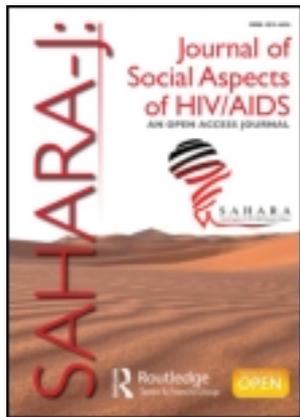


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The social construction of identity in HIV/AIDS home-based care volunteers in rural KwaZulu-Natal, South Africa

Thirusa Naidu*, Yvonne Sliep, Wenche Dageid

Abstract

Home-based care volunteer (HBCV) identity and how it is shaped was the main focus of the study. Fifteen HBCVs were interviewed about their work and personal life stories and then interviewed reflectively using a narrative interviewing style. Specific attention was paid to contextual meta-narratives and social field narratives in understanding the women's stories. Findings indicate that social field narratives of the women's stories were dominated by negative aspects of gender, poverty and socio-political factors. These were seen to coincide with the 'feminisation of responsibility' in this context effectively coercing the women into agency which manifested as their home-based care work. Meta-narratives influencing the women's lives were dominated by stories of communal motherhood, aspirations to service-oriented work and religious beliefs and commitment. The question of how it is possible for women who are seemingly constrained by oppressive narratives to voluntarily engage in community participation was answered in the women's personal life stories about being compassionate, hopeful, helpful and ambitious and having initiative. These characteristics collectively pointed to personal agency. Exploring connections between the different aspects of identity and context revealed that the women made sense of their community participation through their personal identities as strong and loving mothers. Connections between volunteer personal identity, agency and volunteer group identity were explored to make sense of the link between HBCV identity and volunteerism. The mother identity, encompassing personal agency (strength or power) and love (the meta-narrative of communal motherly love), was salient in influencing community participation of the group.

Keywords: HIV/AIDS care and support, volunteers, narratives, social construction of identity, context, agency

Résumé

L'identité des bénévoles qui procurent des soins à domicile (HBCV) et comment elle est façonnée était l'objectif principal de l'étude. Quinze HBCVs ont été interrogés sur leur travail et leur vie privée réfléchivement à l'aide d'une entrevue de style. Une attention particulière a été accordée aux méta-récits contextuels et les récits sociaux de terrains dans la compréhension des histoires des femmes. Les résultats de la recherche indiquent que les récits sociaux de terrain de l'histoire des femmes ont été dominés par les aspects négatifs de genre, de la pauvreté et des facteurs socio-politiques. Ces derniers ont aussi coïncidé avec 'la féminisation de la responsabilité' dans ce contexte contraignant les femmes dans des agences personnelles qui se manifestaient comme leur travail de soins à domicile. Les méta-récits influençant la vie des femmes étaient dominés par les histoires de maternité communale, les aspirations à un travail axé sur le service, les croyances religieuses et l'engagement. La question de savoir comment est-il possible pour les femmes qui sont apparemment contraints par des récits oppressifs à s'engager volontairement dans la participation communautaire a été répondue dans les histoires personnelles des femmes sur la compassion, l'espoir, l'aide, l'ambition et l'esprit d'initiative. Ces caractéristiques ont mis l'accent sur la responsabilité personnelle. En explorant les liens entre les différents aspects de l'identité et le contexte a révélé que les femmes donnaient sens à leur participation communautaire à travers leurs identités personnelles de mères fortes et aimantes. Les liens entre l'identité personnelle du volontaire, la responsabilité et l'identité du groupe de bénévoles ont été exploré afin de donner sens au lien entre l'identité HBCV et le volontarisme. L'identité maternelle, englobant l'initiative personnelle (la force ou la puissance) et de l'amour (récit narratif themeta de l'amour maternel communal était saillant en influençant la participation communautaire du groupe.

Mots clés: Soins et soutien du VIH/ SIDA, bénévoles, les récits, la construction de l'identité sociale, le contexte et la responsabilité

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Introduction

This article reports on an in-depth study into the contexts salient in the social construction of home-based care volunteer (HBCV) identity within a rural African context. Although volunteerism and volunteer identity have been extensively investigated in the West, there has been little or no research into volunteer identity and volunteerism in non-Western cultural environments. We focused specifically on the context of HBCVs who provide care and support for those infected and affected by HIV/AIDS. Home-based care volunteerism forms the mainstay of care initiatives available for HIV/AIDS sufferers and their families in Africa. The study followed an African-based approach to understanding African health-related issues. 'A cultural psychology perspective states that it is culture not biology that gives meaning to action by situating its underlying intentional states in an interpretative system' (Bruner 1991:34). The implication is that, in order to understand behaviour, motivation and intention, one has to do so in context.

Literature review and rationale for the study

Collectivism and individualism as a basis for understanding volunteer motivation

Volunteerism can, in its broadest sense, be defined as acts that are done on the basis of free choice or of one's own accord. Volunteerism has increased dramatically in the context of the HIV pandemic across Africa. Governments on the continent are ill-prepared and poorly resourced for the magnitude of care and support that is required. As a result, individuals and communities have responded by volunteering care and support services in areas of need, chiefly home-based care and support.

The social identity approach suggests that volunteers' interpretation of their personal identity as being consistent with the collective/group identity promotes internalisation of in-group norms, values and interests (Strumer, Simon & Loewy 2008). It is an approach that embraces all type of groups and is intended to be a general theory about inter- and intra-group behaviour. Social identity theory (SIT) sees group norms as expressing important aspects of group identity and group members are motivated to act consistently with them to attain a positive personal identity. Various psychological, economic and socio-political factors affect the nature of volunteering in different contexts (Tajfel & Turner 1986). Here we propose the norms of collectivism and individualism as the in-group norms that motivate individuals.

The constructs of individualism and collectivism proposed by Triandis (1995) have been useful in many contexts in the social sciences. People in collectivist cultures give precedence to group goals over personal and individual goals. They are likely to focus more on the context than on the content when making attributions, communicating and defining themselves as part of a group, giving less credence to internal than to external processes as determinants of social behaviour. People in collectivist cultures also define relationships with in-group members as communal, make more situational attributions and are more likely to be self-effacing. Collectivism and individualism are polythetic rather than dichotomous constructs encompassing a multitude

of cultural differences and variations but nevertheless seem to be important historically and cross-culturally. The four defining attributes of individualism and collectivism are (a) the definition of the self, which can emphasise personal or collective aspects or can be independent or interdependent; (b) personal goals that can have priority over in-group goals or vice versa; (c) the emphasis on exchange rather than communal relationships or the emphasis on rationality rather than relatedness; (d) the importance of attitudes and norms as determinants of social behaviour. Both individualism and collectivism may be *horizontal* (emphasising equality) or *vertical* (emphasising hierarchy) (Triandis 2001; Triandis & Gelfand 1998; Wang 2008).

