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Meredith J. Greif*

Assistant Professor, Department of Sociology
Georgia State University
Atlanta, Georgia

Amy Adamczyk

Associate Professor, Department of Sociology
John Jay College of Criminal Justice and the Departments of Sociology and
Criminal Justice, The Graduate Center, City University of New York
New York City, New York

Jacob Felson

Assistant Professor, Department of Sociology
William Paterson University
Wayne, New Jersey

*mgreif@gsu.edu

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Meredith J. Greif

Assistant Professor, Department of Sociology
Georgia State University
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Amy Adamczyk

Associate Professor, Department of Sociology
John Jay College of Criminal Justice and the Departments of Sociology and
Criminal Justice, The Graduate Center, City University of New York
New York City, New York

Jacob Felson

Assistant Professor, Department of Sociology
William Paterson University
Wayne, New Jersey

Abstract

Much research has examined the relationship between religion and civic engagement, finding that more religious people are more likely to donate their time, energy, and money to community organizations. The overwhelming majority of the quantitative research on the relationship between religion and civic engagement has been done in Europe and North America. However, we know that many people living in sub-Saharan Africa volunteer their time, and because of the many economic, social, and health problems that plague the continent, the need for local volunteers is particularly acute. This article uses data from the 2000 World Values Survey and multivariate regression models to examine which dimensions of religion are associated with unpaid involvement in caregiving and political organizations in sub-Saharan Africa. Special attention is given to the role of gender for understanding who volunteers for caregiving and political organizations. The findings show that socializing with religious friends is associated with an increased likelihood of volunteering for both types of organizations and that religious importance is associated with a greater likelihood of caregiver volunteering. Conversely, religious importance and service attendance are associated with a lower likelihood of volunteering for political organizations. As expected, women are more likely to volunteer for caregiving organizations and men are more likely to volunteer for political organizations.

Around the world, people face poverty, disease, and malnutrition, and these problems are particularly concentrated in sub-Saharan Africa. HIV/AIDS continues to end lives while nations struggle to treat the infected and limit the spread of the disease. Many sub-Saharan African nations are increasingly relying on volunteers to care for HIV/AIDS-infected patients as they strive to survive and meet basic needs. In the meantime, gains are being made in health care and human rights at the hands of volunteer activists. In these regions where people experience powerful individual and structural obstacles to meeting their own needs, it is valuable to understand why many people volunteer as caregivers and activists in settings where they may suffer infection, emotional trauma, and even punitive measures. A clearer understanding of factors that encourage caregiving and political volunteering can facilitate successful recruitment of much-needed volunteers in sub-Saharan Africa.

One important factor motivating volunteering is religiosity. While religiosity has been discussed as a factor contributing to activism and volunteering, few studies have identified the specific religious attitudes and behaviors that spur voluntary labor. The overwhelming majority of people in sub-Saharan Africa pray regularly, attend church, and think that religion is very important (Pew Forum on Religion & Public Life 2010). This suggests that a critical mass of religious adherents exists that could be organized to improve the quality of life in the region.

However, patterns of volunteering and activism may depend on gender and can in turn affect gender dynamics in the region. Gender inequalities in sub-Saharan African societies limit women's social, political, and economic advancement as well as their agency in making sexual decisions that limit their exposure to diseases such as HIV. Since these inequalities permeate nearly all aspects of social life, we consider whether caregiver volunteering (which is frequently considered less prestigious) and political volunteering (traditionally associated with greater prestige and mobility into leadership roles) vary by gender. Moreover, we examine whether associations with religious institutions that reinforce traditional gender inequalities contribute to gendered patterns of civic engagement. Using the 2000 World Values Survey, this article examines which aspects of religion motivate health and political civic engagement in sub-Saharan Africa and explores whether these effects are conditioned by gender.

CIVIC ENGAGEMENT IN SUB-SAHARAN AFRICA

Civic engagement, that is, individuals' connections and interactions within their communities, can bring about vital changes that improve the quality of fellow residents' lives (Driskell, Embry, and Lyon 2008). There is an urgent need to improve the quality of life in sub-Saharan Africa. Across the region, approximately

one in twenty adults is infected with HIV (UNAIDS 2009), and in several nations in the region, as many as one in four adults is infected with HIV (UNAIDS 2009). According to estimates from the World Bank, over 40 percent of sub-Saharan Africans live on less than \$1 a day, and another 30 percent subsist on amounts that average between \$1 and \$2 a day (Chen and Ravallion 2004; Sachs 2005). Residents also struggle with other critical illnesses and conditions, including malaria, tuberculosis, and malnutrition, while poverty, inequality, unemployment, illiteracy, homelessness, civil rights abuse, and political corruption erode residents' quality of life (Mmatli 2008; United Nations Development Program 2010). While solutions to these issues may ultimately depend on changes in governmental and economic infrastructure, citizens have sought and achieved improvements through volunteering for health- and justice-based organizations (Ampofo 2008; Robins 2006).

In sub-Saharan Africa, volunteer work has resulted in vital gains in the health care arena. Given the scarcity of doctors, nurses, hospitals, equipment, and other health-related resources, volunteer caregiving has become crucial for people who suffer from HIV and other common ailments (McCoy et al, 2005; Ogden, Esim, and Grown 2006). Caregivers assist sick people—who often could not afford adequate care even if it were available—by administering medical treatment and pain relief, helping with hygiene and household chores, and making referrals for professional medical help (Homan and Searle 2005).

