

**THE IMPACT OF HIV/AIDS ON LAND ISSUES IN
KWAZULU-NATAL PROVINCE
SOUTH AFRICA**

**INTERVIEW NARRATIVES FROM
MUDEN, DONDOTHA, KWADUMISA AND KWANYUSWA**

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MUDEN, DONDOTHA, KWADUMISA AND KWANYUSWA**

**THE MUDEN AREA STUDY
TWELVE INTERVIEWS CONDUCTED BY THEMBA MBHELE**

MUDEN: INTERVIEW 1

HIV positive daughter whose baby dies shortly after birth

Family historical background

Dudu Fs' family originates from Lonsdale. Around the 1970s they were forced to relocate to Mpofeni, outside of Greytown. Their land was given to a white farmer. The move to Mpofeni caused the family great anguish both financially and culturally. They left behind their houses, land, huge fields, ancestral graves and most importantly their place of birth.

The family spent a lot of money on transport and building material at the new place. Most of their livestock died on the way and some of it was taken away by the white farmer. Their stay at Mpofeni was not easy at all. The local community did not receive them well because they openly treated them like foreigners. Land demarcation problems ensued in the community. Some of the local residents wanted them to have small residential land rather than land for cultivation.

When they were offered their land back in 1997, the family went back to Lonsdale to rebuild their lives. They currently hold the same size of land before the chronic illness i.e. the size of 2 informal soccer grounds. The problem is that the land is not conducive to fruitful agriculture. They experience a shortage of water and serious drought. They had the same size of land before the chronic illness. Since they had already established themselves in Mpofeni, they had to loose whatever they had there. This not only meant losing personal belongings like houses, fields, but they had to leave behind the head of the household who passed away at Mpofeni. From time to time, the family travels to Mpofeni to pay their homage/respect.

History of the illness

Prior to the year 2000, Dudu F had been working in Johannesburg as a domestic worker. During this period, she kept contact with her family in Muden. However, in 2000, Dudu F stopped communicating with her family. This raised concern among her family that they started asking other people about their daughter's whereabouts. The family then heard through other people that she had been hospitalised.

A few weeks later, Dudu F arrived at home and was pregnant. She had lost weight, was coughing very badly, her eyes were almost protruding and she had developed sores on the lips and pimples on the face. She showed signs of withdrawal because she increasingly isolated herself from the family members and friends whereas she had been a very sociable person. These symptoms and behaviour change urged her parents to ascertain the cause of all these signs. Dudu F only indicated to them that she had TB. When asked about the baby's father, she explained that he passed away due to an undiagnosed illness in 1999. As Dudu F's condition deteriorated, a neighbour suggested that they take her to hospital or a doctor for a blood test. This did not sit well with Dudu F, but her family cheered her to go for the test.

Coping strategies

Although Dudu F's family encouraged her to go for a test, they did not have enough money to pay transport and medical costs as they only lived on the mother's R6 a day income and the grandmother pension grant. This persuaded the family to borrow R100 from neighbours. The results of the blood test confirmed their suspicions. Dudu F was HIV positive and had reached the final stage of AIDS. The hospital had to put her on treatment to boost her immune system. Dudu F felt that this treatment was working well for her. She slowly gained energy and weight because she could rise from her bed and was eating well and the soiling had almost stopped. However, she still had a problem of speaking without hindrance. The family had to spend almost three hours per day looking after her.

In order to save their daughter's life, the family took her to a traditional doctor who indicated that Dudu F was spiritually possessed and needed to go through a spiritual cleansing process. However, this process needed some money. As such, they had to borrow R1000 from a local moneylender. A few weeks later, Dudu F gave birth to a baby who later died. Due to traditional habit, the family had to borrow R500 to cleanse away the bad spiritual presence associated with the death of the baby.

Effect of the illness on the family

Although Dudu F was on TB treatment she showed no signs of recovery and was being a burden on the family. Her presence seemed to affect the whole family. Her mother's work situation was affected because she could no longer go on a regular basis. This made her employer very angry to such an extent that she gave her several warnings. In some instances, other children in the family had to stay away from school to help their mother cope with all the household chores. Dudu F's illness has been stressful to her mother that she prays for death, seeing the pain she experiences.

With regard to finances, Dudu F's family has to rely on credit on a monthly basis. All the nutritious and vitamin enriched food require the family to part with a lot of money. This presents a very serious problem for the family as they find it difficult to continuously repay all the accumulating interests.

Land issue

Although the family currently holds the same size of land as that before the chronic illness i.e. the size of two informal soccer grounds, the problem is that the soil is not conducive to fruitful agriculture. There is a shortage of water and a serious drought. It is thus not clear whether the family still uses this land for agricultural purposes given these problems.

Case study identification

The story is about a family member who has AIDS and whose child died as a result of the disease.

Comments

There is no indication of other family members except Dudu F's child who died and her mother.

MUDEN: INTERVIEW 2

Mary G, accepted back into the family after a brother chased her away prior to understanding her illness

Family historical background

Prior to Mary G's illness, her family consisted of six members. She stayed with her mother, Evelyn, father Petrus, grandmother and two brothers. Mary G's family and other families was force to relocate from Lonsdale in the early seventies to settle in Weenen. For many years, the family lived and worked terribly for white-owned farm in Weenen, who paid them R10 a day for all the work they were doing. These bad conditions forced Mary G's two brothers to run away from home in search of work in Johannesburg. However this incident infuriated the farmer that he instigated Mary G's father's employer to chase him away from work. Furthermore, the farmer took away their cattle in the pretext that they destroyed his mielies and had to pay R100 for each of the three cattle they had.

When Lonsdale was given back to the community by the government, Mary G's family decided to go back. This move made them to loose their livestock, four cattle and ten goats, because the farmer steadfastly refused to let them go with their livestock. They could not even diminish their house. They also had to borrow money from a relative to help transport their furniture. On their arrival at Lonsdale they found accommodation with a local community member who charged them R200 for six months. As the accommodation was too small, some of the furniture was left outside and was thus destroyed by rain. With regard to payment, they agreed to pay back once they had secured the money. The grandmother, who moved in with them, helped with building material from her pension grant. The other son who works in Johannesburg contributes R300 towards the survival of the family.

When things are tough, they borrow food parcels from neighbours and pay back at the end of the month. Due to illness, Mary G's father passed away in 1997, while her brother died in 1998.

Currently, they have land that is equal to an informal soccer ground in size. In Weenen, they had a very big piece of land and they grew all kinds of crops. But here they are terribly handicapped in terms of land size because it is small when compared to the one they had at Weenen. In addition, the area is not conducive to grow anything, as the area is too dry and experience a shortage of water.

History of the illness

It was a Sunday evening when Mary G experienced labour pains. As it was very late in the evening, she had no transport to take her to a hospital that was far from her house. During that period, she was with her grandmother who helped her throughout the birth process. The following morning she went to hospital, where the baby was examined and was found to be HIV positive. Thereafter the nursing staff asked to examine Mary G, and as a precautionary measure, she was given some tablets to take while waiting for the results. The baby was also put on treatment. The result of the test confirmed that Mary G was also HIV positive. She did not inform anyone about her status.

As time progressed, she gradually lost weight, developed some pimples and tended to be forgetful. She also developed headaches and a runny stomach. The baby also started losing interest in her mother's breast milk and developed tiny sores around her lips and some itchy sores erupted on her body. This forced Mary G to take the baby to hospital and she stayed there for three weeks.

Coping strategies

Being concerned about her daughter and grandchild's condition, Mary G's mother wanted to know more about their illness. That was the time when Mary G revealed that she was HIV positive and was diagnosed as having AIDS. This came as a shock to her mother who then decided to take her to a *sangoma* for cleansing, as she believed that Mary G was bewitched. Mary G was given '*imbiza*' i.e. a herbal mixture meant to stabilise her health. A few weeks later, Mary G seemed to be regaining her appetite, although she was still physically weak. On the other hand, the baby had lost too much weight and was vomiting each time she was fed. She died later that evening.

Mary G was then faced with the task of burying her daughter. However, although she wanted the father of her baby to be present at the funeral, his parents would not tell her about his whereabouts. This attitude seems to stem from the negative relationship between Mary G and her boyfriend's parents. Mary G was thus forced to bury the child with her family only. As the family was cash strapped, they decided to approach a local minister, who then touched by their predicament, organised a fund-raising activity and R200 was raised to help bury the child. On the other hand the family received a loan of R200 from the local village bank, through a taxi owner who volunteered to lend on their behalf.

Impact of the illness

A few months after the funeral, Mary G's brother chased her away from home, as she is believed to have disgraced the family. She was away from home for three months and was without any medication. However, she was fortunate to meet someone who was willing to offer her accommodation and gave her some money to go to hospital.

When she was still away from home, a meeting was arranged between a social worker and her family to mediate about her condition. The social worker made her family understand that it was not as a result of loose morals that Mary G became HIV positive. The social worker's intervention made the family understand and accept Mary G's condition.

Since coming back home and taking treatment as stipulated, her muscles are starting to firm up and her appetite is gradually improving. However, she still has a runny tummy, vomits and has auditory and visual hallucinations. Most of the time she is in bed, but sometimes she seems to gain energy but not for long. Due to a lack of understanding and knowledge about her condition, some community members condemn, laugh and speak bad about her, thinking that she is not supposed to come into contact with other people.

Mary G's illness is a serious burden on the family. Since she became bed-ridden, the family experiences problems with the general housework. Her mother cannot look for work or perform other household chores satisfactorily as she has to give Mary G her full attention.

Land issue

The land that the family currently holds is small (one informal soccer ground size) compared to the one they had at Weenen (a place where they were relocated). However, there is no indication of the size of land they had before they were relocated. The area (Muden) is not conducive to fruitful agriculture. It is dry and there is a shortage of water. It is therefore not clear whether the family still uses land for agricultural purposes, given the problems they experience.

Identification of the case study

The story is about a family member who was later accepted back into the family after a brother chased her away prior to understanding her illness.

Comments

There is no indication of the date on which Mary G's daughter died.

MUDEN: INTERVIEW 3

Mother died and the husband Lucas I is left with three children

Symptoms, diagnosis and the development of HIV/AIDS

Until 1999, the family of Lucas I had five household members. Of these five members two were parents and the rest were children. Unfortunately the mother got infected with HIV/AIDS and this disease was diagnosed in 1997. She died in 1999. Before she was actually diagnosed with HIV/AIDS, she had the following symptoms which are apparent signs of HIV/AIDS infection:

- Runny stomach and loss of concentration
- Coughing blood
- Tuberculosis
- Weight loss
- Development of sores on the lips and in the leg
- Loss of appetite

The development of the first symptom in the list above was attributed to witchcraft which then made the family to consult the faith healer. The faith healer then attributed the disease to some spiritual possession. A prayer was the only "medicine" that the faith healer could offer. As a result of the ineffectiveness of the prayer, the deceased finally attributed her conditions to some sexual diseases which she claims she might have got from her husband, Lucas I. In addition, she alleges that he had girlfriends while still working on the farm. Until 1997, her husband was a farm labourer and he left after it was bought by the government.

A community based health worker visited the family and linked the aforementioned symptoms with HIV/AIDS. She then advised the deceased to go for an HIV/AIDS test and she (health worker) will then foot the bill. The result of the test revealed that she was HIV positive. Lucas I was also requested to go for an AIDS test and it was also established that he was HIV positive. Probably because of his strong immune system, he did not show any of the symptoms shown by his wife.

It appears that by the time she was actually diagnosed with HIV/AIDS, the disease was already at an advanced stage. This is because after being diagnosed, she spent most of her time in bed and she could not do most of the things on her own. For example, she could not even walk to the toilet without the support of her husband. It can also be argued that the psychological effect of the disease exacerbated her condition especially after being officially informed of the HIV/AIDS infection.

As time progressed, she became seriously ill and she was hospitalised for three weeks and later got discharged. She was discharged because there was nothing that the medical doctors could do to help her. Her condition worsened for almost two years until her death in 1999.

Impact of her death and survival strategies

Apparently Lucas I was disabled and the family was fully dependent upon the deceased. In view of this, it is apparent that her death was a catastrophe to the family. The deceased worked as a domestic worker in town and earned R400 per month. Understandably, it appears that this family had no savings as it immediately had to borrow R1500 from the neighbours for funeral arrangements. One of the neighbours requested collateral for the R500 that he lent him. Lucas I offered a radio and a table as collateral. The major proportion of the deceased income was used for buying foodstuffs and paying school fees. Thus, one expects that her death will impact significantly on these two items, as they seem to be the most pressing needs for the household. In addition, her death had greater implications for the remaining members of the household in terms of their role and changes in expenditure patterns. Surprisingly, fruitless effort by Lucas I to secure a disability grant was made after his wife's death. Seemingly the government officials (possibly the ministry of welfare) requested the submission of the death certificate of his wife for the grant to be processed. For unknown reasons, the deceased was never taken to a mortuary and as such there was no death certificate. It is evident that HIV/AIDS has some serious implications for the government, as more resources will be diverted from other investment opportunities towards the fight against AIDS and its subsequent impact at the national and the household level.

Immediately after her death, both Lucas I and his eldest daughter had to start searching for jobs and are currently working as a herdsman and as a domestic worker, respectively. The eldest daughter had to drop out of school. The total meagre salaries earned by both the father and the daughter amount to R500. Of the total amount earned, the daughter contributes at least 60%.

Agriculture also plays a significant role with this family. This household has almost 2 ha of land. The land size is still the same as before the mother's death. This household started having some problems as soon as she got sick. This household used to produce large volumes of agricultural products both for subsistence and for the market and they were able to earn an income of R300 per month. They bought cattle with some of the income earned. Her death meant less volume of agricultural produce and obviously less produce for both the household and the market. Her daughter also contributes to the cultivation of land as she pays the casual labourers as well as spending money on seeds. Casual labourers were hired after her death.

In case of emergency, this household depends mostly upon their relatives and neighbours for survival. The most amount of money that the family is prepared to borrow is R100. The reason advanced for this small amount is that apparently this household has some bad memories and experience with the R1500 that it had to borrow for the funeral. The most notable experience is that by the time they had to get back their assets that they have used as collateral, those assets were badly damaged. The head of the household was threatened to be assaulted physically when he tried to complain about the bad condition of his assets.

Key words

2 ha of land, same size even after death, use of casual labour, subsistence and commercial production

MUDEN: INTERVIEW 4

Nokuthula H, a mother living with HIV/AIDS whose 2-year-old daughter died of HIV/AIDS. She and her other children resides with her parents

Household origin and composition

The household of Nokuthula H's parents, together with other households was forcefully removed from their land of birth in the 1970's to make way for white commercial farming. Fortunately, in 1988 they got their land back through the ongoing land restitution programme. By then, their household was consisting of seven members and these were Nokuthula H who had three sons and a daughter herein referred to as Dorcus, and the rest were her parents. Nokuthula H main source of income and household's livelihood is the income that she earns as a farm worker.

Symptoms, diagnosis, and the development of HIV/AIDS

It took Nokuthula H six months to realise that she has a serious health problem. This was after beginning to lose focus and making some terrible mistakes at work. Subsequently, Nokuthula H started showing the following symptoms;

- Weight loss – for instance, she lost 10kg in three months
- A dry cough – her mother advised her to go for an X-ray at the hospital. She was then diagnosed with TB and had to undergo a six-month TB course at the hospital as part of her treatment. Coughing gradually subsided as a result but she failed to gain weight.
- Development of sores on her lips and later they began turning slightly reddish in colour.

It was until a visit by a community-based health worker (CBHW) that Nokuthula H learnt that she was HIV positive. Apparently a CBHW conducts some routine visits to various households in the communities. At first Nokuthula H thought the CBHW was referred to her by someone. The CBHW gave Nokuthula H some teachings on chronic illnesses and this made her to open up to relate her symptoms to HIV/AIDS. The CBHW finally advised Nokuthula H to go for an HIV/AIDS test. Nokuthula H's main worry was her daughter, Dorcus, should her condition persists and the subsequent deterioration of her health status. Her concern largely relates to the survival of her family, Dorcus in particular, as her death would mean reliance on her mother's meagre and unreliable income that she earns as a temporary domestic worker.

After some weeks, Nokuthula H went to collect her HIV/AIDS test results and she was HIV positive. She then received counselling as well as some medication. This result shocked Nokuthula H as she alleges that she never had sex for the past four years. She thinks she contracted the disease from a certain man she once had sex with and that man was reportedly dead.

After taking some medication, Nokuthula H started gaining some weight but still remained weak. Her employer's wife gave her light work and Nokuthula H started working as a domestic worker on the farm.

As part of her monitoring programme, the CBHW saw Dorcus lying on bed and she became concerned about her body size. The prominent symptoms shown by Dorcus were, namely;

- Weight loss
- Vomiting intermittently

Nokuthula H told the CBHW that she once took Dorcus to the faith healer thinking that maybe she has been spiritually possessed. The CBHW then advised Nokuthula H to take Dorcus for an HIV/AIDS test too. It was found that Dorcus too was HIV positive. This made Nokuthula H to take one week without eating food. Within six months, Dorcus' condition worsened and she unfortunately died.

Impact of HIV/AIDS and survival strategies

The death of any family member impacts negatively particularly on rural poor households. Impacts of HIV/AIDS are both primary and secondary, tangible and intangible. Dorcus' death resulted in an immediate borrowing of R1500 for her burial. The household had to present a radio, bed and some clothes as collateral. In addition, this household was also charged a 30% interest rate. It took them a year to repay the loan.

The repayment of the loan also resulted in changes in expenditure and consumption patterns. The household had to cut down on food expenditure in order to repay the loan. Assuming constant prices, less expenditure on food would therefore mean less food available for the family. This is evident considering that sometimes Dorcus's brothers had to go to school on empty stomachs. This obviously affected their school performance and it was reported that they always fell asleep at school. Sometimes Nokuthula H and her mother would walk half way to work and then take a taxi at a cheaper fare because of reduced distance.

Agriculture also forms part of the livelihood of the household under review. This household grows maize and beans on the 1ha of land that they own. The land size never changed as a result of the death and the ongoing illness in the household. However, before the forced removal, the household had a relatively large size of land. The agricultural potential of their land is limited because of a lack of water for irrigation and poor soil quality. It is largely for this reason that the household under review produces for the purpose of household consumption only. Besides crop farming, this household also practices cattle farming. Although cattle belong to Nokuthula H's mother the decision to sell and the subsequent use of money from the sales rests with her father. He seems

not to care about the plight his family is facing as he does not use the money received from such sales to the benefit of the family. In addition, he is not even prepared to search for a job.

This household relies heavily upon Nokuthula H's monthly income of R300 as previously reported. Her mother does not have a reliable source of income as she works temporarily as a domestic worker and at the time of the interview she was earning R400. When not working her mother assists her neighbours on their land. Nokuthula H's illness appears to be of great concern to her mother as it is allegedly reported that she has lost weight as well. Her main worry is the next reliable source of income should Nokuthula H dies.

In case of emergency, this household relies upon religious institutions, relatives and neighbours. Sometimes these institutions also help them with the cultivation of their land. The money that this household is prepared to borrow from their relatives, friends or neighbours is not more than R200 because of high interest rate and lack of collateral. At one stage this household had to borrow R500 for medical purposes and they failed to repay it on time. As a result the lender confiscated their furniture. To get back their furniture they had to borrow R500 from their relative so that they could repay the original lender.

This household does not belong to any club or group. Their non-participation in any group activities makes this household more vulnerable. Nokuthula H is still suffering from AIDS. In view of this, it appears likely that the worse is still to come for this household.

Surprisingly, Nokuthula H last had sex 4 years ago and yet she has a 2-year-old daughter.

Key words

Same land size, Larger land size before forced removals

MUDEN: INTERVIEW 5

Vuyisile I. A young woman rejected by her family on account of her illness

Progression of the illness

In 1995 Vuyisile I started losing her appetite and having difficulty sleeping. This was followed by digestive problems, sores around her lips, and hoarse coughing. She thought she might have TB. Her partner, with whom she was living at the time at Bester's Camp, took her to see a traditional healer who was well known for being able to treat people with HIV and who worked closely with a medical school in Durban. Following this treatment, Vuyisile I started to regain her appetite and some of her other symptoms disappeared as well, though she still felt weak. However, after some time the symptoms reappeared. At that point her partner suggested she go visit her family, who she had not seen in three years. She was very hesitant about this and they argued, and then her partner left her. She was now left to pay the rent on her own, which she struggled to do because she was not employed. The rent was R100 per month. She started doing odd jobs in the area, mainly part-time work in a tavern and collecting bottles for recycling. She earned about R300 per month for the work in the tavern, and R400 per month for the collection of bottles, so for a while she was managing.

When her symptoms started to get worse, she sometimes didn't manage to do her shift at the tavern. The tavern owner took her aside to ask what was going on, saying he had noticed she was getting thin and that some of the patrons were commenting on this. He said that if she confided in him, he would help her. She replied that she suspected she was having symptoms of HIV, but did not know for certain. The following morning he gave her R800 and told her to never come back to the tavern.

One evening the man who was her partner came back, but with another woman. He instructed her to vacate the room immediately. She managed to find a place to spend the night with a neighbour. The following day she went to see a doctor, who gave her some tablets but told her to go to the hospital. At the hospital she was given an x-ray, and then told she had TB. She was hospitalised for 6 months. This was in 1997. Following the treatment, she was advised by the nursing staff to have a blood test, which she did. The blood test showed that she had full-blown AIDS. She then went back to the traditional healer she had consulted two years earlier. He explained that her condition was too advanced for him to treat. All he could do at this point was give her some medicine that would help restore her appetite. She accepted this and paid the healer R200.

Trying to return home

At this point Vuyisile I decided to return to the home in which she grew up in Lonsdale. Her parents had passed away since she was last there, and the home was occupied by her brother and his family. She spent two months there as her condition worsened. Her brother and his wife then told Vuyisile I that she must leave, because she would otherwise infect them with the virus and with her immorality.

She approached some people who had known her parents. This was in Rocky Drift. They said she could stay at their place for a while as they were about to leave to visit their children in another town. At that point she met a health worker who helped her a great deal and treated her with kindness. The biggest problem Vuyisile I faced was that she had no income and knew that she could not live on neighbours' handouts forever. When she has the strength she does washing for neighbours, but on the whole the disease is destroying her. If she manages to do washing for a whole week, she can earn R100, but this leaves her utterly exhausted. She has difficulty sleeping and has to take lots of painkillers to cope with the discomfort. Sometimes the health worker spends the night with her.

She would have preferred to stay in Lonsdale where she was born, not least because of the closeness to transport. In Rocky Drift she is forced to walk a long way to get access to transport, e.g. to get to the hospital, which is very difficult in her condition. She is not able to afford good quality food or medication, and does not expect to live much longer.

Comments

Agricultural land does not figure directly in Vuyisile I's story. However, indirectly land figures in the sense that, because of her HIV status and perhaps as well her gender, her brother does not permit her to reside on her family's property. This means that she must live wherever someone has enough charity to let her in, which in the present case was in a community that was not as convenient to her as where her parents' home is.

MUDEN: INTERVIEW 6

Widowed mother of 5 children

Background

Thembisile J's husband left home in 1990 in search for work in Gauteng. He had relatives there. He sent money home for 6 months but never came back. She tried several times to contact him but it did not help. It was later discovered by the relatives in Gauteng that the man stayed with another woman in the hostel.

Back at home the family depended on handouts from the neighbours and a church. She borrowed money (R500) from the church minister and started selling vegetables. Her eldest sons sought domestic work in Greytown and were earning R20 a day. They would stay there to save on transport costs then come home on Fridays. She was bringing home R50-80 per day.

Diagnosis

Around 1999 the husband returned home. The relatives in Gauteng organised transport to deliver him at his place. It was difficult to recognise him, as he was badly deformed. His body was crumpled. He could not walk, was breathing heavily, soiled his clothes and he could not recognise his children. It was apparent that he was sent home to die. He was sent to the hospital and was kept for one week then sent back home. At home the wife cared for him and that put a terrible strain on her. The household got a very bad image as the husband was called a useless father who had been failed by his loose morals. She would borrow approximately R200 for the treatment by a witchdoctor and that could not help. The husband died in 2000. The funeral costs amounted to R2500 and some of the money was borrowed from the church.

After the funeral two male relatives of the husband came and demanded that the family should move out of their house as they had killed their cousin. They were out of the house for one week and reported the matter to the *Induna* and the chairman of the community-based organisation. A meeting was called and the men were asked to show their credentials and they could not. It transpired later that a local person who wanted to extend his land

possession had hired the men. However the matter was resolved with the men being arrested. They later returned home.

Land asset

They have a big area of land equivalent to 3 soccer grounds.

Impact of illness

She resumed her selling of vegetable after a mourning period. She is a main supporter of her households and she relies on neighbours and some relatives. She incurred quite major expenses that she has to repay. She also resumed cultivating the land but most of the time she hired casual labourers. They cannot sell the crops they are for household consumption. They sold goats and fowls to make ends meet. She borrows money to buy food and restock her vegetables (informal trading). Credit and borrowing is important for the household.

Land transfers- none

Temporary land transfers- none

They have a number of relatives in the area. They are not related to any person in the community structures.

Although the arrival of the sick husband had caused a financial strain to the household things were slowly coming back to normal. The family has regular income from informal trading.

Question

How safe are the wife and children's rights to lands? Can it be guaranteed that they would continue to own the land after the death of the husbands and parents?

Comments

There is a possibility of under utilisation of land –Land can be abandoned due to reduced family labour and money.

Transport costs and treatment costs have disturbed the income flow of the family.

Credit is important for this household as it is mainly used to fix some urgent matters.

Strong land and AIDS issues.

MUDEN: INTERVIEW 7

A household of a pensioned grandmother with orphaned grandchildren

Household composition

There were five grandchildren (4 sisters, 1 brother). Their mother died some time ago while she was still single. The household is led by a grandmother. Sibongile K was a 20 year old (eldest granddaughter) who dropped out of school because of her illness. She was involved with a taxi driver. She said that it was not a serious relationship she needed money.