African culture has been described as collectivist (Akande 2009; Mangena 2009; Mkhize 2004; Patel & Wilson 2004). This generalisation cannot be indiscriminately applied to all African communities and contexts, with urban contexts tending to be generally individualist even in traditionally collectivist contexts and the nature of collectivism and individualism being polythetic. Collectivist and individualist cultures may also be assessed on the vertical dimension (emphasising hierarchy) and on the horizontal dimension (emphasising equality) (Triandis & Gelfand 1998). The rural Zulu-speaking community at this study site can be described for the most part as traditionally and historically collectivist and vertical. Vertical collectivist groups see the self as different from others; there is communal sharing, authority ranking, low freedom and low equality and tendency to accept large differences in the relative status of men and women. Communalism of traditional societies with strong leaders is consistent with vertical collectivism. Traditional Zulu society has strict codes of conduct between different groups and is based on a hierarchical social system. Traditional leaders have significant power over community decision making and power at all levels of daily life (Masuku 2005).

Notably, research on volunteerism in individualist cultures places emphasis on examining personal motivation, personal values, personality traits, individual characteristics, individual benefits to the volunteer, psychological wellbeing and psychological commitment. Effective participation in volunteering is most likely to take place among the wealthiest, most educated members of a community (Borgonovi 2008). Research in individualist cultures suggests that volunteering has a positive effect on the mental health and wellbeing of volunteers (Borgonovi 2008; Crook, Weir, Willms & Egdorf 2006). Volunteers in individualist cultures are motivated to volunteer by virtue of their individual identity, the personal satisfaction they derive from their volunteer work, personal values and to some extent their expectation of others (Finkelstein, Penner & Brannick 2005; Ramirez-Valles 2003).

Evidence from collectivist cultures suggests that volunteering is viewed differently in these cultures. People might feel that they are obligated to volunteer because of socially constructed roles and spiritual beliefs (Akintola 2006; Songwathana 2001). In addition, informal helping behaviour may be seen as volunteering and more consistent with cultural practices within a particular culture (Patel & Wilson 2004; Ramirez-Valles & Brown 2003). This suggests that in predominantly collectivist cultures (such

as Asia, Latin America and Africa), the research focus should necessarily be different. Airhihenbuwa and De Witt Webster (2004) point out that in Africa, the values of the community and extended family have a major impact on the behaviour of the individual corresponding to the idea that in collectivist cultures, in-group needs have a greater influence on individual behaviour than in individualist cultures.

Volunteerism in AIDS care

Internationally, much attention has been given to research on volunteerism, specifically to topics such as the motivation to volunteer, stages in volunteer development, what promotes volunteer participation and persistence, volunteer role identity and collective identity (Davis, Hall & Meyer 2003; Grube & Piliavin 2000; Haski-Leventahl & Bargal 2008; Laverie & McDonald 2007; Planalp & Trost 2009; Strumer *et al.* 2008).

Rödlach (2009) observed that Zimbabwean HBCVs for people living with AIDS motivations included religious values; desire for prestige; empathy derived from witnessing the suffering caused by AIDS illness; the hope of securing care-giving support in the future; the hope of enlarging personal networks to include those with access to political and economic power; and the hope of receiving material benefits in the future. Rödlach (2009) noted that their concerns would be addressed by better integration with the national healthcare system at various levels as well as with community- and faith-based groups that could potentially stimulate positive commitment to care-giving. Glenton, Scheel, Pradhan, Lewin, Hodgins and Shrestha (2010) noted that female health volunteers in Nepal were motivated by a tradition of volunteering as moral behaviour and lack of faith in paid government workers and that context-specific incentives were most likely to result in low attrition and high performance. Maes, Shifferaw, Hadley and Tesfaye (2010) argue for the important issue of food insecurity among volunteer AIDS caregivers in Ethiopia, making the point that remunerating community health workers is a matter of the right to receive fair wages for one's labour and one which has implication for the understanding of social and economic costs and benefits of volunteerism. In a study on volunteer AIDS caregivers perceptions of rewards in a faith-based organisation in South Africa, Akintola (2010b) noted that volunteers experienced intrinsic and extrinsic rewards ranging from emotional and psychological self-growth to appreciation and recognition shown by patients and community members.

The South African government has acknowledged and is developing community-based care as the basis of palliative care for HIV patients (Campbell, Gibbs, Nair & Maimane 2009). Most research on home-based care in Africa has investigated the caregivers as a group and explored the burdensome, disempowered, gendered nature of the work. The women are usually related to their patients and are presented as oppressed and obligated to care for the sick. Seldom has a distinction been made between family caregivers and community volunteers who are not related to the patient. Minimal consideration has been given to the fact that there are women who volunteer for the work itself in addition to their personal and family obligations – an act that indicates initiative and choice to some degree. Moreover, there are many

other women (and men) in this community who live under the same circumstances but do not volunteer. While volunteerism might be seen as a means of cheap labour that exploits impoverished people, especially women, it provides a method of identifying those who are willing to work and show the initiative to train and improve their skills base. Couching volunteerism as exploitation of the poor could obscure the impetus behind impoverished peoples' motivation to volunteer as well as opportunities for identifying community-initiated and supported development. The KwaZulu-Natal provincial government has recently embarked on a project identifying youth and HBCVs to be trained further to share their skills with others and be placed in formal government-supported ventures.

Rationale for the study

This study aimed to investigate the identity of women volunteers who provide home-based care and support to HIV/AIDS patients in the context of cultural and social capital networks within a rural community. An in-depth perspective of the social construction of identity in terms of group identity, role identity and personal identity and how these are related to community participation was taken. The study is a section of a larger project on the social capital around care and support in this community. Researchers in the study have established a relationship with the community and community organisations over time. Parts of the broader study include how study findings are disseminated to the community and implemented. The findings of this study are likely to be useful in informing recruitment, retention and motivation of home-based care and other community volunteers within community-based organisations and NGOs. Taking identity and personal motivations within a socio-culturally relevant context into consideration could contribute to increasing the interest in voluntary participation in home-based care by appealing to relevant socio-cultural identity and motivation factors in potential volunteers. Furthermore, the findings can be used to support current volunteers in ways that are relevant to their own motivation and personal goals.

Research methods

Study site

The community under study is situated approximately 40 km outside Durban, South Africa, and has a population of 12,285 (Statistics South Africa 2004). There is one clinic in the area, which provides a family planning service and primary health care, two community halls and four schools. Transport in the area comprises minibus taxis, as there is no municipally supported transport service. Only main roads are tarred and most homes are accessible on dirt roads and footpaths. Poverty and unemployment are extremely high in the community, with an average monthly income of between R500 and R2000 per household, and only 21% of community members have paid jobs. Most remunerative work can be obtained only outside of the community and many community members work away from home for extended periods ranging from days to months and years.

Ethical issues

Ethical clearance for the study was obtained from a university ethics committee. Informed consent was acquired from the interviewees to conduct the interviews after the interview process was

explained. Questions from the interviewees were addressed as fully and clearly as possible and interviewees could withdraw their participation at any time. Confidentiality of the interviewees was maintained by assuring them that their identity would be concealed in any presentation or publication of the data.