As well as offering medical care, volunteer caregivers provide emotional support and can relieve the isolation that HIV-infected individuals experience because of their inability to work or travel, the stigma associated with the disease, and the difficulties they face in forming romantic relationships without spreading the disease (Ogden, Esim, and Grown 2006). Furthermore, volunteers can ease the temporal, emotional, and financial burdens shouldered by families with sick members (Akintola 2004; Kipp et al. 2006; Rugalema 2000). By freeing sick people's family members to generate income in the paid economy and to attend school, volunteer caregivers can prevent disadvantaged households from falling deeper into poverty and contribute to the overall productivity of the region (Ogden, Esim, and Grown 2006; Skovdal et al. 2009).

Volunteers have also spearheaded social reforms in numerous sub-Saharan African countries. Such changes have involved transitioning to democracy, enacting fairer tax laws; rallying for the release of imprisoned human rights activists; enhancing women's rights to trade, own land, and inherit property; and protecting women from domestic violence (Ampofo 2008; Klopp and Zuern 2007; Tripp 2001). Many steps remain before an acceptable standard of living and equality of rights exist for all sub-Saharan Africans, and political activism will remain essential to this process.

RELIGION AND CIVIC ENGAGEMENT

Despite the toll it takes on time and energy and the associated risks of danger, grief, and guilt from being unable to help those who are dying (Akintola 2008; de Figueiredo and Turato 2001), civic engagement remains high in a number of sub-Saharan African countries (Ruiter and De Graaf 2006). A host of social, cultural, economic, and political factors have been linked to volunteering and civic engagement, including religiosity (Bekkers 2001; McPherson and Rotolo 1996; Popielarz 1999; Wilson 2000). Researchers have found that religiously involved individuals are more likely than nonreligious people to donate their time to helping others. However, the majority of this research has been done in the United States and other developed nations (Becker and Dhingra 2001; Lam 2002, 2006; Wilson and Janoski 1995). To date, few quantitative studies have been done in sub-Saharan Africa, in part because the data are particularly difficult to obtain. In one of the few cross-national studies of religion and volunteering, Ruiter and De Graaf (2006) found that rates of volunteering were higher in more devout nations. They also found that the effects of religious service attendance on volunteering were much weaker in more religious nations than in more secular nations. This raises the question of whether within-country variation in religiosity matters in more devout nations. Ruiter and De Graaf did not examine private forms of religious devotion such as prayer, so it is unclear whether such aspects of religiosity shape volunteering in devout regions such as those in sub-Saharan Africa. The study also did not distinguish between different types of volunteering, so the prevalence of health-related or political volunteering cannot be determined from their study.

Few researchers have examined which dimensions of religion are most likely to motivate unpaid organizational involvement (for an exception, see Lam 2002), though there is reason to believe that different aspects of religion (e.g., private religious devotion, active religious service attendance) may be more likely than others to shape involvement in volunteer health and political organizations. In this study, we focus on four key dimensions of religiosity: religious importance, private religious devotion, religious participation, and time spent socializing with fellow congregants.

Because the sacred texts of nearly all major religions encourage altruistic behavior, people who see their religion as important and spend time meditating or praying may be more inclined to follow the precepts of their faith and donate their time to helping others. While the private dimension of religiosity has been relatively unexplored in the research on membership in voluntary organizations and voluntary participation, a number of studies have found that personal religious importance is associated with a range of attitudes (Adamczyk and Pitt

2009; Finke and Adamczyk 2008) and behaviors (Adamczyk and Felson 2006; Adamczyk and Palmer 2008). These ideas lead to this set of hypotheses:

Hypothesis 1: As religious importance increases, people will be more likely to participate in volunteer health and political organizations.

Hypothesis 2: As the frequency of prayer increases, people will be more likely to participate in volunteer health and political organizations.

Service attendance has also been examined as a predictor of civic engagement (Becker and Dhingra 2001; Beyerlein and Chaves 2003; Beyerlein and Hipp 2006; Ruiter and De Graaf 2006; Verba, Schlozman, and Brady 1995; Wilson and Musick 1997). Service attendance can reinforce religious precepts, and clergy members and religious leaders may encourage civic engagement. Furthermore, churchgoers' participation may be enhanced by exposure to information about volunteering as well as by social pressure from others to volunteer (Musick, Wilson, and Bynum 2000; Ruiter and De Graaf 2006). Informal activities with friends from one's religious group could similarly shape the likelihood of involvement in a volunteer organization. Informal social opportunities can encourage bonding, solidarity, and obligation for reciprocity, leading to greater desire to volunteer and a sense of obligation to do so when an opportunity is presented (Beyerlein and Hipp 2006). Volunteering with friends could also make the activity more enjoyable. These ideas lead to the next two hypotheses:

Hypothesis 3: Formal service attendance will increase participation in volunteer health and political organizations.

Hypothesis 4: Informal church activities, namely, socializing with members of one's congregation, will increase participation in volunteer health and political organizations.

GENDER, RELIGION, AND CIVIC ENGAGEMENT

Men and women may differ in their likelihood of volunteering for health and political organizations, as the activities and skills associated with both types of volunteering may be considered "gendered." In most regions of the world, the burdens of caring for both ill and healthy family members fall disproportionately on the shoulders of women (Akintola 2004; Orner 2006; UNAIDS 2008), and activities that are considered "women's work" are frequently undervalued. While some scholars suggest that women engage in caregiving activities more often because they inherently feel a greater responsibility to people in need (Gilligan

1982; Karniol, Grosz, and Schorr 2003), women may also do so as a result of being socialized into attitudes and skills that enhance their role as caregivers. Men's gender roles, by contrast, are more often associated with leadership and power and tend to be more publicly visible. We would therefore expect men to be more involved in volunteering on behalf of others' well-being by participating in activities such as organizing rallies and protests, speaking with political leaders, and directing others (Manning 2010; Rotolo and Wilson 2007). These suppositions lead to the following hypotheses:

Hypothesis 5a: Women will be more likely than men to engage in health volunteering.