Diagnosis

In 2001 she began developing ringed sores on her body and also developed pimples. She got money from her boyfriend to buy cosmetics and that seemed to work. The pimples disappeared and reappeared. Later she realised that her phlegm was mixed with blood. She reported that to her teacher and she was advised to go for an x-ray. She was informed that she had TB and was put on treatment. After treatment she felt healthier. However after sometime towards the end of 2001 she started losing concentration and became very forgetful. Again she developed sores on her legs but not on the same scale as before.

She informed her boyfriend but he did not care. She was disappointed because she trusted him as her financial supporter. She had been hiding her illness and TB from her grandmother. Her grandmother noticed that she was losing weight yet she continued to deny being sick. The condition worsened and she asked for R50 to go to the hospital. By that time it was difficult to attend school. The blood test showed that she was HIV positive. Her

grandmother was shocked that her granddaughter was infected. Being the eldest she had to study, work and look after her family. She developed heavy breathing and passed urine more often. Now her face is parched and when she speaks her voice is sometimes inaudible. She said that she was lucky that she could still walk unassisted and also that she was not confined to bed. She said that should she start soiling her clothes she would kill herself, as she did not want to bring more burden to her family. Her grandmother is now stressed and the younger sisters and brothers take turns to look after her.

Impact of illness - Land assets

They have a huge piece of land and they grow mielies and beans. She used to help in the field now the grandmother hires casual labour.

Credit and debt

They rely on neighbours and stokvel where she sometimes borrows R300 and she has to repay the money with interest. She buys food and clothes and repay then borrow again.

They have not disposed anything of value.

Land transfer –none

Temporary land transfers

People have come asking if they could hold the land in lease for agricultural purpose the grandmother refused because she fears that they may not want to release it back to her.

There are relatives around but they cannot do much as they are also very poor.

Resolving the crisis of illness

Nothing has been resolved yet; the infection is still gnawing her body.

Comments

Reduced number of labourers to work the lands.

Generally there is increased poverty in the household.

Children's rights to the land are they secured?

This household with weaker economic safety net is vulnerable to each stage of the continuum of HIV/AIDS.

Strong land and AIDS issues.

There is a possibility of under utilisation of land –Land can be abandoned due to reduced family labour and money. (Land cannot be rented out as the household head fears to loose it).

MUDEN: INTERVIEW 8

Child headed household, (AIDS orphans) Sibusiso M

Household composition

Sibusiso M is a 28-year-old male who is the eldest in the household. He has two sisters and a brother. Their parents died in 1998.

The following is a narrative by Sibusiso M

He said that he remembers that his parents died in 1998, the father in March and the mother in May. They were diagnosed as being HIV positive but he did not understand what it meant by then. He was still at school in standard 10. Now he works at Greyton and he takes care of the other children.

Diagnosis

Around 1997 his father returned home from Gauteng. He was different, he used to be physically fit but by that time he had lost weight. His mother had to assist him and carry him around. He was in and out of the hospital. He developed sores all over his body and seemed to have shrunk considerably. He was on TB treatment. His mother washed and changed soiled clothing items.

Around the end of 1997 his mother seemed to be losing weight as well. She coughed and lost appetite. She developed sores on her feet and she could hardly walk. That new development threw the whole family in disarray, as the younger children needed their mother's care. Both parents would lie there in pain.

The maternal aunt arrived to look after them so that they could go to school. The eldest would very often remain at home and not go to school but his teachers were very understanding. Fortunately he finished his studies. The aunt took his mother to the hospital. She was diagnosed to be at an advanced stage of HIV infection and she was sent home. His maternal aunt was joined by his father's 2 brothers who stayed with the family until his parents passed away. They depended on their relatives for survival and they handled the funeral arrangements as well.

Impact of illness

They are now alone and their aunt visits them now and then. The difficult situation is perpetuated by the fact that their application for government grant has been turned down. The government department insisted that they have to submit their parents' death certificates. Such documents are non-existing since their parents were not taken to a mortuary they were buried immediately upon death. Their graves are in their yard. The house-based social workers tried to facilitate the process but to no avail. They are depending on the eldest son 's wages of R900/month and sometimes the relatives contribute something. He sometimes depends on the neighbours for money for food. But generally he avoids unnecessary expenditures. They do most of the work themselves (washing clothes and cleaning) but sometimes he hires a casual labourer to cultivate the land during planting season. They do not sell harvested crops they are for subsistence.

He has not sold or disposed any asset of value.

He would take credit for paying school fees and buying food.

There has not been any land transfer and it is still the same size of land.

Social capital and power relations

He has close relations with the community-based organisation. Its chairman has been very helpful. He said that he was looking forward to rebuilding his household.

Questions to be followed up

Will his two uncles not interfere with the size of his father's land?
(Issue of children's rights to land).

Commentary

Reduced number of labourers to work the lands.

Erosion of knowledge as experienced parents are no more.

Erosion of little money through treatment costs and transport costs.

A continuous dependency on a little income will worsen as time goes on.

There are strong land and AIDS issues.

MUDEN: INTERVIEW 9

Rebecca L. Ailing single parent with two children

The partner's death

In 1999 and 2000 Rebecca L was living and working in Johannesburg. She fell in love with a man from Zambia, and they moved in together. She had her two children with her from a previous relationship. Towards the end of 2000, her partner fell seriously ill, which came as a shock since he had never complained of feeling unwell. He had lost some weight and lacked energy, but she had attributed this to a case of flu that he had picked up during a recent trip back to Zambia. They carried on living together and carried on as well being sexually intimate. In early 2001, Rebecca L's partner developed some sores around the mouth, which he said were also on account of something he had picked up while in Zambia. Around that time she noticed that he was losing hair, and she then started to suspect that he had AIDS. She suggested that they go together to the hospital for a check-up, but he

refused saying that the problem was not serious. He passed away later that year in June. She heard rumours from her partner's friends that indeed he had been HIV positive.

The return home and onset of own illness

In late 2001 Rebecca L was retrenched and decided to go back home to Muden. Towards 2002 she started to feel listless and had difficulty maintaining concentration. She sometimes had terrible headaches, sometimes had blurred vision, and began coughing up phlegm with traces of blood. She suspected she had TB. She went to the hospital in Umlazi, and was put on treatment for TB. The treatment helped her regain her appetite, and when she was discharged she went back home to stay with her maternal grandmother. At the end of January 2002, she fell seriously ill again, and lost partial control of her bowels. She lost her appetite again, and most of the time she would just stare blankly into space.

Rebecca L's savings were gradually running out. Her grandmother, who was a pillar of strength, cared for her and her two children, who were 2 and 5 years old. She took Rebecca L to see a local traditional healer. The traditional healer gave Rebecca L a remedy that helped restore her appetite and energy, though she often suffered relapses. When she returned to this healer – who was well known for helping those who were HIV positive, and who collaborated with doctors from the medical school in Durban – he gave her more of the remedy, but also advised her to go to the hospital for a blood test. He did not explain why. Around that time the grandmother started to suffer from all the stress, and would occasionally stay in bed all day long.

Rebecca L started losing weight again, and eventually decided to follow the healer's advice and go for a blood test. Her results showed that she was HIV positive, and she was immediately put onto some kind of treatment. Her grandmother started losing her own appetite and was taken to the hospital where she was diagnosed as suffering from stress and high blood pressure. She was advised to cut down on the domestic work and to rest as much as possible. This meant that Rebecca L had to make more of an effort to do the cleaning, cooking, and caring for her children as well as her grandmother. She did the best she could but felt that her body was not able to cope with the demands. She would suffer dizziness and lose her visual focus. At one point she collapsed and woke up to find herself in the hospital. Her neighbours had taken her there after responding to her grandmother's screams. In February 2002, her grandmother fell seriously ill after doing some washing. She died on the way to the hospital.

Coping after the loss of her grandmother

The death of Rebecca L's grandmother brought misery to the family, because she had been such a pillar of strength and had brought dignity to the family. However, somehow the grandmother had managed to accumulate quite a sum in savings, about R6000, by putting away R150 out of her pension every month. She had also been contributing to a funeral scheme on behalf of the whole family, which took care of all of the arrangements for her own burial. Rebecca L had managed to save R10000 before leaving Johannesburg, and at this point had roughly half of that left. Although Rebecca L did as much of the housework as she could, she had to hire a casual worker to help out on an intermittent basis for R300 per month. Apart from having to pay for the help and for food, she also had to pay about R100 per month for treating the sores that cover much of her body. Rebecca L recently decided to open a tuck shop so that her savings wouldn't just run out. She asked a male cousin to run the tuck shop, which works out well for both of them. Her cousin is paid about R400 for the work, and Rebecca L benefits by having a male relative present in the household.

The situation with the land

The casual worker also does some work in the field, because Rebecca L's parents left her a huge field, as well as 5 head of cattle and 15 goats. Altogether there are about 5 soccer fields worth of land, of which 2 are being rented out to a neighbour. This arrangement with the neighbour had been struck by Rebecca L's grandmother, and now that the grandmother had passed away the neighbour was resisting making the monthly payments of R30 to Rebecca L for use of the land. In addition, this neighbour was apparently conniving to disown Rebecca L of this land altogether, but was stopped by the *Induna* who is somehow related to Rebecca L's family. The series of events resulted in bitter feelings between Rebecca L and her neighbour.

With the help of the casual worker, the family had food for themselves as well as a surplus they sold in the area. The surplus is at times large enough that some of the neighbours purchase it for the purpose of reselling it in town. She manages to pay for inputs out of her savings or by means of borrowing from the stokvel of which her grandmother had been a longstanding member. She has no plans of disposing of any of her land or leasing any

more of it. Her main concern is to retrieve the land that is being rented out to the neighbour. Her worry is that she does not know exactly what the agreement was that was entered into with her grandmother, and may have to get some more assistance from the *Induna*.

Comments

There is clearly a land insecurity issue present in Rebecca L's case. It is not implausible that things would have turned out very differently if she were not related to the *Induna*, who intervened on her behalf. On the other hand, it is difficult to draw a link between this insecurity and the fact of Rebecca L's ill health. One interesting thing about Rebecca L is that her pre-existing savings and those of her grandmother, together with her current resourcefulness, have allowed her to keep her land in production even though she herself is not able to perform any of the cultivation.

MUDEN: INTERVIEW 10

Thembi N's daughter passes away from AIDS leaving her to care for her infant granddaughter and other grandchildren

The progress of the illness

Thembi N looked after her 2 month-old granddaughter and three grandsons on behalf of her daughter, Sibongile. Sibongile worked in Stanger as a domestic, and came home at the end of the month. Some time in 2001, during one of her visits home, Sibongile complained of terrible headaches, which everybody ascribed to overwork. During her next visit home, however, Sibongile had diarrhoea, and Thembi N noticed that she had lost weight. Her mother also noticed that weekend that Sibongile seemed weak, and had tiny sores around her mouth; still, Sibongile declined to see a doctor and claimed that she would be fine. However, when on Sunday afternoon Sibongile complained of itchy feet, Thembi N suspected she might have been bewitched. She insisted that they consult a *sangoma*, who confirmed that Sibongile had been bewitched, and that in addition she had been fed poisoned food. Thembi N started worrying, because her daughter was the main breadwinner, and if she were to die the rest of the family would struggle terribly. Thembi N also did occasional jobs, such as agricultural labour for neighbours.

With the arrival of the festive season in December, they were expecting Sibongile's return, but then heard that she had collapsed and was hospitalised in Stanger. Her mother initially worried that perhaps the *sangoma's* muti had been too strong. When she visited her daughter in the hospital, she discovered that Sibongile had lost even more weight. She would move her lips without being able to speak. When her mother noticed her daughter cough up blood, she concluded that the *sangoma* was correct about her daughter having been poisoned. The nurse indicated that Sibongile probably had TB, but indicated that they would be conducting blood tests, and that it could well be something more serious than TB. Thembi N returned to Muden, leaving Sibongile in the hospital. The food shortage was beginning to set in. Sibongile's employers visited the homestead to hand over some food parcels, and indicated that they were sure Sibongile would recover.

Sibongile was released from the hospital after a few weeks and returned to work. She was apparently feeling much better. However, within the month she had returned home seriously ill. Her employers had given her long leave to recuperate, and had advanced her for two months of work. She did not eat, her head had seemingly shrunk, she had difficulty breathing, and could barely speak. At the same time, her daughter, who had been crying a great deal since the weeks before her mother's return, became even worse. Thembi N took her granddaughter to the doctor, who determined that the baby had pneumonia. The baby remained in the hospital for one week. In order to tend to her there, Thembi N had to leave Sibongile in the care of some neighbours. Sibongile became incontinent, which was difficult for the neighbours to handle. A little while after she brought her granddaughter home from the hospital and the granddaughter had started to recover, Sibongile died in her sleep. This was the end of February. Her daughter's employers came and offered money to help with the funeral. They revealed to Thembi N that Sibongile had had AIDS.

Coping after the death

Following Sibongile's death the situation for Thembi N became very difficult. Realising she would not be able to cope, she sold off four of the six cattle that Sibongile had purchased with her savings. She got R5000 for the four, but was aware that this was less than their value. Most of the money she had to use to repay debts that she

had already run up. She owed a moneylender R2000 that she had borrowed to cover domestic needs, and another R1000 to a shopkeeper from whom she'd bought food on credit. She then spent another R800 on food, school fees, and school uniforms and supplies. She put the rest (R1200) in the bank.

Thembi N was now in the process of seeing whether she could get a grant to look after her granddaughter. Presumably this is the child support grant of R110 per month that was introduced a few years ago by the Department of Social Development. The main problem was that she was required to produce a death certificate for her daughter. She tried to explain that her daughter was buried in the yard of her homestead, but they insisted that the documentation was necessary anyway. The community health worker that Thembi N knew seemed to be sceptical that the social workers were effective.

Thembi N's family was from this area originally, but in 1979 was forcibly removed. Her husband was impoverished by the removal in that he lost most of his ample herd of cattle and goats in the process, and was compelled to take up very low paying farm work. Thembi N and her husband eventually divorced. In 1997, members of the community returned to the land after government bought it back for them. However, as most of the families who stayed there before came back, the piece of land they hold is small. In fact, the area is now getting a bit crowded.

In addition to working when she can as a domestic in town (earning about R300 per month), Thembi N copes by relying on neighbours, relatives, and friends. She sometimes uses credit to buy food, but is reluctant to borrow money from people for fear she won't be able to repay. There are not enough people in the household to do all the chores, such as fetching water and cultivating. However, cultivation is not a major endeavour because the field is not big. There hasn't been any change in the amount of land being used, nor have there been any land transfers. She joined a women's gardening project, but the project lacks water. She blames the government for failing to keep its promises.

Comments

No change in land ownership or land use, but is more of a strain to make use of the land because of too few people to share the burden.

Dependence on own production is such that the household struggles more before the harvest.

MUDEN: INTERVIEW 11

Maria T, 19, is eldest of five orphans of mother who died of AIDS

The progress of the illness

Two years ago, when Maria T was 17, her mother came home seriously ill from Durban where she worked. Months earlier she had not shown any signs of illness at all, but now she had visibly lost weight, and her sister had to take responsibility for running the household with the assistance of Maria T's grandmother. Maria T's mother thereafter was in and out of hospital. She had sores all over her body and then Maria T learned that she was being treated for TB. Although the TB treatment seemed to allow her to gain some of the weight back, the sores persisted, her hair became 'feathery', she could not walk without assistance, and her vision became blurred. The family took her to a *sangoma*, who gave her traditional medicine that seemed to have the effect of exacerbating her condition, although improving her appetite. Maria T's mother continued to deteriorate to the point where the family members could barely communicate with her.

At this point the household was surviving in large measure thanks to handouts from neighbours. A group of churchgoers raised some money to help the family. Apart from this, the grandmother was receiving her pension, and Maria T's aunt, who was not employed, occasionally received some money from her boyfriend. Relatives on Maria T's father's side never visited and never remitted any money.

In February 2001 Maria T's mother went into the hospital, and stayed there for a month. Blood tests revealed that she was HIV positive, and in fact had full-blown AIDS. She passed away in June.

Coping after the death

The family was so impoverished it could not afford a funeral for Maria T's mother. They approached a local stokvel group for a loan. They took out a loan of R1500 which carried an interest rate of 30%, presumably for one month. They managed to pay about half of the amount back shortly after the funeral, but did not have the means to pay the other half. The stokvel became more and more impatient to get the rest of their money, and approached the *Induna*, who prevailed upon them to be patient. At the beginning of 2002, one of the stokvel women visited Maria T's family in the company of two men, whom she directed to seize the family's hi-fi and two of its five goats. These belongings would be returned as soon as the debt was repaid. However, Maria T's family was not in a position to repay, as it scarcely had the resources to feed itself. Where it previously spent R500 per month on food alone, now it was down to R150 to R200. They survived largely thanks to food parcels donated by neighbours, friends, and relatives. To make matters worse, the grandmother had started having hallucinations and behaving erratically. She would borrow sums of money, e.g. R200 to R300, and then would return from pension payout day almost empty handed as she had to pay over most of her pension to moneylenders. One moneylender confiscated her identity document, which he let her have access to only to draw her pension again.

Maria T's aunt sells vegetables in Greytown and runs a small shebeen. The grandmother, although in poor health, manufactures homemade snuff and sells it in the area. Maria T herself sometimes helps with selling alcohol, but also does casual work for neighbours. The family sometimes borrows money to be able to afford school fees or even buy food, but tried to minimise this because the interest charges are very high.

Renting out the land

Maria T's family's land holding is the size of an informal soccer field. This land was obtained in 1997, when the community had land restored to it from which they had been forcibly removed some time earlier. However, this was not the exact same plot that the family had previously held. Many years ago, the maternal great-great-grandfather held a large amount of land in the area. However, more and more new arrivals were accommodated over the years, and it had actually become quite crowded. Then, when the land was restored in 1997, most of the people returned.

When Maria T's mother was still in good health, they would cultivate maize and beans on their land. Although the soil was of poor quality and crops tended to get stunted on it, these crops would help them a lot in times of need. When Maria T's mother fell ill, most of the time that might have been available for cultivation was taken up looking after Maria T's ill mother or performing the domestic tasks that her mother might otherwise have done.

There hasn't been a change in the size of the family's land holding since the onset of Maria T's mother's illness. However, when they noticed that they could not make use of the land anymore, they decided to lease it out. They lease it out now for R300 per year, paid in one lump sum. Although the money is very little, it is better than nothing. The family's main concern is that the lessee may refuse to return the land. They were aware that such situations were common, especially where the lessee was a man and the lessor was a woman. In order to avoid future conflicts and arguments with the lessee, they notified the *Induna* as to the arrangement so that the *Induna* would intervene personally if there were any problems.

Comments

Loss of labour power meant that the household had more land than they could make use of. They decided to rent it out so that at least they would derive some income from it. They felt cautious however because they did not want to end up in a battle with a lessee to control the land, which is the more likely where the household head is a woman and the lessee is a man.

MUDEN: INTERVIEW 12

Thoko K. Widow with three children whose husband died of AIDS in 1996

The progress of the illness

Thoko K's husband was a committed breadwinner who worked in Greytown and came home on weekends. Around the end of 1995, however, her husband started coming home less frequently, and would rather send money home through neighbours. In retrospect, Thoko K believes that her husband was having extra-marital affairs which accounted for his not coming home as often, but at the time she read nothing into it.

One day in 1996 her husband appeared at home in the middle of the week. He complained of a heavy headache, and was also breathing heavily and drinking lots of water to soothe his parched throat. Early in 1996 he was admitted to hospital and diagnosed with TB. Thoko K assumed the treatment would help him recover. She was not employed and did not know how she could manage without him. However, although the TB treatment was successful, her husband continued wasting away. He remained in hospital for six months, during which his company continued to pay his salary. The company stopped paying around the time he was discharged from the hospital, and there were no benefits. An aunt of the husband eventually told Thoko K that blood tests conducted on her husband indicated he was HIV positive.

Thoko K decided she would have to go look for work, thinking that at best she would get a job as a low-paid domestic worker. She was concerned however that if she was working she would not be able to look after her husband, who needed constant attention as his illness worsened. He now had sores all over his body, as well as small sores around his mouth. He lost his appetite and became progressively weaker. He was admitted to hospital again, but discharged after two weeks when the hospital decided there was nothing they could do for him. He died in November 1996 at the age of 45, leaving behind Thoko K, their 6-month-old baby, and two older children.

Thoko K had to figure out how to make ends meet. First, she had to borrow R2000 from neighbours and relatives to pay for her husband's funeral. This was a loan that had to be repaid at 30%. Immediately after the funeral Thoko K found a job in town as a domestic, earning R400 per month. Fortunately, the eldest son, who was then 19, was offered a job at the husband's old company, and this helped a great deal. The family was in the meantime trying to qualify for a grant for the youngest child, but were hindered by the fact that the husband was buried at home rather than through a mortuary, and thus they could not produce the necessary death certificate. Thoko K approached the chief and the *Induna* to help intervene but this did not help. In addition, Thoko K sells vegetables and sometimes tills neighbours' land. Occasionally they have to rely on friends, relatives, and neighbours, but try to avoid borrowing from stokvels given the high interest rates charged.

The importance of land

When the family moved back to the land restored to the community, they struggled financially. First, they had to pay a lot of money for the transport of livestock, only to find that they had no access to grazing land when they arrived. Also, there was no one to look after the livestock, since the husband was seriously ill by that point and the children were in school. In short, all 5 cattle and 20 goats were sold off. The household has about two soccer field's worth of land suitable for cultivation, and in addition leases some land from a neighbour for R25 per month. They grow beans, mielies, and cabbage, though they struggle with the cabbage on account of lack of water. They presently cultivate primarily for subsistence purposes, though before moving back to this land the family used to cultivate on a larger scale and also sold surplus crops for cash. The *Induna* has promised to help them find additional land for cultivation. Cultivating is important as it means they don't have to purchase food in the shops as frequently as they would have to otherwise.

Comments

Interestingly, this household sought to compensate for the loss of a breadwinner by increasing its agricultural production, i.e. to better meet its own food needs directly.

MUDEN FOCUS GROUP INTERVIEW

The Muden focus group involved 10 women, of whom one was a community health worker.

The overriding concern expressed by the participants of the group was the fact that work opportunities in the area were dwindling. The participants point out that this was having pronounced negative effects on their household budgets. Their husbands were returning home unemployed to add to the household burden, and the wives were supporting the households by doing farm work at R10 to R15 per day, or working as domestics for R300 to R600 per month, or vending in the streets of Greytown. Meanwhile the men were either idling at home

or were turning to selling drugs as a means of earning some income. Because of the unemployment problem men were increasingly unable to support their families, and court maintenance directives were not being honoured as men had no money with which to make payments. Consequently children were suffering a lot.

One elderly participant indicated that the problem is aggravated by the fact that applications for the child support grant took a long time to be processed, sometimes more than a year. The social workers who dealt with applicants seemed to have little sympathy, and one was quoted as having told an applicant that she should try to curb her "breeding habit" and use preventative measures. However, another participant stated that in fact many young women were getting pregnant purely as a means of qualifying for the child support grant. She was worried that if the grant were stopped, as seemed likely given the current government's habit of cutting social services, then a lot of these women would be in a difficult situation.

The child support grants also had other problems related to them. One serious problem noted by a number of the participants was that some women would offer to baby-sit other women's children, sometimes even for free, but with the ulterior motive of using these children to apply for child support grants without the knowledge of the true parents. Similarly, when some relatives take over responsibility for orphaned nephews and nieces, they access the child support grant and keep most of the benefits for themselves. The fear was that if this kind of abuse continued, government would feel the need to scrutinise applications even more closely, which would probably have the effect of slowing down the application process even more.

On the issue of HIV/AIDS, the participants noted that the stigma associated with the disease was very severe. This was so to such an extent that families sometimes even discouraged members who were infected with HIV or suffering from AIDS, to not go to the hospital because that would risk letting the public know that that household was affected by the virus. The community health worker confirmed that this was a major problem. The example she gave was when a community health worker visited a household where someone was known to be ill, and offered to take a blood sample to assist with diagnosis of that person's problem. Many times the ill person's relatives attempt to prevent the sample from being drawn, for example by pretending the ill person is not at home or is asleep.

One very elderly woman pointed out that there is an increasing number of young people who are becoming prostitutes, or were getting involved in promiscuous sexual activities. The result was that more young people were contracting the HI virus than would otherwise be the case. One woman said that was why it was important that the schools made condoms available to students, but another woman noted that some school principals believe that making condoms available encourages students to engage in more sexual activities than they would otherwise. Some women said that although they certainly agreed that young people were engaged in sexual activities more than they should and that this was getting out of hand, it was the households themselves that bore the brunt of the problem when their children became infected, so the government should do everything it can to make prevention easier.

The community health worker said that the underlying problem was that the unemployment rate was so high and that children were trying to access income. The unemployment rate was also causing more and more children to drop out of school, because their families could not afford school fees.

The participants also raised the problem of difficult agricultural conditions, in particular lack of water and poor soil. Fertiliser would help, however households were often too poor to purchase fertiliser, again on account of the unemployment problem. The same was true of seeds; some households actually had to borrow seeds from neighbours. Some people collected water from standpipes and then had to transport it very far. The participants generally favoured the idea that community gardens should be revived, because the community would benefit greatly. Cultivation was also often constrained by the small size of people's fields, as well as by lack of time with which to engage in cultivation. Some households didn't cultivate at all for lack of time.

Just as some extended family members attempt to offer care to siblings' orphaned children as a way of getting access to the child support grant, in other cases it is the siblings' land holdings they are trying to get their hands on. They make it appear that they are doing this so that they can offer real support to the children, but their motives are sometimes totally self-serving. In such cases, it has been observed that the orphaned children become totally submissive because they are afraid of losing the support of their deceased parents' relatives.

Another situation that arises is when a woman's husband dies and his brother tries to compel the widow to marry him. The motive here is also that in this way the brother can obtain control of the widow's land. In these cases, the man's promise to support his new wife and her children is a false one, and he may even refuse to try to have

children with his new wife. If the woman is poor and in need of financial support she is more likely to succumb to whatever demands the late husband's brother tries to impose. The participants stressed however that this situation was not very common, as most widows did everything in their power to remain independent, even if it meant trying to earn a living on her own. Generally, only the most desperate widows would seriously contemplate accepting such a proposition from her late husband's brother. Sometimes when a recently widowed woman did resist, the late husband's family treated her like an outcast and could be very cruel. However, in other cases where a woman has reported the mistreatment or veiled threats of eviction to the traditional structures, the chief or headman has taken action against the late husband's family.

