a part of the drive to find a vaccine that works and that would be of benefit to society through stopping the HIV epidemic, were the main reasons cited in their decision to participate (Giocos, 2006; MacQueen et al., 1999).

### *3.9.3 Perceived barriers and concerns*

Concerns about the safety of the vaccine and unknown efficacy thereof were the most frequently rated concern or barrier regarding future HIV vaccine trials. Secondly, effects of a HIV vaccine on participant's lives (ability to get insurance, marriage and job prospects) and unknown possible long-term side effects were cited as concerns and potential barriers to participation in HIV vaccine trials.

Other barriers cited in the literature were stigma and discrimination; lack of support or negative reactions from friends and family; negative side effects and fear of the possibility of vaccine-induced HIV infection. Willingness to participate also seems to decrease with length of participation required, the duration of the trial, distrust of researchers and government and social consequences of vaccine induced sero-positivity and trial participation.

Several studies willingness to participate in HIV vaccine trials cited in MacQueen et al. (1999) found that increased knowledge of HIV inversely affected willingness to participate, the more knowledge that potential participants had, the less likely they were willing to participate. When potential participants heard that they might receive a portion of the HIV virus or that participation in the vaccine might result in a HIV positive test, willingness declined (Kiwanuka, Robb, Kigozi, Birx, Philips, Wabwire – Mangen, 2004; MacQueen et al., 1999; McGrath, George, Sivilar, Ihler, Mafigiri, Kabugo et al., 2001; Suhadev, Nyamathi, Swaminathan, and Venkatesan, 2006).

The behavioural or psychological influences on adolescent or young adult behaviour have long been a focus of public health research. Adolescents and young adults reportedly engage in many high risk behaviours as characteristic of their developmental phase. Studies report that unprotected sex, substance abuse, poor diet, reduced physical activity, dangerous driving – failure to wear seatbelts or driving while under the influence of substances significantly contribute to mortality and morbidity or poor health outcomes for adolescents and young adults.

Various theories have been purported to explain health related behaviour. Much of the focus of social psychology and public health has been devoted to understanding health-related behaviour and decision making. There are various theories that inform intervention and prevention efforts that aim to implement changes in risk behaviours, some of which have been used to examine volunteerism for HIV vaccine trials (Giocos, 2006).

### *3.10 Cognitive Theories of Behaviour*

Cognitive theories focus on cognitive variables to elicit or understand behaviour. These models can be applied to HIV vaccine trial participation, to explore motivations for volunteerism. The health belief model (HBM), social-cognitive theory (SCT), the theories of reasoned action (TRA) and planned behaviour (TPB) and the protection motivation theory (PMT) are cognitive theories. The focus and assumption are that attitudes and beliefs as well as expectations of future events and outcomes are major determinants of health related behaviour. In the face of various alternatives, individuals will choose the action that will lead most likely to desirable outcomes (Gebhardt and Maes, 2001; Munro, Lewin, Swart and Volmink, 2007; Stroebe, 2000).

### *3.10.1 Health Belief Model*

The Health Belief model (HBM) focuses on an individual or group's beliefs about their health and their risk taking behaviour. The HBM presupposes a rational appraisal of perceived risks and benefits of action. An individual's perception of the seriousness of, and their susceptibility to, a disease will influence the threat that they feel and this in turn will influence their action. The individual's perception of their own effectiveness in carrying out the health behaviour also influences the decision to act – they will appraise the benefits as well as the barriers to their potential action. All of these variables are further influenced by demographic and socio-psychological variables (World Health Organisation [WHO], 2003). High-perceived threat, low barriers and high perceived benefits to action increase the likelihood of engaging in the recommended behaviour (Becker, Maiman, Kirscht, Haefner, Drachman and Taylor, 1979; Harrison, Mullen and Green, 1992; Janz and Becker 1984).

A study in the Netherlands which found that just over 61.7% of young adult registered blood donors but had never actually donated blood, recognised the role that certain personal motivations play in volunteer behaviour. Self-efficacy (confidence in performing the behaviour), attitude (the overall evaluation of the behaviour), and personal moral norm (the perceived personal responsibility to perform the behaviour) regarding this particular behaviour (blood donation) were the most important correlates that translated intention into actual action. Subjective norms such as perceived social support were also notably important indicators (Brug, Hoekstra, Schaalma, Abraham, Lemmens, Ruiter et al., 2005).

There is a debate about whether these components can be regarded as independent predictors of health behaviour (Armitage and Conner, 2000; Stroebe, 2000). Perceived threats, however, especially perceived severity, have a weak correlation with health action and might even result in avoidance of protective action (Bandura, 1997). Perceived severity may also not be as important as perceived susceptibility. Recently, self-efficacy was added into the theory (Rosenstock, Strecher and Becker, 1988) thereby incorporating the need to feel competent before effecting long-term change (Strecher and Rosenstock, 1997). Stroebe (2000), however, regards these components as interactive and cumulative influences.

### *3.10.2 Theory of Reasoned Action*

The Theory of Reasoned Action (TRA) was designed to predict how attitudes, beliefs and intentions inform behaviour (Fishbein and Ajzen, 1975). The underlying assumption is that individuals use information available to logically and rationally make decisions on their actions. Human behaviour is a conscious and well thought-out process whereby individuals carefully consider their options and outcomes before making choices in their behaviour.

A person's intention to perform a particular behaviour is both the immediate determinant and the single best predictor of that behaviour. Attitude and perceptions regulated by subjective norms influence the individual's intention to engage in certain behaviour. Attitudes involve the subjective assessment of performing the behaviour and whether the outcome will be positive or negative. An individual who believes that performing the behaviour will have a positive outcome; will hold a favourable attitude towards it. An individual who perceives an unfavourable outcome of potential behaviour is likely to hold a negative attitude to that behaviour.

Social pressure also plays a role in an individual's decision making. If an individual perceives social pressure to behave in some way from significant others, like a peer group for example, then the individual is more likely to engage in that behaviour. Conversely, if the social pressure from significant others negates the behaviour, the individual is less likely to perform the behavioural task is likely to avoid it. The TRA omits the fact that behaviour may not always be under volitional control; and the impacts of past behaviour on current behaviours (Fishbein and Ajzen, 1975; Munro et al., 2007; Sutton, 1997).

### *3.10.3 Theory of Planned Behaviour*

The Theory of Planned Behaviour (TPB) expands on this and examines behaviours which may not be in the direct control of an individual. Intention and willingness are seen to be only a part of an individual's action; external obstacles and resources are additionally regarded as playing a significant part in facilitating the person's behaviour. An individual's intention or willingness relies on the individual's control over all factors including the various factors that may impede it. The individual's perceptions of constraints mediate the willingness and decision making with regard to an anticipated action. This intention is determined by three things: 1) the individual's attitude towards performing the behaviour, 2) the individual's perception of social pressure to perform the action and 3) and individuals

perception of their own capacity to perform the behaviour. The more positive the attitude, the higher the perception of competence and the greater the social pressure to perform the behaviour, the more likely it is that an individual will intend to engage in that behaviour. Conceptually it is very similar to self-efficacy and includes knowledge of relevant skills, experience, emotions, past track record and external circumstances. Behavioural control is assumed to have a direct influence on intention (Armitage and Conner, 2001; Godin and Kok, 1996; Hardeman, Johnston, Johnston, Bonetti, Wareman and Kinmonth, 2002; Mullen, Hersey and Iverson, 1987; St Claire, 2003; Sutton, 1997).

### *3.11 The relevance of these theories to HIV Vaccine trials and volunteerism*

When examining volunteerism and altruistic behaviour amongst adolescents and young adults, these theories of health behaviour may have some significance. Cognitive theories of behaviour, applied to volunteerism, for example, would allege that volunteer behaviour arises in part as a result of an individual's personal attitudes, thoughts and beliefs. Social and peer influences are accounted for as acting on these attitudes and decisions to act.

As volunteerism is a broad activity, individuals vary as widely in their motives for engaging in the activity as there are variations in the activity. The TPB accounts for external influences that play a role in an individual's decision to volunteer, acknowledging that intention and willingness are only part of a complex process. It is also important to recognise that willingness to participate for a hypothetical HIV vaccine trial does not necessarily translate into actual willingness to participate (Buchbinder, Metch, Holte, Scheer, Coletti and Vittinghoff, 2004; Giocos, 2006).

#### *3.11.1 Critique of HBM*

This linear model doesn't account for the fact that people still engage in risky behaviour despite knowledge of the danger or potentially negative consequences of the behaviour. There are two main criticisms of the HBM: firstly, the relationships between these variables have not been clearly formulated. It is assumed that the variables are not moderated by each other nor have an additive effect. If, for example, perceived seriousness is high and susceptibility is low, it is still assumed that the likelihood of action will be high -intuitively one might assume that the likelihood in this case would be lower than when both of the variables are high. The second major weakness of HBM is that important determinants of

health behaviour, such as social influence, are not included. In addition, some behaviour such as smoking becomes based on addiction or habit rather than on a decision (Rosenstock, 1990; Stroebe, 2000; Stroebe and de Wit, 1996).

### *3.11.2 Criticism of TRA, TPB*

Criticisms of these theories are that they don't account for non- voluntary factors and their effect on behaviour. Both of these theories are largely dependent on rational processes and do not allow explicitly for the impacts of emotions or religious beliefs on behaviour, which may be relevant to stigmatised diseases like TB and HIV/AIDS. In addition, it has been argued that they ignore other factors that may impact on behaviour, such as power relationships and social reputations and the possibility that behaviour may involve more than one person. This is particularly pertinent in the adolescent and young adult's milieu. These theories assume a rational, logical and linear account for behaviour which is far from the reality that a young adult or adolescent faces (Bloor, 1995; Gebhardt and Maes, 2001; Ingham et al., 1999; Munro et al., 2007; Stroebe, 2000; Weinstein 1988; WHO, 2003).

### *3.12 Summary*

There is a paucity of research in South Africa on the willingness to participate of young adults and adolescents in HIV vaccine trials. There is also not much to be found on the interface between various forms of volunteerism and whether willingness to volunteer translates potentially into willingness to participate in other forms of altruistic behaviour. Volunteering to participate in a clinical HIV vaccine trial is a very specific kind of volunteerism and is an area of research that is still under exploration. Volunteers' motives and incentives for volunteering as well as the barriers and difficulties they faced in volunteering. This was further developed around a very specific kind of volunteering, that of clinical trial participation in HIV vaccine development. This was to explore the attitudes of young adults to the possibility of participation in HIV vaccine trials.

This study recognises that there is a need for more knowledge to be developed around the complex subject of volunteerism, especially in South Africa. This study has identified a unique area of volunteerism in South Africa, that is recognised as a worldwide phenomenon – that of the young foreign volunteer participating in HIV-related development work. As young adults, they represent a sector that is the target for much HIV-related research.

Secondly, they are already actively engaged in volunteering, so this gives some insight into aspects of volunteer work. Thirdly, they are working with HIV infected and affected people, something which is far removed from their reality in their home country. What is of interest is whether their motives for volunteering in this situation would translate into motives for volunteering to participate in HIV vaccine trials. Although generally, they are individuals who are in a low risk category for contracting HIV, their work in South Africa may have offered them a finer understanding of what HIV positive individuals experience as they are working closely with HIV positive children. This may be an interesting aspect to explore with regard to their potential participation in hypothetical HIV vaccine trials.

### *3.13 Brief outline of the study, objectives and methodology*

Volunteering is a phenomenon that manifests in all parts of the world and in countless forms, and this makes it very difficult to research. Subsequently there is a paucity of information, academic research and published works on service and volunteering in South Africa. Most of the literature available has been produced by NGOs and international volunteer organizations. Most of the existing research is quantitative. Researching volunteerism from a qualitative perspective is important because provides a richer understanding of individual level factors that foster and sustain volunteer behaviour (Dingle, Sokolowski, Saxon-Harrold, Smith and Leigh, 2001; Patel et al., 2007).

Psychosocial research is an integral part of public health research. Understanding the incentives, motivations and barriers behind volunteer behaviour, will inform public health research in the recruitment of participants to take part in clinical trials and HIV preventative research. Without a good understanding of what motivates people to volunteer, it may prove difficult to recruit sufficient numbers of volunteers to obtain valid and reliable results.

Qualitative research was undertaken to explore the motives underlying the volunteer behaviour of young adult foreigners at an NGO in South Africa. These were then explored further with regard to volunteering for work in HIV and AIDS affected communities.

Understanding what the motives and incentives are for volunteer behaviour is an important part of public health research. In South Africa, volunteers play an important role in economic and social development; many NGO's rely on a volunteer workforce to deliver their services.



In health research, volunteers too play an integral role. Voluntary participants are necessary to take part in clinical trials in order to test new medicines and vaccines. In South Africa, this is particularly pertinent in the fight against HIV and AIDS. Currently, there are efforts to develop a vaccine against HIV, and volunteers are involved in testing the vaccine for safety and efficacy.

Many young people volunteer in South Africa, a lot of these young adults are foreigners who are involved in volunteering with children affected and infected by HIV/AIDS.