Hypothesis 5b: Men will be more likely than women to engage in political volunteering.

The influence of religiosity on health and political volunteering may depend on gender. Historically, dominant religions have embraced traditional gender roles and have excluded women from holding high positions (Read 2003). These dominant gender norms, as well as a lack of female role models who have significant authority within the church, may encourage women to seek out less prestigious caregiving roles and avoid more commanding ones even outside of church activities. Direct requests to engage in a volunteer activity are one of the strongest predictors of volunteering (Paik and Navarre-Jackson 2011), so informal interactions with church members who embrace church gender norms and shape their own volunteer activities accordingly should also result in gendered recruitment. These same dynamics should encourage the channeling of male coaffiliates into more prestigious and public political volunteering, resulting in the following hypothesis:

Hypothesis 6: The effect of religiosity on both caregiver volunteering and political volunteering will be conditioned by gender.

This gendered context extends beyond the church, as sub-Saharan Africa is characterized by deeply entrenched inequality that limits women's social, political, and economic advancement. Thus these congregational gender dynamics coexist with and reinforce patterns at the national level. This can maintain women's lower status in the region by limiting the types of activities and skills that would facilitate their transition into opportunities that involve leadership, decision making, and legislation on women's behalf. Thus gendered patterns of volunteering can have implications for gender inequality in sub-Saharan Africa.

In sum, this study seeks to unravel the relationship between religiosity and two distinct types of civic engagement in sub-Saharan Africa, both of which have powerful consequences for the vitality of the region. Gender norms that are reinforced by both church and state can affect volunteering patterns in ways that affect not only the direct beneficiaries of such activism, but also the volunteers themselves.

Data

To examine these relationships, the analysis relies on cross-sectional data from the 2001 World Values Survey (WVS). The WVS was designed to enable comparisons of values and norms on a wide variety of topics across nations and over time (Inglehart and Baker 2000). Beginning in 1981 with surveys in eight nations, the WVS has expanded over four subsequent waves to include surveys in fifty-seven nations. The current study relies on data from the 2001 WVS, as this is the only available survey year that includes information about the religion and volunteering activities of sub-Saharan African residents. The current analysis uses data from the four sub-Saharan African countries that asked residents about volunteering: South Africa, Zimbabwe, Tanzania, and Uganda.

Dependent Variables

The current study examines two outcomes: caregiver volunteering and political volunteering. Caregiver volunteering was coded as a dichotomous variable. Respondents were coded as having engaged in caregiver volunteering if they reported membership in or unpaid work for organizations concerned with health or organizations that, in the words of the survey question, provided “social services for elderly, handicapped or deprived people.”

Political volunteering was also coded as a dichotomous variable. Respondents were coded as having engaged in political volunteering if they reported membership in or unpaid work for organizations involving: “political parties or groups,” “local political action on issues like poverty, employment, housing, racial equality,” “Third world development or human rights,” “conservation, the environment, ecology, animal rights,” or a “peace movement.”

Independent Variables

We examined four measures of religiosity: frequency of attending religious services, frequency of socializing with others from their house of worship, self-reported religious importance, and frequency of prayer. For brevity, we refer to these measures as service attendance, religious socializing, religious importance,

and prayer. Service attendance and religious socializing capture the more social aspects of religiosity, while religious importance and prayer capture interior aspects of religiosity.

Religious importance was based on the following question: "For each of the following aspects, indicate how important it is in your life." One of these aspects was religion, and responses ranged from "very important" = 1 to "not at all important" = 4. Frequency of prayer was measured with the question "How often do you pray to God outside of religious services?" Responses ranged from "never" = 1 to "every day" = 7. Religious service attendance was measured with the question "Apart from weddings, funerals and christenings, about how often do you attend religious services these days?" Responses ranged from "never or practically never" = 1 to "more than once a week" = 8. Religious socializing was measured in terms of how often respondents reported "spend[ing] time with people at [their] church, mosque or synagogue." Responses ranged from "not at all" = 1 to "weekly" = 4.

Control Variables

We controlled for several variables that previous research found to be related to both religion and volunteering. These variables include marital status, number of children in the household, age of respondent, level of education, financial satisfaction, work status, and self-reported health. Research has found that married people are more likely to volunteer (Wilson 2000) and are also more likely to attend religious services (Thornton, Axinn, and Hill 1992) in the United States. Therefore we controlled for marital status with two indicator variables, one for respondents who were currently married and one for respondents who were divorced, separated, or widowed. The reference category is "never married." We controlled for number of children, since it is positively related to both volunteering (Wilson and Musick 1997) and religiosity of the mother (Hayford and Morgan 2008; Norris and Inglehart 2004). The number of children is assessed with a single question that asks respondents how many children they have had, where eight is the maximum. Studies have found curvilinear relationships between age and volunteering (Ruiter and De Graaf 2006) and between age and religiosity (Argue, Johnson, and White 1999); hence we controlled for years of age. Research has also uncovered that education is positively associated with religious service attendance (Glaeser and Sacerdote 2008) and with volunteering (Ruiter and De Graaf 2006). We controlled for education using a question that asks respondents, "What is the highest educational level that you have attained?" Response categories range from "incomplete primary education" = 1 to "college degree" = 8. Intermediate categories include "completed primary school," "some

technical secondary,” “completed technical secondary,” “some preparatory secondary,” “completed preparatory secondary,” and “some university.”

Since previous studies found that employment status is related to volunteering (Wilson 2000), we also controlled for employment. Employment status is measured as a set of dummy variables representing people who worked full-time for pay, worked part-time for pay, were self-employed, were retired, worked as a housewife, or were students. Unemployed is the reference category.