THE DONDOTHA AREA STUDY FIVE INTERVIEWS CONDUCTED BY THEMBA MBHELE

DONDOTHA: INTERVIEW 1

Household composition

Both Taki L's parents died. He is 25 years old and is the eldest of five children.

Background and diagnosis

Taki L's father was employed in the mines in Gauteng. His mother was working as a domestic assistant in Richards Bay. His mother and father passed away in 2000 and in 2001 respectively. His family originated in Dondotha.

Disease diagnosis

In 1998 Taki L's mother was the first to develop sores around her mouth. The following year she could hardly walk as her feet were swollen terribly. Although she was in that state she continued to work and she earned R600/monthly. On the other hand his father seldom came home. Most of the time he would remit money (R1000 monthly). The health condition of Taki L's mother worsened. She stopped working and by then she started soiling herself. Taki L's maternal aunt who was unemployed came to stay with them. She cared for his mother and worked the land. Taki L's aunt helped with taking her sister to the hospital, *sangomas* and faithhealers. Her conditions continued to worsen, she had diarrhoea and headaches. She passed away in 2000.

Two weeks before her death Taki L's father returned home after repeated letters asking him to come home. He used to be physically fit but at that time he was scrawny and had lost appetite. He was coughing incessantly and his saliva had traces of blood. He said he had TB. His head had shrunk considerably and his eyes were deep-seated. Taki L gave up schooling and did some casual jobs, which sometimes earned him R200 a day. He had resumed some of the roles of a household head, as he would attend '*imbizos*' called by the chief. Taki L's father came home with R5000 and that money was used for buying food and paying debts. The other portion was used for treatment of both parents.

When his mother died the household had to borrow R3000 and used their uncle as a guarantor and had to pledge 2 cows in case of default on repayment. His uncle helped in paying back the loan. By that time his father developed hallucinations and had a runny tummy. As his aunt could not properly attend to his father, he had to take over such responsibility and that meant having to stop going to town to pursue his casual jobs. Consequently, his family got affected, as they would go to bed with empty stomachs. His siblings were greatly affected by that. The principal of the school where his siblings were asked to meet him and the *Induna* arranged for some donations from the community.

In 2001 Taki L's father was admitted to the hospital and died two days later. The family was again thrown into a deep end financially as they had to prepare for the funeral. A local *mashonisa* was approached and two cows were pledged. His maternal uncle was again involved. R3000 was lent to them and after the funeral they had to start repaying the money.

In 2001 the company that Taki L's father worked for sent them a cheque for R10000. Part of that money was used to repay the *mashonisa* and they got the cows back. The rest was used for food purchasing and other domestic needs. Later Taki L returned to doing his casual jobs. However his job never had a guarantee for regular income. Sometimes he would return home empty handed. That forced him to sell three of ten cows so that the household would at least enjoy a comfortable lifestyle.

In early 2002 his father's brother came and said he had come to support them but that caused serious problems. He ill-treated their maternal aunt and she eventually left. The household temporarily succumbed to his authority but things started to sour when he sold some cattle on the pretext of providing financially. He also demanded Taki L's parents' death certificates so that he could apply for support grant for the family. Taki L confronted him about the proceeds from the sale of cattle but he could not produce any money. Taki L then reported the matter to the chief who threatened his father's brother with arrest unless he produced the proceeds. His father's brother

disappeared and it was clear that he had come to dispossess them. The onus to run the household again fell on his shoulders.

Land assets

The household owns a big area of land, which is about the size of a formal soccer ground. They have a big kraal and a vegetable garden. They work the land and sometimes their neighbours volunteer to help them.

Changes in land size

The landholding is the same as before. Taki L has thought of leasing part of the land (this would generate an income for them) but the local chief is against such a practice. The chief does allow that land be allocated to a neighbour but leasing is prohibited.

Making a living

Taki L who is the eldest is supporting the household. He is presently trying to secure a support for three of his siblings (they are still under the age of 18yrs). He is being helped by the paralegal office that is attached to the tribal court. He relies on neighbours, the community- based health workers as well as friends. The community organisation offering mentoring service for agricultural students often help them with agricultural expertise. He complains that there is a lack of manpower to do the home chores. However he and his siblings cultivate the fields together and the maternal aunt who left because of the ill treatment by their father's brother also occasionally comes in to help. He is in a process of persuading his maternal aunt to come back and work full time. They sell produce (beans, madumbis and mielies) from their fields to the local selling point, which was provided by the Department of Public Enterprise.

Other assets

The household has inherited livestock. It is difficult to look after them as he has to go to work and his siblings have to commute to school. Sometimes the livestock causes problems; they get into neighbours' fields and graze their crops.

Credit and debt

When the household's financial situation is tough, he borrows from friends and neighbours although they are often reluctant to lend him money, as he is young and not formally employed. However he makes sure that the money is repaid. He also occasionally borrows from the stokvel that is run by some trolley-pushers in town. Such money he uses for buying seeds.

Land transfers

No land has been transferred.

Social capital and power relations

Only a few relatives are there but they hardly help each other as a result of deep-rooted conflict, which dates back a long time ago. The household is not related to any community structures. Neighbours and friends are very important since they do help them in emergency cases. Taki L belongs to the stokvel run by trolley pushers. The members contribute R100 per month.

Resolving the crisis of the illnesses

Taki L feels that the situation at home is slowly stabilising although his main worry is that he is not formally employed. He has received offers to come and work in Gauteng but he is concerned about the other household members who may be left traumatised if he moves to Gauteng. To them he is a father figure.

DONDOTHA: INTERVIEW 2

4 orphans and the respondent (Jazz M) is a man of 27 years of age.

Father – Mzala
Mother- Sesi D

Until 1989, Mzala was working at the coal mine and he left after experiencing some severe chest pains which were aggravated by his excessive smoking of tobacco. He started coughing severely for almost 3 years. He was later diagnosed with TB and that's how he was put on pension. He showed the following symptoms; His feet developed some black spots and swelling and this was attributed to witchcraft.

Loss of body weight

He was hospitalised for a year and he was told to stop smoking, but he continued smoking secretly as well as drinking some illegal traditional beers (*gavine*). The greater part of his pension money was used to buy liquor. Mzala's health deteriorated in such a way that he could hardly walk and he was advised to nominate somebody who can receive the pension money on his behalf. In order to provide medical care, his pension money was largely spent on medical doctors, faithhealers and *sangomas*. The family began relying heavily on Sesi D's income. She was heavily involved in farming activities as well as selling second hand clothes at pension pay-out point. According to Jazz M, Sesi D (his mother) was able to get R1500 from two pension pay-outs. In addition, she used to sell vegetables at the local market and she managed to buy 10 goats and 5 cattle with the money received.

In 1999, Mzala finally died and Sesi D spent R5000 towards the funeral and she also borrowed R4000 from the local stokvel. After 6 months, Sesi D started again with her normal work and she had to sell five goats in order to start servicing her debt. In 2000, Sesi D's debt was fully serviced. In the very same year, KZN experienced an outbreak of cholera and Sesi D contracted the disease in August of that particular year. Sesi D started visiting the local hall which had been turned into a "hospital" and by then she had the following symptoms;

- Runny stomach
- Vomiting
- Loss of appetite

Sesi D could not work anymore and as a result Jazz M had to take over the running of the household and this was difficult as he was unemployed. He started searching for a job and started working as a motor mechanic at a certain garage. The income was irregular as they depended on motorists who came to have their cars fixed. Jazz M later realised that the garage that he was working for is a chop shop. This was after one of the hijacked victims confronted the owner of the garage about his missing vehicle. Jazz M was one of the suspects and as a result he left the job which earned him R100 per week.

His mother's condition deteriorated and Jazz M was forced to sell one cow for R3000 at the agricultural show. He later found a job and worked for a public works programme where he was earning R10 a day. Sesi D finally died in November of the very same year. Jazz M had to borrow R4 000 for the funeral. He had to provide a bedroom suite as collateral. With the assistance of his father's relatives, the loan was paid back in time.

Life after death in the household

The biggest challenge facing Jazz M especially after the death of his mother was to support the family. To do that means that he had to have a reliable source of income. For two months Jazz M worked as an assistant bricklayer earning R800 per month. After that Jazz M decided to go to Richards Bay to search for a job. While in Richards Bay, he stayed with his friends. His aunt took care of the children. Jazz M was able to get casual jobs and would sometimes return home with R200 – R300 per week. While he was away his aunt was busy organising child support grants for the other young members without consulting him. Apparently, she was working in collusion with some of the welfare staff personnel. He only got to know about this after he was informed by the *Induna*. By this time, his aunt had already pocketed R3000 and she mysteriously disappeared. The chief was informed about this and she was traced and found in Empangeni. She was ordered to pay back the money. After this incidence, Jazz M became formally recognised as the receiver of the welfare grants that collectively amounted to R1600 per month. Jazz M still gets some meagre income from casual jobs.

Impact of parent's death on land use, rights and administration

This household has a large track of land. However, Jazz M has secretly made a deal with one of the neighbours to lease a portion of the land. Apparently, leasing is not allowed in the area. The household get an income of R900 per year from this deal. His only worry is that if this is found out, the household will be penalised. He (Jazz M) uses 2 ha where he grows beans, maize and some cabbages. The crops grown are still the same as

before his parent's death. The lease agreement is a verbal one and he purposefully avoided a written agreement as the lessee could use this against him if ever there was a conflict. The land used to be 6 hectares. The land had been obtained by his parents through subdivision by the late Mzala's father. Mzala's father had many wives and he had to divide the land to avoid conflicts amongst his five children after his death.

The passing away of Jazz M's mother in particular affected their farming activities as the household is currently running short of labour. This is one factor that prompted them to lease the land. The crops produced are sold at the local market, but since the portion of the land has been leased, the produce that is sold has been considerably reduced. However, Jazz M still has the intention of utilising all the hectares in future. Jazz M prefers leasing the land than selling it because through leasing he still has secured right to land ownership and the household still has to keep the land for future use including the subdivision of the land with other children especially when they get married.

Although the terms of the lease agreement has been adhered to, there have been instances where the lessee has developed some arguments over land ownership and even threatened to expose the lease agreement. The lessee also made several attempts to even encroach on the other portion that does not form part of the agreement. This has, however, been sorted out. His relatives also tried to challenge Jazz M's ownership of the land claiming that he is still too young to own the land. Jazz M's ambition is to get a permanent job so that he can employ people to work the land and he will cancel the lease agreement.

DONDOTHA: INTERVIEW 3

Household composition

Manzi K is a 16 years old boy who has 2 younger brothers. They are orphans and have their uncle as the head of their household. The two younger boys are staying with the household neighbours.

The household origin

Manzi K knows that he was born in Dondotha and he is not aware of any migration that could have taken place. He only remembers that the land they own now belongs to his late grandfather.

Disease diagnosis

Manzi K's father died in 1996 due to a car accident in Empangeni town. By the time of his death he was no longer working as he was retrenched from his job in Richards Bay. His mother who was a main supporter of the household died in 2001 from pneumonia.

He thinks that his mother contracted this disease because she was most of the time exposed to harsh conditions like very cold weather. She used to work both as a domestic assistant as well as tilling the fields for her neighbours. She started by coughing; she would always complain of feeling cold and was sweating a lot. She continued to work even if she was sick, as there was no one else to rely on. Initially her ailment was treated by *sangomas* and faith healers who said she had been bewitched. She was subjected to artificial vomiting which herbs induced, but that served no purpose as her condition worsened. It was around 2000 and Manzi K's grandmother (who is now late as well) took his mother to hospital and she was diagnosed as having pneumonia. She was released from the hospital after a month and she was still sick hence she could not return to work.

Impact of the disease

While their mother was still working Manzi K and his little bothers were doing most of the home chores and he would also help with shepherding cattle for their neighbours and that earned him R100 a month. The grandmother was responsible for supporting them with her pension grant. His mother sold 5 goats in order to raise money for transport costs to the hospital and for buying food. The household was subjected to loans from moneylenders who gave loans at very high interests. The grandmother had to repay some of the loans with her pension. By time the children got expelled from the school because of outstanding school fees. Being faced with the difficult situation Manzi K decided to seek jobs from the neighbours and local shops. He worked for R10 a day or some ration of food. The household gradually depended on him and eventually he left school to attend to the needs of the household. By that time his mother could hardly speak or walk. The households got donations

from a church to which they belonged, it amounted to R500 and that was used to repay accumulated huge debts of the moneylenders.

During his mother's death in 2001 the household faced economic upheavals, as they had no money for the funeral. He said his uncle who had arrived to take care of the household had to approach the local *Induna* to ask if they could not offer some financial support. The *Induna* had to go from door to door to solicit funds and R2000 was raised. The family also had to sell 2 goats. After the funeral his uncle stayed with him and his younger brothers stayed with one of their neighbours who volunteered to keep and raise them. He paid school fees and clothed them at his own expense until the support grant was accessed.

Manzi K used to till the neighbours' fields and fetched woods for them and his uncle did casual work for white families. They are both supporting the household. They hardly resort to moneylenders because they will have difficulty to pay back. The chief and a principal of a local school have decided to help the household to get a support grant.

Land asset

Manzi K' household had a big area of land, about 4 informal soccer fields. His mother sold half of the land that was for cultivation to a relative who used it as a residential plot for R1000. The remaining land is used for growing crops like beans, mielies, madumbis and other vegetables. Manzi K was once asked why his household would keep the land that they were not using. That question made him to suspect that outsiders were buying for his parents' land. He nevertheless allowed them to come and assist him. The initial aim of these outsiders was to come and help Manzi K but later that arrangement turned out to be sharecropping (the neighbours and relatives who used to help him with cultivation would share the produce). They started showing competition for using their household land. At some stage there was a fight among these outsiders over the produce as one was claiming to have worked more than others. The *Induna* was called to intervene.

Since the arrival of his uncle cultivation of land was slowly coming back to normal. His uncle worked the fields most of the time with the hope to discourage sharecropping. The *Induna* advised the family to work the land effectively to discourage the outsiders to want to assist. Since his uncle had started working the land they had realised more produce some of which was sold at a local market. They had established a vegetable garden on the fields. Students from the agricultural college used to come and assist them with how to grow crops and they would also do soil tests and advise them on the types of crops to grow.

Other assets

The household financial situation has forced them to sell goats that they had.

Credit and debt

The household avoids borrowing money, as they cannot afford repaying loans. Sometimes they are forced to get food from the local shop on credit.

Changes in land size

The changes only occurred while Manzi K's mother was still alive.

Land transfers

The allocation of land to new outsiders was motivated by financial circumstances. They now need an extra piece of land to expand their farming activities.

Temporal land transfer

The household has been involved in a temporal land transfer, which was done unintentionally. Informal sharecropping was imposed on the household by some relatives and neighbours.

Social capital and power relations

There are more than 5 relatives in the area. The household is not related to any of the community structures. Manzi K's uncle belongs to a burial scheme.

Resolving the crisis of the illness.

Since one of the neighbours is looking after the other children the financial situation was improving slowly. However when there is enough money Manzi K and his uncle do contribute to the upbringing of the children. He has expressed the desire to get his younger brothers back home and said he is longing to return to school.

DONDOTHA: INTERVIEW 4

6 children staying with their aunt one of the children is a 21 year old lady known as Shella M

Family origin, symptoms and the development of HIV/AIDS

Due to political violence that erupted in the early 1990's, this family had to vacate from Dondotha to settle on the edge of the KwaMbonambi town. In 1996 this family returned back to Dondotha and this was after the end of the political violence. During this time, most households lost their assets (e.g. land, livestock, and houses). The most noticeable assets that this household lost are 10 herd of cattle and a large piece of land.

Vusi and Busi were married and had 6 children. Unfortunately, Vusi got retrenched in 1998 from a certain company based in Richards Bay. In 1999, Vusi got a job in Gauteng and by then Busi was working as a domestic worker in Empangeni. According to Shella M, when Vusi (her father) started working in Gauteng he would hardly come back home. Nevertheless, he never stopped sending money back home which was normally R1500/month. Vusi's long absence from home never bothered Busi much as she was also earning R700/month.

In 2000, Busi heard a rumour that Vusi was sick and at one stage he was hospitalised for a month. One day Vusi came back home claiming to be on a three weeks leave. He showed the following symptoms:

- Loss of weight
- Loss of appetite
- Difficulty in swallowing

One day Vusi collapsed and he was taken to the hospital where he stayed for 5 days. At this stage none of his family knew about the cause of the disease. In July 2000, Vusi went back to work and he disappeared for the rest of the year. In 2001, Vusi came back home again with some sores on the lips. This was a terrible setback for the family as he stopped working. He had a saving of R10000 in the bank, but most of the money was used on his treatment at the hospital. For instance, hired transport to the hospital would cost between R200-R300. As a result of his failure to respond to the treatment, Vusi was taken to a *sangoma*. It was believed that Vusi was suffering from some spiritual possession and he had to undergo the traditional healing process which cost R800. With no sign of improvement, Vusi was taken back to the hospital. One evening in 2001 Vusi died in his sleep.

According to Shella M, Vusi's death seemed to have badly affected Busi as she started talking alone. Two months after Vusi's death Busi started showing almost the same symptoms as that shown by Vusi. In addition, she also complained of stomach aches, a runny stomach and dropping-off of her hair. As a result she was taken to the hospital and one of the relatives insisted that she needs to be taken to a *sangoma* as well to see if there were any signs of food poisoning. A CBHW felt that she needed to be taken for a blood test. After some few weeks of *sangoma* treatment, Busi was taken to the hospital for a blood test where she was found to be HIV positive. At this time many relatives began to distance themselves from her. Her aunt decided to come and stay with this family so that she can start taking care of her and the children. Busi later died at the hospital.

Impacts of the illness and the resultant death in the family

When Vusi passed away the family contributed R4000 towards his funeral while Busi's funeral cost half that amount. In addition, their relatives also had some undisclosed financial contribution towards the funeral. After the funeral Shella M had to temporarily stay away from school so as to help with the domestic chores. This family was plunged into financial crisis as they could not even access the R5000 savings until after obtaining an affidavit and the support from the guardian as Shella M was a minor. With the assistance of the *Induna*, the household approached the moneylender, but the *Induna* was against this as he was concerned with the repayment

ability of the family. Their initial request was R3500 and they only got R1000 with an interest rate of 30% per week. The savings was taking too long to be accessed. On the other hand the moneylender started demanding back his/her money. By this time the loan was almost equal to the value of a cow. (*How much is the value of a cow*). They decided to give him the cow. A late penalty fee of R1800 was charged and as a result the cow was not enough to cover the debt. It was never clear how the penalty was calculated. In the absence of this money forthcoming, the moneylender took their bed and a TV. Eventually the money was released by the bank and when they went to pay the penalty the TV was non functional and he promised to repair it but up to date he has not done that. A case is before the chief.

Land use, rights and administration in relation to HIV/AIDS

Although their parents are now late, the household with the support of their aunt as well as the extension services still use the land to support itself. The land size is still the same as before the death of their parents. This household grows vegetables both for subsistence and the market. The aunt is currently working as a domestic worker in town. With the assistance of the paralegal office, she has applied for a children support grant. The aunt sometimes uses some casual labour both for domestic chores and for the cultivation of land. This household uses mostly unemployed women to cultivate their land as it is sometimes difficult to afford a span of oxen or tractor to plough the land. Apparently, they pay them R10 per day per worker. This household has no intention of selling the land as they see it as an investment asset.

Aunt belongs to a stokvel and the burial society and these do help in times of need.

Apparently the situation is stabilising but this family acknowledges that they will never enjoy the lifestyle that they enjoyed while their parents were still alive. Their hopes rest on agriculture and education and they do have a desire to increase the land size only if they can have capital to work the land.

DONDOTHA: INTERVIEW 5

Household composition

Annie S (60 years) lives in Dondotha and is a pensioner. She is a household head and takes care of 4 orphans.

The household origin

The family moved to the area in 1980. Originally the family stayed in Matshana, which is 70 km away from Empangeni. They left the area due to interfamily conflicts over land ownership amongst the extended family members. They initially found a plot outside a township of Ngwelezana and it was densely populated and that resulted in their fields being small. They further moved to Dondotha. They happened to know about the place from relatives who moved from Mathsana and came to settle at Dondotha. The relatives referred them to the local *Induna* who in turn referred them to the chief and thereafter they were allocated land.

During their trekking they lost 10 cattle as they could not transport them and they sold 5 cows to the community members so that they could have money to build a house while they stayed outside Ngwelezana. They had built a big house, which they demolished when they moved to Dondotha. Transportation of the building material to a new place cost them around R400. After they arrived at the new place they had to lodge with a local family and at the same time built a new house of their own.

Disease diagnosis

Annie S's son contracted AIDS in 1997 after working in Johannesburg for 10 years. He was married and had 4 children. Annie S's son and his wife died due to AIDS in 1997.

Annie S said her son unbeknown to them had several women friends and they only got to know about them after his death. He used to come home quite often and never showed signs of being promiscuous and he supported his family very well. Around 1996 he showed signs of being withdrawn and was restless. At the beginning of 1997 when he returned home it was clear that he was wasting away, his hair had lost its natural texture, he developed pimples on his face and his head had shrunk considerably. He never returned back to work and there was no income coming in. Luckily his wife used to save some of the money he sent her and bought livestock such as a few cattle, fowls and goats.

Annie S said that at that stage her son also started soiling himself and was in and out of the hospital. At one stage he was taken to *sangomas* and witchdoctors but his condition remained unchanged. His wife who was employed as a domestic servant at Empangeni had to quit her job to take care of him. Around middle 1997 his wife started wasting away and developed some hallucinations and was taken to the hospital where she was admitted for 2 weeks. She was diagnosed as having AIDS. At that time Annie S's attention was divided among her daughter-in-law at the hospital, her bedridden son at home and the grandchildren who needed help with their schooling. A week after her daughter-in-law was discharged from the hospital her son passed away.

All these were exerting terrible pressure on the household's cash flow. By that time Annie S was not receiving her pension as yet and the only money available was her son's savings that she could not access as she was not a beneficiary. Only his wife could but she was at the hospital. They managed to hire a car for the wife to go to the bank at Empangeni where she withdrew R5000. During that time the bank allowed Annie S's daughter-in-law to appoint her as a beneficiary. She could not appoint any of her children since they were all still young. Fortunately Annie S's son belonged to a burial society and so does the rest of the family. Out of R5000 the household had to repay the local shop R1000 and moneylenders R2600. They had to slaughter one of their cows for the funeral. After the funeral they sold two cows for R6000, as more money was needed.

The wife's conditions deteriorated and she was sent to the hospital but she was later discharged. She needed close attention and she was bedridden. Annie S could no longer do some of the home chores and she relied heavily on the children who also missed out on their studies. Her daughter-in-law's deteriorating conditions (soiling her clothes and vomiting) affected the children psychologically. At the same time there were rumours going around that both Annie S's son and his wife were promiscuous and such rumours reached their children. The community based health workers were the ones who supported the household, they counselled and advised the children. Annie S's daughter-in-law passed away at the end of 1999 and that again brought misery as the finances were almost depleted. They had to sell 2 cows and spent the money on funeral costs and another R1000 was withdrawn from the bank leaving a bank balance of R6000. That was the money for the children's future.

By that time she was no longer capable of doing any cultivation hence she hired casual labourers and agricultural students from a college. They grew onions, cabbages, beans and mielies. Her fields had good soil that was very productive. They sold most of their produce to the local market (they still sell) and they used to realise about R800 monthly.

Land asset

They have huge fields (about the size of 4 informal soccer fields) its size has not changed.

Other assets

They had to sell goats and cattle in order to supplement the income.

Credit and debt

She borrows money in extreme emergencies, e.g. when they are short of food. They also buy seeds using loans but this is very rare.

Land transfers

There have been neither land transfers nor has any land been taken away. Annie S refers to that land as the children's investment.

Social capital and power relations

There are more than 10 relatives in the area but the relations are not good. The household is not related to anybody within the community structures. The household head is affiliated to the burial society and *stokvel*.

Resolving the crisis

Although the situation has not stabilised the household is trying to return to normal. Their only hope is to focus on agricultural activities. However they are in need of capital to enable them to engage in more farming activities, for example buy more seeds, implements and be able to continue hiring more casual labour.

THE KWADUMISA AREA STUDY THIRTEEN INTERVIEWS CONDUCTED BY THEMBA MBHELE

KWADUMISA: INTERVIEW 1

Cecelia P; (no household table, very confusing story about who's in household, no ages or education for anybody)

Cecilia P's family household at the time of the interview was limited to herself - the second wife of the late Aaron P - and her stepson Sandile, the son of Aaron P's first marriage. She has no children of her own from the marriage, and Sandile suffers from mental retardation. Aaron P was born at KwaDumisa and still has relatives in the area, but Cecilia P was born in Umkhomazi, and was a street trader when she met Aaron. She has no relatives at KwaDumisa, and in her account of her stepson's AIDS she does not mention family members of her own at Umkhomazi. Though Cecilia P does have four children of her own apparently from a previous marriage, these children are not living at KwaDumisa. In the KwaDumisa community, this leaves her socially isolated as an outsider, and in a weak position in relation to local disputes.

When she and Aaron married, Cecilia P in effect inherited Aaron's history of family conflict over the question of land. Up to the date of the interview, Cecilia P has been able to hold her own against threats from her late husband's relatives, but she feels there is no certainty she will be able to maintain her position as the heir to her late husband's land into the indefinite future.

Cecilia P and Sandile have an agricultural landholding about the size of two soccer fields. This land was allocated to Aaron P by his father when Aaron married for the first time, and has been used by Cecilia P's family since her husband was alive. There are two rondavels and one flat-roofed house with two bedrooms, which is currently occupied by Cecilia P.