Study participants

The sample consisted of 15 women who were HBCV workers and belonged to a home-based care organisation called *Uthandolomama* (Love of the Mothers). The organisation was identified via its association with the overall study on care and support and social capital. The sample group of volunteers was identified through purposive and snowball sampling where individuals were referred by the group leader and a local community-based organisation. Participation was voluntary. The women were aged between 25 and 60 and had no formal employment. The participants had all attended formal schooling and the highest grades completed varied from Grade 5 to Grade 12. None of the participants had any formal training in nursing or care work, although three had experience caring for sick relatives. Of the group, all but four participants had participated in the informal employment sector as domestic workers or doing other types of 'piece jobs'. Nine of the women were married and all had one or more children. All the women spoke isiZulu as their first language and had some understanding of English. Most of the women were severely affected by the endemic poverty in the region. Of the group, nine participants received a small stipend of R500 per month, commonly known as 'soap money', which they used for transport to visit patients, attend monthly meetings and visit the clinic; calling ambulances, the clinic or other HBCVs for advice and support; and buying soap and other cleaning materials and sometimes food needed to care for the patients. Others received no money and sometimes used their own money or were given money by family members and neighbours to assist with transport, food and care supplies when care packages did not arrive.

The organisation involved in the study could best be described as a secular organisation as it had no formal association as a group with any church or other religious group. The organisation relied on material support provided by local government in the form of care packs (kits), although the latter was at best erratic. They did not enjoy regular association with any particular donor although they received intermittent support from the local community-based group who sponsored their garden project and worked on developing a formal management structure, processes and record keeping so that the organisation could appeal for donor funding in the future. In the past, some members had been sponsored by corporate outreach programmes to attend home-based training. However, many of these women had left for work in formal care-giving positions. New members of the group had no training in home-based care and were instructed by existing members.

Data-collection method and procedure

The study employed a narrative qualitative research design (Creswell 2007). Data were collected through a series of narrative interviews conducted by the first author. Narrative interviewing (NI) is an approach that encourages and stimulates an interviewee

to tell stories about significant events or experiences in her life and social context. The basic idea of NI is to reconstruct social events from the perspective of informants as directly as possible. We used a combination of the psychological approach in which the story is analysed in terms of internal thoughts and motivations, and a more biographical approach which attends to the person in relation to society and takes into account the influences of gender, class and 'family beginnings' (Denzin 1989:17). NI is motivated by a critique of the traditional question-response schema of traditional interviews in which the interviewer controls the flow of the interview by selecting the theme and the topics, arranging the questions and phrasing the questions in his or her language. NI directs the interviewer to avoid pre-structuring the interview. The interviewer is encouraged to use an everyday communication favouring story-telling and listening (Jovchelovitch and Bauer 2000).

The interviews were conducted in isiZulu and translated in situ by a first-language speaker fluent in English. Interviews were audio-taped and transcribed for analysis. Translations were verified during transcription by a different first-language isiZulu speaker fluent in English. Each of the 15 HBCVs was interviewed three times, giving a total of 45 interviews. In the first interview, a constructivist interview style was employed. Questions focused on the nature of the work and the social networks and resources that the HBCVs had access to and that supported their work. The HBCVs were encouraged to speak for as long and as freely as they preferred. The second interview employed a naturalistic approach and focused on the life story of the HBCVs. A generative question was asked to prompt the HBCV to tell her life story. Probing questions were asked once a coda (natural end to the interview) was indicated by the interviewee. The third interview was a reflective interview during which the HBCVs were encouraged to reflect on their work stories, life stories and the interview process. This interview was based on a set of reflective questions developed from the results of the first and second interviews. Connections between the different stories were explored. The NI approach was adopted throughout the interview process. An everyday interaction style was used to encourage the interviewees to enter a storytelling/narrative mode to illustrate their responses to questions. Potential stimulus questions were prepared ahead of the first interview; however, they were not rigidly adhered to and a conversational style was preferred. Interview 2 was initiated with the statement 'Tell me about your life story. Start wherever you like even as far back as you can remember including the parts about what lead you to become a volunteer'. The three-stage interview process was advantageous for a number of reasons. Firstly, it allowed for an action research approach to the interview process where information from the first interview was revisited and influenced the structure and content of the second and third interviews. Secondly, it facilitated the establishment of rapport in the interviewer, interviewee and translator triad allowing for stories to be built and cross-referenced across interviews, and thirdly it allowed the interviewees space and time across and between interviewees to become familiar and comfortable with the narrative interview style. The latter was an important issue as the women had been interviewed by other researchers in the overall project and other studies

previously and were accustomed to the traditional question and answer interview style.

Data analysis

The overall approach to analysis used was narrative analysis (Riessman & Speedy 2008). The first phase of analysis involved listening, making notes, reflecting and reading before and during the interview process across all interviews. The researcher/interviewer (first author) fostered a reflective process by keeping a reflective journal and through reflective conversations with the in situ translator and co-researchers (second and third authors). Relevant themes were identified based on reviewing the data in relation to dominant socio-cultural and historical discourses in South Africa, personal experience and relevant themes in the literature.

The second phase involved reading interview transcripts for context and incorporating narrative analysis strategies (Fraser 2004; Riessman & Speedy 2008; Zilber, Tuval-Masiach & Lieblich 2008). Two dimensions of context were considered central. The first of these, *meta-narratives*, are tacit (mostly unquestioned) precepts that exist in the communities or groups influencing ways of life, living and being a person. These stories tell how life should be lived and can be seen as cultural canons (Bruner 1991). The second was *social field narratives*, and refers to the socio-historical context within which a life was or is being lived and the larger social order, defined by both spatial (institutions and organisations) and temporal (historical events and figures) elements. Themes pertaining to socio-political, personal, cultural and traditional contexts alluded to by interviewees were highlighted and categorised according to the social field and meta-narrative aspects of context that they represented. Themes were based on relevant literature and representative indications in the women's narratives.

In phase 3, the interview transcripts were read for themes consistent with personal identity, volunteer role identity and group identity. Personal identity stories were those where the women told about their personalities and personal lives. Volunteer role identity stories were those where they told about themselves in their role as volunteers. Group identity narratives referred to stories about the identity of the volunteer group.

During phase 4, the data were coded and analysed in greater depth using NVIVO8 qualitative data-analysis software. During this process, further themes emerged and were coded. Immersion in the data during the coding process also alerted the researcher to the existence of 'meta-themes'. These can be described as themes that did not fall into any of the other categories but were consistently mentioned by the interviewees, e.g. love and strength. These meta-themes encompassed more than one theme. The emergence of these meta-themes was considered important for the next phase of analysis, which entailed making relevant connections between the data gathered. Throughout these first four phases, the authors crosschecked the relevance of the coding system and allocation of data to the various themes and narrative dimensions (e.g. meta-narrative, social field narrative or personal narrative).

In phase 5, NVIVO8 software was used to reflexively connect personal, role and group identity themes in the data in the light of context (social field and meta-narratives). Data were connected reflexively with field notes, reflexive journals and relevant literature to facilitate theory building around the social construction of HBCV identity. Co-researchers (first, second and third authors) held discussions intermittently throughout the analysis process to verify connections and expand possibilities for analysis.

Findings

Contextual narratives

Meta-narratives

The following meta-narrative themes were identified. They are presented in descending order of frequency.