People who are more comfortable with their financial condition may be more likely to devote time to religious activities as well as to volunteering. Therefore, we controlled for a measure of financial satisfaction. Financial satisfaction is based on answers to the question “How satisfied are you with the financial situation of your household?” Responses ranged from “dissatisfied” = 1 to “satisfied” = 10.

Scholars have also found that respondents who are ill themselves or suspect that they may have HIV/AIDS may be more likely to volunteer (Rödlach 2009). Therefore we controlled for self-reported health. Respondents were asked, “All in all, how would you describe your state of health these days?” Response categories were reverse coded so that the highest category, “4,” indicates “very good” and the lowest category, “1,” indicates “poor.”

Finally, to account for covariation between the religion variables and the key outcome variables that are the result of different country contexts, we included a set of dummy variables for country of residence. We created indicator variables for Tanzania, Uganda, and Zimbabwe. South Africa is the reference group.

ANALYSIS

We used logistic regression to examine the influence of religion and gender on the odds of caregiver volunteering and political volunteering. The analysis began by examining the influences of gender and of each of the religiosity variables on caregiver volunteering. Since the measures of religiosity are moderately correlated with each other, we examined the influence of each of them on caregiver volunteering separately. In the final model, we included all of the religion variables together with the full range of control variables to determine which, if any, predict caregiver volunteering independently of the others. We repeated the same steps for political volunteering.

We also ran models testing the interactions between each type of religiosity and gender and between each type of religiosity and each nation. We tested these interactions in two different ways to avoid bias. Interaction effects in logistic regressions can be biased if residual variance in the outcome variable differs across values of one of the independent variables comprising the interaction (Williams 2009). For example, it is possible there is more heterogeneity in the

causal processes of volunteering among men than among women or vice versa. It is also possible that the causal processes of volunteering are more heterogeneous in some countries than in others. One way to avoid such bias is to estimate generalized logistic models (Williams 2009), which allow residual variance to be modeled. We estimated generalized logistic models to verify the significance of interactions uncovered in our logistic regression models. When logistic regression models yielded significant interactions between religiosity and gender, we checked whether these interactions remained significant in models in which residual variance was permitted to vary by gender. When logistic regression models yielded significant interactions between religiosity and nation, we checked whether those interactions remained significant in models in which residual variance was permitted to vary by nation.

All analyses were weighted so that each nation's share of our sample matched the nation's proportion of the total population of the four nations. For example, 16 percent of our sample was Ugandan, but 21 percent of the population from the four nations in our sample is Ugandan. Hence, respondents from Uganda were weighted by a factor equal to 21 percent divided by 16 percent. Respondents from the other three nations in the sample were weighted similarly.

Although less than 1 percent of information was missing from our data, listwise deletion would have reduced the sample by approximately 8.5 percent. For this reason, we opted to handle missing data via multiple imputation techniques, which take full advantage of the available data and avoid some of the bias in standard errors that can accompany listwise deletion (Allison 2001).¹ On the basis of the other variables that were included in the analysis, missing values were imputed for twenty datasets, and the parameter estimates were averages of regression coefficients produced through the "mi estimate" command in the statistical computing program, Stata. Standard errors from the multiple imputation process were calculated to reflect the uncertainty that is generated through simulated data. The final sample size consisted of 6,175 respondents.

RESULTS

Table 1 presents descriptive statistics. Twenty-five percent of the sample engaged in caregiver volunteering, and 30 percent of the sample volunteered for political causes. Respondents indicated a strong sense of religious importance (3.70 on a scale of 1 to 4); the frequencies of prayer, service attendance, and religious socializing were also high.

¹ Missing data were imputed by using the procedure written by Royston (2009) based on a technique outlined in van Buuren, Boshuizen, and Knook (1999).

Table 1: Descriptive Statistics for Variables Included in the Analysis
(*N* = 6,175)

Variable	Mean	Standard Deviation	Minimum	Maximum
<i>Dependent Variables</i>				
Political volunteering	0.30	0.46	0	1
Caregiver volunteering	0.25	0.43	0	1
<i>Key Independent Variables</i>				
Religious importance	3.70	0.65	1	4
Frequency of prayer	6.20	1.60	1	7
Service attendance	5.50	1.70	1	7
Religious socializing	3.20	1.10	1	4
Female	0.48	0.50	0	1
<i>Control Variables</i>				
Currently married (reference)	0.55	0.50	0	1
Divorced, separated or widowed	0.10	0.30	0	1
Never married	0.35	0.48	0	1
Number of children	2.20	2.20	0	8
Age in years	36.00	14.00	15	98
Level of education	4.00	1.90	1	8
Financially satisfied	4.40	2.90	1	10
Employed full-time (reference)	0.32	0.47	0	1
Employed part-time	0.06	0.24	0	1
Self-employed	0.14	0.35	0	1
Retired	0.06	0.23	0	1
Housewife	0.09	0.28	0	1
Student	0.10	0.30	0	1
Unemployed	0.22	0.41	0	1
Self-reported health	3.00	0.86	1	4

Cases are weighted proportionally to the national population.

Table 2 presents findings regarding the influence of religion on caregiver volunteering. Model 1 in Table 2 examines the influence of gender while controlling for all nonreligious variables and shows that the odds of doing caregiver volunteering are 17 percent higher for women than for men. Models 2 through 5 test the effects of each of the four measures of religiosity while controlling for all other nonreligious variables. Three out of four measures of religiosity are statistically significant in these models, showing that caregiver volunteering is higher among respondents who find religion important, pray frequently, and socialize with coaffiliates. Model 6 includes all four measures of religiosity together with control variables; despite moderate to high intercorrelations among the religion

variables (ranging from 0.37 to 0.57), religious socializing remains statistically significant. We also note that the magnitude of the coefficient for gender is only slightly lower in Model 6 than in Model 1, suggesting that religiosity does not explain women's role as caregivers.

