

3 Methodology

This sections sets out the methodology that was followed in the conduct of the study. There are three main considerations: the study sites; the means of identifying households; and the data collection technique. The section closes with a brief consideration of limitations to the methodology employed.

3.1 Study sites

Four study sites were selected on the basis of two main criteria. The first criterion was that the sites are spread out geographically and represent a variety of different situations in terms of the types of communities and the relationship to land. This is reflected on the map on page 15, which reflects the location of KwaZulu-Natal within South Africa and within Africa itself, as well as the locations of the study areas in the province. The second criterion was that the research team had some prior familiarity with the sites so that the study could take advantage of existing knowledge and thus advance more quickly than would otherwise have been possible.

These selected sites were as follows:




- Muden, situated in the KwaZulu-Natal Midlands. Muden is one of the earliest land redistribution projects in KwaZulu-Natal, and takes its name from a small nearby town. Although the property is technically owned by a communal property association under freehold, the settlement has effectively been absorbed into the adjacent tribal authority. The project is also distinguished by the fact that it is relatively far from large towns or urban centres. Twelve interviews were conducted in Muden, as well as one focus group interview.
- Dondotha, situated within 20 kilometres of Empangeni, and about 30 kilometres from Richards Bay on the north coast of KwaZulu-Natal. Dondotha has the reputation of being a conservative tribal area, but has excellent transport links to Empangeni and Richards Bay, and also a relatively high number of wealthy households. Some of this wealth derives from involvement in cane farming, and some because there is a concentration of professional people in the vicinity of the tribal court. The five interviews that were conducted in Dondotha were specifically targeted at interviewing AIDS orphans.
- KwaDumisa, a rural peri-urban settlement about 80 km south of Durban and 20 km inland from Umzinto on the Ixopo Road. Most of the local residents are employed on the surrounded white-owned commercial farms. Although the area is somewhat sparsely populated, its character is gradually changing due to steady in-migration. Thirteen interviews were conducted in KwaDumisa, together with one focus group interview.

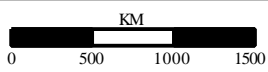
- KwaNyuswa, a tribal authority within the Valley of a Thousand Hills west of Durban. KwaNyuswa has emerged as part of the peri-urban zone of dense, partly urbanized settlement which has changed and thickened the occupation of the districts of former KwaZulu located closest to Durban. The tribal district itself lies on the extreme outer fringes of urban development, west of the Inanda Dam and north-west of Pinetown, about 35 kilometers by road from the Durban city centre. Twenty-one interviews were conducted in KwaNyuswa, of which one was discarded after the fact because the household in question did not appear to have been afflicted with any illness.

Africa



Legend

-  Country Boundaries
-  KwaZulu_Natal
-  Study areas



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Section Four of the report summarises the findings from each of the study sites, as well as provides more detail about the sites themselves.

Maps depicting population density and average per capita income of each of the area studies are provided at the end of the report and should be referred to for a useful overview of each site.

3.2 Identification of respondent households and the link to HIV/AIDS

The identification of respondent households posed both an ethical and a methodological problem. The ethical concern was that the interview process not compromise respondents' right to privacy – that is, it would be unacceptable if an individual's or household's HIV positive status were to be made known to other members of the community by virtue of the fact that the individual/household had been selected to be interviewed. The methodological problem was that not all individuals or households of interest would even themselves be aware of their HIV positive status.

The strategy that was adopted consisted of two elements. First, households were identified not on the basis of being affected by HIV/AIDS, but rather on the basis that the household was known to be affected – or to have previously been affected – by a chronic illness. This meant in practice that the field researcher approached a key informant, for example a community health worker, and asked that informant to help him identify such households, without any specific mention of HIV or AIDS. The second element of the strategy was that once a household had been identified and approached, they were asked to describe the symptoms of their illness or that of their relative or, in some cases, late relative.⁹ In many cases, the description of these symptoms presented a strong likelihood that the underlying illness is or was HIV/AIDS. At least as often, however, the respondent freely revealed that ultimately a diagnosis of HIV/AIDS was made. In only a small number of cases does there remain some doubt, or was it positively established that the illness was something other than HIV/AIDS. These cases were maintained within the sample on the argument that they appeared to present similar issues to those of HIV/AIDS.

One exception to the procedure described above was the case of Dondotha. Dondotha was added as a study site somewhat later in the process, when it was realised that few of the interviews in the other three study sites provided insights on the situation of AIDS orphans, which was a category of affected people for which the FAO requested information. In Dondotha, therefore, the interviewer asked key informants specifically to identify households where the parents had passed away following a chronic illness. Although this illness in most cases was either revealed to be AIDS-related or closely fits the profile of an AIDS-related illness, there are two reasons why in practice this method did not generally result in interviews with 'children-headed households' nor with orphans as defined by UNAIDS (i.e. children 15 years or younger who had lost their mother). First, "children" was interpreted liberally by key informants to

⁹ This is analogous to, though far less rigorous than, the 'Bangui case definition' established by the World Health Organisation in 1985, through which AIDS was diagnosed on the basis of symptoms rather than a blood test.

include 'parentless' households whose eldest siblings were in the mid-twenties. Second, where children were younger, they had typically become wards of members of the extended family. Both situations raise important issues about the relationship between HIV/AIDS and land rights, although they were not necessarily the situations that were being sought out, and in fact resembled a number of the case studies that were collected from the other study sites. This raises a question around the assumption that there are a large number of child-headed households in KwaZulu-Natal, which proved to be difficult to ascertain in the four areas studies. It was evident that the kinship system usually absorbed such households either through an adult guardian assuming the head of such families or the children becoming members of relatives' households.