It is not clear whether Cecilia P's four children originally accompanied her when she married Aaron P and went to live at KwaDumisa, but it seems likely since there has been a pregnancy case on behalf of her eldest daughter against a Zion Church minister who has a subsidized house at KwaDumisa. This case was settled privately, with the minister agreeing to pay Cecilia P and her family R 300-400 per month and also to marry the daughter, on condition that news of his transgression did not reach his local congregation. Accordingly, the pregnant daughter and also Cecilia P's younger children are all staying in the Zion minister's house at Port Shepstone, and presumably benefitting from the support payments. Cecilia P and Sandile P remain at KwaDumisa occupying the house of Sandile's father Aaron, while Cecilia P does casual work around the neighbourhood and also cultivates the land she inherited. So far, Cecilia P has obtained some good quality furniture from this settlement, which she keeps aside in one of the rondavels. It appears that the settlement with the Zionist minister has been recent, insofar as the daughter has not yet had her baby, and according to Cecilia P's account it does not seem as if her life style has changed a great deal.

On her land, Cecilia P now grows maize, madumbis (Egyptian taro), and different kinds of common tough wild greens, or weeds, which invade unweeded gardens and are known as *imifino*. These wild plants are commonly used to make sauces for maize meal. As a crop, *imifino* are not grown often, but have the advantages of seeding themselves easily, at no cost, and of being able to survive without delivered water or fertilizer, and almost without care involving labour time. They are not normally classed as an indigenous domesticated crop, but are now sometimes being recorded as used that way by the poor. The yield seems to be marginal, but as a greens crop they are almost cost-free, and carry a much lower rainfall risk than imported high-value vegetables. It is possible that the use of *imifino* as a cultivated crop is increasing now that the only water available for irrigation in many areas is piped water supplied by government, which is charged at rates for drinking water and has had a serious impact on cultivation costs for the poor.

In Cecilia P's case, her crop package also includes maize, which is a drought-tolerant staple with a relatively low risk factor, and madumbis, which are grown in shade-side or low-lying areas and often survive in very rainy years when maize may not do well. She reports no high-cost, high-risk water-demanding crops that are expensive to grow, suggesting that her crop package may be chosen for low risk plus risk spreading in relation to a marginal household economy. That is, Cecilia P's kind of crop package may be diagnostic of land use under poverty and marginality, and in spite of her connection to the Zionist minister may reflect her lack of outside resources.

Aaron P originally was given the land parcel, which Cecilia P has inherited when his own father was still alive. Aaron P's father had two wives in a polygamous marriage, which gave rise to inheritance conflicts. When the senior wife - Aaron's mother - died, the junior second wife began to try to argue Aaron's father into sending Aaron out of the family household. She asserted that if the father refused to do this then she herself would have to leave the homestead - so that, by implication, Aaron's father would be left in the helpless situation of an older man with no wife at all. It appears that in putting this position, the second wife was trying to ensure that she and her children would inherit the homestead and the land once Aaron's father died. Older custom in Zulu-speaking traditional areas has always held that the older sons who marry first are given their land and depart from the family homestead to take up their own landholdings during the lifetime of the father, until only the youngest son is left at home to take care of the ageing parents and ultimately to inherit the parental homestead. This custom has tended to fall away as polygamous marriages have become less common and landholdings have become too squeezed to allow all polygamous sons to be assigned full-scale land parcels from their father's land. Currently, many sons are left without land and have to transact land for themselves, as seems to have been the intention of Aaron's father's second wife in Aaron's case.

Seeing that the situation would become untenable after his death, Aaron P's father fell back on the other side of this traditional custom and decided to allocate the land to Aaron by a relatively secure transaction carried out while both he and his older son Aaron were alive to affirm the transfer. In doing this, he avoided handing on the land according to more recent custom as a bequest on his own death, which might be contested when he was no longer alive to ensure compliance.

By taking this route, Aaron P's father seems to have successfully ensured that Aaron and his wife and child inherited the potentially contested land, but the transaction remained in doubt because there was no clear family line able to continue Aaron's inheritance into the future. Aaron and Cecilia P had no children together, while Aaron seems to have had only Sandile from his first marriage. Sandile, who was not of sound mind, appeared unlikely to marry and carry on the family line, or ever to be able to manage his own property. In other words, for the community to permit Aaron's widow Cecilia P to take over Aaron's father's land would have meant that the land parcel would in the foreseeable future be lost to the family line of the grandfather. That is, it would either be sold by Cecilia P in the absence of qualifying heirs, or it would go to someone connected with Cecilia P's own children, who are not related to Aaron P.

Cecilia P's standing as a widow inheriting her late husband's land was unusually weak, because neither she nor Aaron and his first wife had an heir of Aaron's line in place to take over the land after her death: in traditional society, the inheritance of land by a widow has been viewed as a temporary and transitional state, intervening between the death of the previous landholder and the subsequent inheritance by his son or grandson as the next socially accepted heir. Land could not under traditional tenure be taken over by a woman in her own right, if only because this would have put her in a position to dispose of the land outside the family line of the allocated landholders. Although this right of women as widows to inherit land in their own names - and to dispose of it in their own right - has begun to emerge in practice and is widely believed to have government support, it also draws bitter resistance, both from traditional men, and also from traditional women. Traditional people in general fear that allowing land to women who will not pass it down predictably in the male line means that rural society will be destabilised, by making land too easily transacted between strangers, and therefore incapable of serving as the base for stable communities of related households.

This tenurial shortfall for Aaron's widow was made worse in that Cecilia P was an outsider to the community, with no local relatives to support her, who had been a widow or single mother with children of her own and pursuing the not very respectable occupation of street trader when Aaron had met and married her. As the situation was working out, Cecilia P's main traditional claim to the land was as Sandile P's stepmother, but this claim was doubtful both because Sandile probably could not inherit himself, and because Cecilia P did not have the standing of Sandile's own birth mother. This obscure and troubled situation was then made more precarious by Sandile's serious illness, and the opportunities it gave to Aaron's relatives to contest Cecilia P's status as Aaron's widow and the heir to his land and property.

A threat to Cecilia P's control of the land - and even to her continuing citizenship of the KwaDumisa community - has come from Aaron P's surviving half-brother Saul P, who stays in the area and is said to be an influential member of the community. He has asserted that Cecilia P gave Sandile poisonous traditional medicine on the pretext of healing Sandile's sickness, and that she did this because Sandile as Aaron's son would have been the logical beneficiary of his father's estate. That is, that Cecilia P tried to poison her stepson so that her control of the land and any property involved could not be contested by a later claim from Aaron's own son, and the land would devolve to her own children instead.

It is relevant here that without Sandile P as more or less her ward, Cecilia P's claim to the inheritance would be noticeably weaker. It is not clear that Cecilia P could have secured a direct claim to the land for her own children if a competent male relative of Aaron P had contested their claim, though she might well have been able to leave them any other property which had come to her as the widow. Cecilia P's strenuous efforts to keep her stepson alive may perhaps be partly understood in this light. The accusation from Saul P would perhaps make more sense if Sandile had been mentally normal, so that he could be expected to marry in due course and to put a claim to inherit his father's property and land. Even without his fatal illness, this kind of outcome appears unlikely in view of Sandile's reported mental incompetence.

It may also be a factor that Aaron's surviving brother Saul P appears to be the son of the same second wife who originally tried to exclude Aaron's claim to the land in favour of her own descendants, and who was frustrated in this attempt. If the surviving brother Saul P were to be able to have Cecilia P excluded from the inheritance for attempted murder of the heir, the land and property would then go in practice to Saul P as the surviving brother, who would step in as Sandile's guardian.

In her account, Cecilia P said she had spent a great deal of time and money in trying to heal her stepson Sandile P. It was partly as a result of his condition that the financial standing of the family had declined so badly. Before he had become ill, they had been able to buy food for R500 every month, a viable level of food spending for a household of six people. But after he became seriously ill, food spending went down to R150 per month, a poverty level. Cecilia P stated that she had spent close to R4000 trying to cure Sandile. She had taken him to traditional doctors and to faith healers, and all of them had charged money without being able to heal him successfully. Her daughter's intended husband, the Zionist minister, had also offered to include Sandile P in a funeral scheme he was organising, but the underwriting company had refused on the grounds that Sandile P was an HIV/AIDS case.

The illness had hit Cecilia P directly as well, since she had developed high blood pressure and an asthmatic condition. She had had to start medical treatment herself, and most of the money she earned by doing casual work around the neighbourhood went to pay for her own treatment now - not that the amount paid by the neighbours was very much to start with. She said she was getting paid R10 per day for casual jobs such as tilling her neighbours' fields, doing baby-sitting, and similar work.

Cecilia P denied having tried to poison Sandile, but Aaron's half-brother remained adamant that she was guilty. It is not clear what evidence if any he may have had, but the case was taken to a tribal court hearing. Saul P appears to have anticipated that if Cecilia P were to be found guilty in the tribal court, she would be banished from the community. Saul P would then be able to take over the land and property, and also any obligations toward Sandile P as his brother's son. If and when Sandile died without an heir, the contested land and property would then return permanently to Saul P.

But in the tribal court the whole accusation was thrown out, reportedly because Saul P had no legal grounds to have Cecilia P evicted from the family property, and because she had been legally married to Aaron P and therefore qualified fully to inherit from him. It is not clear how much credence the Tribal Authority gave to Saul P's accusations since he clearly stood to gain from discrediting Cecilia P, but had he been believed it is not unlikely that his case would have succeeded. It is striking that under contemporary conditions Cecilia P, an impoverished woman and an outsider to the community, was able to win her case against a close relative of her late husband who was also a powerful man in the community.

However, Cecilia P told the interviewer that threats continued to flow from Saul P, and she felt unsure of what would happen if Saul P persisted in trying to drive her out. She observed ironically that she was surprised that this man was not doing anything to help her stepson, since he was so concerned about Sandile's welfare.

Cecilia P says her stepson Sandile P began showing signs of HIV/AIDS infection through a physical wasting away process. She first attributed this wasting condition to a tuberculosis infection, but it later became clear that his underlying health problem was AIDS.

When she first knew him, Sandile P was a lively, vibrant young man. His mental abnormality was not easily detectable to an outsider who did not know him, though it was noticeable to anyone who knew him well. He mixed freely with people on a social level, although he had a very intense infatuation with women in general. Cecilia P could not easily piece together Sandile P's teenage years, as she only got to know him 15 years ago, after the death of his biological mother and her own subsequent marriage to his father Aaron P. She and Aaron P

had a good relationship in their marriage of 13 years, and Aaron P only died in 2000. It was after Aaron P's death that the household began encountering problems.

At the time Cecilia married Aaron P, her stepson Sandile was receiving a government grant as a disabled person, on the grounds of mental retardation. However, this grant was stopped without any reason, seven years ago. They had been making attempts to have Sandile P's grant reinstated, and the latest official word was that the reinstatement of the grant and back payment of benefits would take place in April. If this reinstatement takes place on schedule and covers the entire period for which the grant was held back, the household will receive a considerable amount of cash. This prospect may play a role in the interest shown by Saul P in taking over the guardianship of his brother Aaron P's sick son.

Cecilia P traced her stepson's illness to a time about two years ago, around the time of Aaron P's death, when Sandile P began frequenting the home of a local woman, Gertrude D, who was well known as a seducer of young men. Sandile P himself had been sleeping with various women in the area, but at the time his nighttime visits to this woman began Cecilia P objected vehemently to the relationship – Gertrude D was wasting away herself, and word was going around the neighbourhood that she had contracted the HI virus. Gertrude D was reported to be sleeping with various men, trying to infect them with AIDS since she was not prepared to die alone. Cecilia P was also concerned that her stepson had apparently told this woman that his disability grant was going to be reinstated, because Gertrude D had taken Sandile P's ID document and was keeping it in her possession.

Cecilia P had asked Sandile to show her his ID. He had been nearly incoherent in replying, since his speech had deteriorated very badly and he was already showing signs of the dementia associated with HIV/AIDS, but he insisted that he had never had an ID document since he was born. Momentarily baffled, Cecilia P suspected the woman Sandile P was seeing at night. Cecilia P managed to gain the confidence of some of Gertrude D's friends, and established by this route that Sandile's ID was indeed in the possession of Gertrude D. Cecilia P then went and confronted Gertrude D, and got the ID back.

From there, she went to the Department of Home Affairs, and made inquiries about what had been done with the ID. She found out that Gertrude D had colluded with some of the officials to change the family details recorded for her stepson. The Home Affairs records now reflected Gertrude D as her stepson's wife or partner. Cecilia P had to take her stepson to the police station to have the registered details changed back to reflect the true situation. Even after Cecilia P had retrieved the ID and restored the previous registration, Gertrude D still kept on trying to get the confidence of the sick man and put herself in the position of being able to claim the back payments of Sandile P's disability grant once it was restored.

It appears sadly ironic that Cecilia P attributes her stepson's contracting HIV/AIDS to his association with a woman who is thought to have aggressively tried to spread the disease among men in the area. Since Sandile P only began to see Gertrude D in the last two years, it is objectively unlikely that he could have contracted the disease from her. The usual time elapsed from HIV/AIDS infection to the death of the patient is seven or eight years in Africa, probably too long a period for the relationship with Gertrude D to have been responsible for Sandile's visible sickness. Instead, it seems likely that Sandile P had been HIV positive for a number of years before he began to visit Gertrude D, just as she had probably been HIV positive for years before they took up their association. Either of them may have been the intentional or unintentional agent of other cases of HIV/AIDS in the area.

Although Cecilia P strongly suspected that her stepson Sandile P was HIV positive, there was no way to be sure. Sandile P had refused to be medically tested for AIDS, and he had never been formally diagnosed as suffering from tuberculosis (TB) either. Tuberculosis was his own story to account for his symptoms, and might only represent reluctance to acknowledge HIV/AIDS infection.

Sandile P had been taken to hospital in an attempt to get him treatment, but since he did not want to undergo AIDS testing there was no treatment the hospital could offer him. The hospital personnel had said nothing about any possibility of TB infection, and only gave Sandile P Panado tablets to ease the pain. From time to time the neighbours have also given him tablets without prescription, which may have provided some kind of help.

Cecilia P was increasingly convinced that the real problem was AIDS as Sandile began to suffer from loss of appetite and incessant vomiting. In addition he began to soil himself, and she was finding it difficult to enter his room because of the nerve-racking smell. He was very weak, so that she had to bathe him and also to turn him over frequently, as he could hardly move.

As she reached this point in her story, Cecilia P burst into tears and became almost hysterical. She cursed her decision to marry into this household, and she also cursed herself for giving birth to her late husband's children. She said she felt completely unable to bear the pain caused by Sandile's illness, and she could hardly face the family's lack of income and resources. In her distraught state, Cecilia P also lashed out at the uselessness of the government, which was more concerned about other matters than about the health of its citizens – she wondered what the government would have left to rule over once all its citizens had been annihilated by the pandemic, and she scolded the care worker who accompanied the interviewer for doing nothing to help even though the care workers were aware of the situation. The care worker explained that she could only offer counselling, and then report to the hospital authorities on the state of the patient. Cecilia P calmed down a little, and the care worker insisted that Sandile P must be taken to hospital for medical tests, so that he could be in a position to get treatment that would prolong his life, even if it would not enable him to recover completely.

Cecilia P told the care worker and the interviewer that she very much wanted to take Sandile P again for a blood test so that he could get medication, but with the disease in an advanced stage she was afraid of what would happen if he died in hospital. Transport charges for AIDS patients to and from hospital are characteristically very expensive, as drivers are reluctant to have them in a vehicle. If Cecilia P tried to take her stepson to hospital, she would have to find money to pay someone with a car, and the usual charges amount to about R 300 one way. If Sandile died while he was there, she would not have money to bury him, as she would not have enough money both to pay for transport back from the hospital and also to pay for the funeral. From the standpoint of having to pay the costs of Sandile dying, it would be better if he stayed at home and died in bed – that would avoid the extra transport costs. Even if Sandile P survived a trip to the hospital, the hospital would refuse to keep him there, and Cecilia P would have to struggle again to find the money to bring him back home.

The care worker suggested that Cecilia P could call an ambulance to take Sandile P to hospital, but neither the care worker nor Cecilia P nor the interviewer had any idea what an ambulance would charge. Then Cecilia P said she would decide what to do about a hospital trip for Sandile once she found out if it would cost more money than she could find. It would seem she was not prepared to go into debt for the possibility of a temporary improvement in Sandile P's condition, when there was acknowledged to be no hope of saving him. Under present conditions, it sometimes seems that the ethical insistence of health care workers that AIDS-affected households invest more in diet and treatment intended to extend the lives of very severely ill family members can sometimes result in brutal triage decisions by care givers, if it does not instead contribute to the disease-related destruction of family savings and assets and accelerate the debt spiral that leads deeper into poverty. From her account, it seems that the financial position of Cecilia P's household following the death of Aaron P may have been marginalised partly by the reported expenditure on healing services for Sandile P during the period when his illness was less severe.

Cecilia P says she supports her household mainly on casual jobs, and also manages to cultivate her own land. The demands of providing Sandile P with care make it impossible for her to sell outside the area as an informal trader, as she did before marrying Aaron P. She sells crops whenever she has a surplus above consumption needs, and sometimes she manages to make R300 a month profit out of this kind of surplus. People come to her house and buy from her, and a 500g tin of beans sells for R7. It is not clear whether she is now getting any regular support from her prospective son-in-law the Zionist minister, who is paying the school fees for Cecilia P's two younger children, but it seems she can if necessary get help from him in emergencies. Because of this connection, which effectively provides her with a credit guarantee, Cecilia P has not found it necessary to dispose of her remaining assets.

Cecilia P reported that she copes with emergencies by relying on her neighbours, who come and cook and clean the house while she goes out to do casual work around the neighbourhood. If need be, she would borrow money from the neighbours, and her son-in-law would come later and settle the debt. The presence of the neighbours helping Cecilia P with her domestic tasks argues strongly that her household has indeed been very hard hit by poverty and by her stepson's AIDS history, notwithstanding what seems to be a relatively recent series of cash payments from the Zion minister in connection with her oldest daughter's pregnancy. It is also an open question whether Cecilia P will ever receive the back payments for Sandile P's blocked disability pension. If Sandile dies before the back payment is made, it may be that the grant arrears which were held back may never be handed over.

She says that on certain days it becomes a struggle to do any casual work, as her own blood pressure and asthmatic conditions became too much for her. Under these conditions she also does not manage to clean her stepson's room, and the room becomes littered with his bodily wastes because he can no longer go to the toilet.

It seems clear that Cecilia P finds the burden of providing care to her stepson without other care givers to be so stressful that she can sometimes scarcely face it.

Cecilia P said her only help came from the neighbours, who did offer support in various ways – they came sometimes to cook for the family, and brought food parcels as well as contributing emotional and moral support. At the time of the interview, a young neighbour woman was washing dishes and cooking food for Cecilia P's family.

Turning to the interviewer as they left, the care worker observed sadly that she was concerned the broader community was going to lose confidence in the home care worker service, because they did not seem to be delivering what the community needed. She said people were not aware that the care workers were not yet trained in offering treatment of any kind. However, it was hopeful that there were on-going attempts to reassess the care workers' role, and to increase their capacity in terms of dealing with the patients. The care worker thought the hospital authorities were aware that the care workers were a critical link between the community and the hospital and medical authorities.

KWADUMISA: INTERVIEW 2

Nona M, Land options on moving to KwaDumisa

Nona M's household is originally from Nhlazuka, a rural farming area situated about 100 km from KwaDumisa, and about 60 km from Pietermaritzburg. Nona M has one son and two daughters, and one of the daughters is now near death from HIV/AIDS. This family left Nhlazuka five years ago, after the death of Nona M's husband. Nona M herself is originally from the KwaDumisa area, and she still has relatives in the vicinity.

Nona M points out that the death of her husband was not the basic reason why she and her family had to migrate out of the Nhlazuka area. While they were at Nhlazuka they were staying on a white-owned farm, and her children said they were not prepared to work on the farm as Nona M and her husband had been doing. Therefore the household had to vacate their homestead on the farm and move somewhere else, because the family would no longer be able to supply the labour of two able-bodied adults, as the farmer was expecting in return for letting them stay on his farm.

Nona M brought her family to KwaDumisa, her own original home community, in search of land. Fortunately, there was a family that was about to move out of the area, who therefore wanted to sell their plot. As a widow with children, Nona M was able to negotiate for her family with no serious problems.

Nona M bought the land for R1000, but she later had to pay R300 to the *Induna* before she could take occupation of the plot. In addition to the cost of the land and the payment to the traditional authorities, she said she also paid R800 for the transportation of their household goods. On top of these costs, when the farmer at Nhlazuka heard about their impending move he confiscated two of their cows, as a penalty against them for leaving his farm.

The plot of land the family occupies is about the size of an informal soccer field, or slightly smaller. Before her daughter's illness, the family held the same amount of land they hold now. Since moving to this site Nona M and her family have not made any land transfers to anyone else, nor have they been able to acquire any more land. Their tenure of their land does not seem to have been threatened either at Nhlazuka or at KwaDumisa, but as a result of the crisis of the illness they have been cut off from using land effectively.

Nona M reports that before she came to KwaDumisa her family had access to double the amount of land they have now and that crops grew abundantly, so that they had food security and also made money from their cultivation. When they stayed at Nhlazuka, people used to come from outside the area to buy their produce, and she told the interviewer that they would normally make a profit of R600 per month, though it is not clear whether these profits continued through the winter.

The family has not been carrying on family farming since arriving. Nona M said she was concerned that she could not plant or grow anything on this land - in her view, the sandy texture of the soil was unsuitable, and cut off cultivation possibilities. She told the interviewer that 'nothing grows', and she appears not to have seriously attempted cultivation since moving from Nhlazuka, where the land her family had use of on the farm was of

much better quality. It is possible that this is not the whole story of why Nona M and her family are not cultivating on their plot.

It is doubtful whether cultivation at KwaDumisa is actually too unproductive to be worthwhile, since many other households manage to use the sandy soil to good advantage even though it is generally agreed to be of poor quality, and many households move to KwaDumisa expecting to cultivate as part of their livelihoods. It is not clear whether Nona M would really be unable to get worthwhile returns from home cultivation, or has become discouraged by finding herself with much poorer soil than she was accustomed to, or if she does not have the resources and the indigenous knowledge skills to manage soil of this kind, which needs significant amounts of organic material. It may also be important that relatively large amounts of organic matter would be needed to improve a plot the size of a soccer field. Her attempt at a sharecrop contract suggests that she does not actually see the land as unusable, but probably does not have the resources needed to cultivate it now.

Nona M reports that at one stage she approached a neighbour, asking to make an agreement to sharecrop the land. The neighbour agreed to this offer, but on condition that Nona M paid R300 per year towards the costs. This would appear to be a relatively unfavourable sharecrop contract, if the party providing the land is also expected to pay a significant amount toward the costs of producing the crop.

It does not appear that this contract actually became operational, and the amount asked may have been too high for a family which appears to have used up most of its accumulated resources in connection with the move. It is not clear if the family had any other cattle beyond the two taken away by the Nhlazuka farmer, though it appears that they did not. However, the illness of the daughter has had the effect of burning off most or all of whatever family savings remained, and may have undermined Nona M's attempt to bring in another household to get around the financial and labour costs of cultivation by trying a sharecrop contract.

As a result of the stopping of their cultivation activities, Nona M and her family have to survive on her pension of R570, together with contributions from working family members. This makes Nona M the main supporter of the household. However, she said her pension payment is normally used up almost immediately by the demands of buying groceries and paying off debts, even before she returns home on pension days. She makes a practice of borrowing against her pension to tide the family through to the next pension day.

The household also relies on monthly remittances, sent by the other daughter, who works in Durban North and sends home R300 per month. This daughter also has a ten-year-old daughter of her own, who attends school in the Durban North area. Nona M's son is not formally employed. He relies on casual jobs, and he sometimes brings home more than R100 per week.

Nona M reports that a large amount of the household income is being spent on medical expenses for her sick daughter Miriam. Each medical visit costs her R60, and travelling from her homestead to KwaDumisa town costs her R40 for a return taxi trip. If she decides to take Miriam to the doctors in Durban, the taxi fare reaches R80. In addition, since she herself collects her pension at Nhlazuka, each pension day costs her R60 return fare. She did not say how often she made these trips.

Most of these medical costs come out of Nona M's pension, since her working daughter's income is spent on other domestic needs. Since Miriam became sick, it is no longer possible for her mother to budget for R400 per month to buy food for the family. She added that she never enjoys the use of her pension for herself.

Loans from stokvels have also become a major problem for the household since the illness of the daughter. More and more often, Nona M borrows R300 per month. If she borrows R300, the interest is R90 every month until the principle is paid off: interest is charged at 30 percent, R30 on every R100 borrowed and still outstanding. This has become a monthly need in order to cover domestic needs. When they run out of money, they go to bed on empty stomachs.

Nona M says she would very much like to take up informal street trading in order to bring in some income, but her sick daughter needs care. In connection with the opportunity cost of HIV/AIDS, it is perhaps significant that she does not mention a desire to spend her time in gardening as the alternative option to care giving. Nona M told the interviewer that before Miriam became bedridden, she herself used to buy second-hand clothes and sell them around the neighbourhood, which gave her an additional income of R200. On being asked, she also felt she could pursue some cultivation if the opportunity presented itself, but she did not seem to see it as her first priority in the KwaDumisa situation. Nona M also said she did see the land as one of the potential solutions to her crisis of poverty, as she would be in a situation of being able to cultivate and also to grow vegetables which

would be life-giving and would contribute to her family's health. But it doesn't appear that cultivation and economic land use were her first choices.

Questioned specifically about her relations with her late husband's relatives, Nona M said they never visited her, although she herself made a practice of visiting them to put them in the picture of how things were going with her own household. It seems as if the husband's family takes little interest in the problems facing Nona M. That is, they are not willing to contribute in order to help, but nor have they made any reported effort to take resources away from Nona M and her children.

She reported that the problem with her late husband's family started when her husband died, and his brother broached the subject of '*ukungena*' - levirate, or widow inheritance. This is a traditional practice in which the late husband's brother assumes a married relation with the widow, usually as a second wife, and takes over the responsibility of running and supporting the household of the brother who has died. It is expected to guarantee the support of the widow and her children, but in return the surviving brother also takes over the assets of the late brother, as well as control of other resources and of the personal lives of the widow and her children.