Table 2: Logistic Regression Analysis of the Influence of Gender and Religion on Caregiver Volunteering

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
<i>Key Independent Variables</i>						
Female	1.17*	1.14 ⁺	1.14 ⁺	1.15 ⁺	1.16 ⁺	1.14 ⁺
Religious importance		1.16*				1.06
Frequency of prayer			1.07**			1.04
Service attendance				1.04 ⁺		0.97
Religious socializing					1.17***	1.16***
<i>Control Variables</i>						
Currently married	ref.	ref.	ref.	ref.	ref.	ref.
Formerly married	1.06	1.08	1.08	1.08	1.08	1.08
Never married	0.86	0.86	0.86	0.86	0.86	0.85
Number of children	0.95*	0.95*	0.95*	0.95*	0.95*	0.95*
Age in years	1.01*	1.01*	1.01*	1.01*	1.01*	1.01*
Level of education	1.08***	1.08***	1.08***	1.08***	1.08***	1.08***
Financially satisfied	1.01	1.01	1.01	1.01	1.01	1.01
Full time	ref.	ref.	ref.	ref.	ref.	ref.
Part time	1.28 ⁺	1.29 ⁺	1.29 ⁺	1.29 ⁺	1.29 ⁺	1.29 ⁺
Self-employed	1.02	1.02	1.03	1.02	1.01	1.01
Retired	1.31	1.31	1.30	1.31	1.30	1.29
Housewife	0.69*	0.69*	0.69*	0.69*	0.69*	0.69*
Student	0.85	0.85	0.85	0.84	0.83	0.84
Unemployed	0.95	0.95	0.96	0.95	0.94	0.96
Self-reported health	0.92 ⁺	0.92 ⁺	0.92 ⁺	0.92 ⁺	0.92 ⁺	0.92 ⁺
South Africa	ref.	ref.	ref.	ref.	ref.	ref.
Tanzania	6.04***	5.90***	5.86***	5.83***	5.66***	5.67***
Uganda	2.26***	2.25***	2.24***	2.20***	2.21***	2.24***
Zimbabwe	1.12	1.11	1.12	1.10	1.05	1.06
Constant	0.10***	0.06***	0.07***	0.08***	0.06***	0.05***
Observations	6,175	6,175	6,175	6,175	6,175	6,175

Exponentiated coefficients are shown. Cases are weighted proportionally to the national population.

⁺ $p < 0.10$; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Table 3 presents results from logistic regressions of political volunteering on measures of gender and religiosity. Model 1 demonstrates that, in contrast to findings regarding caregiver volunteering, women are less likely than men to donate their time to political causes. Models 2 through 5 estimate the effects of each measure of religiosity in turn. Here, only the effect of religious socializing is significant. In Model 6 of Table 3, which includes all religiosity variables as well as gender and other control variables, we see that all four religion variables emerge as significant predictors of political volunteering. The effects of religious socializing and frequency of prayer remain positive, while the effects of religious importance and service attendance are negative.

We suggested that religiosity and gender may interact, in that engagement in religious institutions that have presented obstacles to women's social equality may heighten women's engagement in lower-esteemed caregiving and weaken their involvement in political activities that are related to status and leadership. Tables 4 and 5 address these hypotheses. Table 4 examines whether gender conditions the effects of religiosity on caregiver volunteering, and the findings do not support this hypothesis. Table 5, however, uncovers evidence that the effect of religious socializing on political volunteering depends on gender. Model 4 in Table 5 suggests that religious socializing heightens political engagement only among women.

Given the unique political and social dynamics among the four countries examined, we ran additional analyses to ascertain whether the influence of religiosity differed across countries. Table 6 indicates some cross-national variations in the influence of religion on caregiver volunteering. There is a consistent pattern suggesting that the effects of all aspects of religiosity on caregiver volunteering are higher in South Africa than in any other nation. However, differences in the effects of religiosity across nation are significant in only two of the twelve comparisons that were made.

Table 7 presents models of interaction effects of religiosity by nation on political volunteering. There is little evidence of systematic differences in the effects of various aspects of religiosity across nations. Only two of twelve interactions are significant in both the logistic regression models and the generalized logistic regression models. The effects of religious importance and service attendance on political activism are weaker in Uganda than in South Africa. Although there is a significant interaction between service attendance and an indicator for Tanzania, this interaction did not remain significant in a model that permitted heterogeneity of residual variance across nations.

Table 3: Logistic Regression Analysis of the Influence of Gender and Religion on Political Volunteering

