

Community-Based Care for People Living with HIV and AIDS: Motivations of Voluntary Caregivers in Bulawayo, Zimbabwe

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During the past two decades, the public healthcare system in Zimbabwe has increasingly deteriorated to the extent that it is near collapse, as some observers argue. The deterioration of public healthcare coincided with a dramatic increase of people living with HIV and AIDS. It is estimated that currently about 15% of the adult population are HIV-positive. The public healthcare system, overwhelmed by the growing demand for their services, encouraged the formation of groups of voluntary home-based caregivers. Local communities, with the support of national and international organizations, responded and initiated groups of volunteers to serve as a link between the public healthcare system and people living with HIV and AIDS. In recent years, many of these groups have collapsed, due to the lack of funding and other types of support.

My paper is based on systematic observations of voluntary caregivers' groups, interviews with volunteers, and the use of methods common in cognitive anthropology (freelists and pilesorts) in Bulawayo, the second largest city in the country, during the 1990s, in 2000, 2003, and 2009. The paper pays close attention to the motivations of volunteers, an issue often overlooked and not well understood by observers. While macrostructural issues, such as economic and political problems, are obviously threatening the survival of community-based caregiver groups, the motivations of volunteers are additional factors explaining the collapse of such groups. My research suggests that volunteers tend to regard their care for people living with HIV and AIDS as a kind of "social capital," as defined by Pierre Bourdieu, and exchange their service for prestige in the neighborhood, that can quickly be translated into local influence. Further, the volunteers own experiences with pain and suffering as well as their religious affiliation strengthen their commitment to support neighbors living with HIV and AIDS. My paper argues that volunteers' motivations can easily be addressed by policy makers as well as national and international organizations, increasing the likelihood that these groups continue to provide care to individuals living with HIV and AIDS.