One aspect of the development of a safe, effective HIV vaccine involves understanding the motives and incentives for volunteer participation in these trials. This is in order to best recruit participants in order to safely and ethically test the trial vaccine. Without testing the vaccine on healthy volunteers, the trials would not be able to take place. This research aims to examine some of the aspects of this volunteer behaviour and to explore with the participants the motives for their volunteerism and what the barriers and incentives would be for hypothetical HIV vaccine trial participation.

## Chapter 4: Methodology

### *4.1 Introduction*

The focus of this study was on the factors that influence individuals' decisions to volunteer. It aims to explore the reported factors that motivate and that hinder the participation of young adults and adolescents in volunteerism. Lastly, there is a specific focus on HIV preventative research by exploring willingness to participate in hypothetical HIV vaccine trials.

The study was conducted through interviews with foreign volunteers working at an NGO outside Pietermaritzburg. The NGO is involved with caring for children affected and infected by HIV/AIDS between the ages of 3 months and 18 years. The volunteers are involved in caring for the children, assisting with education and medical care as well as building and maintenance work of the property. They are also involved in outreach programmes in the local community through building houses and schools as well as feeding programmes and food parcel deliveries to those families who are in need. Most of the volunteers at the NGO have recently completed high school or are taking a break from university studies.

### *4.2 Research design*

The following questions were explored:

1. What are the underlying motivating factors and incentives for adolescents and young adults to participate in volunteer behaviour?
2. What are the underlying barriers to such volunteer behaviour?
3. What are the challenges to young adults and adolescents with regards to volunteering?
4. What are the challenges to recruiting such volunteers for hypothetical HIV-prevention efforts and related health research?

The study uses a qualitative approach to explore the abovementioned points of focus. Qualitative research, which is primarily inductive and descriptive, provides rich, contextual data to further our understanding of social phenomena. It allows for an examination of explanatory contextual factors to behaviour, and yields richer data. The subtle nature of qualitative research has been particularly appropriate in examining sensitive HIV-related

issues. It has contributed significantly to our understanding of and responses to HIV/AIDS (Power, 1998).

#### *4.3 Ethics*

The proposal was reviewed by an ethics committee at the University of KwaZulu - Natal. Ethical clearance was given for the research to proceed. A comprehensive consent form was drawn up to describe the study, what participation entailed and included information about the aims of the study, confidentiality clauses and the nature of the study, that it was voluntary and the right of participants to withdraw without prejudice was highlighted. See Appendix B.

#### *4.4 Sample*

The study was undertaken with 12 young adult volunteers engaged in full time volunteer activity at an NGO in the greater Pietermaritzburg region. Data collection involved in-depth, individual interviews with these young adult and adolescent participants who were actively involved in various kinds of volunteer work at the NGO. The reason for this is that people who are currently involved in volunteer activity are better able to provide a rich account of their experiences. The interview explored the factors that underlie this behaviour, both motivating and hindering factors. It further incorporated an exploration of the experience of volunteering and an opportunity to examine attitudes to such participation.

Many of the volunteers in South African NGO's are foreign adolescents and young adults. The participants in this study are representative of a growing group of young adults who are already volunteering. Eve Conant (2005) writes in *Newsweek International* that "The numbers of socially responsible tourists—and the opportunities available to them—are rising steeply".

A growing trend among young adults from North America, Canada and Europe is to take a gap year abroad; many of these feature volunteer work in their itinerary. What is of interest to this study, are the underlying motivations for young adults and adolescents to travel to a foreign country to engage in voluntary helping behaviour. Of further interest are what their reasons are for choosing South Africa and also, pertinently, why they have chosen to engage in HIV-related volunteer work.

With regard to hypothetical HIV vaccine trial scenarios, it is of interest to explore what would influence their decisions about participation in potential HIV vaccine trials because these young volunteers perceive themselves to be in a very low risk category (for contracting HIV). In other research (MacQueen, 1999) the lower the perceived risk of the individual, the less likely they would be willing to participate in an HIV vaccine trial. However, working closely with HIV positive people, children in particular, would add an interesting dimension of exploration.

#### *4.5 Research Procedure*

The first component involved a comprehensive literature review focused on the literature relevant to volunteerism. The second component involved conducting interviews to collect data on volunteering in South Africa. The third component involved analysing the data and discussing the research findings.

##### *4.5.2 Data collection procedure*

After ethical clearance was granted by the UKZN ethics committee, permission was sought from the director of the NGO to conduct the interviews with volunteers working at the organisation. The researcher met with the director and the volunteer coordinator to discuss the project and what would be required from volunteers who consented to participate in the study. Arrangements were made to meet with the volunteers to describe the study and permission was obtained to invite volunteers to participate.

Next, the researcher met with the group of volunteers (N=30) to describe the research, explain the project aims, what participation would entail and invite participation. This took the form of an informal discussion and question-answer session. Times were then set up for the researcher to conduct interviews with interested volunteers.

At each interview the researcher carefully explained the study in greater depth with the participant. Informed consent was then obtained from the participants with a detailed consent form (see appendix A) with a copy for both the researcher and the participant. The researcher then obtained further permission to tape record the interview if participants were willing. The interview proceeded in a semi-structured manner, lasting on average between 60 and 80 minutes.

Volunteers were invited to ask any questions with regard to the study before, during and after the interview. After completion of the interview, participants were thanked for their time and were offered links to relevant information should they want to find out more information about HIV vaccine trials and were also given the contact details of the researcher in case of future queries. The strict confidentiality and voluntariness of the process was emphasised and adhered to at all times during the research procedure.

Interviews were structured in various parts exploring aspects of the volunteer behaviour and experience. People's behaviour becomes meaningful when situated in the context of their lives and those around them (Seidman, 1991). Context provides meaning to an experience, and interviewing allows the exploration of experiences and feelings that arise that would not be captured in questionnaires or surveys. Conducting interviews with these individuals allowed for a rich, meaningful account of a volunteer experience that is current and situated in an immediate context.

The interviews were loosely structured following guidelines from Seidman (1991) who suggests a 90-minute format for in-depth interviewing with three distinct parts:

1. Gathering of background information including demographic and biographical details.
2. A focused interview wherein details of the volunteering experience were explored, placing participants in their context. Reflection on meaning and exploration of attitudes. Motivations for volunteerism as well as difficulties and problems encountered were also explored at length.
3. The last section of the interview entailed discussion and exploration of sensitive and controversial issues around participation in HIV- related volunteerism. The final part of the interview explored a hypothetical scenario depicting HIV vaccine trials. Barriers and incentives to volunteerism in these particular scenarios were examined and attitudes and emotions around these were explored.

Questions were grouped according to each section.

1. Non-threatening questions to start with;
2. Broader questions then narrowed to more specific topics.

3. Controversial topics and sensitive questions were introduced in the last part of the interview.

For the interview schedule, see Appendix C. Questions broadly covered the following areas:

1. Individual volunteers' motives for volunteering;
2. Discussion around the experience of volunteering in general and volunteering specifically in South Africa; and
3. Volunteers' attitudes and concerns regarding participation in hypothetical HIV vaccine research.

#### *4.6 Data analysis*

The interviews yielded rich, qualitative data. These were first transcribed and then analysed using thematic analysis.

Thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data. It minimally organizes and describes a data set in detail. However, frequently it goes further than this, and interprets various aspects of the research topic (Boyatzis, 1998). Thematic analysis can be used within different theoretical frameworks. This independence and flexibility renders it applicable across a range of theoretical and epistemological approaches. Thematic analysis is regarded as a useful research tool to provide a rich and detailed account of data (Braun and Clarke, 2006).

Thematic analysis is an iterative and reflexive process that captures the qualitative richness of the phenomenon being researched (Boyatzis, 1998). It evolves through various steps whereby the data is encoded to identify and develop themes. Boyatzis (1998) defines a theme as "a pattern in the information that at minimum describes and organises the possible observations and at maximum interprets aspects of the phenomenon" (Boyatzis, 1998, p. 161). The process allows for the core contents and themes and sub-themes to be identified, which can generate future research avenues.

Summarizing data and identifying initial themes begins during the data collection. During transcription of interviews, paraphrasing or summarizing each piece of data enters information "into your unconscious, as well as consciously processing the information"

(Boyatzis, 1998, p. 45). This process involves reading, listening to, and summarizing the raw data.

A theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set. Another decision revolves around the 'level' at which themes are identified: at a semantic or explicit level, or at a latent or interpretative level (Boyatzis, 1998). A thematic analysis typically focuses exclusively on one level. With a semantic approach, the themes are identified within the explicit or surface meanings of the data, and the analyst is not looking for anything beyond what a participant has said or what has been written. The data analysis in this study identified explicit themes within the data, using a semantic approach, to describe the significance of the patterns and interpret broader meanings in relation to previous literature (Fereday and Muir-Cochrane, 2006).

Using steps outlined in Braun and Clarke (2006), the process initially involved a familiarization with the data. Through the interviews and then transcription of the verbal data, preliminary ideas were noted and tentative themes began to emerge. On reading the data, semantic sets of data were identified, systematically coded across the entire data set, and collated into themes as outlined in the preliminary stage. Relevant data to each theme was then gathered through a process of reading and re-reading the whole data. These were then reviewed, redefined and renamed where necessary. Thematic analysis involved an ongoing, reflexive analysis to refine the specifics of each theme, and depict the overall story that the data analysis generated.

## CHAPTER 5: FINDINGS

### *5.1 Profile of volunteer participants*

All of the volunteers were non-South African citizens between the ages of 19 and 26 (average age was 21.2 yrs). Equal numbers of male and female volunteers participated in this study. All of them had volunteered in their home country prior to coming to South Africa. Their length of stay was between 3 and 12 months with an average intention to stay for 9 months followed by travelling around South Africa for up to 3 months. The work that they were involved in varied, from child care to building and manual labour, to work in the clinic or administration. Most of the volunteers were not skilled prior to this experience, except for one volunteer who was a qualified medical doctor and another volunteer who was a qualified administrator. The younger volunteers had recently completed high school and were mainly involved in child care and construction activities.

	<b>Country of origin</b>	<b>Sex</b>	<b>Age</b>	<b>Work at NGO</b>	<b>Length of stay to date</b>
1	Germany	F	19	Child care	5 months
2	Scotland	F	21	Child care	6 months
3	Germany	F	20	Child care	2 ½ months
4	Germany	F	19	Child care	3 months
5	Germany	M	19	Building team	3 months
6	Germany	M	20	Building team	3 months
7	Germany	F	26	Doctor/Clinic	6 months
8	Holland	M	24	Child care	12 months
9	U.S.A	M	22	Clinic/nurse	3 months
10	Holland	M	20	Building team	3 months
11	UK	F	24	Administration	8 months
12	Canada	M	20	Child Care	3 months

**Table 2. Demographic profiles of volunteer participants**

Many had not had much opportunity in terms of time and money to travel around the country to major tourist sites, although some did extend their stay in order to visit major tourist



attractions. All participants in this study felt that they had contributed positively, they enjoyed their experiences and felt it was very rewarding in terms of personal gain and motivations.

## *5.2 Influences on volunteer work*

### *5.2.1 Prior volunteer experience*

All of the volunteers had engaged in volunteer activities in their home country. These ranged from coaching underprivileged soccer, to helping out at old age homes, to collecting food and old clothes for charity and assisting refugees adjust to life in a new country. This previous volunteer experience had been positive and was a motivating factor in choosing to volunteer overseas. Most volunteers mentioned that they would continue with volunteer work after this experience, either at home or in another country. For example,

“I was the head pupil at my school and I was on the pupil council. I mostly gave of my time. I also helped out in youth clubs and sometimes was a counsellor on the (sic) organisation of the summer camp for younger kids. There were outreach programmes for refugees who were coming to live in Holland and we helped them to learn to adjust to life there.”

### *5.2.2 Family culture of volunteer work*

Many of the volunteers reported that they had grown up in a family that was involved in volunteering, that volunteer work was a part of their family culture and that it was a part of their lives as they were growing up. Their views of the world were shaped through their family volunteer activities and it regarded as a societal expectation that they, too, would engage in such work.

“It’s part of my life, how I grew up... I can’t imagine not doing it. It’s what is expected from me and from our society. My parents and family all volunteer in different ways, it’s the way that we view what we must do in the world.”

### *5.2.3 Religious beliefs*

Among participants in this study, religious beliefs were not reported as important motivations for volunteer work. Only one volunteer mentioned that their religious values and beliefs played a role in their decision to participate in volunteer work, however, it was not their chief

motivation. The rest of the interviewees said that their religious beliefs were not a feature in their decision-making to volunteer.

“I was a counsellor for youth at my church and at youth clubs for Christians. This experience did give me the courage to volunteer here in South Africa. Many people at home from my church are interested in what I am doing here and I like to send information home to encourage others to come and do the same thing.”

### *5.3 Motives for volunteer work*

There are two broad themes that could be distinguished in the motives of volunteers who participated in this study, egoistic and altruistic. Egoistic motives refer to those motives that underlie volunteer activity and that are primarily self-serving. Altruistic motives, on the other hand, refer to those motives that are primarily in the interests of others, require some level of self sacrifice from the volunteer and are ultimately for the benefit of the recipients of volunteering activity. However, there appear to be multiple motives for volunteerism and these do not necessarily fit into mutually exclusive categories. For most of the volunteers, their motives and incentives for doing the volunteer work were a mix of various factors. The categories and themes that appeared in the data are expounded below.