Whether or not widows accept *ukungena* seems to be a serious potential problem in relation to the effects of HIV/AIDS on households which lose their male head and main supporter. It appears to have become increasingly common for widows who can obtain pensions or other alternative support to reject the subordination which *ukungena* implies, and insist on their right to inherit any assets such as cattle left by the late husband. In the case of Nona M, who refused *ukungena*, as in many similar cases it appears that her husband's brothers then saw the situation as one in which the widow had refused the traditional form of help that was on offer, and therefore they washed their hands of any financial problems which the family of the widow came to face, then or later.

It is not clear whether any valuable assets were at stake in Nona M's case, but in her discussion of assets with the interviewer she mentioned none. Instead, she noted that when her daughter Miriam became seriously ill she decided to dispose of her daughter's wardrobe, as an asset which Miriam was not needing and which they could no longer afford. She also sold her late husband's farm tools, which she itemised as one spade, two hoes and a garden fork. All of this fetched R800. Nona M stated that she did not want to sell off her family's assets, but she was desperate at the time, as an outstanding loan had reached R600, and there was no other way for the family to pay it back.

Nona M also reported that she was in fact a member of a *stokvel*, and she was paying in R60 per month in an effort to save. She stated that she was trying to be financially self-sufficient, and to get into a position where she could break out of the cycle of repeated borrowing which was putting the family under very serious strain. At one stage, the *mashonisa* - a private lender at steep rates of interest, often described as a loan shark - with whom she had been dealing, threatened to confiscate anything of hers that he could lay his hands on, in order to get something against the interest which she owed him.

As a widowed head of household with a child dying of HIV/AIDS, Nona M seems to be fighting with despair. She expressed anger to the interviewer about the community care worker system, because the community care workers do not have adequate medical training, and sick people who are counselled are not healed - the pain they suffer still persists after the counselling. She seems to waver back and forth on whether Miriam is suffering from TB or from AIDS.

The course of the illness has been very painful for both the mother and the daughter. When the care worker and the interviewer arrived at Nona M's house, she initially told them that Miriam was not well at all, and was sleeping and didn't need to be disturbed. The care worker had already told the researcher that the family was deeply upset and didn't always appreciate the presence of the care worker or of any visitors. However, Nona M then did agree to tell her family's story.

In relation to the course of the disease, Nona M said she was not aware that her daughter had TB until she saw her wasting away physically. She then asked her daughter Miriam what the problem was, and Miriam told her mother she was suffering from TB. But although Nona M was not familiar with HIV/AIDS symptoms, she did say it appeared that her daughter was actually infected with AIDS. The care worker noted later that most people sick with AIDS would tend to say that they were infected with TB, since it is a common disease, and they don't want to be known as AIDS sufferers.

Nona M also said that Miriam's illness came at a time when she was still nursing her six months old daughter, Nona M's grandchild. When the disease set in, the baby's father disappeared. Gradually, Miriam found it difficult to climb up the short hilly pathway outside the house. She reached a stage where she could no longer go to work. Then Nona M advised her to stop working, and they would somehow try to survive on her pension. This meant a loss to the household of R300 monthly, representing Miriam's wages.

In response to a question on what kind of treatment Miriam had received, Nona M said they had initially spent huge amounts of money on traditional doctors, or *izinyanga*. Some of these traditional doctors told them that Miriam was becoming possessed of spiritual powers so that she would eventually become a woman diviner, or *isangoma*, in the traditional way. They told the family that this spirit possession was causing her physical symptoms of wasting away, since this is one of the traditional symptoms of this kind of ancestral possession leading to spiritual empowerment.

Since Miriam's illness began two years ago, Nona M said she had spent R6000 on various forms of treatment. At one stage, Nona M took Miriam to the St John's Faith Mission Church, one of the African Independent Churches, which is headquartered in Gauteng. They also divined Miriam's case as one of ancestral spiritual possession. Miriam spent six months at their headquarters, undergoing treatment. But on her return home it seemed as if her hair was falling out, and her eyes were deeply sunken, set in her gaping cheekbones.

At that stage, Nona M then decided to take her daughter to a medical doctor in Isipingo, a mainly Indian settlement just south of Durban's very large Umlazi township. This doctor told Nona M he could not make a diagnosis or detect anything particular, but that Miriam must keep coming back for treatment.

At that point in the interview, Nona M left the room to see how her daughter was, and the care worker whispered to the interviewer that Miriam was seriously ill with AIDS, and she was starting to refuse to speak to the care worker. Nona M returned and told the interviewer and the care worker that they could see Miriam for ten minutes only, as the TB was giving her problems.

In trying to speak to the interviewer, Miriam was fighting for breath, and the breath she could find was hardly enough for her to speak. She told them that she would be grateful if God recalled her spirit, but she was very concerned for the future of her child. She did not know what would become of the baby if her mother Nona M died before the child did. At this point the interviewer and the care worker thought it would be better to let Miriam rest, and left her room. They returned to the kitchen with Nona M, and completed the interview there.

Nona M felt that the household's bad economic situation was only starting to unfold into a real crisis, but everything was now in place for a steep descent into absolute poverty. If things get worse from now, she would have to consider going back to her original home to obtain whatever support she could there. And for her as a mother, it would be almost unbearable if her child died in her presence, she would feel severely traumatised, and it would bring back all the pain of her late husband's death, which had left her and the family destitute.

Concerning what she needed at the moment, she said it was good medical care, but she was still adamant that her daughter had TB. The care worker asked her several times why Miriam was not going for a blood test so as to access the muscle-building treatment and also the tablets which would enhance her life. Nona M remained non-committal on why her daughter had not been for a blood test, and the interview concluded.

Comments

Nona M appears to be partly in denial, both in relation to the real cause of Miriam's illness, and also in relation to the effect it has had on the household. It is not clear if the direct impact of the husband's death and their enforced move from the farm was the main factor in their increasing destitution, or if the much later loss of resources in seeking AIDS treatment had been the main problem in triggering a sudden decline in the household's already shaky economic standing.

If the family had been able to stay on the farm in Nhlazuka, it seems they would have been able to continue cultivating for income and for food security, and would have been much better off. We do not know if this arrangement would have stayed stable if Nona M's husband had not died, nor if the farmer was also supplying free tractor ploughing as part of the labour contract. If he was, then the on-farm cultivation situation for Nona M's family would have been heavily subsidised.

However, for 12-13 years after arriving at KwaDumisa, the family seems to have been making ends meet even without any household cultivation, surviving on Nona M's pension, her informal earnings, her son's informal earnings, and the wage earnings of the two daughters. At this point, the household had only one non-working dependant - the older granddaughter - against three reliable cash incomes and four able-bodied adults who were probably all fairly well self-supporting. It looks as if the wages of the two daughters may have substituted for the lost cultivation income, but we do not know for certain whether anyone was working off-farm for wages while the family was at Nhlazuka. Either way, real destitution seems to have followed the AIDS episode, due to the loss of wages, the rise in dependency and the fruitless heavy spending on treatment costs.

It would appear that the loss of resources in seeking treatment would have been enough to cut off any agricultural activity being brought back into the household's support strategy, as an emergency measure once Miriam had been forced to give up work. However, the exact sequence of events here is not fully clear. What is evident is that Nona M did not see cultivation conditions at KwaDumisa as being encouraging for making a reliable income, both in relation to the size of the plot and the factor of soil quality, and perhaps in relation to tillage and other costs. Therefore she had never invested in building up the soil or in obtaining equipment or other cultivation needs. She did not discuss the problem of tillage, or estimate what she thought her costs might have been.

Instead of cultivating under more difficult and marginal conditions than she had been used to, Nona M had directed her available labour time into a low-cost form of microenterprise, which was likely to have much cheaper total costs as well as much quicker and less risky turnover. She seemed to see this as the preferable approach to controlling a cash income in an outer peri-urban situation where access to customers is likely to be easier than at Nhlazuka.

By the time the household income began to collapse, it seems to have been too late to try to put together a cultivation strategy, and Nona M argued that she no longer had available labour time herself due to the demands of care giving. Her second daughter was still working for wages - the situation of her son is not clear, but from his early refusal to work on the Nhlazuka farm it seems he wasn't agriculturally inclined.

It is also not entirely clear how hard Nona M tried to make use of the land they obtained at KwaDumisa, or how she saw the level of resources that would have to be committed in order to get a return from what seems to be a little less than one hectare of sandy soil. However, in the 15 years since the family moved from Nhlazuka, she made one attempt to enter into a sharecrop arrangement. It is not exactly clear how this attempt came to fail, but it seems that the prospective partner wanted too large a contribution from Nona M's side, making the contract unprofitable for her.

It doesn't seem as if the loss of cultivation out of Nona M's household support strategy after arriving at KwaDumisa was due to any outside attempt to interfere with the household's land access, or other tenure problem. The case material suggests strongly that cultivation was originally seen by Nona M as an expensive, labour-intensive, slow and risky proposition in the immediate period after the family came to KwaDumisa, and probably as not competitive with microenterprise in the peri-urban situation. Therefore, unlike many other in-migrant households in the KwaDumisa community, this household made no effort to build up cultivation resources, and preferred to rely more directly on the cash economy in relation to both formal and informal economic activity. This strategy was undermined by the onset of AIDS, leaving the family without cultivation as a backup strategy, and vulnerable to increasing poverty.

KWADUMISA: INTERVIEW 3 (A)

Samuel K, Losing land access under Aids stresses

Samuel K related that his two sons both began to show AIDS symptoms shortly after they were released from prison. They had been convicted of murdering the man who had allegedly killed their mother in 1995. The man they understood had killed their mother had suspected her of having killed his own son through witchcraft. Consequently, this man shot Samuel K's wife, the mother of the two young men. Samuel K's sons were sentenced to six years each, and were released in due course.

Samuel K and his family originally came from Umkhomazi, or Umkomaas, on the Natal South Coast, and had moved from place to place before coming to KwaDumisa. In 1986 they had left Umkhomazi and relocated to Mthwalume, another locality on the South Coast, trying to escape from factional or political violence. They

stayed in Mthwalume for three years, and had to leave this area because of a family conflict over the land they had bought. The individual who sold them the land had sold it without the agreement of others in their family grouping, who later disputed the transfer as unprocedural.

Apparently, the original owner, the grandfather of the man who sold the plot, had declared that the land would be divided among the members of the family, but the oldest grandson took possession as the senior heir and sold the plot to Samuel K's family without consulting the other heirs. Samuel K paid R500 for the Mthwalume plot, but was not able to keep control of it once the quarrel began among the heirs of the seller's grandfather. Samuel K's family was therefore pushed off their land at Mthwalume due to outside interference in their bought tenure rights, but at that time AIDS was not a factor in the household's situation.

After that he took his family from Mthwalume to Umgababa, further up the South Coast nearer to Durban, and stayed there with his wife's relations. While the family was at Umgababa, Samuel K lost a third son in a car accident.

When they came to KwaDumisa in 1992, Samuel K paid R200 to the owner of their new plot and another R200 to the local *Induna* before settling in. He reports that he was lucky in that the person who sold him his plot at KwaDumisa had a huge tract of land, so that he was able to get a relatively big landholding. His plot was the equivalent of three informal soccer fields or somewhere between four and six hectares in size. Samuel K may have been looking deliberately for a large and productive landholding, since he had been very successful with his cultivation before he left Umkhomazi, but had lost his cultivation option in his moves since then.

Samuel K does his cultivation himself, and now grows maize, beans and madumbis (Egyptian taro). He reports that he sells his surplus produce. But since becoming unemployed he also does casual jobs around the neighbourhood, for members of the local community. He builds houses and levels sites for house building, and is usually able to get an income of R600 per month. When things are tough for getting jobs, he relies on his neighbours, from whom he gets food parcels in return for work. And when his surviving son, Goodwill K lapses into serious illness, Samuel K also borrows from the stokvels to pay for transport to the hospitals. In this way, because of his son's AIDS, he is caught in a continuing cycle of borrowing even though he says he does not resort to taking loans when his income dips temporarily.

After the death of his wife and the illness of his sons, he has few assets left. Last year, the year of his older son's death, he had to sell two goats. He is now left with five goats, and this worries him, because he has been trying to build up his livestock assets as a way of re-establishing the household savings base.

In Umkhomazi, his place of origin, Samuel K held a huge tract of land which had been allocated to him by his father, and grew maize, beans, potatoes and sweet potatoes. While he was at Umkhomazi, his late wife sold the household's agricultural produce to street traders who came to Umkhomazi to buy produce for re-sale, and who had market outlets in other areas where they sold the crops.

While the family was at Umkhomazi, Samuel K obtained such a good yield that he was able to save up a large part of his wages, as the family was able to survive on the agricultural income alone. But in Mthwalume he held a smaller piece of land. There he did not grow anything, because the soil was too sandy. In choosing KwaDumisa and obtaining a large piece of land of acceptable production quality rather than remaining more or less landless with his wife's family, Samuel K may have been making a direct effort to re-establish his production income. If so, he was successful in his attempt, and has been able to fall back on his crop yield after losing his job. However, his son's AIDS condition has resulted in Samuel K losing part of his land due to outside interference, and this has put his household support strategy at risk.

Samuel K said he did not suspect anything was wrong when his two sons first came out of prison. But when they began losing weight, he started asking questions. His two sons both said they did not know what was causing their symptoms. They and their father all thought at this time that the sons were being bewitched themselves, because of the murder of the man they had killed - alternatively, they thought that perhaps the spirit of the dead man was subjecting them to retribution.

Later, Samuel K discussed his sons' problems with a local schoolteacher, who suggested that the two sons should go to a medical doctor for advice. The doctor referred them to the Scottburgh Hospital, and their blood test declared them HIV positive.

As Samuel K was unemployed, he did not know what to do. The hospital started to offer them medication, but their condition had deteriorated into full-blown AIDS. A year later, in 2001, one of the sons died. The surviving son continued with the medication. Before the first son died, he had become emaciated, and had lost his appetite and was soiling himself. Under these conditions, giving care had become a severe burden on Samuel K as a widowed head of household.

The hospital wanted changes in the diet of the surviving son, but to Samuel K this was simply unaffordable. At one stage he borrowed money from a neighbour who was a moneylender, trying to stick with providing the prescribed diet to his remaining son. This resulted in a debt of R300, which he could not repay immediately. After six months, the debt had increased to R540. The *mashonisa* (moneylender) arrived one day and demanded the money. When Samuel K said he could not find the money to repay the debt, the man demanded that Samuel K dismantle part of his house and give him the corrugated iron in repayment. Samuel K refused.

The lender then suggested that Samuel K should surrender part of his land to repay the debt. Samuel K relented and agreed to do this, since he saw no other way out. But before this arrangement could be carried out, Samuel K insisted that they go see the *Induna* and tell him about the deal they had made. As the landowner, Samuel K wanted to ensure that the land was only transferred on a temporary basis, and that when he managed to raise the money and repay the debt, there would be no problem in retrieving his section of land.

The *Induna* duly came to officiate over the transfer, and the pegging or demarcation of the relevant section of Samuel K's land was carried out. However, the lender refused to accept the payment in land only of an instalment of the entire loan. Instead, he wanted enough land to cover full payment, including interest, and it appears that a larger section may have been made over to him at his insistence.

Samuel K reports that recently there have been acrimonious exchanges of words with the lender, as the man is surreptitiously encroaching on the undemarcated portion of Samuel K's landholding. However, it seems that this problem has been resolved at least temporarily, through the *Induna*'s intervention.

Regarding his surviving son, the impoverished state of Samuel K's household has meant that the son's higher-quality diet has not been maintained. Samuel K is now hoping that the medication from the hospital contains at least some elements of the diet that the doctors have prescribed for his son, since he cannot afford to buy the kinds of food required.

Recalling the death of his first son, Samuel K said he had only just finished paying off the enormous debt he had incurred at the time of his wife's death. As he was himself already unemployed at the time his wife was shot, the members of a local stokvel savings association had made him a loan of R 3000 so that he could bury his wife. They had done this on compassionate grounds, as his wife had once been a member of their group and of an associated funeral savings scheme, but she had to resign from the savings group and the funeral plan once Samuel K lost his job and could no longer give her the money to make the payments. Because of their sympathy with Samuel K and their remembering of his wife, they granted the loan interest-free.

But after he finally completed paying off this loan - it would appear that it may have taken him more than the six-year period of his sons' imprisonment - he was confronted by the haunting burden of his older son's death. This time, the neighbourhood rallied to the financial rescue of the household, and made outright donations both in money and in kind. But in spite of these gifts in support of the funeral costs, he still had to borrow another R500 from a relative of his wife. This whole situation of successive deaths and illnesses in a situation of unemployment had become an economic trap for the surviving members of the household, with the household's agricultural activities providing the only real counterweight. These agricultural activities have been cut back because of the unredeemed debt caused by the diet needs of the sick son.

Before the death of his more seriously ill older son, Samuel K had been forced to offer his services free to some of his neighbours in exchange for food parcels. Then he was able to get a contract job with the local forestry company, and was paid R20 per day for the days he worked. However, this job only lasted six months. His financial situation did not stabilise.

The condition of his son was getting worse. Samuel K said he remembered a stage when his son would wake up in the dead of night and point out imaginary snakes, and then he would shout at these snakes to kill them. Samuel K felt he had to take his son to a local *inyanga* or traditional doctor, because he thought these episodes might be linked to witchcraft. One traditional healer treated the son, and charged R200, but Samuel K did not have the whole amount, he only had R100. The *inyanga* accepted the R100, and told him that the balance would

have to be paid off in work. Samuel K had to grind up the *inyanga*'s herbs every day for a period of two months, and if the *inyanga* had to go on one of his healing missions, Samuel K had to accompany him and carry his treatment kit. He said that this diminished his dignity in the community.

Since he is new to the KwaDumisa area and came there without any local connections, Samuel K does not have any relatives in the community. However, he has developed a strong network of acquaintances in the area, and he is able to call on them in times of need. Although he was not a member of any community structure, he has strong links with the local development committee, and also with the care worker grouping, because of the advice he has been able to obtain from them over the period of his sons' illnesses. He has recently joined a burial society, as he is worried about the condition of his surviving son, and the effects of the last two funerals in his household have been devastating for his income security and for his asset base.

Samuel K's landholding has declined in size in a way that is directly due to his sons' AIDS, in that he was forced to make over some land to his neighbour the moneylender when he could not pay off a loan borrowed to improve his sick son's diet. He reports that losing this part of his land has affected his agricultural output, and has therefore cut into both his food security and his cash income. However, Samuel K says he is negotiating with a local friend to lease part of the friend's land, so that he can expand his agricultural activities again.

Samuel K feels that his household situation has somewhat stabilised now, because his AIDS-affected son is receiving hospital treatment, even though there is no guarantee that the son will survive. Aside from having secured treatment for his son, Samuel K says what he mainly needs to obtain is a stable and permanent job.

KWADUMISA: INTERVIEW 3 (B)

The story of Goodwill K, Samuel K's remaining son who has full-blown AIDS

General background information and symptoms

This household¹ consists of a father, Samuel K and son, Goodwill K and the son is suffering from full-blown AIDS. Before the interview commenced, Goodwill K who is the respondent, jokingly said that he was crossing the bridge and overcoming the illness. Samuel K jokingly added that he would be happy if his son passed away because then he would be able to relax mentally.

According to Goodwill K, immediately upon his release from prison he felt that he had less and less energy and he found it hard to focus. He also started to suffer from diarrhoea and would often vomit. Although Goodwill K became progressively weaker and lost weight he never thought he might be infected with the HIV/AIDS virus. When the interviewer asked if he knows how he could have been infected he said that while he was incarcerated he was forced to have intercourse with the leader of his cell. This continued for some time and he was unable to resist as resistance would have led him to be victimised and he could not complain to the prison authorities. The wardens did not regard prisoners as human beings who had to be rehabilitated. Their perception was that prisoners should suffer the cruellest punishment. They therefore turned a blind eye to what was happening to prisoners. Consequently he had to endure and suffer the constant rapes or as he refers to it, the immoral situation.

When asked whether the prison authorities tested him Goodwill K was unsure, but he said if they did test him, they never informed him of his HIV/AIDS status. Towards the middle of 2001 he became very weak but after meeting with the care worker, he was put on treatment. This medication was provided by the hospital. His condition improved and he started eating normally again. He was however aware of the fact that he would not have long to live. Samuel K added that although the care workers did not provide his son with medical treatment, their counselling, and spiritual visits made him aware that he was still part of the community.

Coping strategies of the family

It seemed as if Goodwill K had made peace with his own mortality and he reflected on what was and what could have been. Although he reminisced about the past, he did so without any bitterness, but with some regrets. For example, he was deeply disturbed by the fact that his brother whom he shared his prison life with, died believing

¹ No information background e.g. names, number or ages of household members are given.

that the murder he committed was justified. He also wished that his mother was still alive so he could share his wishes with her before he dies.

Reminiscing about the past proved to be an emotionally powerful experience and tears welled up in his eyes. A moment of silence followed, the interviewer averted his gaze, allowing Goodwill K to regain his composure after which the interview commenced. After a while Goodwill K burst into laughter, saying he was optimistic. He did however say that he felt guilty and would desperately want to help his father with the burden his father had to carry. He however did not know how to help his father.

Goodwill K does casual work for his neighbours. He engages in tasks such as felling trees or chopping firewood and his neighbours would pay him according to the amount of work he has done. On good days, he would earn about R150, which would go towards the household income. There are days that he would secure jobs from his neighbours, but be unable to work due to feeling physically weak. This made him very unhappy, as he desperately wants to soften his father's load, as he does not want his father to suffer undue stress. His father has already lost some of their land to a moneylender when he borrowed money to buy special food for Goodwill K. His father is also caring for him, cultivating their land and working for neighbours in order to repay loans or obtain food for their household. He feels that if his father dies before him, he would be unable to cope on his own. There appears to be a good relationship and strong emotional bond between father and son.

Although they do not have any blood relatives living near them, they have formed very strong bonds with some of the community members. According to Goodwill K when he is short on cash, he would approach some of his friends (those that have not ostracised him because of his illness). Some would lend him the money immediately, not expecting to be paid back. This is the only form of borrowing that he engages in. Once when things were really tough financially, he had to sell a pair of trousers in order to secure transport money, as he had to go to the hospital.

Goodwill K feels that the government should set up unemployment centres where the chronic sick could be taught skills and use those skills to access employment opportunities and thus become self-reliant.

Keywords/comment

No reference to land issues whatsoever. (References to land issues are made in Samuel K's story).

KWADUMISA: INTERVIEW 5

Daughter suffering from AIDS, mother's pension pays for most expenditure but family also depends on vegetables from their land for home consumption

General background information

Ruth N who is the respondent² is a female AIDS sufferer. Their family relocated from Umzimkhulu, in 1986 after the father died under very mysterious circumstances. Being the eldest in his family their father inherited the largest piece of land from his father. His extended family was unhappy about this and allegedly poisoned the father.

Elsie N, Ruth N's mother believed that their whole family was in danger and would be eliminated by her deceased husband's extended family. She therefore decided to relocate her family to KwaDumisa, as this is the place her family hails from. Elsie N approached the *Induna* at KwaDumisa and asked him for a piece of land for her family. She was sent to one of the residents to ask them for land and was given a piece of land for R200.

The extended family members of her deceased husband did not know of their imminent move. However word got out and soon everyone on the homestead (in Umzimkhulu) knew they were planning to move. Fearing reprisals, witchcraft, attack, etc. they moved in the dead of the night, leaving behind their house and other

² No details e.g. names, number of people in household, ages, etc. are given.

valuable assets, including 5 heads of cattle and 4 goats³. Due to the suddenness of their move, they were unable to build a new house in KwaDumisa. The family then sought accommodation with a relative on Elsie N's side of the family in Umkhomazi. This took place in 1987. The family stayed with these relatives for two years until their house was completed. At this time they received word from the *Induna* that the land they bought could not remain vacant so long.

Ruth N was in standard eight at that stage. The nearest school was one kilometre away. This meant that accommodation had to be sought for her and the school committee was approached to help in this regard. Accommodation was arranged at R100 per month and a further R150 per month for food⁴. The mother's relatives rallied around the family and assisted them financially. Elsie N in the meantime was earning some income through baby sitting and tilling the fields for neighbours.

In 1990 the family moved to KwaDumisa where they sought accommodation in a church while they were still building their house. Six months later they moved into their two-roomed house. In 1991 Ruth N looked for employment, as her mother could not shoulder the domestic burden on her own anymore. Ruth N was unable to find formal employment and thus started selling vegetables in the streets of KwaDumisa. She was working for a female informal trader and in six months time accumulated enough money to start selling vegetables for herself. However the flooding of street vendors selling the same product resulted in her profits dwindling.

Fortunately her boyfriend secured a job for her at the factory where he worked. She was very excited at the prospect of earning a regular wage and thus having job security. She used to spend her weekends with her boyfriend at the man's hostel he stayed in. She trusted him and never asked him to use a condom.

Symptoms

According to Ruth, she started becoming listless and eating less. Sometimes she would not eat for a week, but survived by drinking large volumes of water⁵. She would also sweat profusely at night. She attributed this change in her condition to the fact that she did not use any purgatives for a long time.

When she became ill and her health did not seem to improve, she decided to consult a doctor. At this stage she had lost a lot of weight and could no longer perform her duties adequately. Her employer assigned her to do light duties that would allow for her to sit down often. Her condition however continued to deteriorate and she lost the will and motivation to go to work as she was constantly tired.

After her visit to the doctor, Ruth N tried to persuade her boyfriend to go with her for blood tests in order to ascertain whether they were HIV positive or not. He was reluctant at first but later agreed. After going for the test, her boyfriend disappeared without a word. The results of the blood test showed that Ruth N was HIV positive and had already reached the stage of full-blown AIDS. Ruth N then looked for her boyfriend in order to inform him, but to no avail. No one knew where he was and his employer said that he had not been to work in four weeks. His friends informed her that he had been unfaithful and had many sexual partners during the week and only behaved well during weekends when he knew she would be coming.