- (1) Motherhood
- (2) Aspiring to service-oriented work
- (3) Religious commitment and belief

Motherhood was a meta-narrative that featured strongly in the women's stories. They spoke of a mother's role in the community and stated that mothers or women that were considered mothers of the community (*omama*) should be treated with dignity and respect. Motherhood is seen as a desired status in Zulu culture and is one that is revered. Girls are expected to participate in childcare from a young age and a woman's position and status in the home of her husband is only solidified on her becoming a mother (Masuku 2005). Women of childbearing age, especially those that have children, are afforded status in the community and recognised within the group of mothers. Inherent in the women's idea of effective motherhood was the idea of strength or power associated with the role of mothering. Power was afforded by the traditional status associated with motherhood and multiple practical skills required in being a mother. This is illustrated in the following quote.

Interviewer: What does it mean to be a mother in a community? What do they stand for in the community?

Helen: I think it is important that it is Uthandolomama, because only mothers could do this, males could not do this, that is why it could not have been called Love of mothers and fathers. I don't see any men doing what these women do.

Interviewer: So does the community think that? Does the community think it is the fact that the name is Uthandolomama that makes it work, that a mother is a caregiver?

Helen: I think that the community can see it because they can see things that women are doing in this community, because it is the mothers that get up and do things in this community.

Other associations with the meta-narrative of motherhood included care, forgiveness, unconditional love and being someone who is compassionate and acts on compassion.

Mathilda: I think it is trying to show that mothers are the ones who show love for people. They are the ones who embrace us

when we have done wrong, they are the ones who are always there.

More recently, the power and status of mothers have come under threat as families crumble due to members leaving their homes to seek work and due to less investment in traditional values. In the past, the mothers (*omama*) in the community would have commanded respect by virtue of their status as mothers, but now they are relegated to maintain ancestral homes and care for the very young, the infirm and the aged.

Most of the women spoke of their *aspirations for service-oriented work*. They wanted to become teachers, nurses, social workers or police officers. In the past, black South Africans were prohibited by apartheid laws from obtaining higher education. Faith-based organisations and other NGOs offered vocational training in service-oriented professions. The highest possible aspiration for many black women in the years of apartheid was to become a nurse, teacher or social worker. Further, cultural precepts of care and civil service ensured that people who entered into these professions were admired in their communities. What was once set as a limit by apartheid laws slowly became an aspiration for many and one that was still evident in the narratives of the HBCVs interviewed.

Edna: I would say that it was something that I had even before I lived with my grandmother. Even when I was in standard one and we were talking about what we wanted to be when we grow up I always wanted to be a nurse and people asked 'so what would you do?' and I would tell them this is how I would look after my patients, this is how I would make the bed, I would wash them like this and give them injections like this. So I think that was even before I started caring for my grandmother.

Interviewer: so it must be quiet something that you have the chance to do that kind of work now?

Edna: yes even now I still have that, I dream about it now but not for myself because I didn't have that kind of education. And I have a child who has finished matric and I encourage her to become a nurse and she is like 'why do you keep pushing me in that direction because I am scared of sores and all that stuff?' I still want her to be a nurse because I didn't get the opportunity.

Many were motivated by their *religious commitment and beliefs* to care for others. The ideas that if one cared for others one would be rewarded and that strong faith would provide support through difficult times are strongly rooted in Christian religious doctrine. There is a worldwide trend in the positive association between religious commitment, faith-based organisations and volunteerism. Faith-based volunteerism represents one of the dominant motivations to volunteer in AIDS care work in this region (Akin-tola 2010a). Volunteers' comments highlighted community values espoused by religious teaching.

Nandi: And for us – people who are religious – I really think sometimes that God really tempted us when He said, 'Love

your neighbour as you love yourself'. Because some neighbours are really difficult to love, but you still have to be patient with them.

Olwethu: So I think that seriously the listening to other people and having faith in God help because I think with all the events of my life, if all those things happened at a time when I did not have a relationship with God, did not know God, things might have been really different.

Social field narratives

The following social field narratives were identified. They are presented in descending order of frequency (as reported by the women).

- (1) Gender
- (2) Lost educational opportunities
- (3) Poverty
- (4) Socio-political history

In addition to being identified as a theme, *lost educational opportunities* was also mentioned in relation to all of the other themes.

The participants' *gender* narratives were constructed through women's lives in relation to men in the community. Pregnancy, marriage and being a girl child were categorised within gender. The women's stories told of the absence of men literally and figuratively in their lives, either the physical absence through death or their absence as a result of polygamy.

Gugu: . . . And also it is the mothers who head the homes and there are not fathers for different reasons.

The women seemed to conduct their lives without factoring in the role of men. The traditional responsibilities of men in the community as hunting, warring and being responsible for cattle were all but obsolete. Women's traditional roles of caring for the family and taking care of gardens, sweeping, making beer and fetching water (Masuku 2005) continued to be a regular requirement for life in the area. The women related the absence of men in their role as both daughters and wives/partners. When men did feature in the stories, it was as absent fathers or as delinquent providers.

Jabu: I think that it is very important that there are mothers like us in the community who can do this kind of work, like there are these boys who live like orphans, because their mother died and their father lives on the other side of the village with another woman. So he is never there, I have to step up and take the role. Let all be parents to these children, because you can see that their father is not around. So I think that is very important thing to do, these children do not qualify for my programme, because they are not orphans, But since their father is not caring for them they might as well be, so I have to do this as a personal case, not part of my work. I mean if a child doesn't have a mother he is as good as an orphan, because the father will

almost always go after another woman and forget about the child.

When marriage was referred to, it was presented as leading to more difficulties in the women's lives. While marriage raised the women's status in the community (Masuku 2005), it placed more pressure in terms of work and responsibilities and severely restricted their independence and autonomy. In some cases, the women lived in extended families and their in-laws placed restrictions on them.

Cynthia: So I did my subjects bit by bit and then in the end I had to come back again and I finished the last subjects that I did in L, and that is where I got my matric. I got my results and I had passed but then I got married and then in my marriage I experienced oppression from the family. So I got married and I thought about going back to college but there was no one to talk to about that. And my husband said that my results were very bad and they wouldn't take me anyway, but I think he didn't want me to be educated like him. He didn't want me to be on his level.

Some participants, however, stated that they received encouragement from their husbands, who were supportive of their care work. However, it would seem that in these cases the possibility of a stipend which would supplement family income stimulated this.

Edna: Then I would go home and say to my husband 'You know I am sick of this I don't want to ...' And he would say 'No just hold on, it might be ... it will get better.' So I am holding on and I am hoping that if I get there then I will get paid and if there is more of this increment then I will also ... ahh ... benefit from that.

Evident in the women's stories of care work were *ideas about the role of men*. There was little expectation from the women that the men should participate in care work. It was explicitly mentioned that men were inept caregivers. In their descriptions of the work, there was the understanding that it was the kind of work that was best done by women. This is consistent with the cultural canons of gender roles inherent in Zulu culture. Women are responsible for caring and there should be no expectation that men should participate (Masuku 2005).

Gugu: Yes, I would say that it is the woman and if there is someone who is sick it is the mother who gets up and say, 'What is happening to the child?' So they are the ones who will respond first. It is not the fathers, the boys or the children, but it is the mothers who go see what is happening. So by the time the news spreads, it has already got to the mothers and then they go to the fathers if there is a really big problem and they say, 'Is there anything that you can do to help?'

Marriage is regarded as socially desirable within the Zulu culture. Traditionally, a person is not recognised as an adult person until marriage (Masuku 2005; Rudwick 2008). Most of the women participating in this study were married and related the stories of

their betrothals and marriages as part of their life stories. The idea of marriage or the aspiration to marry was seen as desirable, but marriage was not always presented as a desirable state.