#### *5.3.1 Altruistic motives*

##### *5.3.1.1 Benefit to humanity.*

Initial motivations study participants gave for engaging in volunteer work were altruistic, such as a desire to benefit humanity, specifically those less fortunate. Volunteering was seen as an opportunity to help others, especially children in need. Altruistic motivations included perceptions of ethical and moral obligations to society as well as being a necessary part of life and of duty to others.

“Volunteering helps the children, brings joy to their lives”.... “I like to do good for humanity, to serve people less fortunate and to be serving others. I like to give to others from what I have.”

### *5.3.2 Egoistic motives*

On probing further into motivations and incentives for volunteering, study participants revealed a multitude of secondary motives that could be classed as egoistic. Egoistic motives for volunteer work included those motives that were essentially driven by the desire to satisfy personal needs and gains. Although it was acknowledged that such motivations also served those on the receiving end of the volunteer work, the latter was a by-product of the action and not the primary motivation.

#### *5.3.2.1 Gap year and life-stage issues.*

Many of the young volunteers felt that their feelings of insecurity about themselves and their identity could benefit positively from a year out of the mainstream life. Engagement in volunteer work was a means to develop a better knowledge of self and of the world. Experiencing life in different parts of the world, away from the pressures of their home, was seen as an important step towards maturity.

“Volunteering helps you feel useful, (it) adds value to your life and is enjoyable, fun work. It helps me to gain personal insights and life experience.”

For some of the volunteers, volunteering was seen as a constructive means to take a year off after school whilst making a decision about what to study. For others, volunteering offered a break during their studies.

“I don’t know what to do after school, what to do with my life so I decided to take a year off. I want to find myself, learn more about myself through this experience. It’s a good way to see the world and mature... this kind of volunteer work offers the opportunity to do that. Helps if you are feeling confused about your direction in life and you want to take time out to think.”

#### *5.3.2.2 Work experience.*

Most of the volunteers mentioned that volunteering in this capacity offered them an opportunity to gain valuable experience for employment. Many of the volunteers were using this experience as a stepping stone towards full time humanitarian work. The volunteer work that they chose was specifically motivated because of the experience that it would offer them in line with career and personal interests.

“Volunteering opens the gate to work opportunities”... “I want to work in teaching or sustainable development and this offers the opportunity to gain experience so that I will be more employable because it’s tough to get a job.”

#### *5.3.2.3 University/college entrance requirement.*

Some degrees require a dedicated amount of time to volunteer work and community work (e.g. as a pre-requisite for getting into a medical degree programme). Some of the volunteers were working in order to get credits for university entrance towards these courses and post graduate courses. The volunteer work was in line with what they were wanting to study or were currently studying.

“I want to get into medicine and then volunteer as a doctor with an international relief organisation. This experience will help with getting in to the programme at university. They like to see that you are committed to caring for others.”

“It’s a good way to test out a career path or work before you engage in studying for that degree. When you volunteer you can practise and get experience to see if you really want to go in that direction.”

#### *5.3.2.4 Travel.*

Another important motivation cited for travelling to South Africa to volunteer, was to travel and experience life outside their home country. Being in a developing country offered an experience that was far removed from usual day-to-day life and was regarded as an adventure and opportunity to learn about life for communities and people who were less privileged materially. Volunteering also offered the opportunity to travel and see a country either before or after the volunteer work experience. For most people who cited travel as a motivation, this was not the primary motivation, but rather it was connected to another motivation.

“It’s a great way to travel because it offers you really good opportunities to really be immersed in the culture rather than on the outskirts of the backpackers’ route, you become part of a community which is more intense.”

“Volunteer work is an opportunity to travel, we can go to really unique and interesting places and it’s organised for us. We can use the time in between to travel and tour the country.”

“Volunteering (in South Africa) is valuable because it offers an opportunity to see the country and experience some of the sights, but at the same time it’s something different and we feel good because we are contributing to the community more than other tourists.”

#### *5.3.2.5 Alternative to military service.*

Two of the male volunteers were from Germany and their volunteer work was part of their post-high school obligatory service year. They had chosen the alternative to 9 months in the German military which was a 12 month social work exchange/civil service year. However, it must be noted that if they had chosen to do the military service, they would have received a monthly stipend for their service. By taking the volunteer option, they had to forego this money and had to support themselves financially. This meant that other than the obligation of the civil service, there were other factors that motivated them to choose to volunteer abroad. These were cited as the opportunity to travel and experience a different part of the world.

“We could choose to do the military (service) or we could volunteer. Even though this is longer, it’s 12 months not 8 months (like the military service) we choose to do this. It’s because we prefer to help others in different countries and also we can travel, see somewhere different and new. There are more people choosing this (above military service) and girls are choosing this too even though they don’t have to.”

#### *5.3.2.6 Self gratification.*

It was reported in this study by the volunteers that helping others was a satisfying experience. Giving to others less fortunate made the volunteers feel good about themselves and offered fulfilment. Participation in meaningful activity offered a sense of personal satisfaction.

“Serving others less fortunate makes me feel valuable in society. It feels good to contribute... the work makes me feel good about myself and useful in society as a whole. The appreciation from others is uplifting.”

“Volunteering takes a lot of energy and time, but it feels really good to contribute and to know that you are doing something useful.”

#### *5.4 Difficulties in volunteering*

##### *5.4.1 Financial*

For most of the volunteers the most difficult aspect of volunteering was the expense incurred. To volunteer involved foregoing an income as well as raising money to support their volunteer work and cover living costs whilst volunteering.

“Full time volunteer work is expensive and time consuming. It is not easy to make the money that you need to survive here... you need to work at home for many months to save the money and sometimes you can get sponsorships from people at home.”

“Money is very important for volunteering. If you don’t have enough then you have to go home... we don’t get paid so we must support ourselves and our travels here to South Africa. We also have to raise the money when we are home so that we can come here... I would like to volunteer more, but it’s expensive.”

Most participants cited financial issues as the most challenging part of volunteering. As they were volunteers, they needed to sponsor their own work in South Africa, cover their own expenses including travel and living costs for the duration of their work and travel. The volunteer workers referred to the material sacrifice that is made by individuals who volunteer who have to save the money they earn in their home country in order to volunteer overseas. The longer the term of volunteering work, and the further away from home, the greater the costs incurred for the volunteer.

“We have to work for months (in our home country) and save up before we can do this, its expensive, especially to South Africa. Nobody pays for us, we have to support ourselves. When the money runs out we have to go home again.”

“It’s expensive to volunteer full-time and getting sponsorship is difficult. I would like to volunteer when I get back home, but I don’t know if I would do it full-time, it’s not possible

to live and (to) do this work full time, you have to earn money to survive so it's something I will do now while I am young.”

#### *5.4.2 Lack of social support*

The support of family and friends was regarded as important. When these were lacking, or where family or friends were directly opposing the decision to volunteer overseas, then volunteering was more difficult to engage in. This was also the feeling with regard to the NGO and/or volunteer travel company. Where there was lack of support from these parties, it made volunteering challenging.

“My family was not supportive of my choice to come here to volunteer. They thought it was too dangerous and were worried about me. I made the decision to come anyway, but it was harder that way. I think if they had supported me, the choice would be easier. They are happier now because they know I am ok.”

#### *5.4.3 Lack of experience/competency*

Some of the difficulties with regard to the experience of volunteering in South Africa related to feelings of frustration with regard to their levels of skills competence and experience in their volunteer work and activities. Many volunteers were new school leavers and they didn't have the skills to do the work properly, left them with feelings of frustration that they couldn't do more. The volunteers said they sometimes felt misused as volunteers, they were engaged in menial tasks and not doing the work they wanted or expected to do. Many mentioned the social difficulties and negative emotions they experienced through exposure to poverty and violence and not feeling emotionally mature enough or experienced enough to deal with these issues. They felt that they were inadequately prepared before they arrived.

“I feel frustrated because we have come here and there is so much need but we can't do it all. I have been (on the) building (team) and learning new skills but that is all I can do now. Maybe after I study I will come back and be able to do more. We are straight (out of ) school and so we don't have the skills we need to do some of the work... sometimes we just do painting all day and its boring... we can feel misused too”.... “Next time I will volunteer again, but with qualifications.”

“It was really hard to come here from a country like (x) because we have a very different life there. Here I see so much poverty and hardship and it can make you feel really sad, depressed, you know. And to see the children who are suffering. It makes me feel guilty and angry about how the world is... and if I had stayed at home I would never have known. So, ja, that is hard for me to get used to. I think I will leave here with a better idea of things, but it’s not a pretty view. Maybe it’s what real life is about.”

#### *5.4.4 Cultural differences*

Most volunteers reported finding it hard to adjust to another culture and a different standard of living. They were exposed to situations that made them feel uncomfortable and out of their realm of experience. The poverty and deprivation of the people and communities with whom they worked were mentioned as difficult to accept. The psychosocial aspects of volunteering were challenging.

“It’s so different here... Not like the life that we are used to, it’s a huge adjustment. We have to come out of our comfort zone and it’s shocking sometimes to see the (sic) poor of all the people, especially the children. It is a big difference between here and at home. Men are also treating women differently, they (women) are not equal and they (sic) are not powerful to make their own decisions. It is getting used to a new life here.”

“I can’t get used to seeing how poor the people are, it makes me feel uncomfortable because I have so much. The people here are so much in need, and we have never seen something like this before so it can make you feel very sad and angry.”

“Men and women have different roles here. I am not used to men being in charge just because they are male. I find it hard to accept.”

### *5.5 HIV vaccine development*

#### *5.5.1 Introduction*

The last section of the interview involved an exploration of willingness to participate in a hypothetical HIV vaccine trial. The researcher wanted to find out whether the volunteers would be willing to volunteer for participation in hypothetical HIV vaccine trials and whether their current experience as volunteers would influence their willingness to participate. It was



also of interest to discover whether the incentives and motives as well as the barriers and difficulties would be the same as for other forms of volunteer work that they had engaged in.

The reported motives for willingness to participate in a hypothetical HIV vaccine trial were mostly altruistic whereas barriers to willingness to participate in trials were egoistic in nature.

Eleven of the volunteers in this study said they would be willing to participate in a hypothetical trial that required regular visits to the clinic for a blood sample and medical check-up. Six volunteers said they would participate if the requirements included a regular HIV test. Only four were willing to endure painful, invasive procedures like having tissue samples taken or procedures with brief, short-term side effects. Only one volunteer was willing to participate in an HIV vaccine trial, whereby participation involved having a trial vaccine substance injected into them.

### *5.5.1 Motives*

#### *5.5.1.1 Altruism*

The main reasons that were cited as a potential incentive to participate in HIV vaccine trials, were the concern for the well being of others and the desire to contribute to the well-being of humanity on a global scale. Only one participant said that they would be definitely willing to participate in an HIV vaccine trial, and this person cited their medical background and current work with HIV positive children as the influencing factors.

“I would like to know more about what I can do... maybe if it means that I must be part of helping to develop treatment or a cure for HIV, then yes, I can try to do it... I think that my work with the AIDS orphans and with children that have lost everything, they are vulnerable, this has made me feel like I should do more.”

As the current volunteer work involved working with HIV positive children and their communities, the volunteers felt that this experience would play a role in their willingness to participate in a hypothetical vaccine trial. They reported that since their work with these children and their families had begun, they had become much more sensitised to the plight of HIV positive people and the devastating effects that the disease has had on the communities in the area in which the NGO operates. For many of the volunteers, this was the first contact

that they had ever had with HIV positive individuals, and building relationships with them had given them a new insight into the HIV pandemic.

“I want to assist with the next generation... what has influenced me? This work, especially working with kids with HIV. If AIDS can be prevented then I want to do my part.”

#### *5.5.2 Barriers to participation in an HIV vaccine trial*

Most (ten out of twelve) of the volunteers said that they would not be willing to participate in an HIV vaccine trial as they felt that their personal risk of contracting HIV was low and that the risks of participation would outweigh the benefits of participation. They agreed that they would be more likely to become involved as researchers or data collectors rather than as trial participants. These risks and benefits are described in the following paragraphs.

##### *5.5.2.1 Personal costs of participation in a hypothetical HIV vaccine trial.*

These were described as the costs to the participants that their participation in a hypothetical HIV vaccine trial would entail in terms of inconvenience and pain. Inconvenience referred to the cost of time and travel to the clinic visits, having to disclose personal information (e.g. about sexual activity or drug use). Added to this was the possibility that participants needing parental consent may have this information made available to their parents (ethically required by informed consent), although this is less likely. Further personal costs referred to the procedures involved in the testing of the trial vaccine substance. Having blood taken would be a regular occurrence, and there was the possibility of further invasive procedures such as injections, which may be painful. These “costs” varied according to the individual perception as to how “high” they were. For example, someone who is averse to needles may have felt that the personal cost of having blood drawn was higher than disclosing personal information. For another participant, the opposite might have been true. Various hypothetical scenarios depicting personal costs as described above were offered to the participants. For most of them, the point at which willingness changed from willing, to not willing, was when participation involved having a substance injected into them. Disclosure of information, frequent visits to the clinic or having blood drawn regularly were not deterrents to willingness to participate to the same extent as having the trial substance injected into them. Only one participant was willing to participate if this had to occur.

“I don’t think it will be a problem if I have to give information about myself. So long as my parents won’t know what it is that I have said or done. It’s no problem. Giving blood? That will be fine, but only if I have to.”