By this time she has also developed a number of sores in her mouth and over her body. Her face was also covered in pimples. She had also developed diarrhoea at that stage. Her employer gave her three months sick leave so she could have sufficient time for her treatment, which began, at Mshiyeni Hospital in Umlazi. When her condition worsened she was given a retrenchment package of R20000. By this time Ruth N had gone back to KwaDumisa to be closer to her family. Her treatment was taken over by Scottsburg Hospital, which is a few kilometres from KwaDumisa.

³ It is unclear what happened to the land in Umzimkhulu which the family left behind when they fled/moved to KwaDumisa. Should one assume that the extended family on the father's side took over the land use and does this mean the mother and her children lost the rights to that land?

⁴ Nearest school is 1 kilometre. This is not far, why was it necessary to arrange accommodation and subsequent extra costs to family?

⁵ Why did she eat so little, was it a lack of appetite or did she have difficulty swallowing (e.g. sores or infection in throat) and or keeping food down?

Ruth N had been sick for three years by this stage and has consulted many doctors before she was diagnosed. She spent close to R5000 on witchdoctors and faith healers. Some of the initial diagnoses stated that she was possessed by spiritual powers and had to undergo 'ukuthwasa', a spiritual apprenticeship to become a *sangoma*. At first the herbs that she was given by these healers helped, but later on her condition worsened.

Coping strategies of the family

The situation is tough on the family, both financially and emotionally. When Ruth N stopped working, her main concern was her two children who were still at school as well as her sickly mother who also required medical attention from time to time. Elsie N became so stressed by her (Ruth N's) worsening condition, that she developed high blood pressure.

The retrenchment package that Ruth N received has almost been exhausted as she used part of the R20000 to buy furniture and to pay towards the education of her children. The household now depends on her mother's pension. Part of the pension money contributes towards the children's' educational needs. For example Ruth N's daughter attends a previously Indian high school in KwaDumisa and transport costs to the school amounts to R160 per month.

Elsie N's pension also has to pay for their monthly food (R300) and for her medication for high blood pressure. According to Ruth N, they used to spend about R500 per month on food when she was still working. Now however they only buy the necessities such as cooking oil and mielie meal, etc. Ruth N says that she is unable to afford vitamin-rich food to keep her body strong. The muscle build up medication she takes seems to be helping although she sometimes cannot afford to pay for transport to the hospital.

Ruth N also had to give up selling vegetables⁶ because she did not have enough money. She feels that even though she is still alive, the situation is dire. She does not have a job and thus does not have access to regular income. She however made a plan to supplement their income. Despite the disease eating away at her body, she started an informal crèche for the community. This allowed her to hire a woman to sell her vegetables for her at R100 per week. Some of the community members have however been taking their children out of the crèche because they fear that she might infect them. Ruth N fears for the future of her children, especially if she dies before her mother. She wonders if she will be able to secure some government grant for her children if she dies.

Despite the fact that some community members took their children out of her crèche, their family has very close ties with some of their neighbours who have rallied around them and helped out in times of need. The assistance of one neighbour in particular has been indispensable. She voluntarily cleans the house and cooks when they have to go to the hospital⁷.

The household belongs to a funeral scheme and a money lending stokvel towards which each member has to pay R50 respectively. Keeping up payment of the stokvel premium is problematic at times due to financial strains.

When the family is in dire straits financially speaking, they tend to borrow money from the local *mashonisa* (moneylender). The family had a very bad experience with borrowing money. According to Ruth N they borrowed R2000 from the *mashonisa* to pay for her treatment. This was before she received her retrenchment package. They were unable to repay the money on time and their debt increased. Her mother was forced to sell a piece of furniture, a sideboard for R100 to pay off some of the debt. When she received her package she paid back the money they owed. She also paid an extra R1000 in interest. Nowadays they never borrow more than R300 at a time and the mother usually pays it back on pension day.

Agriculture

The household has a plot of land, which is roughly the size of two soccer fields. This land is used for both residential and agricultural purposes as they have built their house there and they also grow vegetables there. Elsie N does the cultivation on the days that she feels physically fit. When she is unwell, they hire an outsider to till the land at R10 per day. Despite this they still produce the same kind of cultivation on the same size land as before the onset of Elsie N's illness.

⁶ Is this vegetables they produced themselves or does she buy it and then sell at a profit?

⁷ The mother's family rallied around them when they first moved to KwaDumisa, is this still the case or not?

When the family lived in Umzimkhulu, they owned a huge piece of land where they grew a variety of vegetables. This was a successful enterprise and they used to sell the surplus produce. At that stage they depended on the sale of the surplus produce, as the head of the household, the father was unemployed at the time of his death. They also depended on their livestock, part of which they sold in times of emergencies⁸.

Ruth N wishes that they had more money so she could persuade her mother to buy additional land so they could cultivate more crops in order to sell the surplus produce to generate additional income for the family⁹.

Keywords/comment

Large piece of land (size of 2 soccer fields), still the same. The mother bought this land at a time when unmarried women were not allowed to buy/own land. Produce vegetables for household consumption. Amount of cultivation is still the same, but has to hire outsider to cultivate the land when mother is too ill to do so. Mother's illness, due to stress over daughter's weakening condition.

KWADUMISA: INTERVIEW 6

Orphans nearly dispossessed of their land after parents died of HIV/AIDS

Family composition

Betty O's family lives at KwaDumisa. Prior to her father's illness, her family consisted of a father, Jacob, mother Angela and children.

History of the illness

Before 1996, Betty O's father had been physically healthy. Although he was not educated, he held a well paying job in a factory at Durban. He stayed at one of the men's hostel in Durban and would come home to KwaDumisa over weekends. His family saw him as being responsible because they never went hungry. However, all this changed when he became ill. Realising that he is sick, his employer offered him two months sick leave to recover at home.

He suddenly lost weight and started coughing terribly. This made him to leave work. As time progressed, he developed pimples and his hair texture changed. He had difficulty in breathing and he complained of a runny stomach. Being worried about her husband's condition, Betty O's mother decided to take him to hospital. He stayed in hospital for three weeks. Although he looked much better when he came back from hospital, he never recovered his weight. His head seemed to have shrunk a bit while his cheekbones were slowly protruding to the outside. As days went past, her father started soiling himself. This troubled Betty O's mother to such an extent that she decided to take him to a traditional doctor who pointed out that he had been poisoned. However, his condition never changed. This persuaded Betty O's mother to take him to another traditional doctor who gave him some medicines that helped to restore his appetite for a few weeks. Later, he was struck by paralysis of the limbs as well as his face.

Impact of the illness

Betty O's father's illness was a very traumatic experience for his wife and children. She looked absent-minded most of the time, withdrawn and later started to experience auditory hallucinations. She could not be honest about their father's condition because Betty was told that her father had contracted TB. On the other hand, Betty O could not accept that her father, who had been physically fit and healthy throughout his life, is suddenly soiling himself.

⁸ I presumed that the reference to the original huge piece of land from which surplus produce was sold and the selling of livestock in cases of emergencies referred to the land they left behind when they fled Umzimkhulu, and wrote it as such.

⁹ Their land is relatively large, why don't they grow more crops and sell them (or are they already doing this and only want to buy more land in order to sell more?)

There was a time when Betty O had to stop going to school in order to help her mother with all the other household chores. Furthermore, she had to look after her brother and a sister as her mother had to take care of their father who would sometimes not be able to leave bed for the whole day.

As her father's condition never changed, his employers asked him to resign. He was then paid all his sick benefits. However, the bulk of this money was spent on medical treatment. Her mother used some of the money on treatment offered by the traditional doctors.

As the illness advanced, Betty O's mother asked her sister-in-law to come and help them to cope with their changed situation. Betty O was then able to go back to school. During this period, her father had now been sick for almost 2 years and the hospital had indicated that they could no longer keep him as they had exhausted all medical treatment. A few months after the arrival of her aunt, her father passed away in 1998. At the time she was in std. 8. This meant that her mother had to devise means to pay for her education.

A few weeks after the death of her father, Betty O's mother collapsed and was unconscious for a week. Her aunt sought the help of faith healers and traditional healers because she believed that she was bewitched. When her condition remained unchanged, the aunt took her to hospital where she recovered.

On return from hospital, Betty O's mother was never the same again. She complained of exhaustion and started to lose weight and concentration. Similar to her father, she began to waste away physically. Her aunt had to take her to hospital where she was diagnosed to be HIV positive. As her condition never changed, Betty O's aunt had to take over the responsibility of running the house while Betty O was forced to leave school to take care of the other siblings. She was out of school for a year when her mother passed away in the year 2000.

Soon after the death of her mother, her aunt assumed all responsibilities in the household. She even received a R1000 grant from her father's employers as contribution towards their education. However, her aunt misused this money as she spent it for her personal benefit. At the time they were staying with her aunt's boyfriend who now acted as the head of the household. The problem is that he was unemployed and drinking too much thus relying on this grant. She was not happy about this matter but could not report it as she did not know who to contact. This left her with no choice but to do as her aunt pleases. This situation continued for the whole of 2001 until her aunt quarrelled with him and asked him to leave. Early in 2002, her aunt left them, leaving her to take care of the other children.

Coping strategies

While it was difficult for Betty O to survive without the care of parents, she is now in standard ten, works over weekends as a domestic worker, washing and cleaning for neighbours. With the little money that she gets, she is able to buy snacks and sweets that she sells at school. Furthermore she buys paraffin which she sells to neighbours.

To augment her business, she and her brothers and sister leased part of the land to a neighbour who shares the crops with the family and pays R600, via the *Induna*, that they use towards food and education. The *Induna's* wife is also very helpful as she at times, spends the night with them, and provides them with food at the end of the month. Although the money from the business is not much, she is able to provide food for her brothers and sister. She is only worried about some criminal elements, but since the *Induna* stays close to them, they have not experienced any problem. She expects a cousin who would be coming to stay with them.

As a result of the death of their parents, the lifestyle they were used to is no longer possible. When their parents were still alive, they never ran short of anything. They used to buy groceries of up to R800 a month, but now they can only afford groceries of not more than R300 a month. However, she feels that their current situation makes her more strong and independent.

She hardly borrows money from neighbours or stokvels as they are not financially constrained. If she does borrow, it is only about R50 or R100 and pays it back as per agreement. However, there was a time when she had to sell a wardrobe for R800 in order for the family to survive. She hopes to see her business grow and once this happens, she will take back the land and get someone to cultivate.

Land issue

Land rights and dispossession: after the death of parents, an aunt assumed all responsibilities in the household and her boyfriend acted as the head of household. This means that the right of children left were taken away. However the aunt is no longer with them.

Part of the land has been leased to a neighbour who shares the crops with Betty's family and pays R600, via the *Induna*. This money is used towards food and education.

Case study identification

The story is about parents who died of HIV/AIDS and left orphans who were nearly dispossessed of their land. However, this land has now been leased and helps towards food and education.

Comments

There is no indication of how many brothers and sisters Betty has.

KWADUMISA: INTERVIEW 7

Identification: a widow with five children. She learned to support her family after her husband died of HIV/AIDS

Family background

Until 1999, Phumlani P's family consisted of herself, her husband Charles and their five children. Charles, the father was working in Johannesburg as a truck driver, travelling to other countries like Botswana and Zimbabwe. This meant being away from home for close to three months. However, his work situation did not affect his responsibilities as the head of the household. He continued taking care of his family even though he was far away from them. At the end of every month his wife, Phumlani P, expected to get close to R2500 to spend on the family needs.

History of the illness

Things started to change in 1998 when Charles took ill. During this period, he had been away from home for three months. Realising that he needed someone to take care of him, he decided to go back home during Christmas period. With all the shame of facing his wife, he decided to keep quiet about his illness. During this period, he was already on treatment prescribed by a doctor in Johannesburg.

Although he never spoke anything about his illness, Phumlani P could see that he was not well. He had lost weight, had no appetite and was coughing. These symptoms forced Phumlani P to find out if he was ill. He denied this, saying he had a terrible flu that affected his appetite. A few days after his arrival, Phumlani P decided to unpack his bag so as to put his belongings neatly. To her surprise, she found some medication in his bag. This made her even more curious as she was already suspicious that her husband must have contracted AIDS. She confronted him about the medication and the hospital card. As he was in denial, he became cross with his wife and indicated that he uses them only for travelling purposes. He also indicated that his employers gave him a long leave for him to rest as he is overworked.

As time progressed Charles developed pimples and sores all over his face. The texture of his hair changed and gradually he started to waste away. He started to hallucinate, was forgetful, became indifferent and lost focus. His appetite was highly affected as he could hardly finish his food. This worried his wife that she decided to confront him again. This time he decided to open up and be honest with his wife. He indicated that he had contracted a very serious disease and that the diagnosis shows that he is HIV positive. He asked for forgiveness as he used to sleep around when travelling around the country. Phumlani P was left with no choice but to accept what was happening and help her husband cope with the illness.

As time went on, his digestive system became affected as he started to soil himself and later developed TB. She then took him to hospital where he was put on treatment to boost his immune system. However, his condition never changed. This made her to consult a *sangoma* who diagnosed spiritual possession and thus had to put him

on treatment to cleanse him. As the illness was already at an advanced stage, he could not survive and died in 1999.

Impact of the illness

The illness had a very serious effect on the family. A few months after the death of the husband, Phumlani P also took ill. However, she was not infected as the test results showed that she was HIV negative. Her illness was attributed to stress and the changed circumstances in her domestic life. Without her husband she felt powerless to continue caring for the family. She missed her husband's emotional support.

While it has been difficult for the husband to talk to his wife about the illness, the wife found herself in the same position. It took sometime before she could talk to people about her husband's illness. She was worried about the shame and disgrace her husband had caused the family.

Coping strategies

One of the major problems faced by this family related to finances. Since her husband was employed on a contract basis, he did not qualify to receive some of the benefits usually enjoyed by people employed on a full time basis. This meant that they had to rely on the money, about R1500, she would generate from the tuckshop. Furthermore, as she had acquired a huge piece of land from a neighbour that is leased for R700 a year, she is able to cultivate and sell products for R800 a month. While a large amount of money was spent on medical treatment, she had to use up to R400 a week to transport her husband to hospital and R6000 to pay the *sangoma* who performed the cleansing ceremony. During tough times, she would borrow money from the stokvel.

She now plans to develop a garden the size of an informal soccer ground and grow spinach and cabbages for the inside market. The only problem may be the lack of capital as she would need to buy fertilisers and get a good supply of water.

Given all these problems she learned to fend for her family. She started a women's sewing club where they sell various items such as pinafores and pillowcases. At the moment the income is shared equally among them. However, they plan to draw income separately once the club is able to generate a lot of income. Furthermore, this club works closely with an extension officer who helps them to set up a garden project.

Land issue

After the death of Charles, Phumlani P acquired a huge piece of land from a neighbour leased for R700 a year. She is able to cultivate and sell products for R800 a month.

She plans to develop a garden the size of an informal soccer ground and grow spinach and cabbages for the inside market. The only problem may be the lack of capital as she would need to buy fertilisers and get a good supply of water.

Given all these problems she learned to fend for her family. She started a women's sewing club where they sell various items such as pinafores and pillowcases. This club works closely with an extension officer who helps them to set up a garden project.

Case study identification

A woman who learned to support her family after the husband died of HIV/AIDS.

KWADUMISA: INTERVIEW 8

The story of Petra V's AIDS-infected husband leading to land out of production despite its potential

The diagnosis of Petra V's husband with HIV/AIDS

Petra V tells the story of her HIV/AIDS-infected husband and the impact this has had on her and their two small children. Her husband developed the symptoms of HIV/AIDS soon after returning from the mines in 1999. His savings of R10000 were obliterated by numerous visits to doctors, *sangomas* and faith healers. These were an

additional cost over and above the need to pay school fees and other household expenses. With no regular income the economic situation of the family deteriorated rapidly.

His symptoms included weight loss, no appetite and irritability. Before this he was a loving father and husband with a reasonable mood. He also developed sores on his lips. At first, before the blood tests, it appeared as though he had developed TB. He received treatment for TB for six months, which led to an increase in his weight. His focus deteriorated, however, and he began to imagine purple cars and snakes. He would jump up from his bed and scream. As a result his brothers suggested that he be taken to a *sangoma* in Northern KwaZulu-Natal who was renowned for curing madness. Petra V had to spend R600 on transport and R1000 on treatment, which did not help. The *sangoma* eventually suggested that her husband be taken to hospital for x-rays. Her husband resisted having blood tests, which was beyond the understanding of his wife. He was vehemently opposed to such tests.

In 2000, his condition deteriorated further and he was visited by a health worker who also suggested that he have tests. Eventually the worker managed to persuade her husband to have the tests, which showed that he was HIV-positive. He was prescribed the necessary treatment and received tablets that nourished him. The pimples began to vanish. However, his condition fluctuated and he drifted between strength and weakness, sometimes talking coherently and other times babbling like a baby. When his condition improved he managed to do some gardening and attend to his toilet unaided. When he was in a bad mood he refused to take medication.

Impact of HIV/AIDS

Both Petra V and her husband were born in Mthwalume (?) on the South Coast. They left this place in 1986 as a result of family feuds over land. This feud had led to alleged witchcraft, which negatively impacted on their progress in life. Petra V's father was against their migrating from Mthwalume but they were beyond 'reconciliation' with him as he was the cause of all the problems around the land. Petra V's father had told the eldest son that he would inherit his estate. This son began to show signs of animosity against his brother and in order to get around the problem they decided to immigrate.

Her husband knew people, his former colleagues, who lived in KwaDumisa. He approached them for land, which was soon forthcoming. A large piece of land with very fertile soil was sold to him for R500, inclusive of the *Induna's* fee of R200. They did not have enough money to start building a home so they became tenants of a family in KwaDumisa for R100 per month. After six months they started building a house and moved in shortly after completion.

Land assets

The land is approximately the size of two informal soccer fields, which they cultivate for both family consumption and for commercial sales. They grow maize, madumbis and beans.

Household livelihood strategies

Despite the fact that her husband no longer works, the household retains some income through Petra V who does domestic chores for neighbours. She also does casual domestic work for an Indian family in KwaDumisa. She receives R300 from this family and R10 per day from her neighbours. Petra V claimed that this was not enough for the household to survive on although it was sufficient to meet basic needs such as food and school fees for their children. When things get tough, Petra V falls back on neighbours who contribute food parcels. Others offer her work in exchange for money. Her husband also does some minor building work for neighbours such as constructing fowl runs. Petra V has had to work extremely hard to repay the R3000 loan and interest that was incurred through treatment for her husband.

Petra V finds it difficult to do the same type of work as before her husband's illness. Life has become unpredictable. Her husband may be okay in the morning but deteriorate towards sunset as stomach cramps set in as well as a runny stomach. As a result she sometimes misses out on casual work opportunities as she has to attend to him. This creates income problems which at the end of the day affect the household's well-being.

The household was forced to dispose of five goats at R400 each and her husband's suit as the money was urgently required for other family expenses such as school fees. When the household is in dire need they approach the *mashonisa* (moneylender) or other neighbours. They try to avoid borrowing as far as possible because of exorbitant interest rates. When they are in short supply of seeds they borrow from the *mashonisa*

although this is never more than R200. The importance of credit and borrowing is determined by domestic circumstances that prevail at a time.

Their land holding has not changed in size. They still grow the same crops. However, the level of cultivation is no longer being undertaken with the same kind of zeal as before. This is because her husband also demands her attention with the result that cultivation suffers. Before her husband became ill she worked in the fields from morning to night. They used to receive an income of R800 from cultivation which has dropped to R500 or less.

Their household situation has not resorted to normal yet as Petra V still struggles with finding a suitable business venture to restore the household back to their original income levels before her husband's illness. Petra V believes that if she could increase her income she would be in a position to secure more land and hire labour, which would dramatically improve their lifestyles.

Key words:

productive land under-utilised; land-based livelihood strategy

KWADUMISA: INTERVIEW 9

The story of Philani X, the eldest son of parents who died of HIV/AIDS who was initially dispossessed of his family land by relatives before recovering it later

The diagnosis and death of Philani X's parents of HIV/AIDS

Philani X, a 25 year old male, tells the story of the death of his parents of HIV/AIDS related causes. The mother was the first to die. According to the eldest child, Philani X, the illness started when their father was struck by what looked like TB in 1994. He started coughing and spitting very thick phlegm. Since he was a heavy smoker, everybody thought he had TB, caused by the smoking. At one stage, it would attack him through heavy breathing. In 1995 he went to consult a *nyanga* who gave him the necessary herbal mixture as the *nyanga* thought it was "*idhiso*" (poisoning). He was put through the process of *phalaza* and, indeed some heavy or thick phlegm would appear mixed with traces of blood. Sometimes he would seem to be responding positively to the treatment especially after the artificial vomiting. Later, however, the coughing continued. He was then taken to a *sangoma* and his diagnosis was that he was possessed of spiritual powers. He went through the process of responding to these powers but no relief was in sight. He later decided to consult a medical doctor who initially diagnosed TB and later suggested that he go for an x-ray to confirm his verdict. Indeed it was TB and (he) started receiving treatment. His conditions fluctuated: sometimes better, the next day worse. They went back to the medical doctor who then wrote a letter and referred him to hospital. A blood test was taken and it was found out that he was HIV positive.

At that time the household had a sketchy understanding of HIV/AIDS. Although the father received treatment his condition worsened. By that time, he had stopped working as he had lost energy and weight. He had been employed as a farm worker driving a tractor and sometimes he would sleep in a compound as they started work very early in the morning. His wife used to spend a lot of money trying to get the right treatment. Philani X's mother was not employed and as a result the family would sometimes go to bed with empty stomachs and the children even stopped going to school as they have no money for fees and stationary. His mother was doing domestic work for the families in the areas and would be paid very negligible amounts of money: a day she was paid R10. She would also work over weekends but the income was too low to survive on for too long. Philani X also did some casual work over weekends to contribute to the family income. The hospital authorities had emphasised to the family that the father must be given vitamin enriched food but they could not manage or afford it. From 1995 to 1996 he was in and out of hospital and it was clear that medical treatment had failed and the veiled message to the family was; 'don't bring him to hospital'. On the fateful day that he died, he had been hospitalised for one week but later he was brought home in an ambulance. He was surviving on oxygen and before the nurses left they removed the breathing pipes and a few hours later, he passed away.

Philani X said his mother was clearly powerless, as she could not manage to bring up the family on her own. His father's brother assumed the powers of fatherhood. Initially he provided the needed assistance in running the household, but they were not aware that he had other ulterior motives. There was serious conflict when his father's brother wanted to forcefully take over as his mother's husband (*ukungenwa*). Philani X said his mother became very stressed, as she had no interest in doing what was being demanded. According to Philani X she

became seriously ill and later passed away and it was not known whether she was infected. The majority of the neighbours thought she died because of stress and unbearable pressure and his father's brother had allegedly made it clear that if she did give in she would have to leave his father's homestead. He said if she did not give in, it was clear indications that he had another man in mind and that would happen as long as he lived. Before her death, all avenues had been exhausted in an attempt to resolve the impasse and the chief was powerless as it was a family matter.

The dispossession of the children

After the death of the mother his father's brother made life tough for the children. He would wake them up early in the morning and tell them to do the ploughing. His youngest brother passed away in 1999 and it is thought that his death was due to poor health caused by ill-treatment and poor quality of food. The father's brother brought in a second wife and she made their lives unbearable. Very often they would not be allowed to go to school and told to work in the fields. Eventually they decided to flee to their mother's relatives in the High Flats area, about 40 kilometres away. The relatives fed them properly and sent them back to school. They stayed there for two years. They all came back after hearing about the death of their father's brother. When their stepmother realised that they had come back to reclaim their land she also fled. The respondent said this only happened after he had approached the *Induna* about re-entitlement.

Land ownership and use

The household members were all born in the area. They have a huge tract of land, which together with their maternal aunt they are cultivating and they grow beans, brinjals, maize and madumbis. They sell the surplus produced. The household had got the land from the *Induna* after the late father had decided to leave home on getting married. The respondent's late father was born into a polygamous family and it was always riddled with problems over land ownership until the senior wife's children claimed total control over it. The respondent said his late father once told him that in order to establish the family's future, he had to leave home.

Household case study

The household is relying on cultivation and selling the produce. In addition, their aunt is doing part-time jobs for an Indian family based in KwaDumisa. She also sells food at the local school. Philani X also does part-time work by building houses, although not on a big scale. He said he was hoping to get proper building skills. He builds mostly thatched rondavels and out-buildings. His income is normally around R800-R1000. He also puts up fences for neighbours. Although not high income they survive. When things are tough they rely on neighbours. He said his late mother incurred large amounts of debt (R4000) in order to take care of the funeral arrangements.

When they had to flee at the height of the harassment by their father's brother, Philani X said they had to sell school shoes and other valuables and the old bicycle that was used by his father.

They have quite a number of relatives although they don't stay close to each other. It is almost a 2 kilometre walk to them but they don't visit back often because of poor relations dating back to the polygamous marriage. Instead they have developed a strong bond with the neighbours who are their pillar of strength in times of need. They have only recently joined a burial society. He said the death of their parents thought them a lesson. Their mother was buried by neighbours and no relatives simply because they did not have the financial resources.

Key words

land-grabbing by relatives, land-based livelihood, production.

KWADUMISA: INTERVIEW 10

The story of S'bo A who has experienced the demise and death of her son through HIV/AIDS which severely impacted on the household survival strategy which was kept together due to a steady cash income and the fall-back option of land

The diagnosis and death of S'bo A's son

S'bo A's experience of HIV/AIDS has revolved around her 30-year old infected son. This son had left home five years ago in search of work in Johannesburg. He practically disappeared as the family never heard from him. The family were not sure if he was even alive. The family searched a number of mortuaries and prisons in their search for him. He eventually arrived back at home in 1997.

The son appeared normal although a bit withdrawn. When he originally left home he was a vibrant talkative person unlike the abstracted man that returned. S'bo A indicated that she thought the reason was because he was unemployed and obviously stressed. Around 1998, however, she heard him coughing. It sounded like a very dry cough. She spotted him spitting very dark phlegm. When questioned about his health condition he became agitated. S'bo A monitored her son and one day spotted him wearing pyjama shorts which revealed legs that were very thin. His backbone was almost protruding.