Jabu: So I've had some challenges when my husband was having affairs and the children could see that and sometimes he would start a fight in front of them. I mean I asked him if we needed to have words we must go in the bedroom away from the children because when it happens in front of the children then the children can say, 'That's the one who started it; that's the one in the wrong'. And they take sides ...

How the women viewed men and their relationships with men echoed the meta-narrative characteristic in South Africa, where relationships between the sexes, especially in rural areas, are paternalistic and permeated with the wider discourses of violence (Outwater, Abrahams & Campbell 2005).

In their stories, the women referred to *poverty* as significant. They had grown up in poor environments and as a result had to struggle to survive. Many had to leave school at an early age and missed educational opportunities that would have allowed them to improve their lives. They were also surrounded by poverty in their own lives currently and had concerns about feeding and educating their children and improving their own lives. The women were keenly aware of the effects of the poverty and that while they were considered poor by the economic standards of the country, the people they cared for were poorer still.

Asanda: ... poverty and growing up poor, I think if one doesn't know that kind of suffering then they won't develop this kind of compassion of wanting to help people who are struggling. You cannot go through that and still look at someone suffering and not want to help them, and [what] other people do not realise is that by helping other people you might find that you also get helped in other ways, in more ways than you ever thought.

The *socio-political history* of the country has affected the trajectory of these women's lives.

The women spoke of how the political unrest of the late 1980s and early 1990s interrupted their lives. They related experiences where they had to leave the area to avoid persecution, where families were persecuted and they were attacked or assisted others that were attacked. Migrant labour had also affected the structure of families and many related stories of having grown up without a parent.

Bongi: so I went to school, I went to H to do my standard 9 and 10, but in 1989 I got a call while I was there and I umm/I got a message that it was urgent I was needed at home it was about my mother in-law/so I came, when I got to Pinetown I thought I should go my husband's work place to hear what this is all about, but then I decided to come here at home, but when I got there I found out that my husband had been shot and had died. So I stayed and he was buried, but then it was just ... there was a lot of violence around that time and it was hard ... if something like that had happened to you it was hard to relax, because there

was still a lot of violence going on around . . .

Jabu: We grew up with my grandmother. So my mother was a domestic. She didn't live at home. We used to see our mothers once a month when they brought groceries. We would wake up in the morning go to school. She really wanted us to get an education and she would tell about her own life. When she was raising our mothers her husband would be in J at work that she would sit and wait for him.

Stories of *lost educational opportunities* were dominant and all the women mentioned this in their personal narratives. The women attributed their being unable to complete their education to poverty, being disadvantaged as girl children and the socio-political situation in South Africa during their formative years. Political violence had disrupted many of these women's educational careers. All expressed the wish that they had continued school and spoke of ambitions that they had that had been frustrated by lack of education. The reasons for not being able to continue with their education included having no money for schooling because there was no income in the house, having to look after younger siblings, caring for a sick relative, political unrest, becoming pregnant and getting married. Many expressed the hope that they may be able to realise their dreams for self-improvement through their home-based care volunteerism. Here a woman talked about her industriousness and her continued hopes to improve her education and encourage her children to be educated. She poetically described education as 'the bread of today'.

Gugu: I live with my mother-in-law and she is an old person and she asks, 'You keep going to these interviews. Are these interviews of yours promising, to go somewhere on particular doors and knock on your behalf? Because when you cry in mass you are bound to be heard'. And I think that if there was more money then things would progress and the children could study further, [] The bread of today is education, not money. So that means a lot of things would improve.

These multiple intersecting oppressions of gender disadvantage, poverty and socio-political history are consistent with that of the wider socioeconomic context of South Africa. This is clearly the dominant narrative of the HBCVs' stories. A question remains at this point: How is it possible that women who are seemingly constrained by these oppressive narratives are able to voluntarily engage in community participation? An indication lies in the personal, role and group identity narratives of the HBCVs. These alternative narratives present stories of hope, courage, strength, compassion and personal agency.

Personal life story narratives

The following themes were identified within personal life story narratives. The stories that the women told about their lives reflected their unique personal conceptualisation of self. The narrative themes are presented in descending order of frequency.

- (1) Compassionate doer
- (2) Hopeful helper
- (3) Natural helper
- (4) Ambitious initiator

- (5) Emotional/constitutional resilience
- (6) Socialiser

The *compassionate doer* encompassed the elements of having love for people and acting upon it. They have seen the suffering of the people and have taken the initiative to do something about it. While there are many people in the community that feel sympathy for those who are suffering, the compassionate doers were represented as acting on compassionate feelings. They would usually help neighbours and family members and have realised that helping is valuable and needed.

Interviewer: What makes you someone that wants to help someone?

Asanda: . . . compassion for other people. It seems people can feel it, because when you are sitting at home and someone rushes in because someone has been stabbed and you get up and you leave everything and you rush to their home and you organise transport for them . . .

Interviewer: Are there people like you in this community or did it start at some point – do you know?

Asanda: Some people do have the passion, some people don't, some people do have it, but they don't want to get up and act on that. So they will be talking about it and asking, 'Did you hear about this happening?', and you can see that they do feel sorry and they are sad about it, but they don't want to do anything about it. Some people have it, but they don't want to get up and do something, but they want to give something, that is how they help in a situation like that. Some people don't want to take action, because I ask them to come and they keep saying, 'You are doing such beautiful work', then I say come and we will do it together and they say, 'No, we cannot do what you are doing'.

The *hopeful helper* is the person who had joined the group of HBCVs in the hope that that it would lead to gainful employment. Some hoped that the stipend would supplement the family income, while others hoped that a portion of the stipend could be used to further their personal goals. Others in this category hoped that the volunteer work would lead to formal work as a caregiver in an established community care facility. Still others hoped that their help would lead to development in the community as more resources for HBCVs and patients were allocated by government.

Cynthia: My dream was to work in a hospital, but then I realised that I cannot be a nurse without matric. So this year I registered for ABET, but I haven't been committed to it. Like I would go when I felt like it and wouldn't when I didn't feel like it. But now I know that I really have to apply myself if I still want to reach my goal.

The characteristic of the *natural helper* also came to the fore. The women spoke of a natural predisposition they had to help others, which was evident from an early age.

Evident in the life stories were other aspects of identity, such as women who were *ambitious initiators*, future-oriented, decisive,

innovative and proactive and had an entrepreneurial attitude. Within the life stories were personal narratives that illustrated that these aspects of the women's identity go back as far as childhood. The lives of the people they cared for were severely affected by poverty, which the women were witness to on a daily basis. They made efforts to alleviate the worst effects of this by supplementing the patients' food with their own and using their own money for transport to government offices to apply for grants and pensions. In the following excerpt, the HBCV describes almost all of these traits.

Gugu: I would say that I am a hardworking person. [...] I wake up at half past five in the morning and my children catch a taxi from the bus stop at about half past six and by the time they are gone I am already in the garden watering or doing whatever needs to be done. And that is before go out to households. As an organisation we have our own garden and having our own garden also means that we can share with other people whose situations I know are bad ...