“I would participate, yes, but as long as I know it is safe. I think it is important to help to find a cure for (HIV)/AIDS. For me it is not a problem to have these things (HIV test, blood sampling and injections) done, it is nothing, not painful. But maybe because I am used to it (as a medical doctor).”

“I don’t have a problem with the information part of it, I am not shy to talk about my (sexual) habits... I don’t mind having an HIV test, we do that anyway, (donating) blood too. That is not a problem. But I don’t want something strange (sic) put into me. That is different because it is something that I don’t know what it will do and they are putting it into me. So that is where I say ‘no’.”

#### *5.5.2.2 Personal risks of contracting HIV.*

Personal risks of contracting HIV did play a role in that volunteers in this study were more willing to participate if their perceived threat of HIV was closer to them– e.g. if family members or close friends were HIV positive. Many of the volunteers said that the most direct influence on willingness to participate would be if they perceived their own risks of contracting HIV as high. Most of them perceived their personal risk of contracting HIV as very low. Second to this was whether they had a close friend or family member who was HIV positive, which would make them consider participation in an HIV vaccine trial. These reasons were explained as having a greater emotional link to risk and decision making. The benefits would be greater than the potential risks incurred. Therefore, if HIV affected their families or themselves more directly, they would be more willing to participate.

“If my family member is HIV positive then maybe I would consider being a part of the vaccine development. I think it would be more for their benefit than for society. I think it’s a low chance. Being HIV positive would definitely influence my decision to do it... but then I suppose that I wouldn’t be able to do the trial because I would be sick already... maybe if it was for cancer. That is different (to HIV).”



Most of the volunteers felt that they were not personally in a high risk category for contracting HIV. They therefore reasoned that they did not feel that it would be worth the risk to participate in a trial, where the outcome would be less likely to benefit them or their families. They cited that risking unknown side effects, the possibility of the trial vaccine having unknown longer term side effects and risks, or being unsafe for human use in the long term as reasons not to participate. They felt that the risks were too high compared to the benefits of possible participation.

“I don’t think I will take part ever. I don’t trust the researchers. It’s not my problem because I am not high risk (for contracting HIV) and there’s no guarantee (that the outcome of the trial will be successful). I can see the importance of the trials, but I am not willing to participate. Why must I take the risks for something that is not really my problem?”

“I am worried about the risks for my own health. I am a healthy person, why must I put myself at risk for something that does not really affect me. It might make me sick, who knows (what the long-term side effects are)? I think research where you are testing new medicine (treatment) for known diseases (therapeutic research) is much more acceptable, and if you are already sick then what do you have to lose?”

Other risks that were linked to a reluctance to participate were related to the fear of stigmatisation and discrimination should they participate.

“My own stigma and discrimination of others (with HIV) has decreased since I have been working with HIV positive people. But I worry that people at home will treat me differently, they won’t understand and are not used to it (dealing with HIV positive people).”

#### *5.5.2.3 Personal experience with HIV.*

Their volunteer work experience working with HIV affected and infected individuals, especially HIV positive children had sensitised the volunteers to the enormity of the disease and the negative repercussions thereof. They cited that this volunteer experience and exposure to situations where they had come into close contact with HIV positive individuals, mainly children, and had built relationships with them, would influence their decision to volunteer for HIV related research, but not necessarily as clinical participants in HIV vaccine trial. In fact, almost all of the participants (eleven out of twelve) said that they would be

willing to participate in the research, but as researchers or data collectors rather than actual trial participants.

“Yes, I think it is different now. These kids have become part of our life, we care about them and it is sad to see them suffer. I think perhaps, there is some chance that if there was no other way, I could think about being a part of it, to volunteer. I will try rather to be the researcher, to do (administer) the test and help to take blood or get information (from the participants) or whatever. Not to take the part of the, how you say, guinea-pig? But ja, if it was my family I will definitely do it (participate in an HIV vaccine trial) because then its so close (personal) and you can't ignore that.”

#### *5.5.2.4 Knowledge of vaccine trials and vaccine development.*

Knowledge of the vaccine development process was inversely associated with willingness to participate. Other studies (Giocos, 2006; Starace et al., 2006) have found that the greater the knowledge of the vaccine process was, the less likely that potential volunteers are willing to participate. In this study, all but one of the volunteers had never heard of the HIV vaccine trial process. Therefore, their knowledge could be gauged to be low. After a discussion and description of the vaccine trial process, the volunteers stated that they felt that personally they were in a lower risk category for contracting HIV and therefore were less willing to endure side effects or the sero-positive status associated with participation in a clinical HIV vaccine trial.

“No, I think the more I hear that you are telling me, the more scared I will become to take part (as a participant in an HIV vaccine trial). It is too frightening to hear what will happen to you afterwards, what about side effects? And that you will test positive. I don't think I could do it. Maybe if I knew nothing, it would be easier.”

#### *5.5.2.5 Mistrust of the researchers and the research process.*

Many of the volunteers said that if they did not trust the researchers completely about the safety of the trial vaccine substance, they would be unwilling to participate. They felt that their trust in the researchers and the research process would be enhanced if the researchers were to participate in clinical trials themselves. Lack of trust that the vaccine trial would be successful in producing a safe and effective vaccine led to diminishing willingness to participate.

“It is not equal, the researchers have the power and it makes us to not trust them. I think it is creating dependency (of research subjects on researchers). It is unequal power. I worry about the safety of the vaccine, what are the side effects? Is it safe? If doctors and researchers will test it on themselves also, then I would be more willing to take part. I want more information before I can make my decision. Not much is known about these trials. They need to make it a campaign and more high profile like through television, seminars, media campaign.”

“I will not like it if they (the researchers) say to me, here is an HIV vaccine, and we want to test it on you. They (the researchers) must first be willing to try it on themselves. Why must I take the risks? First I want proof that it is safe and the only way is if they (the researchers) show me that they are not afraid to test (it on themselves).”

“If it was for anything else, maybe for Cancer, Malaria, I would do it... but HIV is so scary. It’s frightening. I will worry what will happen to me... yes, maybe not now, but who knows what it can do in maybe 10 years (time)? No, I think the risk is too high and I am myself a safe person, why must I take the risk. I will help, ja, but as a researcher, maybe I can take blood or something... but not to have that (the candidate vaccine) put (injected) into me. No thank you.”

“I want to be informed fully (about the HIV vaccine trial), especially about the risks. There must be no deception from the researchers.”

#### *5.5.2.6 Risks to others.*

Some of the volunteers voiced concern over the ethical aspects of a vaccine trial. Especially with regard to vulnerable populations such as children and adolescents. There was a discussion around whether participation in a vaccine trial would lead to an increase in risky sexual practises amongst participants who believed themselves to be protected from contracting HIV. There was further concern voiced over the lack of direct benefits for trial participants.

“I fear for the kids to be recruited. They are too vulnerable and too young to make (informed) decisions. They are impulsive and lack future planning. I can see that the immediate benefits

are most important for children, but they face many risks. I don't know if kids can decide for themselves.”

“I am worried about safe sex behaviour. I think AIDS can be prevented but I am worried about the way that adolescents are putting themselves at risk... it might increase this risk if they were to be part of this thing (HIV vaccine trial). Maybe we must work to make them more aware of safe sex.”

“I worry about peer pressure for children to be influencing them to take part even if they don't know everything or don't want to. There are risks for children who expect a (successful) outcome. Maybe it will increase their risky behaviour. there are risks for those who don't know enough (uninformed) and I worry about the cultural aspects for black people in South Africa. What about the risks for those who are on the other one (placebo).”

“I worry about the (exploitation) of the poor, people selling their kids for research? Maybe not for money, but for food and medicine. There is a divide in this society and people are poor and uneducated.”

## Chapter 6: Discussion

This study aimed to explore the motives and incentives for volunteering by focusing on a group of young, foreign volunteers who were working at an NGO for HIV-affected and -infected children. This group was of particular interest because as volunteers these young adults had travelled significant distances, at considerable financial cost to themselves, to engage in seemingly selfless behaviour with people they did not know. It was hoped that the study of these people would provide useful clues to understanding volunteerism in general.

### *6.1 Summary of main findings*

The findings in this study confirm the international research on volunteerism as discussed in the literature review. What was found in this study was that volunteer work is much dependent on the kind of participation and the level of involvement required as well as the setting in which it occurs. For most of the young adults interviewed for this study, the incentives behind volunteering are a combination of altruistic and egoistic and social motives. This is applicable to decisions made to volunteer in foreign locations as well as volunteering at home. In general, prior volunteer experience was an important influencing factor in this decision to volunteer. Most of the volunteers initially had volunteered in their country of origin, however, not necessarily in a related area. Moreover, a family or community culture of volunteering seem to be further motivating factors.

Family and peer support were reported to be important factors in the decision to volunteer. Most volunteers would definitely volunteer again, but later on in life when they had the skills and experience to contribute to a greater capacity. Most volunteers said that they would also engage in volunteer activities at home, but on a part-time rather than full-time basis.

These findings reiterate much of what has been reported internationally in studies on volunteerism and volunteer behaviour. Younger people are more likely to volunteer for reasons that include social networking, career and knowledge enhancement, and work experience (Clary et al., 1998; Grimm et al., 2005; Houle et al., 2005; Marotta and Nashman, 1998). These motivating factors could be described as egoistic – or in the service of the self. Research (Stoddart and Rogerson, 2004) suggests that older people, on the other hand, are



more likely to use their work and life experience to engage in volunteer activities, for mainly selfless or altruistic motives.

Some differences exist between what has been found in previous research on volunteerism and what was found in this study. These differences occur in motivations for volunteer work and will be discussed further in the sections below. These could be due to the sample used, in that the sample consisted of foreign, young adult volunteers. Much of the literature focused on retired adult volunteers, or individuals volunteering in their own communities. There was a dearth of information in this specific category of young adults volunteering abroad.

## *6.2 Theoretical aspects*

There may be multiple motivations underlying the complex behaviour of volunteering, which are explained by various theoretical perspectives (Atkins et al., 2005; Chou, 1998; Clary et al., 1998; Patel et al., 2007; Penner et al., 2005, Perold et al., 2006).

### *6.2.1 Egoistic and altruistic motivations*

It is difficult to discern whether motives for engaging in volunteerism are purely egoistic or purely altruistic. Most motives are a mix of both, although the initial intention behind the decision to volunteer may be more heavily weighted towards one or the other of these categories. An altruistic intention may bring about egoistic reward and an egoistic motivation by virtue of the act of volunteering, has some altruistic characteristics.

Egoistic motivations for volunteers revolve around attaining goals to improve their own situation. In this study, these motives included benefits to career, self-esteem, reward and fulfilment. Gaining experience and personal competency, developing skills and building a resume for future employment, which are regarded as egoistic motives, are also mentioned by participants in this study. Many of this study's participants further describe the process of volunteering as giving them a sense of fulfilment and enjoyment, an opportunity to learn about themselves and to measure their own strengths and limitations.

Prominent motivators cited in the literature also include needs for socialisation, self-actualisation (affirmation) and relatedness. These social motivators include seeking social contact, response to expectations of others, seeking social approval and expecting future

reward or recognition. According to studies, (Marotta and Nashman, 1998; Schondel and Boehm, 2000) caring for other people forms part of the identity searching process for many young adults and adolescents. Volunteerism may also provide the opportunity to fulfil personal growth needs (Clary et al. 1998; Francies, 1982 in Schondel and Boehm, 2000).

The initial incentive and motivation underlying the choice to volunteer in this particular study group could be explained in terms of developmental and learning theory: volunteering is learned social behaviour orientated around certain social norms (of volunteering) and personal responsibilities (Eisenberg and Fabes 1991, Grusec et al. 2002, and Staub 2002 in Penner et al. 2005). For many of the volunteers in this study, a community and family culture of volunteerism socialised them into volunteering activity from an early age. For others, volunteering is regarded as a socially normed activity undertaken after high school in the form of a compulsory year of civil service.

Altruistic motives are those that engage voluntary action primarily for the welfare of others irrespective of personal benefits to the volunteer (Martin, 1994 in Bristow and Ferrari, 2005; Marotta and Nashman, 1998). However, it is also possible that some people are motivated to act altruistically in order to indirectly satisfy some of their own needs e.g. to alleviate their own negative emotional state, such as sadness or distress. Focusing on helping another may help to reduce pre-existing distress (Cialdini, Darby, and Vincent, 1973 in Sprecher and Fehr, 2006). From a social exchange perspective, people engage in pro-social behaviours when rewards may include an increase in self-esteem and an enhancement of good mood (Dovidio, Piliavin, Gaerther, Schroeder, and Clark, 1991 in Sprecher and Fehr, 2006). These perspectives describe some of the underlying motivational processes reported by volunteers in this study. For many of the volunteers, the decision to volunteer was a combination of many factors which included those described above.