S'bo A spoke to her husband about this condition of their son. The father summoned the son to discuss his health. The son indicated that while he had been in Johannesburg he was on treatment for TB. It was apparent that he had not completed the treatment. S'bo A made arrangements for this treatment to be resumed. In the following three months he seemed to recover some weight and appeared almost back to normal. Then he suddenly developed pimples and a running stomach, lost his appetite and his focus. At one stage he simply collapsed and his whole body was shaking and sweating. When he regained consciousness the family took him to hospital.

X-rays revealed that he was over the TB and the nursing staff encouraged him to take a blood test. After much persuasion he agreed. It was soon evident that he was HIV positive and had reached the AIDS stage. He was put on treatment for HIV/AIDS. He was also taken to a *sangoma* in an attempt to find a cure. S'bo A was told that the condition was too advanced. Sometimes he looked better but then he would lapse again. S'bo A discovered one day while cleaning his room that his medicine was piling up and that he was refusing to take it. In 1999, S'bo A heard her son screaming and gasping for breath. He died when she reached his bedside.

Unfortunately his father was away at work in Durban. One of the neighbours called him and he returned to KwaDumisa the same afternoon in order to make funeral arrangements. The father stipulated that he was not to be taken to the mortuary. A local *mashonisa* (moneylender) was approached for a loan of R3000.

The impact of the illness

The household was originally from Ndwedwe, arriving in KwaDumisa in 1980. KwaDumisa was regarded as a peaceful area whereas Ndwedwe was punctuated by faction fighting, which did not auger well for the future of the family. They left a place that was fertile and where food crops were abundant. They stayed briefly in Ngonjameni on the outskirts of KwaDumisa. Although S'bo A had relatives in Ngonjameni the family did not stay there long as faction fighting was like a hobby for the residents. They moved to Umlazi township but found the urban lifestyle uninspiring and decadent. They were more interested in finding a rural place where there is peace and access to land for cultivation. Eventually a colleague of S'bo A's husband offered them a huge tract of land at R400 in 1982.

Her husband was employed in Durban which gave the household financial security. They manage well apart from during emergencies when they require large sums of money immediately, like the death of their son. That requires good relations with the people in the area. The illness has not impacted on their assets although they took out the loan for the funeral, which almost crippled them. S'bo's husband is paying off the loan from his wages. The last time they sold assets was during their move from Ndwedwe when they sold 10 cattle and 20 goats. They have not considered selling or transferring their land as a way of making money. Things are now back to normal now that the son has passed away.

Household resilient to impact because of a regular wage income from S'bo A's husband supported by some land cultivation.

Key words

land important component of livelihood strategy.

KWADUMISA: INTERVIEW 11

The story of Zinzi B whose partner died of HIV/AIDS and who now relies on her tuckshop and hired labour to cultivate her land

The diagnosis and death of Zinzi B's partner

Zinzi B lived in co-habitation with her partner who has become infected with HIV/AIDS. This man was always cheerful and outgoing. This changed when he gradually began to withdraw from his friends and from her. He slowly lost his zest for life including his appetite. Zinzi B asked him about this change which he denied stating that all was okay. She believed that he was losing interest in their relationship.

He later developed the habit of not going to work, claiming that he had been booked off by his doctor. Zinzi B found out from his friends that they had noticed similar changes in his behaviour. He had begun to keep away from them. He began to develop pimples which were resistant to any medication. Even *sangomas* failed to heal him of this blight. He complained of a headache and a runny stomach with extreme stomach cramps. Zinzi B told him that he had to go to medical doctors with her. He refused promising to visit his company's doctor. He became better for a few days but then relapsed and was placed on sick leave for 3 weeks. While at home, Zinzi B convinced him that it was more sensible to go to hospital to have x-rays taken. She suspected that he had contracted TB and not HIV/AIDS as he was always such an honest person.

He was eventually persuaded by Zinzi B and his friends to undertake blood tests at hospital and although visibly shocked at their insistence agreed. At this stage he could hardly walk and a car had to be hired for R300. He refused to collect the result when it was ready. After relentless haggling, Zinzi B persuaded him to collect the test, which showed that he was HIV-positive. Zinzi B was deeply shocked about the results but remained hopeful that the proper medication would lead to his recovery. His illness had made their relationship extremely unhappy. After being on the treatment for two months he began to show gradual signs of recovery. He then suddenly passed away in his bed.

The death started a sequence of problems for Zinzi B. He could not be buried in KwaDumisa as he was from Umkhomazi and was an unmarried man in KwaDumisa. They had been planning to be married in two years time. His parents were unhappy about their co-habitation and refused to talk to Zinzi B. She had to persuade his friends to approach them about his funeral arrangements. In the meantime he was taken to the mortuary and Zinzi B was forced to find the money for the funeral. She was unable to access his money from his pension or provident as they had not married. She asked her parents to borrow R2500 from a local stokvel but did not know how she would repay this loan as she was not employed.

The following day both his parents arrived and there was a heated argument and a number of insults heaped upon her for "stealing" their child. The neighbours intervened and calmed the parents down. They then ransacked the two-roomed house looking for his belongings. They removed the bedroom suite and his clothes. They threatened her with death if she ever set foot at his funeral. However, she sought the help of the police. After attending the funeral she then came back home.

She reported to his workplace and was told that the company would give her a small percentage of his money on compassionate grounds. She was given a payment of R10000. She tried to rebuild her life with this money and set up a small tuckshop in his memory.

Zinzi B was born in KwaDumisa although she had stayed in Umkhomazi for two years with relatives. That was where she met her deceased partner. After falling in love he suggested that they obtain a residential plot in KwaDumisa and move in together. She spoke to a relation who had a vast tract of land who made a section available in 1995. The co-habitation created a great deal of tension with his parents who were set against the relationship as they wanted a girl from their own community. They paid R700 for the plot, which included a mielie field the size of an informal soccer field. Zinzi B cultivates the land and grows maize and beans for subsistence purposes only. As she is always occupied at the tuckshop she hires casual labourers to cultivate the land.

She earns about R1000 a month from the tuckshop. She relies on her strong relationship with her parents, relatives and neighbours to overcome the immense loss of her partner. She has not alienated her land in anyway as a result of the illness and still utilises it through hired labour to contribute to her livelihood.

Key words

land important component of livelihood strategy.

KWADUMISA: INTERVIEW 12

Mother dies of presumably AIDS related ailments. Children, especially one daughter fend for themselves with the help of their aunt. Extended family and moneylender tries to rob them of assets and land

General information background

Mandisa C, the respondent¹⁰ is a 26-year-old female 'orphan'. Their family arrived in KwaDumisa in 1986 after the death of their father. Her father died under mysterious circumstances. The father as the oldest and most responsible member of his family received the biggest inheritance (land) from his deceased father. His siblings and other extended family members were unhappy about this and it is alleged that they killed him by poisoning him at a family gathering in December of that year. The father apparently was reluctant to attend but was persuaded by his extended family to attend. The father collapsed at home after returning from the family gathering, never to recover.

After his death, the father's extended family began harassing her mother, Magriet C telling her to prepare herself for another relationship, meaning that one of them was going to take over as head of the household. Magriet C refused and decided to flee the area and return to KwaDumisa, where she hails from since she was offered a piece of land there¹¹. Being offered a piece of land was remarkable, as unmarried women were not allocated land. However since Magriet C's family has resided in the area for a long time, she was offered the piece of land for R200. This is a huge piece of land with fertile soil and 'madumbis' and beans grow here in abundance.

The head of this particular household died in 1980, from natural causes¹². Magriet C, who worked in Durban North, became the breadwinner while Mandisa C and her siblings lived with their maternal grandmother. Magriet C would visit her family every month end. The grandmother, who cared for them, died in 1997. Although the mother still visited the family, her visits became infrequent since 1999. The family however was provided for and did not question the mother about her infrequent visits. In 2000 however they got word that Magriet C was ill and hospitalised. They went to visit her in hospital and were informed by the nursing staff that she was recovering. Magriet C's employer was also present at the hospital.

Symptoms

Magriet C seemed not able to speak properly and she also seemed to tire very quickly. She was sent home towards the end of 2000. A relative brought her home. Her condition seemed to have worsened. She had to walk with the aid of a walking stick, as walking seemed to be difficult for her. Magriet C was bedridden for two weeks since the moment she came home. She would call out to her family members, requesting them to bring her medication. Upon taking the medication, she would fall into a deep sleep. Presumably the medication caused drowsiness¹³.

Magriet C apparently suffered some skin disease as Mandisa C described her face looking like it had been treated with harsh chemicals and skin was also flaking off her legs. Magriet C also suffered from sores to her

¹⁰ No details e.g. names, number of people in household, etc. are given.

¹¹ Does this mean the mother and her children lost the rights to the land they left behind when they moved to KwaDumisa?

¹² Who is referred to here? It can't be the father as he died in 1986. Does it refer to the grandparent, if so, which one?

¹³ I just presumed that the medication caused drowsiness and that is why she fell into a deep sleep after taking the medication.

lips. Her voice was very hoarse and was barely recognisable. Magriet C experienced trouble swallowing and this forced her to eat very little and mostly drank liquids¹⁴. She had also developed a strange odour (smell).

According to Mandisa C her mother awoke screaming one night, saying she was burning inside. According to the neighbours this was a sign that the mother was poisoned and she was rushed to a *sangoma* who said the ancestors were angry with her because she had been living with another man without informing (consulting) them. According to the *sangoma* her illness was a punishment from her late husband. The *sangoma* suggested that they hold a spiritual ceremony to appease the ancestors.

The ceremony however did not help and Magriet C was rushed to a faith healer. On her way there, she collapsed and was unconscious for an hour. According to the faith healer, she was possessed and had been poisoned by rivals in Durban. When she returned home, her feet were swollen and she was unable to walk on her own. Some neighbours had to carry her into the house.

Magriet C was home for three weeks upon which she was taken back to the hospital. The family found it difficult to look after and care for their mother and she was unable to go to the toilet by herself. She subsequently started to soil herself. Magriet C died in hospital in early 2001.

It later transpired that the man she had been living with, had an unknown disease from which he died in 1998. If one takes the symptoms of Magriet C in consideration with the fact that her lover died of an unknown disease, one may presume that she was suffering from HIV/AIDS¹⁵.

Coping strategies of the family

The consultations with the *sangoma* and the faith healer were costly. The visit to the *sangoma* and subsequent ceremony, including the goat, cost about R1000 whereas the visit to the faith healer cost about R600.

This is a closely knitted family and Magriet C 's worsening condition and the fact that none of the treatments seemed to help was emotionally very hard for the family. Magriet C was also perceived to be a burden at times, although Mandisa C did recall the good times and how well her mother provided for them when she was still healthy.

Magriet C used to be the sole provider of the family when she was still working in Durban-North. Her illness and subsequent death resulted in Mandisa C leaving school in order to find a job and provide for her siblings, which consisted of three sisters. She and her aunt are the main supporters of this particular household. Although the family incurred some expenses when Magriet C died, they were able to give her a decent burial as she (Magriet C) belonged to a burial society.

The family also has access to external income. For example, when they visited their mother in hospital, her employer who was also present, asked if they had enough food and gave them R600 to take care of any emergencies they might have incurred.

The family also has other relatives living in the area who usually help out in times of need. As Magriet C was recuperating at home, neighbours and friends were always visiting, offering their prayers and sympathies to the family. Some neighbours also visited at night, thus helping the family look after the invalid.

They also received death benefits from Magriet C's former employer. Three weeks after her death Mandisa C received a message that he pledged to assist the family financially by giving them a monthly stipend of R600 for the next two years. The required documentation¹⁶, etc. which would have allowed them to access the money was however with their aunt. The aunt therefore collected the money from the employer which she then contributed to the household income.

¹⁴ According to the respondent the mother ate little, but preferred liquids. I presumed this meant that she had difficulty swallowing and portrayed it as such.

¹⁵ This conclusion may be presumptuous, as the symptoms described are very vague.

¹⁶ About the monthly stipend from the employer. The respondent stated that the aunt had all the details, I assumed this meant the necessary documents and paper work that would allow them to access the death benefits.

Although the household had many helping hands in the form of the aunt and other family members and the neighbours, some family members also abused the situation. A few months after Magriet C's death, a male cousin from the father's side of the family arrived and assumed the role of head of the family. According to him he spoke to the *Induna* about being their guardian. He however made their lives, especially the aunt's miserable and she left. Her departure meant that the family did not collect the monthly income from Magriet C's former employer during this time.

The family was not a poor one and had many valuable assets, for example the father left his family 6 cattle and 20 goats. They also have a huge tract of land that is used for both residential and agricultural purposes. The land is roughly two and a half times the size of a soccer field and the family needs to hire a tractor from a neighbour to plough it. The household survives by growing vegetables, quite extensively. They receive a lot of technical assistance from the extension worker. The father's cousin brought his wife to cultivate the land. The family was able to produce the same kind and amount of vegetables than before Magriet C's death but the father's cousin took most of the produce for his family's consumption and the household did not benefit from it as they should have.

Although they were unhappy with the way he ran the household, they did not complain, but complied out of respect for him. Their father's cousin had a family of his own and often left them alone to go to his own family. He started selling their cattle around the beginning of October. Mandisa C together with some of her neighbours reported the incident to the *Induna*. After an *imbizo* (discussion) was held, the cousin was told to leave the household and to repay Mandisa C and her siblings for the cattle (4) that was sold. He abided by the decision to leave, but never repaid the money. He was in fact unemployed and used the money for his own family.

Their aunt returned in December and gave them R2000 that she had collected from Magriet C's former employer. Unfortunately this person died and they lost that source of income¹⁷.

Members of this household try to live within their means and they seem to be very independent. What they can't afford immediately, they save for and then buy at a later stage. They try hard not to incur unnecessary debts. There was one incident however where they were forced to borrow money from a '*mashonisa*' (moneylender) and were unable to pay back the money (R1000). The '*mashonisa*' then said that he would apportion a piece of their land for himself until the debt is paid. The family took the incident to the *Induna* who ruled that the '*mashonisa*' had to wait for his money as the verbal agreement he had with the family does not stipulate that part of their land could be used in exchange for the money in arrears. Although the '*mashonisa*' abided by this ruling, he demanded that they give him a wardrobe. They refused and said they would take this up with the *Induna* and he backed off. The loan was later settled.

Conclusion

Despite the difficulties and hardships they had to endure it is quite dear that the members of this particular household, especially Mandisa C and her aunt are resilient people. They take on challenges head on and overcome them. They are independent and know how to look after themselves and their assets. When a moneylender (*mashonisa*) harassed them, they dealt with the matter swiftly by reporting him to the *Induna*. The only person they failed to stand up to was the father's cousin and this was only out of respect for him. They have however, with the help of their neighbours taken him on when he sold their cattle, by reporting him to the *Induna*.

Keywords/comment

Both parents are deceased. Huge tract of land, livestock, grows vegetables extensively. Children taken advantages of by unscrupulous family members e.g. the father's male cousin used vegetables for his family, sold livestock and moneylender tries to apportion a piece of their land because of debt. They consult *Induna* whose decisions protect their assets and land in both cases.

¹⁷ Since the R2000.00 was part of the death benefits the aunt collected from the mother's former employer, I could only presume that the 'good Samaritan' that was mentioned in the next sentence referred to the employer.

KWADUMISA: INTERVIEW 13

Jabulani D's widow and two children. Jabulani D died of Aids in 2000

She responded as follows

In 1999 her husband came back home from Johannesburg where he was working. He looked sick but he denied being sick. He had lost his appetite for food and he was withdrawn. He spent 3 weeks at home and went back to Johannesburg after he had received a message that his employers were looking for him. He went back without telling his wife what was wrong with him.

Around 2000 after having gone to work she got the message that her husband was extremely sick and could hardly walk. One evening while the family was seated around the fire a car came to the house. It brought her husband, he was walking with difficulty, he wore shrivelled clothes and his hair was unkempt. He only had a small bundle of clothing. The driver of the car said that his employers had paid for the trip and had given him 6 months to stay home and recover. It was at time that she heard her husband was HIV positive but it had become full blown AIDS. He confessed to her and asked her to tell people that he had TB and not AIDS. By then he had lost much weight that he no longer wore his old clothes they had to buy new ones. He would also soil himself.

She started thinking about the future of her children and how she would cope without him. Although he was not giving them a lot of money he nevertheless gave them R800 monthly. She had been adversely affected and she developed high blood pressure. She would ask the neighbours to come and help her, as she could not cope. What stressed her most was to see him wasting away and having his head shrunken.

In October 2000 he passed away. She had to hire a car to take him to the mortuary. Fortunately the household members were beneficiaries in the local burial scheme and they took care of all the necessary arrangements.

After the funeral she was asked to come to her husband's company's offices in Johannesburg. She borrowed R200 from her neighbours and used it for travelling. When she arrived there she was given a cheque of R15000. Her husband had also a life policy which paid out R20000. Her eldest son was in standard 10 and she looked up to him to provide financial support when he started working. She saved money in the bank and used R4000 to pay out some neighbours who used to lend her money in time of emergencies. She found it hard to look after the children and she asked her aunt to come and help. She still could not get over the death. In order not to waste money she decided to look for a job in KwaDumisa and she had been paid R400 a month. She is also heavily involved in cultivation activities.

Impact of the disease

Both Jabulani D and his wife were born in the area and had never left the area. Their household had a huge field and they grow different crops: beans, madumbis, mielies and *mofino* (greens). The land is about the size of a formal soccer ground. It is separate from the residential land, which is about the size of informal soccer ground. They grow spinach and onions in a vegetable garden, which is just next to the house. The household had acquired land from an *Induna* of the area. Previously her family stayed with her husband's family and when the children grew up they decided to leave and find their own place. The *Induna* pointed out that there was a vacant land that was not being used. Apparently the owners died some time ago and the orphans were taken away by relatives who lived in Durban. The *Induna* said the land could be transferred as no one had come forward for it and it had been lying vacant for more than 5 years. They paid the *Induna* R800 and built their house. Her family had been staying there for 15 years.

After her husband's death she continued with cultivation. Although sometimes she got tired to work the fields her aunt and hired labourers would always help her. She would come home tired and sometimes quite late but on Saturdays she ensured that she worked the fields. She got people from outside KwaDumisa (Umlazi township) and local informal traders coming to buy seeds, fresh mielies and beans.

The households had many relatives on whom they rely in cases of emergency. She would borrow money from a *stokvel* of which she was a member. She did experience major problems due to illness. She still suffers from emotional loss.

Assets

The household never lost or disposed anything. The valuable inheritance was a life policy, the pension funds as well as the house and land.

Credit and debt

She borrows money because she does not want to interfere with the savings. She saves the money for the children who are at school. The household has not experienced any other bad experience apart from the death of the household head.

Changes in the land size and use

The landholding is still the same size as before and still being used for original purposes: Cultivating the same crops as before.

Land transfer

No land transfer.
Temporary land transfer

None

Social Capital and power relations

There are more than 20 families related to them in their area but no relatives within community structures. She is a member of the money-lending stokvel and her household is affiliated to a burial society.

Crisis of the illness

The situation has now stabilised but she is still trying to get used to working. She was used to depending on her husband to support them financially but now that responsibility is with her. She intends to acquire an additional piece of field in the near future, as farming activities are more important for the family's livelihood.

Comments

Land and AIDS issues are strong.

There are flaws in the way the land was acquired. Some orphans' were deprived the right to land but it was done formally by the *Induna*.

The land is for agricultural purposes and the possibility for demanding more is likely.

The wife has suffered emotionally due to her husband's death.

There is high possibility that she will soon experience the symptoms of chronic disease as she might be infected with the HIV virus. Her husband was unfaithful to her because he never told her from the onset that he had a virus.

KWADUMISA FOCUS GROUP

Eight female respondents participated in the focus group.

The majority of the respondents were concerned with the high levels of poverty prevalent in the country. They attributed this problem to unemployment and economic hardships. They also said that although the government promoted the concept of community gardens as a source of nourishment and income generating activity, many of these projects are no longer in existence. For example, community gardens that received financial and technical support from the Farmers Support Group (FSG) as well as the government's extension service were flourishing and thus promising to alleviate problems of poverty. However, most of these projects are no longer functioning. The respondents attributed this dilemma to financial difficulties. They indicated that FSG seems to have withdrawn its support because it was in financial difficulties. On the other hand, the extension service could no longer provide financial support or initiate any projects, but could only educate people on how to look after their cultivation i.e. what seeds to use and what kinds of fertiliser to use. The respondents also pointed out that the

Department of Agriculture seems to have been demoralised by the whole situation because they are no longer as active as they were when community garden projects started.

One of the respondents, an extension worker, mentioned that in order for the extension service to support community garden initiatives, these initiatives need to be community driven. The extension service can then offer to help the community by writing proposals where funding is required. She also mentioned that the extension service will rather ensure that the soil is tested for agricultural productivity.

Another important issue raised by the majority of the respondents relates to the involvement of men in agricultural activities. Most men seem to be lazy to help out in agricultural activities. This attitude is also seen among unemployed men. The respondents indicated that some men still find it difficult to take care of sick members of their families, leaving the whole responsibility to their wives. This can be an added burden and thus have devastating effects on the health conditions of women because they are also expected to tend the mielie fields in order to produce food for the family.

The health worker pointed to a number of issues related to burdens that most women face in their families. First, in most households affected by HIV/AIDS, women have the responsibility to look after the sick member and at the same time devise some means to earn income to support their family. Second, women are usually blamed for the health status of their daughters, attributing such conditions to failure of the woman to discipline her daughters. Third, in some households, men even go to the extent of withdrawing financial support as a form of punishment towards the woman and her daughter. The health worker also pointed out that in most instances, the men's relatives would side with him, thus putting all the blame on the wife.

Some respondents mentioned that in some cases widows are often blamed for the death of their husbands who die of HIV/AIDS. These relatives tend to accuse women of poisoning their husbands in order to acquire their savings or pension money or even getting a new boyfriend. The respondents said this attitude is aggravated by the fact that in most instances, men usually refuse to reveal the status of their health, only indicating that they have been poisoned. However, relatives tend to interpret this situation as having been bewitched by the wife. In one incident, where the husband passed away, his relatives accused the wife of having had a sexually transmitted infection, implying that she had loose morals. Some of the relatives threatened her with death if she kept occupying the man's property. In some cases, women end up leaving the property thus allowing the relatives to take over.

In general, the respondents were worried about the state of unemployment in the country, particularly as it affects the youth. They pointed out that young people often feel disillusioned as most find it hard to get a job after completing their studies. In some instances, many companies that offer in-service training to new graduates fail to offer any honoraria or transport costs.

Poverty is another issue which was of concern to respondents. One woman mentioned that there was a time when her pension grant was not paid out for almost three months. This had a negative effect on her family because there were times when they went to bed without any food. She mentioned that she was forced to rely on loans from neighbours and stokvels, hoping that she would be able to pay back once her pension grant was reinstated. Another respondent was of the opinion that community centres could help to alleviate poverty in their area. She mentioned that local government should take an active stand in establishing community centres where community members could learn different skills that can help them to initiate work for themselves. The majority of the respondents liked this idea because they indicated that they would be able to learn skills in candle making, beadwork or sewing. This could create an atmosphere of social stability, as the women would get an income through such self-help projects.

The issues raised by respondents show that they were of the opinion that since formal employment was no longer feasible these days, social problems were bound to occur. They indicated that the rate of robbery and burglaries have increased because most unemployed people see those who are working as their source of income. These incidents not only happen in urban areas, but isolated cases are also reported in rural areas. One respondent mentioned an incident in which a woman was robbed of R400 immediately after getting off from a taxi. She believed that the skills training would be of great help although it will not wipe out unemployment. Hence, the respondents raised the importance of trying out different coping mechanisms.

Land

The extension worker related her experiences regarding land ownership. She referred to an incident in which a widow, accusing of bewitched her husband, was drove out of her house by her husband brother. However, the children were left behind as the brother was prepared to look after them. The woman raised the matter with the *Induna* and the man was fined R1000 while the woman was asked to return to her house. However, the woman requested to be relocated to another place because of fear of intimidation from her husband's relatives.

One participant pointed out that traditional laws tend to favour men, thus giving them powers to rule over women. She mentioned that such a system, does not usually afford women the power to have ownership of land, particularly after the death of their husbands. This system tend to affect rural women more that those in urban areas because it is still adhered to. She said after her husband's death, she willingly succumbed to his family's dictates, when they suggested that her husband's brother would now become her new husband i.e. the "*ukungena*" system. She did not resist this practice, as she believed it to be right. The respondent mentioned that although she was not in love with this man, she stayed in the relation because he was providing for the family. She even gave birth to his child. However, when he also died, she refused to be involved with another brother because she was able to maintain her family.

One of the participants mentioned that it is easy to exploit families where the head of the household is dead because the woman is often vulnerable to be robbed of her resources, including land. She might even agree to any terms when leasing the land as long as there would be financial benefit. She referred to an incident in which a family lost a piece of land to a neighbour who was powerful and influential in the area. The surviving children could not take any legal action, as they were afraid of this neighbour. The respondent mentioned that the issue of land ownership seems to depend on how strong the household network was, particularly as regards relations with the *Induna*.

**THE KWANYUSWA AREA STUDY
TWENTY-ONE INTERVIEWS CONDUCTED BY MATHILDE THOKOZILE NZAMA**

KWANYUSWA: INTERVIEW 1

The household of Siphon D consists of parents and a daughter and a son. Both parents died and children (orphans) are currently staying with their grandmother

Family origin

Siphon D's family is a household of 4 members. The household composition is made up of a son (21, herein referred to as Dennis D) and a daughter (12, herein referred to as Anna D) and the rest of the family members are their parents. This household moved from Kwa-Ngcolosi to settle in Underberg for two reasons, namely;

- To create a self-employment opportunity through the establishment of a hair salon
- To live a peaceful and a happy life

Because of the political violence that erupted in 1993, Siphon D's family moved again from Underberg to Kwanyuswa. This is after having stayed at Underberg for seven years. At Kwanyuswa, the household under review stayed with Siphon D's in-laws until 1995. When his family moved to Kwanyuswa, Siphon D was the only working person and he was working at a factory that manufacture bandages and perfumes.