Another woman told of how she had started a business to improve her situation. She wanted to be independent and self-reliant.

Dudu: My problem is that I don't like asking for things, so when I ask and you tell me that you don't have the money it hurts, so I decided that well instead of asking and getting disappointed I should make my own money; that solved the problem.

An important aspect that was spoken about was having *emotional/constitutional resilience*.

This aspect refers to the ability to tolerate sometimes repulsive tasks involved in caring for the ill as well as having the emotional resilience to deal with death and dying on a daily basis.

Irene: You must be very patient and you must not be easily disgusted, because there are a lot of things that people do sometimes, they cough and they have to cough up stuff and you can get a bucket full of these things that the person has coughed up. So if you are the kind of person that gets disgusted easily that means that you will never eat again.

Socialising was represented by the women's personal narratives of care for others. They talked about their love for people and the community in general. They had communal gardens and participated in *stockvels* within the group. They provided social support to each other by having personal friendships within the organisation. In these friendships, emotional support and advice about work and family were given.

Various personal influences shaped and nurtured these personal identity narratives. Mostly, these consisted of significant people in their lives who had helped mould and reinforce aspects of the care-giving identity. One of the volunteers described how her son commented on her strength in coping with a difficult marital relationship. Another young volunteer told of her relationship with an older female friend who provided support and encouragement for her work. Two women attributed their

volunteer care-giving to the support and encouragement of their husbands. Yet another woman remembered her mother's role as a helper and a caregiver in the community, which had inspired her own volunteer care-giving.

Discussion

Elucidation of the context provided the foundation for the understanding of the connections between the role/group identity of the HBCVs and their personal identity (Fig. 1). The examination of the context also provided insight into how the women in this study made sense of their volunteering and created meaning and purpose in their lives through volunteering (Naidu & Sliep 2011). A careful questioning process during the reflective interview (third series of interviews) uncovered the connections between the group identity, volunteer role identity and personal identity of the volunteers. In this discussion, we aim to render the different aspects of the HBCV identity explicit. The examination of HBCV identity represents a new direction in research in the area of home-based care. Most authors have focused their attention on examining various dimensions of the burden of care (Akintola 2010b). More recently, some authors have explored other areas such the needs, fears and motivations of HBCVs (de Saxe-Zerden, Zerden & Billingham 2006); human rights issues associated with volunteer care-giving (Kang'ethe 2010); how poverty and food insecurity impacts on caregiver well-being (Maes *et al.* 2010) and the perceptions of rewards among volunteers working in home-based care setting (Akintola 2010b).

In Fig. 1, we illustrate the relationship between the personal identity of mother and the group identity of the home-based volunteer of the particular group in this study in their particular context. Agency, mother and HBCV identity were the core identity elements of this group. We argue that agency is constructed on a contextual level by the social field narratives of poverty, gender, missed educational opportunities and the socio-political history of South Africa. Notably, all the women spoke with regret of their missed educational opportunities. They attributed their missed educational opportunities to marriage, pregnancy, being a girl child (gender), poverty and to the socio-political situation during their formative years. This is not an unusual set of circumstances for this cohort of women and their peers, as it is well documented that rural women in South Africa bear the brunt of gender, economic and socio-political oppression (Antonopoulos & Toay 2009; Coovadia, Jewkes, Barron, Sanders & McIntyre 2009). This set of circumstances has been implicated as contributing to the 'feminisation of poverty'. More recently, it has been argued that a more representative term is the 'feminisation of responsibility'. The latter describes a social context in which poverty, a lack of education, rural dwelling, a large household and the absence of men (due to death, illness, abandonment and migration) collude to create the conditions for poor, female-headed households to exist or for women to take increasing responsibility for financial and social well-being in the home and community (Chant 2008). A situation that might be construed as coerced agency.

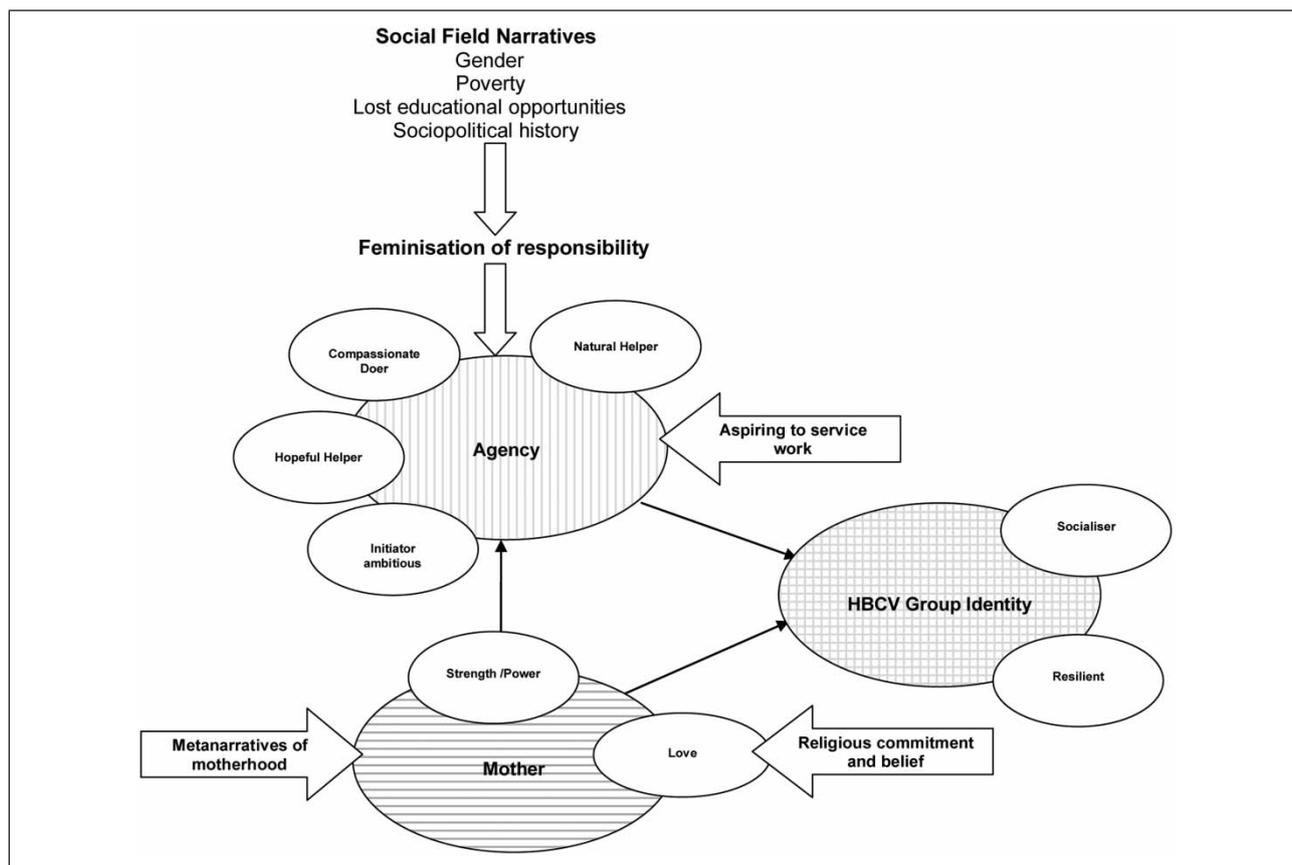


Fig. 1. Identity connections.