### *6.2.3 The setting*

Stewart and Weinstein (1997) found that the setting is an important motivator for volunteering. The setting in which the volunteer activity takes place is likely to attract particular types of volunteers. In this study, the setting is a rural, child care/community based NGO in South Africa. This setting is described by volunteers as a motivator for their choice to volunteer here. They are attracted by the rural aspect, that it is in a developing country and that it offers the opportunity to immerse themselves in a new culture and community. They

are attracted by the opportunities to explore the surrounding tourist areas, and also by the particular work that this setting offers. These findings are in line with those of Schoenberg et al. (2003) and Atkins et al. (2005) who found that work with children, health care and environmental issues are regarded as the most attractive volunteer opportunities for young adult volunteers. In this study, volunteers specifically mentioned these factors as influencing their decision to volunteer at this specific NGO. This choice was related to area of personal interest and to potential career paths that the volunteers described.

Empathic arousal, which describes the feelings of sadness and/or guilt in observing the distress of others, stimulated engagement in volunteer behaviour with the aim of improving the welfare of others. Many of the volunteers further describe the empathic arousal of seeing others in distress as playing a motivational role in their decision to volunteer in South Africa or other developing countries instead of in their home country.

#### *6.2.4 Other influencing factors*

In the literature, other variables associated with volunteering are level of education, socio-economic status, gender and religious views (Reed and Selbee, 2000). There were no large differences in the ratio of male to female volunteers in this study. However, there were gender differences, and even gender preferences, in the kinds of work volunteers were doing. Female volunteers were mostly involved in child care activities, whereas male volunteers were mostly involved in manual labour. This resonates with international findings on volunteerism (Independent Sector, 2002, Patel et al., 2007; Perold et al., 2006; Volunteering Australia, 2003, Wilson, 2000 in Penner et al., 2005).

Wilson (2000, in Penner, 2005) also found that among both youths and adults, there is a positive association between religious affiliation and being a volunteer. In this study, religious beliefs did not play a major role in the decision to volunteer. There was only one participant who cited his religious beliefs and affiliation as a motivating factor for volunteering.

In some studies volunteering is found to be associated with level of education and income (Penner, 2005). Better educated individuals are purported to have an increased awareness of the problems of others and perhaps also a greater sense of self efficacy. Higher socio-economic status is associated with volunteering as wealthier people have the resources to

volunteer, especially when this involves travel to volunteer abroad (Penner et al., 2005; Wilson 2000). In this study most of the participants had a secondary level of education; only one volunteer had a tertiary qualification. Choosing to volunteer in South Africa was also influenced by a favourable exchange rate, with Euro and USD allowing a broader spectrum of opportunity for volunteer and travel in South Africa than other destinations. However, financial difficulties were mentioned by participants as barriers to initiating and sustaining volunteer activities abroad. It appears, therefore, that education and income, although not specifically motivating factors, do have an influential role in volunteering behaviour, especially when it comes to volunteering abroad.

Other barriers reported in previous studies and reiterated by the findings of this study are related to time management and working in a potentially dangerous environment. Other issues that arose were with the organization for which they were volunteering: ambiguity around their roles, duties and requirements of the site, which reiterates what was found by Schondel and Boehm (2000).

### *6.2.3 Functional Analysis*

Clary et al. (1998) hypothesised that volunteering serves personal and social functions which are determined by an individual's thoughts, feelings and actions. These were not all held with the same importance, however. Some were more significant than others as motivating factors for decision to volunteer.

#### *1) The knowledge function*

The findings show that volunteers engage in volunteer activity so that they can be exposed to new learning experiences and also because it provides an opportunity to exercise and apply knowledge, skills, and abilities that might otherwise go unpractised. In this study, the volunteers were young and used volunteering as an opportunity to gain knowledge and understanding about self and the world. Taking a gap year, engaged in something experiential, offers the opportunity for a learning and self-development experience. The volunteers generally expected to benefit from the experience in terms of self-development, learning, and gaining an understanding of themselves and the world.

### *2) The value expressive function*

Volunteerism provides an opportunity for people to express deeply held values, dispositions, and convictions. The volunteers in this study expressed that volunteerism offered an opportunity to manifest their values related to altruistic and humanitarian concern for others. Where this was a primary function, those volunteers expressed the desire to continue volunteering throughout their life in line with these values. This was also reported in other studies (Clary et al., 1998).

### *3) Career*

Another motivating factor for volunteering was the perceived career related benefits of the activity, whereby volunteers received necessary skills and work experience in the area of their career interest. For many of the volunteers interviewed in this study, volunteering offered this opportunity. Many of the volunteers cited this as a major incentive for engaging in volunteer activity. Volunteer work may be a means of preparing for a new career, gaining experience in a certain career field, or of maintaining career-relevant skills. There are also anticipated benefits of gaining knowledge and experience, increasing job prospects in a certain field. Volunteer work is seen as a 'stepping stone' to employment or to further study.

### *4) The social adjustment function*

One reason reported by volunteers as factoring in their decision to volunteer, was in order to form relationships with others: volunteering offers opportunities to forge new relationships with other individuals engaged in the same activity. Many of the volunteers described their experiences with volunteering in their home country as being partly influenced by peer or normative social pressure. Two of the volunteers made the decision to volunteer together, thereby enhancing the social aspect – the opportunity to be with one's friends and engage in an activity viewed favourably by significant peers. Most of the volunteers, however, had arrived in South Africa alone, but had forged social relationships with the other volunteers and were also reportedly held in high regard by their peers and social groups in their home country.

### *5) The protective function*

This relates to engagement in volunteerism, motivated by guilt at being more fortunate than others or to an escape from negative affect arising from personal problems (serving others with greater problems is cited as a distraction from own worries and difficulties). Most

volunteers mentioned that they felt driven to engage in volunteer behaviour in developing countries in order to “give of themselves to others less fortunate”. They felt that they led privileged lives and that they needed to give back to society through selfless service to others.

#### *6) Enhancement*

Volunteerism can serve to enhance one’s self-esteem, self confidence and provide an avenue for self-improvement. The enhancement function focuses on growth, development and positive strivings (Clary et al., 1998; Houle, Sagarin and Kaplan, 2005). Volunteers interviewed in this study reported that they volunteer for reasons of personal development or because they obtain satisfaction related to personal growth and self-esteem from the activity.

#### *6.2.4 The Theory of Reasoned Action (TRA)*

The theory of reasoned action proposes that attitudes, beliefs and intentions inform behaviour (Fishbein and Ajzen, 1975; Munro et al., 2007). The underlying assumption is that individuals use information available to logically and rationally make decisions to engage in behaviour. These decisions have further been influenced by their attitudes and beliefs in assessing whether the outcome will be positive or negative. An individual who believes that volunteering will have a positive outcome will hold a favourable attitude towards it. Most of the volunteers come from a family or community with a culture of volunteering and cite that their experiences of volunteering have been affirmative, which, in turn has shaped a positive attitude towards or perception of volunteering. This is therefore likely to have influenced the decision to volunteer in South Africa. This is corroborated with most of the participants stating that they would be likely to volunteer again in the future as their experience in South Africa has been beneficial and enjoyable.

For many of these volunteers, social persuasion from their peers and family has had an influence on their decision to volunteer. This resonates with the Theory of Reasoned Action, which describes how social norms play a role in behavioural action. For most of the participants in this study, social norms went hand-in-hand with social support in their decision to participate. Where there was the opportunity to volunteer in South Africa, a few volunteers felt that their decision was facilitated by support from their family and friends. They also pointed out that being involved in social groups where volunteer activity was the norm, added to their decision to volunteer, as their peers put some inadvertent pressure on

them. Conversely, where there was a lack of social support, especially from family and close friends then it negatively affected their decision-making in view of volunteering.

The TRA also recognises the impact of past behaviour on current behaviour – all of the volunteers had engaged in volunteer work in their home country and stated that they were in all probability going to volunteer again in the future.

#### *6.2.5 The Theory of Planned Behaviour (TPB)*

The TPB recognises that intention and willingness to engage in behaviour rely on an individual's control over various factors, including both facilitating as well as impeding factors. External influences and resources are additionally regarded as playing a significant part in facilitating the person's behaviour. The appraisal of factors is part of an individual's perception, and mediates decision making and subsequent intention to act (Armitage and Conner, 2001).

The individual's attitude towards performing the behaviour, perception of social norms to perform the action and appraisal of their own capacity to perform the behaviour further influence behaviour. A positive attitude translates into higher perceived competency to achieve the intended action successfully and coupled with social pressure to perform the action, this will increase the likelihood that an individual will engage in that behaviour. Knowledge and relevant skills, past experience, emotions, past track record and external circumstances also play a role in determining behaviour (Godin and Kok, 1996; Hardeman et al., 2002; Mullen et al., 1987; St Claire, 2003; Sutton, 1997).

The participating volunteers in this study cite that they all felt competent in their perceived capability to engage in the volunteer work. Although they struggled with the work once they arrived in South Africa, lacking relevant skills, their initial perceptions of their ability whilst making the decision to come to South Africa, had been optimistic and had thus influenced their decision to volunteer. Their affirmative experiences with previous volunteer work in their home country had positively affected their perceived competency, and favourable attitude to volunteer work abroad. Once again, social influences including the support of their family and peers were cited as having an added influence on their decision to volunteer, or at least factoring in their decision making.

## *6.3 Willingness to participate in hypothetical HIV vaccine trials*

### *6.3.1 Summary of main findings*

The overwhelming majority of participants in this study said that they would not be willing to participate in a hypothetical HIV vaccine trial. Only one participant was willing to participate in a hypothetical HIV vaccine trial, however, this participant was medically trained and well-informed about HIV vaccine trials. Various reasons were reported in the findings chapter and will be discussed below.

### *6.3.2 The Health Belief Model*

According to the HBM, an individual's perception of the seriousness of, and their susceptibility to, a disease will influence the threat that they feel and this in turn will influence their action. In this study, the individual volunteers' own perceived risks are low, their perception is that their susceptibility to contracting HIV is low and accordingly, they are less willing to participate in a hypothetical HIV vaccine trial than individuals in other studies whose perceived susceptibility is high (MacQueen, 1999). This reluctance to participate is associated with the cost-benefit ratio of participation. When the perceived risks of participation outweigh the benefits, participants are less willing to volunteer for HIV vaccine trials. This reiterates other findings in the literature (Becker et al., 1979; Giocos, 2006; Macqueen et al., 1999; Stroebe, 2000).

WHO (2003) ascribes influence on willingness to participate in HIV vaccine trials to demographic and psychosocial variables. In this study, the volunteers are from countries where HIV infection rates are low and therefore young adults are less likely to be at risk of contracting HIV. This perhaps also accounts for the finding that most of the sample said that they would be willing to work on HIV vaccine development as volunteers but only as researchers and data collectors, not as trial participants. More than half of the volunteers said that they would be willing to participate in the development of other vaccine substances or medical research as trial subjects (e.g. for malaria or cancer research) but not for HIV, because the potential risks and costs of participation outweighed the benefits of participation.

In previous studies (Giocos, 2006; Kiwanuka et al., 2004; McGrath, 2001) perceived risk of HIV infection, knowledge of HIV vaccines and HIV vaccine trials, attitudes towards HIV/AIDS were related to willingness to participate in potential HIV vaccine trials. These



studies also found that psychosocial factors may influence adolescents' willingness to participate in Phase III HIV vaccine trials. Social influences such as peer pressure play a large role in the forming of identity, emotional maturity and independence which are important developmental tasks for the adolescent and young adult (Meyer, 2004 in Giocos, 2006). These processes and social pressures influence adolescent behaviour, whereby if participation in an HIV vaccine trial is perceived as a normal and even desirable activity; it is likely that this perception will positively influence the individual's decisions to volunteer. This has been verified in this study with most volunteers citing the social influence of their peers as playing a role in the development of their volunteer activity, and all of them citing their prior volunteer experience (influenced by group norms) as being a significant reason for their current volunteerism.

However, with regard to the participants in this study being unwilling to participate in HIV vaccine trials, one can only speculate that HIV vaccine-related issues are not significant to the peer group. It is unlikely that participation in an HIV vaccine trial would be a social norm for many of these European adolescents and young adults as they are far removed from the epicentre of the HIV pandemic. Therefore, it is an issue that will be less prominent within their social group and less likely to be socially sanctioned or normed practise. This could explain why this particular group of young adults are less likely to be willing to participate.

The findings in this study reiterate those found in the literature (Giocos, 2006; Jenkins, Chinaworapong, Morgan, Ruangyuttikarn, Sontirat, Chiu, Michael, Nitayaphan and Khamboonruang, 1998; Johnson, 2000; Kiwanuka et al., 2004; McGrath, George, Svilar, Ihler, Mafigiri, Kabugo, et al., 2001) that perceived risks of HIV infection are related to willingness to participate in an HIV vaccine trial. When perceived susceptibility to HIV infection is low, then willingness to participate is diminished. Furthermore, knowledge of HIV vaccine trials is inversely associated with willingness to participate – when knowledge of HIV vaccine trial methodology is greater, then willingness to participate has been shown to decrease. Among the sample of participants in this study, knowledge of HIV vaccine trials was relatively low (Koblin et al., 2000 and Smit, Middelkoop, Myer, Seedat, Bekker, Stein, 2006 in Giocos, 2006). Only one participant, who was a medical doctor by profession, had a sound knowledge of what participation would entail and was the only participant that indicated definitely willingness to participate in a hypothetical HIV vaccine trial.