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
<i>Key Independent Variables</i>						
Female	0.66***	0.67***	0.65***	0.66***	0.65***	0.67***
Religious importance		0.94				0.86**
Frequency of prayer			1.04 ⁺			1.06*
Service attendance				0.98		0.91***
Religious socializing					1.15***	1.23***
<i>Control Variables</i>						
Currently married	ref.	ref.	ref.	ref.	ref.	ref.
Formerly married	0.90	0.89	0.90	0.89	0.91	0.88
Never married	0.84 ⁺	0.84 ⁺	0.85 ⁺	0.84 ⁺	0.84 ⁺	0.83 ⁺
Number of children	1.00	1.00	1.00	1.00	1.00	1.00
Age in years	1.00	1.00	1.00	1.00	1.00	1.00
Level of education	1.07***	1.07***	1.07***	1.07***	1.07***	1.07***
Financially satisfied	0.98 ⁺	0.98 ⁺	0.98 ⁺	0.98 ⁺	0.98 ⁺	0.98 ⁺
Full time	ref.	ref.	ref.	ref.	ref.	ref.
Part time	1.16	1.16	1.16	1.16	1.16	1.16
Self-employed	1.09	1.09	1.10	1.10	1.08	1.08
Retired	0.92	0.93	0.92	0.93	0.91	0.91
Housewife	0.86	0.86	0.85	0.85	0.86	0.85
Student	0.77 ⁺	0.77 ⁺	0.77 ⁺	0.77 ⁺	0.75*	0.77 ⁺
Unemployed	0.82*	0.82*	0.82*	0.82*	0.81*	0.82*
Self-reported health	0.91*	0.91*	0.91*	0.91*	0.90*	0.91*
South Africa	ref.	ref.	ref.	ref.	ref.	ref.
Tanzania	4.70***	4.76***	4.60***	4.79***	4.40***	4.66***
Uganda	1.63***	1.63***	1.61***	1.65***	1.58***	1.66***
Zimbabwe	0.69**	0.69**	0.69**	0.70**	0.65***	0.66***
Constant	0.31***	0.38***	0.26***	0.33***	0.22***	0.32***
Observations	6175	6175	6175	6175	6175	6175

Exponentiated coefficients are shown. Cases are weighted proportionally to the national population.

⁺ $p < 0.10$; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Table 4: Logistic Regression Analysis of the Influence of the Interaction Between Gender and Religion on Caregiver Volunteering

	Model 1	Model 2	Model 3	Model 4
<i>Key Independent Variables</i>				
Female	1.02	0.95	1.05	1.06
Religious importance	1.15 ⁺			
Frequency of prayer		1.06 [*]		
Service attendance			1.03	
Religious socializing				1.16 ^{**}
<i>Interactions Between Religion and Gender</i>				
Female × religious importance	1.03			
Female × prayer		1.03		
Female × service attendance			1.02	
Female × religious socializing				1.03
<i>Control Variables</i>				
Currently married	ref.	ref.	ref.	ref.
Formerly married	1.08	1.07	1.08	1.08
Never married	0.86	0.86	0.86	0.86
Number of children	0.95 [*]	0.95 [*]	0.95 [*]	0.95 [*]
Age in years	1.01 [*]	1.01 [*]	1.01 [*]	1.01 [*]
Level of education	1.08 ^{***}	1.08 ^{***}	1.08 ^{***}	1.08 ^{***}
Financially satisfied	1.01	1.01	1.01	1.01
Full time	ref.	ref.	ref.	ref.
Part time	1.29 ⁺	1.29 ⁺	1.29 ⁺	1.29 ⁺
Self-employed	1.02	1.03	1.02	1.01
Retired	1.31	1.30	1.31	1.30
Housewife	0.69 [*]	0.68 [*]	0.69 [*]	0.69 [*]
Student	0.85	0.86	0.84	0.83
Unemployed	0.95	0.96	0.95	0.95
Self-reported health	0.92 ⁺	0.92 ⁺	0.92 ⁺	0.92 ⁺
South Africa	ref.	ref.	ref.	ref.
Tanzania	5.91 ^{***}	5.88 ^{***}	5.84 ^{***}	5.67 ^{***}
Uganda	2.25 ^{***}	2.25 ^{***}	2.20 ^{***}	2.22 ^{***}
Zimbabwe	1.11	1.12	1.10	1.05
Constant	0.06 ^{***}	0.07 ^{***}	0.09 ^{***}	0.07 ^{***}
Observations	6175	6175	6175	6175

Exponentiated coefficients are shown. Cases are weighted proportionally to the national population.

⁺ $p < 0.10$; ^{*} $p < 0.05$; ^{**} $p < 0.01$; ^{***} $p < 0.001$.

Table 5: Logistic Regression Analysis of the Influence of the Interaction Between Gender and Religion on Political Volunteering

	Model 1	Model 2	Model 3	Model 4
<i>Key Independent Variables</i>				
Female	0.79	0.72	0.66 ⁺	0.32 ^{***}
Religious importance	0.95			
Frequency of prayer		1.04		
Service attendance			0.98	
Religious socializing				1.05
<i>Interactions Between Religion and Gender</i>				
Female × religious importance	0.96			
Female × prayer		0.98		
Female × service attendance			1.00	
Female × religious socializing				1.24 ^{***a}
<i>Control Variables</i>				
Currently married	ref.	ref.	ref.	ref.
Formerly married	0.89	0.91	0.89	0.89
Never married	0.84 ⁺	0.85 ⁺	0.84 ⁺	0.84 ⁺
Number of children	1.00	1.00	1.00	1.00
Age in years	1.00	1.00	1.00	1.00
Level of education	1.07 ^{***}	1.07 ^{***}	1.07 ^{***}	1.07 ^{***}
Financially satisfied	0.98 ⁺	0.98 ⁺	0.98 ⁺	0.98 ⁺
Full time	ref.	ref.	ref.	ref.
Part time	1.16	1.16	1.16	1.16
Self-employed	1.09	1.10	1.10	1.08
Retired	0.93	0.92	0.93	0.92
Housewife	0.86	0.85	0.85	0.86
Student	0.77 ⁺	0.77 ⁺	0.77 ⁺	0.76 [*]
Unemployed	0.81 [*]	0.82 [*]	0.82 [*]	0.82 [*]
Self-reported health	0.91 [*]	0.91 [*]	0.91 [*]	0.90 [*]
South Africa	ref.	ref.	ref.	ref.
Tanzania	4.75 ^{***}	4.60 ^{***}	4.79 ^{***}	4.49 ^{***}
Uganda	1.63 ^{***}	1.61 ^{***}	1.65 ^{***}	1.64 ^{***}
Zimbabwe	0.69 ^{**}	0.69 ^{**}	0.70 ^{**}	0.65 ^{***}
Constant	0.36 ^{**}	0.25 ^{***}	0.33 ^{***}	0.28 ^{***}
Observations	6175	6175	6175	6175

Exponentiated coefficients are shown. Cases are weighted proportionally to the national population.