The HBCVs present themselves as having personal agency through acting on their compassion for others (compassionate doer), seeing their helping as a path to self- and/or community advancement (hopeful helper), being natural helpers in their personal lives and displaying initiative for themselves and others (ambitious initiator). The contextual meta-narrative 'aspiring to service-oriented work' supports agency in a contextually consistent form as it allows the women to have personal aspirations for self-improvement that are consistent with their personal identity and conform to cultural meta-narratives of women as mothers and caregivers.

The identity element of 'mother' was the most prominent. According to the women's narratives, the 'loving mother' role required one to multitask, be emotionally supportive, carefully mediate in family matters and be tactful and respectful of the rights of others, even those who are gravely ill. This was strongly influenced by communal meta-narratives of motherhood in the community as evident in the HBCVs' talk. Prominent in the women's stories was the contextual meta-narrative of motherhood. Mothers were represented as caring, nurturing, forgiving, protective and loving. They took initiative and make decisions for the best interests of people in their care. Mothers were seen as having power and agency as women by virtue of these communal meta-narratives. The dominant elements of the mother's role in this context were 'love' and 'strength/power'. The meta-narrative of 'religious commitment and belief' was associated with love, strength patience and

endurance. It is likely that this meta-narrative will have more and stronger reference points in the narratives of a faith-based group.

The group identity of HBCV was supported by two essential elements. These were, firstly, being someone that loved and care for people in general (socialiser) and, secondly, someone who was able to cope with difficult physical and emotional situations (resilience). The women specified that in order to fulfil the role of an HBCV, one had to have qualities that were consistent with a strong and loving mother, demonstrate personal agency and be interested in others (socialiser), but is also able to tolerate or endure the challenging physical and emotional situations encountered in home-based care (resilience).

Connections between agency, personal identity and group (HBCV) identity

The element of identity that connected agency and mothering was strength or power. Group members described their volunteer identity as having to have the 'mind of a mother' (*umqondo kamama*). Thus, they saw the role of an HBCV as requiring the love of a mother, the mind of a mother and strength or power (personal agency) as well as the agency encompassed by being a compassionate doer, hopeful helper, be an initiator and ambitious and a natural helper. All the women interviewed ascribed to and supported this as the overall group identity.

The following excerpt illustrates this:

Interviewer: If you had to tell someone that wanted to be a home-based carer what kind of qualities is required, what kind of person one needs to be, what would you say?

Olwethu: I mean people ask that question all the time. [...] In the organisation when someone wants to come and start to work with us we [...] sit them down and say, 'This work requires someone who has love, someone who can love people, it requires someone who can persevere. [...] Not someone who will say', 'No, not me, I'm not going to do that'. Someone who even when things get really tough [...] will speak the truth to other people, who can be honest with people, tell them in very constructive ways. Even if someone is sick that they can tell them the truth but still in a compassionate way so that the person can get stronger again. Someone who is courageous as well.

Interviewer: Can anyone be a home-based care worker?

Olwethu: So people try, some people will see other people doing it but [...] some of them just fail.

Interviewer: Some people, like some of your colleagues that we spoke to, said that it requires the mind of a mother. What do you think?

Olwethu: I think that my colleagues should have been more specific. It needs the mind of a strong mother. Mothers can have challenges of the home. Some people run away. Some mothers run away from home. So what I think it meant was that like you see that the mothers manage the home. They hold everything together in a home and that requires a lot of strength and I think that is what they meant. But I would have said the mind of a strong mother.

The volunteers' idea that strong, loving mothers were required for volunteering was the basis for naming the group *Uthandolomama*.

The identity elements of a compassionate doer, one who has hope for self- and community improvement (hopeful helper), a natural helper and a person with ambition and initiative, converge to define agency for volunteerism in this context. All of the latter elements are common to volunteer identity in general. Volunteers in most cases have a lifelong history of being helpful, are compassionate, take initiative and usually expect material, social, community, personal or emotional improvement from volunteering (Finkelstein *et al.* 2005). HBCVs in an African study experienced intrinsic rewards such as patience, love and feeling liked and needed. Acquiring skills, enjoying appreciation and giving pleasure to community members and patients were listed as extrinsically rewarding as volunteers in the same study (Akintola 2010b). Volunteering is evident in both collectivist and individualist cultures. However, volunteering tends to predominate among individuals that are more focused on others than is the general norm (allocentrics). They tend to be more cooperative and make relationships more intimate than idiocentrics who are

more self-oriented. On the basis of their personal histories as natural helpers and compassionate doers, the women in this group can be described as allocentric. People who are allocentric in collectivist cultures tend to be the most co-operative (Triandis 2001).

Also evident from the above extract and the one below is how the women make positive role identity associations with home-based care volunteerism. Invoking the Zulu cultural collectivist precepts of motherhood, *Uthandolomama* motivates women to work using skills they already have or are expected to have, as women and mothers. The fact that they would do this kind of work in their own homes with no payment could be what makes it possible for them to agree to work initially without payment.

Edna: How Uthandolomama is different from other organisations, is that we work... I mean we work with other people, like we do good work in the community. When we get there, there is no one to help the sick person, we help them in every possible way, we wash them and we clean them, so that is how we are different from other organisations.

Strengthening in-group associations through comparison with outgroups

The positive identity associations of personal agency and the strong loving mother identity along with the role identity of an HBCV were reinforced through negative judgements about outgroups. The HBCVs described their work as being 'hands-on', while the community health workers 'only counselled'. Unloving mothers were disgusted by their children's illnesses and abandoned them to the volunteers, while women who were HBCVs were strong mothers, resilient and inspired by love. Men were seen as incapable of caring and usually causing more problems, while they as women were seen as natural caregivers. In a study by (Dworzanowski-Venter 2008; Dworzanowski-Venter & Smit, 2008) conducted in rural and urban care sites in South Africa, women were considered naturally emotionally fit to perform care despite men and women carers performing emotional labour techniques. Stigmatising male participation in care-giving perpetuates societal gender binary views by labelling care work as feminised (Dworzanowski-Venter 2008; Dworzanowski-Venter & Smit 2008). Campbell, Foulis, Maimane and Sibiyi (2005) noted that stigma can serve as an effective form of 'social psychological policing', by punishing the breach of unequal power relations of gender, generation and ethnicity. Positive associations and negative judgements are simultaneously reinforced to maintain the status quo or discourage transgression of social conventions, norms or expectations.

Self-categorisation or self-interpretation processes are important in regulating social behaviour. An important distinction is made between personal identity and social or group identity (group membership). According to the social identity approach, self-interpretation in terms of group identity determines internalisation of in-group norms, values and interests. Group norms, values and interests are assimilated in the self and guide behaviour. The HBCVs displayed a strong sense of personal identity with regard to personal agency (personal identity narratives)

and mothering (meta-narratives). This aligned with the group identity of loving mothers reinforced group behaviour (community participation). Community participation is based on congruence among all three aspects of identity. This finding is consistent with that of Ramirez-Valles (2003), who noted that recruitment and participation in community work among women in Mexico were based on frame alignment of personal identity with group identity. Further support for this phenomenon is evident in a church-based home-based care group in Swaziland where religious identity, leadership and scriptural ethos emerged as part of HIV/AIDS care and demonstrated the synergies of tangible and intangible religious health assets (Root & van Wyngaard 2011).