An important issue that arose was the vulnerability of youth-headed households, which often consisted of family members not qualified to hold land under the communal system. Such households seemed to be particularly vulnerable to losing their land as indicated in some of the case material. As unqualified heirs, male-headed "youth" households were particularly vulnerable, as none of these *de facto* household heads had been officially placed on their land. Many were holding their land asset on default inheritance, so that the land was still formally unallocated after the death of the last holder. This uncertain status combined with the kind of poverty exacerbated by HIV/AIDS creates tenure vulnerability, and seems to invite attempts at land grabbing. Unlike widows, whose households can continue to exist according to established practice, younger people who inherit prematurely seemingly tend not to become established households, and may remain for long periods without formal standing.

3.3 Data collection

The predominant data collection activity consisted of household interviews, by which is meant an interview with one or more members of a household about the experience of that household. Two focus group interviews were also conducted, which will be discussed in turn.

The household interviews were semi-structured, in the sense that the interviewer prompted the interviewee to relate a narrative of the household's experience in the course of the illness, while ensuring that specific questions were attended to at one point or another. The questions raised by the interviewers are detailed in Appendix One. Among the 'general' areas that the interviewer ensured were covered were:

- symptoms of illness(es)
- household composition and changes therein
- employment and self-employment history of household members
- other coping/support strategies
- changes in the household's assets
- uptake of credit and evolution of the households debt situation
- extent of social capital and changes in respect of.

In addition, the interviewer ensured that a number of land-specific issues were attended to:

- changes in extent of land use
- changes in amount of agricultural production and income
- experiences in renting land in or out
- experiences in purchasing or selling land
- changes in possession of other agricultural assets
- perceived changes in tenure security.

It should be stressed that the emphasis of the survey exercise was to capture changes qualitatively rather than quantitatively, thus numerical changes in income, production, etc., were not collected.

The two focus group interviews that were conducted gathered small groups of women whose partners had passed away from an AIDS-related illness. The emphasis of the focus group discussions was on the vulnerability of widows and orphans in respect of land rights.

3.4 Limitations and shortcomings of the methodology

It is important to bear in mind a number of limitations and shortcomings of the methodology employed in the present study. Some of these limitations are a function of the fact that the study was conducted within a tight timeframe and with limited financial resources. Others are lapses that only became evident in hindsight. In any event, one purpose of drawing attention to these limitations is to indicate opportunities and pointers for future research.

- Absence of a control group – While the narratives derived from the interviews provide little doubt as to the multi-faceted impact of HIV/AIDS on households, the absence of a control group means that it is difficult to say with certainty that other households do not have similar experiences. The focus on infected and affected households this makes it difficult to know what problems can be attributed to HIV/AIDS and which ones are due to poverty (and powerlessness) in general.
- Absence of interviews with antagonists – Where a land dispute appears to have been triggered by the illness or death of a household member, it would have been valuable to have interviewed the other party to the dispute, e.g. the person perceived by the respondent as trying to usurp the household's land rights. This would have added some depth to the analysis.
- Possible bias in selection of sample – Although the present study was not aiming at statistical representivity, a possible concern is that the key informants who were relied upon – usually community health workers – tended to lead the interviewer to particular kinds of households, e.g. those with a relatively high degree of openness about the illness, or possibly even women, given that most of the community health workers are themselves women.

- Lack of interviews with other role players – The most significant lapse in this regard is the lack of interviews with traditional authorities, who in many instances intervened on behalf of AIDS-affected households to help protect their land rights. Such interviews would have provided another perspective as to the cause of such land disputes, as well as helped inform policy considerations around land administration.
- Greater depth of information around changing patterns of land use. It was evident in the peri-urban case material that land has become commodified, particularly in terms of residential purposes. This was unlike the rural case studies, which raises the issue of agricultural production within the rural economy. This requires a greater sample to gauge effectively as it has important conceptual implications for land and the rural economy in the context of HIV/AIDS. This is particularly important as changing patterns of rural livelihoods may reduce dependence on land. Additionally, the report has equally neglected to emphasise the role of land as a form of power.
- Focus on KwaZulu-Natal. The study is limited in providing insights into the impact of HIV/AIDS on four areas in KwaZulu-Natal. The findings are therefore indicative and of a preliminary nature and should only be extrapolated to other parts of the country with caution.