⁺ $p < 0.10$; ^{*} $p < 0.05$; ^{**} $p < 0.01$; ^{***} $p < 0.001$.

^a Interaction term was significant in a generalized logistic regression model in which residual variance was permitted to vary by gender.

Table 6: Logistic Regression Analysis of the Influence of the Interaction Between Nation and Religion on Caregiver Volunteering

	Model 1 Importance	Model 2 Prayer	Model 3 Attendance	Model 4 Socializing
<i>Nations</i>				
South Africa	ref.	ref.	ref.	ref.
Tanzania	14.18 ^{***}	10.05 ^{***}	20.26 ^{***}	11.72 ^{***}
Uganda	5.54 ^{**}	4.75 ^{***}	7.13 ^{***}	2.44 ^{**}
Zimbabwe	2.38	1.72	1.88 ⁺	1.67
<i>Key Religion Variables</i>				
Religious importance	1.36 ^{***}			
Frequency of prayer		1.14 ^{***}		
Service attendance			1.19 ^{***}	
Religious socializing				1.30 ^{***}
<i>Nation by Religion Interactions</i>				
Tanzania × religious importance	0.79			
Uganda × religious importance	0.78			
Zimbabwe × religious importance	0.81			
Tanzania × prayer		0.92		
Uganda × prayer		0.89 ⁺		
Zimbabwe × prayer		0.93		
Tanzania × service attendance			0.80 ^{***b}	
Uganda × service attendance			0.81 ^{**a}	
Zimbabwe × service attendance			0.90	
Tanzania × religious socializing				0.80 ^{**a}
Uganda × religious socializing				0.96
Zimbabwe × religious socializing				0.86
<i>Control Variables</i>				
Female	1.14 ⁺	1.13	1.14 ⁺	1.16 ⁺
Currently married	ref.	ref.	ref.	ref.
Formerly married	1.08	1.07	1.07	1.08
Never married	0.86	0.86	0.87	0.86
Number of children	0.95 [*]	0.95 [*]	0.95 [*]	0.95 [*]
Age in years	1.01 [*]	1.01 [*]	1.01 [*]	1.01 [*]
Level of education	1.08 ^{***}	1.08 ^{***}	1.08 ^{***}	1.08 ^{***}
Financially satisfied	1.01	1.01	1.01	1.01
Full time	ref.	ref.	ref.	ref.
Part time	1.28 ⁺	1.27	1.27	1.29 ⁺
Self-employed	1.02	1.02	1.01	1.01
Retired	1.30	1.29	1.26	1.29
Housewife	0.69 [*]	0.68 [*]	0.68 ^{**}	0.68 [*]
Student	0.85	0.85	0.84	0.83
Unemployed	0.94	0.95	0.94	0.95
Self-reported health	0.92 ⁺	0.92 ⁺	0.92 ⁺	0.92 [*]
Constant	0.03 ^{***}	0.05 ^{***}	0.04 ^{***}	0.05 ^{***}
Observations	6175	6175	6175	6175

Exponentiated coefficients are shown. Cases are weighted proportionally to the national population.

⁺ $p < 0.10$; ^{*} $p < 0.05$; ^{**} $p < 0.01$; ^{***} $p < 0.001$.

^a Interaction term was significant in a generalized logistic regression model in which residual variance was permitted to vary by nation.

^b Interaction term was *not* significant in a generalized logistic regression model in which residual variance was permitted to vary by nation.

Table 7: Logistic Regression Analysis of the Influence of the Interaction Between Nation and Religion on Political Volunteering

	Model 1 Importance	Model 2 Prayer	Model 3 Attendance	Model 4 Socializing
<i>Nations</i>				
South Africa	ref.	ref.	ref.	ref.
Tanzania	4.61**	2.59*	8.02***	3.34***
Uganda	6.09***	2.73**	4.04***	1.12
Zimbabwe	0.82	0.80	0.91	0.85
<i>Key Religion Variables</i>				
Religious importance	1.03			
Frequency of prayer		1.03		
Service attendance			1.04	
Religious socializing				1.09*
<i>Nation by Religion Interactions</i>				
Tanzania × religious importance	1.00			
Uganda × religious importance	0.69** ^a			
Zimbabwe × religious importance	0.95			
Tanzania × prayer		1.09		
Uganda × prayer		0.92		
Zimbabwe × prayer		0.98		
Tanzania × service attendance			0.91* ^b	
Uganda × service attendance			0.85** ^a	
Zimbabwe × service attendance			0.95	
Tanzania × religious socializing				1.09
Uganda × religious socializing				1.12
Zimbabwe × religious socializing				.93
<i>Control Variables</i>				
Female	0.66***	0.65***	0.66***	0.66***
Currently married	ref.	ref.	ref.	ref.
Formerly married	0.89	0.90	0.89	0.91
Never married	0.84 ⁺	0.84 ⁺	0.84 ⁺	0.84 ⁺
Number of children	1.00	1.00	1.00	1.00
Age in years	1.00	1.00	1.00	1.00
Level of education	1.07***	1.07***	1.07***	1.07***
Financially satisfied	0.98 ⁺	0.98 ⁺	0.98 ⁺	0.98 ⁺
Full time	ref.	ref.	ref.	ref.
Part time	1.15	1.15	1.15	1.17
Self-employed	1.08	1.09	1.08	1.08
Retired	0.92	0.91	0.90	0.92
Housewife	0.85	0.85	0.84	0.86
Student	0.77 ⁺	0.77 ⁺	0.77 ⁺	0.75* ^b
Unemployed	0.81*	0.82*	0.81*	0.82*
Self-reported health	0.91*	0.91*	0.91*	0.90*
Constant	0.28***	0.27***	0.25***	0.25***
Observations	6175	6175	6175	6175

Exponentiated coefficients are shown. Cases are weighted proportionally to the national population.