#### *6.4 Limitations of this study*

The sample for this study was rather small and specific. However, this was an exploratory, qualitative study. Secondly, the sample is foreign; results are possibly not generalisable to the South African population. There may be an element of social desirability in the results, since these data were collected using face-to-face interviews and participants may have skewed their answers to appear more altruistic with regard to their motivations behind volunteering. Using a hypothetical HIV vaccine trial as an example could affect the generalisability of the results; willingness to participate in hypothetical HIV vaccine trials does not necessarily translate into willingness to participate in an actual HIV vaccine trial. Most of the participants in this study did not have a working knowledge of HIV vaccine trials, which means that asking them questions about something they are not informed about may lead to information (data) which is superficial. Furthermore, volunteering incorporates a huge range of vastly different activities and therefore it is difficult to define and measure as a concept. Aspects of the sample may also limit the findings in this study from being generalisable to other populations: the fact that all the participants were from a single NGO, that they were within a narrow age band and that they were from a limited range of developed countries may serve to restrict the findings.

#### *6.5 Recommendations for future research*

Future studies could be conducted with a South African sample of young adult volunteers to examine and compare their characteristics, motivations and barriers to volunteering. Using the findings from this study, a questionnaire could be developed for quantitative research with a larger sample. Currently, there is a growing interest in the area of willingness to participate, particularly with regard to participation in HIV vaccine trials. Using the data on volunteerism could assist with further development of data in this field. This could then be used to explore barriers and incentives to willingness to participate among a population of volunteers. For vaccine trials to succeed there needs to be a sufficient number of willing volunteers to test the trial substance. Examining the motives and incentives of young adult and adolescent volunteers will contribute to an understanding of volunteerism for this population. Understanding these motives will contribute to an understanding of how best to recruit potential participants in future trials.

In depth, qualitative research could also be conducted with individuals/a sample of people who are already enrolled in HIV vaccine trials to explore their experiences in volunteering in this way. Of interest would be their opinions and attitudes to the possibility of enrolling children and adolescents in vaccine trials. Further research on altruism within a South African population would also be of interest.

### *6.6 Conclusion*

An individual may have a multitude of motives to volunteer, which may be both altruistic and egoistic. Volunteering also depends on various psychosocial factors including age, socio-economic situation and education. There are as many different kinds of volunteer activities as there are reasons for engaging in the activity itself. For each individual, or group, the motives, incentives and barriers to volunteering are different. For young adult volunteers such as the large numbers found in NGO's in the developing regions of the world, there are very specific, unique motives. These are related to age, socio-economic status and stage of life issues, and also, significantly, a family or community culture of volunteering. Although the essential underlying ethos for engaging in volunteer work is altruistic, the gaining of life and work experience as well as social networking remain very important motives.

With regard to willingness to participate in HIV vaccine trials, there was a definite point at which most volunteers in this study became not willing to participate in HIV-related volunteer behaviour specifically, HIV vaccine trial participation. This point occurred when the risks of participation outweighed the benefits of participation for the individual. One could speculate that as these individuals perceived their own risk of contracting HIV as low, their perceived benefit of participation in HIV vaccine trials was low. Therefore as soon as the risks increased even marginally, they outweighed the perceived (lack of) benefit. Therefore, these individuals were less likely to be willing to participate even when the actual risks were low because they did not perceive any personal benefit of participation. One could speculate even further, therefore, that an altruistically motivated individual would be willing to participate despite the personal costs or risks (e.g. physical discomfort and potential negative or unknown side effects), in the service of the greater good of humanity. Therefore, one possible conclusion could be that these individuals, by reason of their unwillingness to participate under these circumstances, are not motivated as much by altruism in their volunteer activity, but rather through self-interest.

The kind of volunteer activity, the setting, the level of involvement all factor into the decision to volunteer. Furthermore, hypothetical willingness to participate does not necessarily translate into actual willingness to participate in an HIV vaccine trial (Buchbinder et al., 2004; Giocos, 2006). In this study, the general willingness to volunteer to work with HIV/AIDS affected and infected children did not translate into willingness to participate in HIV vaccine trials. It would appear that the motives for volunteerism among participants in this study reflect the motives of many young adults and late adolescents who, increasingly are becoming more aware of global issues and putting their conscience around the welfare of others into action. However, the barriers and concerns that were raised with regard to HIV vaccine trial participation reflect the real concerns that surround the recruitment of potential volunteers, and represent the complex difficulties of engaging young, healthy individuals to participate.

## References

- Armitage, C.J. and Conner, M. (2000). Social cognition models and health behaviour: A structured review. *Psychological Health*, 15, 173-189.
- Armitage, C.J. and Conner, M. (2001). Efficacy of the theory of planned behaviour: A meta-analytic review. *British Journal of Social Psychology*, 40, 471-499.
- Asante-Ntiamoah, K. and Nyberg, R. (2002). Advancing the volunteerism agenda for sustainable development. Retrieved September 21, 2007, from <http://www.unv.org/en/what-we-do/thematic-areas/hivaids/doc/advancing-the-agenda.html>.
- Atkins, R., Hart, D., and Donnelly, T. (2005). The association of childhood personality type with volunteering during adolescence. *Merrill-Palmer Quarterly*, 51, 145-162.
- Bailey, R.C., Moses, S., and Parker, C. (2007). Male circumcision for HIV prevention in young men in Kisumu, Kenya: A randomised controlled trial. *The Lancet*, 369, 643-656.
- Balzarini, J. and Van Damme, L. (2007). Microbicide drug candidates to prevent HIV infection. *The Lancet*, 369, 787 - 797.
- Bandura A. (1997). *Self-efficacy: The exercise of control*. New York: W. H. Freeman and Company.
- Bartham, P. (2006). Volunteer tourism and the gap year. *The Guardian UK*. Retrieved September 21, 2007, from <http://www.worldvolunteerweb.org/browse/countries/united-kingdom/doc/volunteer-tourism-the.html>.
- Bass, E. (2004a). *Bangkok 2004: A glimpse of the future at the dawn of the "scale-up" effort*. IAVI Report 8(3). Retrieved July 14, 2007, from <http://www.iavireport.org/Issues/1104/Bangkok2004Aglimpse.asp>.

Bass, E. (2004b). *Reports from the frontlines: AIDS vaccine trial site experiences from a busy year*. Retrieved September 15, 2007, from <http://www.iavireport.org/Issues/1104/ReportsFromTheFrontlines.asp>.

BBC News Online (Wednesday, 12 November, 2003). HIV Vaccine trial ends in failure. Retrieved March 06, 2008, from <http://news.bbc.co.uk/2/hi/health/3265089.stm>.

Bearinger, L.H., Sieving, R. E., Ferguson, J., and Sharma, V. (2007). Global perspectives on the sexual and reproductive health of adolescents: Patterns, prevention, and potential. *The Lancet*, 369, 1220–1231.

Becker, M.H., Maiman, L.A., Kirscht, J.P., Haefner, D.P., Drachman, R.H., and Taylor, .D.W (1979). Patient perceptions and compliance: Recent studies of the Health Belief Model. In R.B. Haynes, D.W. Taylor and D.L. Sackett (Eds.), *Compliance in Health Care* (pp. 78-109). Baltimore: Johns Hopkins University Press.

Bloor, M. (1995). A user's guide to contrasting theories of HIV related risk behaviour. In J. Gabe (Ed.), *Medicine, health and risk: Sociological approaches (Sociology of Health and Illness Monograph Series)*, pp. 19 – 30. London: Blackwell Publishers.

Blum, A. (2006). *So glad to be out of school – as a volunteer*. Retrieved 20 September, 2007, from <http://www.worldvolunteerweb.org>.

Boyatzis, R. (1998). *Transforming qualitative information. Thematic analysis and code development*. California: Thousand Oaks, Sage.

Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77 – 101.

Brug, J., Hoekstra, T., Schaalma, H. P., Abraham, C., Lemmens, K. P. H., Ruiter, R. A. C., and de Kort, W. L. A. M. (2005). Why don't young people volunteer to give blood? An investigation of the correlates of donation intentions among young non-donors. *Transfusion*, 45(6), 945-955.

- Bocella, K. (2006). More young Americans volunteering abroad. Retrieved September 20, 2007, from <http://www.worldvolunteerweb.org/news-views/volunteer-stories/doc/more-young-americans-volunteering.html>.
- Buchbinder, S.P., Metch, B., Holte, S.E., Scheer, S., Coletti, A., and Vittinghoff, E. (2004). Determinants of enrolment in a preventative HIV vaccine trial: Hypothetical versus actual willingness and barriers to participation. *Journal of Acquired Immune Deficiency Syndromes*, 36(1), 604 – 612.
- Buga, G.A., Amoko, D.H., and Ncayiyana, D.J. (1996). Sexual behaviour, contraceptive practice and reproductive health among adolescents in rural Transkei. *South African Medical Journal*, 86, 523 – 527.
- Celentano, D.D., Beyrer, C., Natpratan, C., Eiumtrakul, S., Sussman, L., and Renzullo, P.O. (1995). Willingness to participate in AIDS vaccine trials among high risk populations in Northern Thailand. *AIDS*, 9(9), 1079 – 1083.
- Chesson, H.W. and Pinkerton, S.D. (2000). Sexually transmitted diseases and the increased risk for HIV transmission: Implications for cost-effectiveness analyses of sexually transmitted disease prevention interventions. *Journal of Acquired Immune Deficiency Syndrome*, 24, 48–55.
- Chou, K.L. (1998). Effects of age, gender and participation in volunteer activities on the altruistic behavior of Chinese adolescents. *Journal of Genetic Psychology*, 159(2), 195 – 201.
- Clary, E.G., Snyder, M., Ridge, R.D., Copeland, J., Stukas, A.A., Haugen, J., and Miene, P. (1998). Understanding and assessing the motivations of volunteers: A functional approach. *Journal of Personality and Social Psychology*, 74(6), 1516-1530.
- Clarke, L. (2004, November 14). “I’m no hero” – first AIDS vaccine volunteer. *Cape Argus*. Retrieved December 10, 2007 from <http://www.worldvolunteerweb.org/news-views/volunteer-stories/doc/im-no-hero.html>.

- Cleland, J. and Ali, M. (2006). Sexual abstinence, contraception, and condoms: Trends in young single African women, 1993–2001. *The Lancet*, 368, 1788–1793.
- Conant, E. (2005). Having fun doing good. *Newsweek International*, Retrieved March, 12, 2007, from <http://www.newsweek.com/id/49470/page/1>.
- de Irala, J. and Alonso, A. (2006). Changes in sexual behaviours to prevent HIV. *The Lancet*, 368, 1749-1750.
- Dingle, A., Sokolowski, W., Saxon-Harrold, S.K.E., Davis-Smith, J., and Leigh, R. (Eds.) (2001). *Measuring Volunteering: A Practical Toolkit*. Bonn, Germany: A joint project of Independent Sector and United Nations Volunteers.
- Dunkle, K.L., Jewkes, R.K., Brown, H.C., Gray, G.E., McIntyre, J.A., and Harlow SD. (2004) Transactional sex among women in Soweto, South Africa: Prevalence, risk factors and association with HIV infection. *Social Science and Medicine*, 59, 1581-1592.
- Editorial (2007). Newer approaches to HIV prevention. *The Lancet*, 369, 615.
- Ellis, S. (2007). Voluntourism: Pros, cons and possibilities. Retrieved September 22, 2007, from <http://www.worldvolunteerweb.org/resources/how-to-guides/volunteer/volunteering-additional-resources/doc/voluntourism-pros-cons.html>.
- Fereday J. and Muir-Cochrane, E. (2006). Demonstrating Rigor Using Thematic Analysis: A Hybrid Approach of Inductive and Deductive Coding and Theme Development. *International Journal of Qualitative Methods*, 5(1), 1 – 11.
- Ferrari, J.R. and Bristow, M.J. (2005). Are we helping them serve others? Student perceptions of campus altruism in support of community service motives. *Education*, 125(3), 404-413.
- Fishbein, M. and Ajzen, I. (1975). *Belief, attitude intention and behaviour: An introduction to theory and research*. Menlo Park: Addison-Wesley.



- Forbes, E. T. (2007, November 11). Fallout from Failed AIDS Vaccine Could Dampen Research. *HealthDay News*. Retrieved December, 4, 2007 from HAVEG database, UKZN.
- Fox, M. (2007, November 8). AIDS vaccines experts confused, dismayed. *Reuters*. Retrieved December, 4, 2007 from HAVEG database, UKZN.
- Gbesso, S., Decosas, J., Gnahoui-David, B., and Sala-Diakanda, F. (2006). Adolescent sexual health? Let us get real! *The Lancet*, 367, 1222.
- Gebhardt, W.A. and Maes, S. (2001). Integrating social-psychological frameworks for health behaviour research. *American Journal of Health Behaviour*, 25, 528-536.
- German volunteer abroad program (2007). Retrieved September 21, 2007, from [http:// www.bundesregierung.de](http://www.bundesregierung.de).
- Giocos, G. (2006). *Predicting hypothetical willingness to participate in a future Phase III HIV vaccine trial among high risk adolescents*. Unpublished master's thesis, University of Stellenbosch, Stellenbosch.
- Godin, G. and Kok, G. (1996). The theory of planned behavior: A review of its applications to health-related behaviours. *American Journal of Health Promotion*, 11, 87-98.
- Golub, E.T., Purvis, L.A., Sapun, M., Safaeian, M., Beyrer, C., and Vlahov, D. (2005). Changes in willingness to participate in HIV vaccine trials among HIV-negative injection drug users. *AIDS Behaviour*, 9(3), 301 – 309.
- Gray, R.H., Kigozi, G., and Serwadda, D. (2007). Male circumcision for HIV prevention in men in Rakai, Uganda: A randomised trial. *The Lancet*, 369, 657–666.
- Grimm, R.J.R., Dietz, N., Spring, K., Arey, K., and Foster-Bey, J. (2005). Building active citizens: The role of social institutions in teen volunteering. Brief 1 in the *Youth Helping America* series. Washington, DC: Corporation for National and Community Service.