The pivotal issue of gender in the area of HIV/AIDS globally and in South Africa in particular is one that warrants substantial and explicit consideration. Consequently, we chose to address gender and agency as issues for this particular group of women in a separate paper. While it goes beyond the scope of this paper to deepen this discussion, it is worth mentioning that the feminisation of HIV and AIDS on a biological and social level, in collusion with the feminisation of poverty, undermines the status and opportunities of women (Higgins, Hoffman & Dworkin 2010). Despite increasing support for the view that female-headed households are not necessarily poor, it has been noted that large household size, rural residence and lack of education, as is typical of the households of the HBCVs and their community, account for greater household poverty (Chant 2008).

A critique of this study might point to an apparent disregard or cursory treatment of the role of men. The role of men would need to be studied more fully but at this stage we offer three possible reasons for this notion. Firstly, where men were spontaneously mentioned, they were presented in a predominantly negative light. An SIT approach offers the idea that a negative assessment of outgroups enhances group identity and increases group cohesion. This is pertinent in this group that has established its group identity on a strong association with the core female identity of mothering. Secondly, vertical collectivist culture does not question status differences between men and women (Triandis & Gelfand 1998). In traditional rural Zulu culture where women have a lower status than men, in most arenas, the enclave of personal care giving is one that is dominated by women. Here they currently hold power and are possibly reluctant to concede this power especially in situations where there is the potential to receive outside attention for the work. Evidence to support the possibility of the latter comes from the work of (Dworzanowski-Venter 2008; Dworzanowski-Venter & Smit 2008) and Mbonu, Van Den Borne and De Vries (2010) who have noted instances where men have been actively discouraged from and even stigmatised for participating in care work. Thirdly, in this study, we did not specifically probe the women's ideas of men as poor caregivers, and as no spontaneous narratives of men as good caregivers were offered by the group, therefore we cannot speculate on the women's ideas in this regard.

In another study within the overall project which investigated the attitudes of people that did not participate in care and support, it

was found that men tended to favour providing support as demonstrating acceptance of the ill person visiting, talking and bringing required physical resources. Women referred to caring as bathing, feeding and cleaning the homes of ill people as indicative of support. Both men and women in this study perceived traditional gender norms and current social dynamics as barriers to men participating more actively in care (D'Almaine 2011). This implies that if the concept of care were extended, men may become more actively involved in care.

The implications of identity associations for volunteers and volunteering

Volunteers' personal identity and values (view of self as an individual), role identity as a volunteer and the group identity of the organisation were linked. The consistency between organisational values and member values is an important factor in increasing individuals' identification with the organisation. The perceived legitimacy of the organisation and the likelihood that the volunteers' self-concept will be linked to the volunteer role within the organisation are dependent on a balance and consistency between the two. A volunteer's self-esteem is increased if she perceives her role as being important to the success of the organisation. The role identity of a volunteer is related to the status of the organisation and the volunteer's degree of identification with the organisation. The higher the status of the organisation and the more strongly the individual identifies with the organisation's values, the more likely it is that there will be continued participation. The social identity approach suggests that volunteers' interpretation of their personal identity as consistent with the collective identity promotes the internalisation of in-group norms, values and interests (Strumer *et al.* 2008).

Social networking associated with volunteering contributes to the volunteer role identity and increases the likelihood of volunteer persistence (Grube & Piliavin 2000; Strumer *et al.* 2008). In addition, feeling respected by other group members and authorities and perceiving the organisation itself as being respected increases members' identification with and participation in the organisation (Strumer *et al.* 2008). Perceived individual benefits are important antecedents of the motivation to a volunteer. A crucial variable in community participation is power. Involvement in community networks is an aim of participation and leads to collective problem solving and increased community power and control. The process of empowerment and increased community power lead to the realisation in ordinary local people that they can influence their situation and effect change if that is their goal (MacPhail 2006).

In the case of the HBCVs in this study, the group identity was based on 'motherly love'. The group was called *Uthandolomama*, meaning the love of the mothers. It is significant to note that the word '*omama*' can be used for women and mothers interchangeably in Zulu. The women were told during recruitment that motherly love and caring were requirements for joining the group. This was presented as a primary motivation for the group's activities and all of the women interviewed understood and ascribed to it. A similar recruitment incentive was used.

Nandi: I thought like as a mother I love my children, so as a mother we love people, we have that love and we need to have that love spread around the whole community, because at home love is what works. So maybe that same love could be what makes things work in the community.

Nandi: The first thing that I tell them is that 'if you are going to work [...]with the community, you must be respectful. Think about what you say and make sure that it is respectful'. You must also respect yourself, and if you get to a person's house you must see that if there is a problem it is also your problem.

It would appear then that through their initiative to participate in care work, the women of *Uthandolomama* are, in some sense, reclaiming or reinvesting in the power associated with motherhood in this community. In assuming the opportunity to define their identity as a group, the women have connected it to their personal identities as motivated women, mothers who exercise their personal agency in their own lives. Volunteer work has created the opportunity to improve their perceptions of self personally and as women and mothers in the community.

Concluding note

The social field narratives of gender, poverty and socio-political context set the stage in Africa for women to suffer the worst effects of HIV/AIDS. The HBCVs in this study revealed alternative possibilities for how the seemingly inevitably negative dominant story can unfold. The personal narratives here offer clues as to how the women are able to offer comfort, hope and support to others in the context of discrimination, poverty and oppression. While much of the research on HBCVs in Africa has focused on the tremendous burden of care they assume, this study purported to shed some light on an alternative view. We have situated the understanding of identity in the African context to remain consistent with an African-based approach to understanding African health issues. Bruner's (1991) view of cultural psychology can help us understand people's health-related actions by situating intentional states (motivations and identity) in an interpretative system (culturally relevant framework). This study offers the idea that the motivation of HBCVs may at least in some part be identity-based. The social construction of identity in the group in this study appears to have an influence in activating women's community participation. This group based their organisational identity on an important aspect of cultural identity (the collectivist cultural view of mothering in the community) allowing women to activate personal agency through their confidence as compassionate doers, hopeful helpers, being initiators and ambitious and natural helpers as well as their personal identity as strong, loving mothers to participate as HBCVs. Identity status and norms were reinforced through negative attributions to outgroups which were typically men, community health workers and mothers who did not care. Further research is required to explore HBCVs' identity and the association with motivation to volunteer in various contexts with a range of home-based volunteer groups. This study has offered a basis for exploring identity as an important aspect of understanding the

initiative to volunteer in the challenging context of poverty and HIV/AIDS home-based care and support.

Ethical clearance

Ethical clearance for this research was received from the University of KwaZulu – Natal Ethics Committee (Ethical Clearance Number HSS/0504/09D).

Authorship declaration

Thirusha Naidu conceptualised and designed the research outline, conducted the interviews, analysed the data and prepared successive drafts of the manuscript. Yvonne Sliet supervised the conceptualisation and design of the research and participated in data analysis and the writing and revision of the manuscript. Wenche Dageid contributed to the data analysis and participated in the revision of the manuscript.

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