⁺ $p < 0.10$; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

^a Interaction term was significant in a generalized logistic regression model in which residual variance was permitted to vary by nation.

^b Interaction term was *not* significant in a generalized logistic regression model in which residual variance was permitted to vary by nation.

CONCLUSION

This study examined the influence of religion on both caregiving and political volunteering in four sub-Saharan African countries. We explored whether there are unrealized opportunities to engage citizens' energy and skills for helping other residents in need and found support for our first four hypotheses when predicting caregiver volunteering, with a particularly robust effect of religious socializing. Findings also indicated that aspects of religion affected political volunteering, as individuals who prayed regularly and socialized with coaffiliates donated more time to political causes, though attending services and affirming the importance of religion lowered activism.

Overall, religious socializing exerted the most consistent effect on both types of volunteering, suggesting that religiosity best translates into caregiving and activist endeavors when the religiosity is informal and is experienced in a communal way. The effects of service attendance and prayer on volunteering may be relatively weak because ritualistic religious behaviors may be performed without the attachment of significant meaning and would not necessarily produce outcomes encouraged by the particular religion or church. Religious socializing likely heightens caregiver volunteering in a variety of ways. Socializing with fellow congregants may heighten awareness of both expectations about altruism and opportunities for volunteering. Given the importance of the social component of religion in motivating people to volunteer, it may be worthwhile to consider whether the social dynamics of religious congregations could be replicated by secular groups that are interested in boosting voluntary involvement.

A number of factors could contribute to the dampening effects of religious importance and church attendance on political engagement. Christianity, which is the dominant religion in these four nations, puts a strong emphasis on helping people who are sick. Christianity also encourages people to help others who are poor and in need, but it does not provide a lot of direction for how helping others should be manifested and whether involvement in political organizations would be the best way to help people. Additionally, some political movements encourage ideas and perspectives (e.g., Marxism) that may be at odds with Christianity. Finally, involvement in political volunteering may involve some of the same types of activities as involvement in formal religious activities does. For example, political volunteering may include attending organized meetings at which individuals listen to a speaker; this is similar to attending religious services at which congregants listen to a preacher. People might not want to increase the amount of time they spend on similar types of activities. As a result, those who attend religious services may be less likely to participate in political volunteering.

We also found support for Hypotheses 5a and 5b, as women are more likely than men to engage in caregiver volunteering, whereas men are more likely than

women to engage in political volunteering. These findings have implications for gender dynamics because they reduce women's chances of obtaining higher offices that would facilitate advocacy and policymaking on behalf of women's status in the social, economic, and health spheres. The relationship between women's social status and their volunteer opportunities was not given sufficient attention in prior research, suggesting a greater need for future studies surrounding this topic. There was also evidence to suggest a gender-related conditioning effect, whereby religious socializing enhanced political activism among women. Since political and cultural norms likely contribute to women's diminished political activism in sub-Saharan Africa, women's political engagement may particularly benefit from the trust, shared norms, and information shared among religious affiliates.

We found some evidence that the effects of religiosity on caregiver volunteering were more powerful in South Africa than in Tanzania, Uganda, and Zimbabwe. These differences could arise from the fact that high levels of religiosity are normative in all of the nations we examined except South Africa. In each nation aside from South Africa, a majority of people reported socializing with fellow religious congregants. Among the four nations that we examined, service attendance was lowest in South Africa. Where levels of religious commitment are normative, social life may be dominated by religious institutions. In such environments, commitment to a religious community may reflect a bond to the community in general rather than a connection to specifically religious elements. By contrast, in South Africa, where religiosity is relatively less common, religious involvement may be more a matter of individual choice than a social obligation and therefore may reflect deeper, more heartfelt religious commitment. This could explain why various measures of religiosity appear more strongly related to caregiver volunteering in South Africa than in the other nations in our sample.

The data have some weaknesses that merit discussion. One of the biggest challenges for the current study is that the data are cross-sectional, making it difficult to establish the correct causal ordering between religion and volunteering. Our study posits that religion leads to volunteering. In South Africa, Zimbabwe, Tanzania, and Uganda, residents report very high levels of religious involvement and importance. By contrast, a minority of people participate in caregiver or political volunteering. It is possible that volunteering engenders religiosity in people who might otherwise be secular by putting them in contact with religious leaders and with programs sponsored by religious organizations. Very few longitudinal studies have been done in sub-Saharan Africa, and we do not know of any that include measures of volunteering and religion. Our hope is that future longitudinal studies done in sub-Saharan Africa will include questions about religion and volunteering so that we can empirically unravel the correct causal ordering.

Researchers have long suggested that more religious people are more likely than others to donate their time and energy to causes in which they believe, but few researchers have disentangled the effects of specific aspects of religiosity on volunteering as we have done here. Religion plays a highly significant role in the lives of the vast majority of people living in sub-Saharan Africa, and our results suggest that religiosity—particularly when social in nature—may be an especially valuable resource to enhance the well-being of community members in need.

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