- Hardeman, W., Johnston, M., Johnston, D.W., Bonetti, D., Wareman, N.J., and Kinmonth, A.L. (2002). Application of the theory of planned behaviours in behaviour change interventions: A systematic review. *Psychological Health, 17*, 123-158.
- Harrison, J.A., Mullen, P.D., and Green, L.W. (1992). A meta-analysis of studies of the health belief model with adults. *Health Education Research, 7*, 107-116.
- Hartell, C.G. (2005). HIV/AIDS in South Africa: A review of sexual behaviour among adolescents. *Adolescence, 40(157)*, 171-181.
- HealthDay News (2007). Fallout from failed AIDS vaccine could dampen research. Monday, November 12, 2007. Retrieved November 12, 2007, from <http://www.news-journal.com/health/content/shared-auto/healthnews/clin/609947.html>.
- Houle, B.J., Sagarin, B.J., and Kaplan, M.F. (2005). A functional approach to volunteerism: Do volunteer motives predict task preference? *Basic and Applied Psychology, 27(4)*, 337-344.
- International AIDS Vaccine Initiative [IAVI], 2007. Retrieved June, 21, 2007, from <http://www.iavi.org>.
- Ingham, R., Woodcock, A., and Stenner, K. (1992). The limitations of rational decision-making models as applied to young people's sexual behaviour. In P.P. Aggleton, P. Davies and G. Hart (Eds.). *AIDS: Rights, risk and reason (pp. 163 – 173)*. London: Falmer Press.
- Jamison, D.T., Breman, J.G., and Measham, A.R. (Eds) (2006). *Vaccine-preventable Diseases: Priorities in Health*. Disease Control Priorities Companion. Washington: World Bank Publications.
- Janz, N.K. and Becker, M.H. (1984). The health belief model: A decade later. *Health Education Quarterly, 11*, 1-47.
- Jenkins, R.A., Chinaworapong, S., Morgan, P.A., Ruangyuttikarn, C., Sontirat, A., Chiu, J., Michael, R.A., Nitayaphan, S., and Khamboonruang, C. (1998). Motivation, recruitment, and

- screening of volunteers for a phase I/II HIV preventive vaccine trial in Thailand. *Journal of Acquired Immune Deficiency Syndrome*, 18(2), 171-177.
- Jewkes, R., Dunkle, K., Nduna, M., Levin, J., Jama, N., Khuzwayo, N., Koss, M., Puren, A., and Duvvury N. (2006). Factors associated with HIV sero-positivity in young, rural South African men. *International Journal of Epidemiology*, 35, 1455-1460.
- Johnson, M.O. (2000). Personality correlates of HIV vaccine trial participation. *Personality and Individual Differences*, 29, 459 – 467.
- Kalichman, S. C., Eaton, L., and Pinkerton, S.D. (2007) Male circumcision in HIV prevention. *The Lancet*, 369, 1957.
- Kalichman, S.C., Simbayi, L.C., Kagee, A., Toefy, Y., Jooste, S., Cain, D., and Cherry, C. (2006) Associations of poverty, substance use, and HIV transmission risk behaviours in three South African communities. *Social Science and Medicine*, 62, 1641-1649.
- Kegeles, S. M., Johnson, M. O., Strauss, R. P., Ralston, B., Hays, R. B., Metzger, D.S., McLellan-Lemal, E., and MacQueen, K.M. (2006). How should HIV vaccine efficacy trials be conducted? Diverse U.S. communities speak out. *AIDS Education and Prevention*, 18(6), 560–559. Retrieved October 11, 2007, from [http://aidsvaccineclearinghouse.org/pdf/LinCS\\_Kegeles\\_et.al.2006.pdf](http://aidsvaccineclearinghouse.org/pdf/LinCS_Kegeles_et.al.2006.pdf)
- Kirkpatrick Johnson, M.; Beebe, T., Mortimer, J. T., and Snyder, M. (1998). Volunteerism in Adolescence: A process perspective. *Journal of Research on Adolescence*, 8(3), 309 – 332.
- Kiwanuka, N., Robb, M., Kigozi, G., Birx, D., Philips, J., and Wabire-Mangen, F. (2004). Knowledge about vaccines and willingness to participate in preventative HIV vaccine trials: A population-based study, Rakai, Uganda. *Journal of Acquired Immune Deficiency Syndrome*. 36(2), 721 – 725.
- Klaushofer, A. (2000, August 16). Gap-year 'voluntourists' told not to bother. Message posted to <http://www.worldvolunteerweb.org/browse/volunteering-issues/young-volunteers/doc/gap-year-voluntourists-told-not.html>.

- Koblin, B.A., Avrett, S., Taylor, P.E., and Stevens, C.E. (1997). Willingness to participate in HIV-1 vaccine efficacy trials and the effect of media events among gay and bisexual men in New York City: Project ACHIEVE. *Journal of Acquired Immune Deficiency Syndromes and Human retrovirus*, 15(2), 165 – 171.
- Koblin, B.A., Holte, S., Lenderking, B., and Heagerty, P. (2000). Readiness for HIV vaccine trials: Changes in willingness and knowledge among high-risk populations in the HIV network for prevention trials. *Journal of Acquired Immune Deficiency Syndromes*, 24(5), 451 – 457.
- MacQueen, K. M., Vanichseni, S., Kitayaporn, D., Lin, L.S., Buavirat, A., Naiwatanakul, T., Raktham, S., Mock, P., Heyward, W.L., Des Jarlais, D. C., Choopanya, K., and Mastro, T.D. (1999). Willingness of Injection Drug Users to Participate in an HIV Vaccine Efficacy Trial in Bangkok, Thailand. *Journal of Acquired Immune Deficiency Syndromes*, 21(3), 243 – 251.
- Marotta, S. and Nashman, H. (1998). The Generation X College Student and Their Motivation for Community Service. *College Student Affairs Journal*, 17(2), 18-3.
- Marsh, J. (2004). In search of the moral voice. *Greater Good*. Journal of the Peace Center, Berkeley University, California, 22 – 25. Retrieved November, 11, 2007 from [http://greatergood.berkeley.edu/greatergood/archive/2004springsummer/compassion\\_war\\_spring04.pdf](http://greatergood.berkeley.edu/greatergood/archive/2004springsummer/compassion_war_spring04.pdf)
- McGrath, J.W., George, K., Svilar, G., Ihler, E., Mafigiri, D., and Kabugo, M. (2001). Knowledge about vaccine trials and willingness to participate in an HIV/AIDS vaccine study in the Ugandan military. *Journal of Acquired Immune Deficiency Syndromes*, 27(4), 381 – 388.
- Millennium Development Goals Report (2007). New York: United Nations. Retrieved August 25, 2007, from <http://www.un.org/millenniumgoals/>.
- Mullen, P.D., Hersey, J.C., and Iverson, D.C. (1987). Health behavior models compared. *Social Science and Medicine*, 24, 973-981.

Munro, S., Lewin, S., Swart, T., and Volmink, J. (2007). A review of health behaviour theories: How useful are these for developing interventions to promote long-term medication adherence for TB and HIV/AIDS? *BMC Public Health*, 7, 104- 130.

Newman, P.A., Duan, N., Roberts, K., Seiden, D., Rudy, E., and Swendeman, D. (2006). HIV vaccine trial participation among ethnic minority communities: Barriers, motivators and implications for recruitment. *Journal of Acquired Immune Deficiency Syndromes*, 41(2), 210 – 217.

O'Connell, J.M., Hogg, R.S., Chan, K., Strathdee, S.A., McLean, N., Martindale, S.L., Willoughby, B., and Remis, R. (2002). Willingness to participate and enrol in a phase III preventive HIV-1 vaccine trial. *Journal of Acquired Immune Deficiency Syndrome*, 31(5), 521-8.

Omoto, A. M., and Snyder, M. (1995). Sustained helping without obligation: Motivation, longevity of service, and perceived attitude change among AIDS volunteers. *Journal of Personality and Social Psychology*, 68, 671-686.

Patel, L., Perold, H., Mohamed, S.E., and Carapinha, R. (2007). *Five-country study on service and volunteering in southern Africa research report*. Volunteer Service Enquiry Southern Africa (VOSESA), Centre for Social Development in Africa, University of Johannesburg and the Global Service Institute at the Center for Social Development, Washington University, St Louis, USA

Paul A.M. (1998). Anatomy of an altruist. *Psychology Today*, 31(3), 18. (Retrieved November 27, 2007, from *ABI/INFORM Global database*. Document ID: 28950620).

Paulson, T. (2007, November 8). AIDS trial subjects react to news. *Seattle Post Intelligencer*, Retrieved December, 4, 2007 from HAVEG database, UKZN.

Penner, L.A., Dovidio, J.F., Piliavin, J.A., and Schroeder, D.A. (2005). Prosocial behavior: Multilevel perspectives. *Annual Review of Psychology*, 56, 365-92. (Retrieved November 27, 2007, from *Academic Research Library database*. Document ID: 81511450).

- Perold, H., Carapinha, R., and Mohamed, S.E. (2006). *Five-country study on service and volunteering in southern Africa: South Africa country report*. Volunteer and Service Enquiry Southern Africa (VOSESA). Johannesburg, South Africa.
- Post, S.G. (2005). Altruism, Happiness, and Health: It's Good to Be Good. *International Journal of Behavioral Medicine*, 12(2), 66-77 (Retrieved October 16, 2007, from *Academic Research Library database*, Document ID: 844898011).
- Post, S.G., Underwood, L.G., Schloss, J.P., and Hurlburt, W.B., (2002). (Eds.) *Altruism and Altruistic Love: Science, Philosophy, and Religion in Dialogue*. New York: Oxford University Press.
- Rosenstock, I.M., Strecher, V.J., and Becker, M.H. (1988). Social learning theory and the health belief model. *Health Education Quarterly*, 15, 175-183.
- Rosenstock, I.M. (1990). The health belief model: Explaining health behavior through expectancies. K. Glanz, F.M. Lewis and B.K. Rimer (Eds.). *Health behaviour and health education* (pp. 39 – 62). San Francisco: Josey- Bass.
- Rubenstein, S. and Schoofs, M. (2007, November 7). HIV Vaccine May Have Made Some More Susceptible. *Wall Street Journal*. Retrieved December, 4, 2007 from HAVEG database, UKZN.
- Ruiter, S. and De Graaf, N.D. (2006). National Context, Religiosity, and Volunteering: Results from 53 Countries. *American Sociological Review*, 71(2), 191-210.
- Russel, S. (2007, November 8). Troubling vaccine study confounds AIDS experts: Experiment may have put volunteers at greater risk of HIV. *San Francisco Chronicle*. Retrieved December, 4, 2007 from HAVEG database, UKZN.
- Salamon, M.L., Sokolowski, S.W., and List, R. (2003). *Global Civil Society: An Overview*. Centre for Civil Society Studies, Institute for Policy Studies. Baltimore, USA: The Johns Hopkins University.

- Schondel, C.K. and Boehm, K.E. (2000). Motivational needs of adolescent volunteers, *Adolescence*, 35(138), 335 – 345.
- Schoenberg, J., Pryor, D., and Hart, D. (2003). *Voices of Volunteers 18-29*. New York: Girl Scouts of the USA.
- Simbayi, L.C., Kalichman, S.C., Strebel, A., Cloete, A., Henda, N., and Mqeketo, A. (2007) Disclosure of HIV status to sex partners and sexual risk behaviours among HIV-positive men and women in Cape Town, South Africa. *Sexually Transmitted Infections*, 83, 29-34.
- Slack, C. and Kruger, M. (2005) The South African Medical Research Council's guidelines on Ethics for Medical Research – implications for HIV preventative vaccine trials with children. *South African Medical Journal*, 95(4), 269 – 271.
- Smit, J., Middelkoop, K., Meyer, L., Seedat, S., Bekker, L.G., and Stein, D.K. (2006). Willingness to participate in HIV vaccine research in a peri-urban South African community. *International Journal of STD and AIDS*, 17, 176 – 179.
- Smith, E. (2006). *Volunteering a must for admission to medical schools*. Retrieved September 21, 2007, from <http://www.vso.org> accessed.
- Snyder, M., and Omoto, A. M. (1992). Who helps and why? The psychology of AIDS volunteerism. In S. Spacapan and S. Oskamp (Eds.), *Helping and being helped: Naturalistic studies* (pp. 213-239). Newbury Park, CA: Sage.
- South African AIDS Vaccine Programme (SAAVI) (2008). Background and establishment of SAAVI. <http://www.saavi.org.za/>.
- Song, K. M. (2007, November 7) Possible AIDS vaccine may have put test volunteers at greater risk than previously reported. *Seattle Times*. Retrieved December, 4, 2007 from HAVEG database, UKZN.

South African National Blood Service [SANBS], (2007). Retrieved September 21, 2007, from <http://www.sanbs.org.za/>.

South African Student Volunteers Organisation [SASVO] (2007). Retrieved October 15, 2007, from <http://www.sasvo.up.ac.za>

Sprecher, S. and Fehr, B. (2006). Enhancement of mood and self-esteem as a result of giving and receiving compassionate love. *Current Research in Social Psychology*, 11(16), 227 – 242. Retrieved October 14, 2007, from [http://www.uiowa.edu/~grpproc/crisp/crisp11\\_16.pdf](http://www.uiowa.edu/~grpproc/crisp/crisp11_16.pdf).

Starace, F., Wagner, T.M., Luzi, A.M., Cafaro, L., Gallo, P., and Rezza, G. (2006). Knowledge and attitudes regarding preventative HIV vaccine clinical trials in Italy: Results of a national survey. *AIDS Care*, 18(1), 66 – 72.

St Claire, L. (2003). *Rival Truths: Common sense and social psychological explanations in health and illness* Hove: Psychology Press.

Stewart, E. and Weinstein, R.S. (1997). Volunteer participation in context: Motivations and political efficacy within three AIDS organizations. *American Journal of Community Psychology*, 25(6), 809-837.

Stoddart, H. and Rogerson, C.M. (2004). Volunteer tourism: The case of Habitat for Humanity South Africa. *GeoJournal*. 60(3), 311 – 318.

Stover, J. (2005). Estimating the Global Impact of an AIDS Vaccine. Policy Research Working Paper #4. Public Policy Department, IAVI, New York.

Strauss, R.P., Sengupta, S., Kegeles, S., McLellan, E., Metzger, D., and Eyre, S. (2001). Willingness to volunteer in future preventative HIV vaccine trials: Issues and perspectives from three U.S. communities. *Journal of Acquired Immune Deficiency Syndromes*, 26(1), 63 – 71.



- Strecher, V. and Rosenstock, I. (1997). The health belief model. In A. Baum, S. Newman, J. Weinman, R. West and C. McManus (Eds.), *Cambridge Handbook of psychology, health and medicine* (pp. 113 – 116). Cambridge: Cambridge University Press.
- Strode, A., Grant, C., Slack, C., and Mushariwa, M. (2005). How well does South Africa's National Health Act regulate research involving children? *South African Medical Journal*, 95 (4), 265 – 268.
- Stroebe, W. and de Wit, J. (1996). Health impairing behaviours. In G.R. Semin and K. Fiedler (Eds.), *Applied Social Psychology* (pp. 113 – 143). London: Sage.
- Stroebe, W. (2000). *Social psychology and health* (2<sup>nd</sup> ed.). Buckingham, UK: Open University Press.
- Suhadev, M., Nyamathi, A.M., Swaminathan, S., and Venkatesan, P. (2006). A pilot study on willingness to participate in future preventive HIV vaccine trials. *Indian Journal of Medical Research*. 124(6), 631-640.
- Sutton, S. (1997) Theory of planned behaviour. In A. Baum, S. Newman, J. Weinman, R. West and C. McManus (Eds.), *Cambridge Handbook of psychology, health and medicine* (pp. 177-179). Cambridge: Cambridge University Press.
- The Inter-Parliamentary Council (2001). Support to the United Nations International Year for Volunteers 2001: Resolution adopted without a vote by the IPU Council at its 168th session. Havana, Cuba. Retrieved 15 March, 2007, from <http://www.ipu.org/cnl-e/168-vlnt.htm>.
- The UK Home Office (2005). *A Generous Society*. Retrieved September 20, 2007, from [http://www.cabinetoffice.gov.uk/third\\_sector/giving/generous\\_society.aspx](http://www.cabinetoffice.gov.uk/third_sector/giving/generous_society.aspx).
- Timberg, C. (2007). AIDS vaccine may have increased the risk for some participants. *Washington Post*, November 07, 2007. Retrieved November 10, 2007, from <http://www.startribune.com/484/story/1535995.html>.

- United Nations Volunteers (UNV) (2004). UN Volunteers programme and Southern African Student Volunteers announce new youth volunteering initiative. Retrieved September 21, 2007, from <http://www.unv.org/en/news-resources/news/doc/un-volunteers-programme-and.html>.
- Van Niekerk, J.P.d V. (2007). Applause for HIV/AIDS plan. *South African Medical Journal*, 97 (5), 305.
- Voluntary Service Overseas [VSO] (2006). Changing face of gap years. Retrieved 22 September, 2007, from [http://www.vso.org.uk/news/pressreleases/gap\\_years.asp](http://www.vso.org.uk/news/pressreleases/gap_years.asp)
- Weinstein, N.D. (1988). The precaution adoption process. *Health Psychology*, 7, 355-386.
- Williams, B.G., Lloyd-Smith, J.O., and Gouws, E. (2006). The potential impact of male circumcision on HIV in Sub-Saharan Africa. *PLoS Med*, 3, 262.
- Winkler, M. (2007). *Germany plans massive volunteer abroad program*. Retrieved August 16, 2007, from <http://www.worldvolunteerweb.org/browse/volunteering-issues/young-volunteers/doc/germany-plans-massive-volunteer.html>.
- World Health Organisation [WHO] (2003). Adherence to long-term therapies: Evidence for action. Geneva: WHO. Retrieved July 02, 2007, from [http://www.who.int/chp/knowledge/publications/adherence\\_report/en/index.html](http://www.who.int/chp/knowledge/publications/adherence_report/en/index.html).
- World Health Organisation [WHO] (2007). The African AIDS Vaccine Programme. Retrieved March, 06, 2008, from [http://www.who.int/vaccine\\_research/diseases/hiv/aavp/en/](http://www.who.int/vaccine_research/diseases/hiv/aavp/en/).
- World Volunteer Web [WVW] (2007). *Building active citizens: The role of social institutions in teen volunteering*. Retrieved September 21, 2007, from [www.worldvolunteerweb.org](http://www.worldvolunteerweb.org).
- World Volunteer Web [WVW] (2006). *Follow-up to the implementation of the International Year of Volunteers (2005)*. Retrieved February 06, 2007, from <http://www.worldvolunteerweb.org/resources/policy-documents/united-nations/doc/follow-up-to-the-implementation.html>.

## Appendices

### *Appendix A*

#### **Letter to the Director**

The Director

Dear Madam

#### **Permission to conduct research**

I am an intern Clinical Psychologist, currently completing my Masters through the University of KwaZulu Natal (UKZN), Pietermaritzburg.

The focus of my research is on adolescent and young adult volunteer behaviour, specifically looking at barriers and incentives to such behaviour, and attitudes to participation in volunteer behaviour that is related to HIV. There is a relative dearth of young South Africans who are volunteering their time and effort into projects such as yours. What we would like to do is find out what motivates and what hinders young adult volunteer behaviour in general.

I visited X on 16/11/06 and realized that you have a number of young adult volunteers at your organisation. I would like to interview between 10 and 12 of them with regards to what has motivated them to volunteer. The reason for this is that interviewing people who are already involved in volunteering would yield much richer data, as they are better informed about what such participation entails and have a richer experience to relate. I would then like to compare this data with a sample of undergraduate university students at the UKZN.

The point of the study is to generate data for a larger study on young adult and adolescent participation in HIV-related volunteer behaviour, with an aim to better understand the barriers and incentives to recruiting volunteers for research into HIV prevention.

Ideally, I would like to meet with all willing volunteers to explain the project and then invite interested people to take part in individual interviews. These would take no longer than an hour each, and would be scheduled at the convenience of the willing participants.

I understand that most of the volunteers will be taking leave from the 12/12/06 and therefore I would like to interview them this week (week commencing 4/12/06).

I would like to ensure you that at NO time will X be mentioned in my research. The research is only focusing on individual volunteers and there will be NO identifying details included in the project.

I appreciate your time, and look forward to hearing from you.

Yours sincerely

Thandi van Heyningen

Supervisor:

Professor Graham Lindegger

School of Psychology UKZN

## Appendix B

### *Consent form for Qualitative research with existing volunteers.*

Thank you for considering whether you would like to take part in this study that is looking at the challenges of volunteering. Before you decide whether or not you want to take part, this form will provide some information about what your involvement will entail. Please take the time to ask the researcher any questions you may have about participating in the research.

#### **Who is doing the research?**

The study that you will be part of is run by the School of Psychology, University of KwaZulu Natal, Pietermaritzburg campus.

#### **Why is this study being done?**

This study is part of a wider study that explores people's willingness to volunteer for HIV related health research. We are looking at what the motives are for people to volunteer and what hinders them from volunteering. This is important when it comes to young adults and adolescents. In the future, it is likely that adolescents will be asked to take part in research that is developing a vaccine for HIV. For such research to be successful it is important to know what the issues are that face adolescents when it comes to volunteering.

The main aims of this research are to:

- Explore attitudes of young adults towards volunteer behaviour.
- Look at what factors would help and hinder participation of young adults in HIV research and at HIV vaccine trials in particular.

- Identify the reasons why young adults would or would not participate in HIV vaccine trials
- Identify concerns of young adults about being involved in HIV vaccine trials.

**Where will this study be conducted?**

This study will be carried out in Pietermaritzburg and Cato Ridge.

**Who will take part in this research?**

Adolescents and young adults will be invited to take part in this research.

**What will you have to do and how long will the research take?**

You will be invited to take part in a one-on-one interview with the researcher at your convenience. This should take about an hour.

With your permission, the researcher will record your responses on a tape recorder and take notes.

**What are some of the possible difficulties that you may face if you decide to take part in this research?**

It is not expected that you will experience any difficulties should you decide to take part in this study. However, there is the slight possibility that you may experience the following:

- You may feel inconvenienced by the time taken to complete the interview session/s.
- You might feel some anxiety about being interviewed.
- You may feel anxious about revealing information, and worry about how it will be kept confidential.

- You might feel disappointed that you do not have access to real HIV research or an HIV vaccine trial as a result of being part of this study.

**How will taking part in this study be of benefit to you?**

Your participating in this study will be contributing to:

- The greater good of society: By taking part in this study, you will help with research that is involved in understanding how to recruit volunteers in South Africa.
- This research may be useful to the organizations involved in the development of a vaccine for HIV AIDS.
- By taking part in this study if you have any questions about HIV or vaccine research, the interviewer will provide this to you in a sensitive manner at the end of the interview or assist you in allocating the resources that you need.

**How will you be sure that the information you provide will be kept confidential?**

Each participant will be given a code that will be used in the interview instead of his or her name. This will protect their identity and keep the information confidential. Records of these codes will be stored separately from the interview and only the interviewer will have access to this.

If the findings of this study are published, every effort will be made to ensure that individuals cannot be identified via the data.

**How much will it cost to take part in the study?**

Taking part in this research should not cost you anything more than time.

**What will happen if a person decides not to take part in this study?**

Participation in this research is voluntary. You are free to decide whether you would like to take part in the research or not. You may also leave the research at any time, after enrolling if you decide that you do not want to continue taking part.

If you do not enrol or if you decide to leave the study, you will not be disadvantaged in any way. If you decide to take part in this research, you will be asked to sign a consent form. You will also be asked to sign a separate consent to allow the interviewer to tape-record your interview. If you do not want your interview to be tape-recorded, the interviewer will make notes of your answers instead.

**How will the study results be used?**

- You will be given a report on the results of the research.
- Research results may also be published in an academic journal.

If you have any research-related problems, further questions about this project or questions regarding your rights as a research subject, you may contact the researcher: Thea van Heyningen on 083 656 7745.



## Consent Form

I, ..... agree to participate in this study on volunteer behaviour. This study is being conducted through the University of KwaZulu Natal at X. It aims to explore factors that motivate willingness to volunteer.

- 1) I understand that I will take part in a one-on-one interview with the researcher about my personal experiences of volunteering.
- 2) I understand that my participation is voluntary and that I may leave the study at any time without prejudice.
- 3) I understand that all answers and data will remain strictly confidential and anonymous.

I furthermore

- Give consent
- Do not give consent

for the researcher to use a tape recorder during the interview.

Signature: .....

Date: .....

## Appendix C

### *Interview schedule for individual interviews with volunteers from NGO*

#### *Demographic questions*

1. Age
2. Gender
3. Nationality

#### *Questions specific to volunteering*

4. How long have you been a volunteer?
5. What is your reason for volunteering?
6. Have you ever volunteered before?
7. If yes, where, when and for how long?
8. What has been your experience of volunteering?
9. What have been the most positive aspects of volunteering?
10. What have been the most difficult aspects of volunteering?
11. Would you volunteer further?
12. What sort of volunteer work would you do?
13. What made you decide to come to South Africa to volunteer?

#### *Questions specific to biomedical research and HIV Vaccine trials*

14. Would you volunteer to be part of medical research? Elaborate further.
15. Would you volunteer for HIV research? Reasons?

16. Would you volunteer for HIV research that requires having invasive medical procedures? Reasons?
17. Would you volunteer for HIV research that involves testing a new Vaccine? What would your reasons be?
18. What difficulties do you think you would face if you were to take part in an HIV vaccine trial?
19. What benefits do you think would occur if you took part in an HIV vaccine trial?