Occurrence and the development of the disease

While at work, his manager became concerned with the way Siphon D was coughing and as a result he granted him a sick leave. Siphon D began visiting several hospitals in an attempt to treat his coughing sickness. Subsequently, he started to show the following symptoms which are listed according to their order of development;

Tuberculosis – this was diagnosed in one of the hospitals and as a result he was admitted and stayed at the hospital for 8 months. Nevertheless, he failed to show any signs of recovery and he was later discharged.

- Swelling of feet and arms
- Difficulties in swallowing. This also made it difficult to swallow even the tablets he was given to treat the sickness.
- Weight loss

As time progressed, Siphon D could not do things on his own without the assistance of his wife. His state of health deteriorated drastically. In 1996, he finally died.

After sometime, the mother also started showing almost the same symptoms as those shown by her husband. Her son (Dennis) began taking care of her. As time progressed, Siphon D's mother-in-law took both the children (Dennis and Anna) and their mother to be all under her care. In 1998, Siphon D's wife died in spite of all the efforts by the traditional healers to treat her.

Before the deaths of the parents, this household had a garden of vegetables and a small plot of maize. The small plot was bought from Siphon D's father-in-law at a cost of R500. Before the purchase, the plot was used as a grazing land for his livestock. Unfortunately, Dennis and Anna did not only lose their parents, they also lost almost all the assets accumulated by their parents. The most notable of these assets is a house and their arable land. Some of Siphon D's extended family members took all these assets. It appears that even if the grandmother was to inherit the land, it would have been left idle for the following reasons as advanced by the grandmother;

- Lack of capital
- Lack of family labour

Coping strategies and impact of the illness

As previously stated, both Dennis and Anna are currently staying with their grandmother. As expected, the grandmother is the sole breadwinner in the household and her main source of income is the monthly pension grant that she receives. Her grandson (Dennis) supplements her income with the income that he receives from the temporary jobs that he undertakes. The impact of their parents' death will be felt for many years to come in this household taking into consideration that Dennis had to drop out of school due to a lack of school fees. As such he is likely to continue getting lower rewarding jobs because of his low educational level. On the positive

note, Anna is still at school. It is still uncertain to predict with any degree of certainty how far she will proceed with her studies.

The impact of the parents' death seems to be borne heavily by older people in the household. For instance, Dennis eats once per day while Anna eats twice per day. Obviously, this impacts negatively in their performance at school and at Dennis' temporary work. Their neighbours always bail them out in cases of emergencies. What is more painful for the grandmother is that she inherited all debts relating to medical treatment of this family that she incurred without having inherited some valuable assets including land. She is a member of a rotational saving scheme (stokvel) and a burial society. Fortunately, she pays her debts out of the money that she receives from the stokvel.

She sees crop farming as the only solution through which she can sustain and give her grandchildren a decent life. However, she is constrained by a lack of basic agricultural inputs such as land and irrigation equipment. Her ambition is to be a commercialising small-scale farmer. She reckons her dream can partly be realised through collective action with other members of the community.

What remains to be seen is the response of the South African economy that is likely to be faced with a predominantly young and unqualified population.

Keywords

Both house and plot of land not inherited.

KWANYUSWA: INTERVIEW 2

Vusi M's family consists of himself as head, his wife and their children and grandchildren. (First born daughter died of HIV/AIDS leaving behind 4 orphans)

Vusi M's household consists of 11 members. The family members were Vusi M and his wife, their four daughters and one of the daughters was known as Suzie, and she had four children. Respectively, Vusi M and his wife were 55 and 52 years of age. Vusi M is originally from Mnamatha Maqadini. The ages of Suzie's children range between 4 and 13 years.

Symptoms, diagnosis and the development of HIV/AIDS

Suzie was working as a maid for two nurses. In 1996, Suzie started losing weight and as a result she asked her neighbour to temporarily replace her. Her employers gave her neighbour money for Suzie to go for treatment at the clinic. But her father was against the idea of her getting treatment at the clinic. He tried to treat Suzie with some traditional medicines. Suzie went back to work but after three months she stopped working, as she could not even walk. As a result she sent her sister to her work so that the family can still survive with the money that she would be earning. Instead, the sister stayed out with a boyfriend. At this stage, Suzie started attending the clinic twice a month. She had to be carried to clinic on someone's back. In 1998, Suzie was admitted to the hospital and she was discharged after six weeks. Instead of going home, she took a taxi to Pinetown. By then she was mentally unstable as she was found using obscene language. Her father started telling people the "truth" that Suzie was HIV positive and it is for this reason that she uses obscene language. The most apparent symptom shown by Suzie was her light brownish hair colour. It was also reported that the father of her youngest two sons had shown almost the same symptoms and behaviour as that shown by Suzie and he later died.

In May 1999, Suzie decided to go and stay with one of her sisters. Her sister's husband had a tuck shop. Suzie's job was to only clean the house. Her medical condition worsened and she returned back home. She tried to go back to the hospital, but she was rejected on the note that she will be attended to while at home. At this stage, people were beginning to starve. Suzie decided to go back to her work, but her employer referred her to her neighbour and she worked there as a maid for only two months because she became unfit for the job.

Suzie went back to the hospital and she was admitted as a TB patient. She stayed there for six months. Her father was happy as she began showing some signs of recovery. Suddenly, Suzie got seriously ill again and in August 2001 she went to hospice. The CBHW unsuccessfully tried to apply for the social grant on her behalf. In October 2001, Suzie finally died. The father of her two first children died also of a car accident in November 2001.

Currently, her first two children are staying with their grandmother, while her last two children are staying with their grandmother also.

Three of Suzie's children are of a school going age and the last born is four years old. Of the three, one (Sipho, 13) is no longer schooling because of lack of school fees. Suzie was taken care of by her eldest son, Sipho and he was also responsible for all the household chores. Suzie's sister left home and decided to stay with her boyfriend while her other sister decided to start cooking her own food in her room where she was staying with a boyfriend. Sipho was assisted by a neighbour in taking care of his mother.

Impact of HIV/AIDS and the survival strategies

The household under study currently depends upon the income earned by Vusi M as he is temporarily working as a bricklayer. The CBHW from the hospice also brings some donated groceries for the orphans. Apparently his work is untidy and it is speculated that it is probably for this reason why he does not get permanent jobs. The household under review has a 1 ha of land and it used to be cultivated by Suzie. Currently, it is lying idle.

It appears that in 1997, Vusi M's wife also became mentally unstable. Then she was taken to a traditional healer where she was treated on a promissory note that Vusi M will pay all the medical costs. Today Vusi M can't even visit his wife who is still undergoing treatment because of his inability to pay for the medical costs. As she was mentally unstable, she was beaten several times by her neighbours for using obscene language. Then the *Induna* expelled her from the community. As a result Vusi M tried to sell his land including the house so that he can relocate. It is good agricultural land situated next to the main road. The selling price was regarded as expensive (R8000) and as such it could not be sold.

Key words

1ha of land, HIV/AIDS, mental instability, expulsion, sell the land (R8000.00)

KWANYUSWA: INTERVIEW 3

Busi N, Losing household cultivation capacity through AIDS

The household of Busi N is now only women, and she has lost her oldest daughter Melinda from AIDS. The next daughter Zamekile is now sick with a chest illness and needing regular treatment. The family is now only able to cultivate on a much smaller scale than before. Busi N is now 59 years old, Zanele 30, her younger sister Gogo 20 and Zanele's small daughter Margaret, 3 years old.

This family originally came from Ladysmith, where Busi N's late husband Zephaniah N was born and died. Ladysmith is a conservative farming district, which had a high rate of labour tenancy at the time and generally bad relations between farmers and workers. Zephaniah N was born on the farm where his father was a labour tenant, and where he himself worked for most of his life. At that time the family included the father and mother, together with Zephaniah N's two brothers and three sisters.

They all worked on the farm in return for the right to cultivate land and graze stock along with a nominal wage, and had been raised under this system. The men and boys in the family were doing heavy work, with hoeing, weeding, milking the cows and looking after the livestock. They were each paid R12 and a cup of salt per month. The daughters did both housework and field work, including washing and ironing, hoeing and harvesting. They earned R3 monthly and the cup of salt each. After some time the farmer died, but his son inherited the farm, and the situation on the farm for the tenants did not change.

When Zephaniah N's father died, he divided up the family cattle among his three sons. Zephaniah then began to be dissatisfied with his situation as a labour tenant, and in the early 1960s he left the farm to go look for a job in Durban. There he met Busi N, who originally came from the Hammarsdale area outside of Pinetown, and they were married in 1967. Zephaniah N decided to go back to Ladysmith with his wife.

When they returned to Ladysmith the farmer wanted them to work for him as before. Zephaniah N refused, and a fight started between Zephaniah and the farmer. The farmer was losing, and ran to get his pistol. Zephaniah N was afraid for his life, he took his wife and escaped to an isolated place called Godi, where the farmer could not find them. There they built a temporary house, with grass walls and roof, the kind of shelter traditionally built

by people who are hiding from enemies. But by the end of 1969, they had obtained their own land in a tribal district called Mathondwane. Either by that time or later on, some of Zephaniah N's relatives also came to live there.

There Zephaniah and Busi N got a large piece of land on a relatively secure form of traditional tenure, so this time they were able to build decent permanent houses. Their parcel of land at Ladysmith is described as the size of three soccer fields for the main plot. This was in addition to another allotment, which was about the same size but not located close to their main plot. The actual yard in which the houses were built was the size of another soccer field, and was located next to the main cultivation plot.

They cultivated extensively, and got very good yields, with bags of maize and beans. They didn't grow vegetables, which were not a usual crop in the tribal districts of the interior at that time, though they did grow white potatoes, and they were able to get cabbages from people who were working as farm labour. They did not sell their produce, but gave away the surplus to the neighbours, which is the custom in the remote communities of the interior in KwaZulu Natal.

They did so well from their cultivation that they didn't need to buy maize meal at the shops. Instead, they took their sacks of maize cobs to a neighbouring farmer to grind. There was no charge for this service, but if they needed a sack of maize meal they would give the farmer an additional sack of maize cobs to keep as his part of the transaction. To manufacture samp, a dried and hulled preparation of maize kernels which is cooked by boiling, they would beat the maize kernels with a heavy stick to hull them. Busi N says this is the reason they now like to cook rice on a daily basis - because at that time they lived entirely on their staple maize which they grew themselves, and only ate rice as a luxury at Christmastime.

This self-sufficient life came to an end for Busi N and her children when Zephaniah died in 1989, reportedly of a chronic illness which Busi N did not describe. A quarrel started between Busi N and her husband's brother, due to their disagreement over how to arrange for the cattle which she inherited from Zephaniah N to be herded. The herdboyc was the son of this brother, a young boy called Mganwa S. The husband's brother, Mganwa's father, began to demand that the boy's earnings in cattle should be increased. Busi N refused, saying that they were trying to cheat her because she was a widow with no sons.

She did not report whether or not she had refused an offer of *ukungena* marriage from the brother of her late husband, but this custom is strong in the interior, and it looks likely that she may have done so. If she did, she could have disappointed and offended her husband's brother, who would have immediately taken over all the cattle - and also the land - if an *ukungena* agreement had been concluded.

Busi N was determined not to give in to her husband's relatives. Instead, she liquidated her rural resources which her late husband's relatives were coveting, and left the area. She sneaked away from her house and went privately to an Indian trader in the area, and sold all the cattle for cash. At the same time, she also sold the house. She sold it quietly to a stranger in the area, without acknowledging any right of her husband's relatives to have a say in the transaction. To complete her escape, she hired a taxi to come at midnight and take the family to Hammarsdale, where she was born and where she still has relatives. It looks as if she managed to frustrate the husband's relatives seriously, in selling off the house and the livestock. However, the relatives of her late husband did manage to take over control of the large agricultural land parcel.

In 1989 the household arrived in KwaNyuswa. It would appear that their financial position was relatively viable, due to the cash Busi N had realised by selling off the household's assets at Ladysmith. They were able to obtain what is for KwaNyuswa a large landholding, partly through accessing land through relatives and probably partly by paying the going rate for an additional agricultural plot. The landholding which they obtained at Nyuswa was only about one third the size of the land allocation they had held at Ladysmith, and the size of their land parcel at KwaNyuswa has not changed since their arrival. Their agricultural land is about one and a half soccer fields in size, and they also have a large garden on their residential plot, as well as land described as a 'spare plot'.

It appears that the residential plot was provided by George M, who was married to Busi N's sister. In this light, the transfer was between in-laws, and Busi N says she paid a relatively low price. The agricultural field was provided by Mrs Chithiseleni C, a neighbour, and no price is reported. However, Mrs C is not likely to have given Busi N the land for free, and a relatively large plot would have been expensive.

When Busi N and her daughters arrived they began cultivating, but the quantity of crops they have grown has declined since they first started. This year no new crops have been added to their cropping package - they have continued to grow only a small amount of maize and pumpkins. Busi N reports that when they arrived they grew considerably more. According to Busi N, they're unable to cultivate to the extent they did 2 years ago because of the 2 deaths in the family since then.¹⁸

This household however also has fruit trees such as guava, apple, mangoes and peach trees. The produce of these trees is mainly for home consumption. The mangoes however grow slowly and the peaches are not good, as they tend to rot quickly.

The immediate reason for the decline has been the illness and death of the oldest daughter Melinda N, since she was the one household member who had cultivation skills, and was acknowledged to be in charge of the household's cultivation efforts at KwaNyuswa. It looks as if Melinda N inherited the main role in the household cultivation operation when Busi N was compelled to increase the time she worked in her domestic service job. At the time the family arrived from Hammarsdale she would have been in her early 20s, relatively young to take on the running of the household cultivation enterprise if her mother had been at home and able to work.

Melinda N's illness took a long time to run its course, and resulted in death in 1997. At the time she first began to notice symptoms at the end of 1990, she was working at the Botha's Hill café, in South African terminology a local convenience store rather than a sophisticated coffee shop. She could not identify her own condition - she was becoming swollen all over her body. She went to the Botha's Hill clinic, and they gave her pills to take and told her not to use salt.

At this time, her mother Busi N was working only one day a week, and earning R20 per day, or about R86 per month. The family was also living on the pension or grant from their late father's employers, which was R200 per month at the time.

But Melinda N had to resign her job at the end of 1991, because on some days she needed to go to the clinic. This would probably have impacted the household's income, but it is not clear how much Melinda N was contributing to the family at the time.

Busi N and Melinda N decided to go to the St John's or Echibini church, one of the African Independent Churches, which offer healing and support to the poor and sick. The church elders instructed Busi N that Melinda should remain at the church headquarters so that she could attend services four times a day. In some ways she felt better after trying this treatment, but there were no clear improvements in her condition. Busi N and Melinda N returned home.

Next Busi N went to a local *sangoma*, a woman diviner and healer, who lived at Mgoqozi, an outlying district of KwaNyuswa which is located deeper in the hills and valleys of the Umgeni river system. The *sangoma* told Busi N that her daughter's symptoms were associated with *amandiki* hysterical possession, and that this condition needed to be treated. Busi N paid the *sangoma* R30, with more to be paid once Melinda N was healed. They tried a traditional treatment as the *sangoma* instructed, but the next day Melinda N was worse and not better. She was unable to speak, her eyes had become small and shrunken and her neck was swollen.

Busi N was greatly distressed at Melinda's appearance and condition, and did not know what to do. She called her neighbour at the nearby Dlamini homestead to come and see. One of the neighbours, a married woman, rushed back to her own homestead of origin and called her sister, Corda M. She chose Corda because she was known to be a kind, calm and sympathetic person, who could help in an emergency when no one knew what to do.

Everyone was afraid to touch Melinda N, but Corda M helped her to wash so she could be in a fit state to go to hospital. After that Corda took Melinda and her family back to her own house so they could phone the ambulance, and Corda paid for the call as well. Melinda N was admitted to St Mary's Hospital at Mariannhill, and she was kept there for about six weeks.

Since St Mary's Hospital is very expensive, the N family was forced to take steps. One of the neighbours found a job for Zamekile, doing housework three times a week. The house was in Westville, a well-off middle class

¹⁸ Melissa is one, who is the other who died, could it be Zamekile? Could she have died since the first interview?

neighbourhood that would have been entirely white at the time. The salary came to R270 per month. With this additional money coming in, it was possible to pay the hospital R350 for Melinda N's treatment.

During 1993, Melinda N improved. She was able to work at home, cultivating the field and also doing patch-work crafts for the Embo Crafts project in Botha's Hill. This work does not pay a regular rate in money, but instead paid in groceries, equivalent to R15 per week. For about two years Melinda N was more or less recovered and remained in reasonably good health.

But by 1995 she was ill again. At this time her mother was compensating for the loss of Melinda's former income by working three days a week, instead of one day per week. It is not clear whether she had wanted to take on extra work because she felt the income was needed, or if her employers had wanted additional time worked and she had complied. If Busi N had no rise in pay in the meantime, she would have been making about R260 per month, but some sort of cost of living adjustment would also have been likely.

Busi N might then have been making about R325 per month, and Melinda would have been contributing something from her agricultural activity. The amount of Zephaniah's work pension at this time is not stated, but would not have been less than the earlier R200/ month. Total household income might have been as high as R895, for a household of four adults. Gugu at this point would still have been in school, facing the family with school expenses. It seems likely that the household's cultivation operation would have declined seriously during this period when Melinda N was becoming sick again.

Because she was spending so much time away from home, Busi N was not able to take care of Melinda. So Zanele resigned from her job at Westville, which probably paid less, in order to take care of her sister. Her loss of earning could have cut the nominal household income to something like R600. Melinda returned to the St John's church to stay there for religious services, and Zamekile went with her to take care of her and cook for her while they stayed in the church barracks accommodation. The food they had was supplied from home, and divided between the two sisters.

By the end of 1995 Melinda N returned home. She was better, but thin and weak. In 1996 she went back to her job in Botha's Hill. However, her return to health did not last, and she left her job and died in 1997.

Nothing is reported about her later treatment, or the expenses associated with her treatment, or her final illness, death and funeral, but these costs would have been a serious burden to the family and would probably have burned off some of the family's savings. It is also not clear at what point Zamekile also began to feel sick with a chest condition, or what treatment arrangements were made for her.

Since Melinda N became too ill to work there has been no one able to take charge of cultivation, and also to contribute the labour. Busi N is now working full time, and sleeps at her place of work in the nearby white suburb of Kloof, coming home only on weekends. Zamekile is now sick with suspected TB, which at her age is statistically likely to have HIV/AIDS involvement. She is coughing, and her chest is affected by dust in the fields. It is not clear why the youngest daughter Gogo is not able to take over, but it seems as if she is contributing most of the labour to the small maize crop and pumpkins which Busi N's family is producing now. By implication, her mother characterises Gogo as unskilled and perhaps uninterested in cultivation.

At the time of the interview, Busi N's full-time job paid her R500 per month, and she was also receiving the grant or pension from her late husband's workplace, though she did not report the amount of this pension at the time of the interview. Melinda had been contributing substantially from her cultivation operation, but this component of household support has largely fallen away with the loss of cultivation skills and household labour time due to Melinda's death, Busi N's wage job and Zamekile's illness. The household had no one contributing support from outside. Busi N was the only supporter of the family.

She commented, 'If things are tough, I can't just carry my hands over my head [throw up my hands, or become emotional and do nothing useful]. What I do is run to people who are lending money. If we are facing a real emergency, our next-door neighbours the H family have cars, and can help us with transport. What we aren't able to do is cultivate to fill in income gaps, because my late daughter Melinda was the only person in the family who was intelligent in the fields.'

The decline in cultivation is a considerable loss for this family as cultivation was not an expensive endeavour for them. This family, like other community members received fertiliser (kraal manure) free of charge from one of their neighbours. They did not spend much money on seeds as they kept the seeds from maize and pumpkins for

the next farming period. They only bought bean seeds at R40 per medium pocket as they consume all the beans they produce.

They also have all the cultivation implements (tools) that they need and do not have to purchase additional tools. They did not sell any tools, except for those needed for a span of oxen. They also have access to water as they had water installed in the house. This cost them R420 in 1994. Water however has become quite expensive. Where they used to pay between R7 – R15 per month, water now cost them anything from R17 – R25 and more. In the past they used to water the flowers and fruit trees regularly, nowadays they use leftover water from washing to do that.

It is obvious that this family is in dire need for labour and cultivation knowledge to get their cultivation of the ground again. Hiring labour however would be too expensive. Three years ago the family was able to hire someone for R10 plus two meals a day. This person however is now working for someone else for R20 per day. Busi N however is considering hiring this person for half a day. Busi N realises the importance of producing crops, even if only for home consumption as this is very useful for a family who can't buy everything in a shop anymore. She however is very reluctant to sell some of her crops. Selling on credit results in people not paying their debts and this leads to animosity between her and them. She would rather give surplus produce such as cabbage and beans to close neighbours.

Busi N adds that the family was able to eat three meals a day, and was not desperately poor at the time of the interview. Busi N belongs to a stokvel savings association which saves up to buy food, though she did not say how much she contributes monthly. Although she makes use of informal credit in household emergencies, she has not had any bad experiences with being unable to repay loans outside of once when she allowed the arrears on the TV to run up past R2000. Busi N describes letting this happen as unwise, not a good idea. But they were rescued by the money contributed by the neighbourhood for Melinda's death, which enabled them to pay the store.

Busi N feels her financial situation is holding steady after Melinda's chronic illness ended in death, and the sequence of events did not destroy their asset base or impoverish the household. But she thinks what the family really needs is for everyone in the household to obtain a permanent job: under present conditions, this looks impractical, as Zamekile and the baby both need to be cared for, and Busi N herself is already working full time.

As the N family cultivation has declined, they have not either had to dispose of any of their agricultural land. They have not sold off any of the land for residential use, or transferred any to relatives free of charge. After her stressful relation with her in-laws after the death of Zephaniah, Busi N commented that they would not consider making any temporary land transfers, leasing or sharecropping, or otherwise selling - they didn't need anyone coming in right next to them, and especially not those relatives from Ladysmith.

This position could change if the household's financial situation weakens. If Busi N were to become seriously ill or lose her job or die, if her late husband's pension were to be stopped, or if medical costs for Zamekile mount up seriously, it could quickly become necessary for the household to sell off land which they are already unable to use. Already, Busi N says Zamekile has started having to see doctors about her chest pains, and she herself is afraid her employers are thinking of emigrating, leaving South Africa. However, Busi N will become eligible for a government old age pension as of next year, when she turns 60, which will help to hold this household of women above water for as long as Busi N survives.

If Busi N were to die unexpectedly, the daughters would have considerable problems with Zamekile sick and Gugu still very young to take over running the family and being responsible for a small child. In this situation, when a fragile household economy is hit by additional stressors and has already been stripped by chronic illness of the cash income, labour resources and/or managerial strength to cope, distress sales of land become almost inevitable.

This is more true if the land is already out of production because the household cannot find one or more of the factors of production that they need. For women landholders in distress in an area with an informal land market, a usual pattern is for more and more land to be sold off as a readily convertible asset, to cover short-term consumption demands, until the household has nothing left and is wholly exposed to further poverty shocks. While the household of Busi N is presently staying afloat successfully and may continue that way if Busi N remains healthy, it is also the case that this household is in a very precarious position if it loses the income streams which depend on her.

This kind of sequence - in which land which is not being cultivated becomes an asset which can be liquidated to cover urgent short-term needs - has the effect of putting additional land on the market, and also of breaking already small landholdings up still smaller. These two processes in turn promote the conversion of more agricultural land to residential use, put still more land onto the informal land market, and help to bring in more outsiders to the community and speed up residential turnover in the area.

Ultimately, the effect is to shift the entire community closer to the township model of living entirely inside the cash economy, and further away from the rural system in which land for cultivation is a valued asset and cultivation is an important part of household income strategies. Tenure options under these conditions become more narrowly residential, and in the end become hostile to any agricultural land use. In this sense, the effect of chronic diseases - pre-eminently AIDS - in putting land first out of cultivation and later onto the market as the household's support situation worsens, contributes toward the transformation of rural tribal tenure toward the urban township model.

KWANYUSWA: INTERVIEW 4

James L: supporting on government grants

James L is an in-migrant to KwaNyuswa, whose place of origin was Nottingham Road in the Natal Midlands farming district. He has a Standard 3 education, and is 59 years old, not yet quite old enough for a government old age pension. His wife is Busi L, who is 35 and was born in Kranskloof, not far from KwaNyuswa. She is now the main supporter of the household. They have four children, three boys and a girl. One boy and one girl are still in school.

James L originally moved his family to KwaNyuswa after a land dispute in his family at Nottingham Road. He was brought up by his father's brother - that is, the brother of his mother's husband - but he himself was born from a relationship outside of the marriage, and this irregular relation caused comment in the neighbourhood. After his mother's husband died, his mother was inherited as a wife by her late husband's brother, who also raised James. When James L was eleven years old and becoming aware of the rumours, his mother told him the story of his parentage, and took him to visit his biological father. But no strong relationship developed between James L and his natural father - James says he himself paid little attention to the story, and his heart was not with the family connection on that side. It is not clear whether the natural father showed any interest in this son born outside of marriage; rather, it seems he preferred to avoid complications with his own family by ignoring the situation. At several points in his story, James L seems to show a painful sensitivity over possible rejection or disinterest shown by relatives. Certainly when James L and his mother shortly after found themselves in need of support, he makes no mention of his natural father coming into the picture. For land relations, the result of his irregular birth was that James L had no clear family claim on land anywhere.

Not long after James L met his natural father, what he describes as a misunderstanding arose between his mother and her husband, James' stepfather. The stepfather set the mother's rondavel afire, a forcing bid for her to leave his homestead. James L says, 'then we were homeless'. His mother took him and her two daughters and went to her sister - who was living on a farm at Hillcrest near Pinetown - for shelter. From this time and for some time onward, the family had no land rights in any of the relatively secure tribal districts, but wandered between farms, on very conditional and insecure tenure. It seems that James L's schooling was permanently broken off at this point.

The farm where James L's aunt was living belonged to a Mr Dinkleman. It was at Hillcrest, which was then a small white farming town in the inner Midlands. It was located in what was beginning to develop as the Natal peri-urban zone, the belt of dense African settlement clustered inside the former homelands around metro urban transport links. This region of dense African settlement include KwaNyuswa, but also a number of other Tribal Authority districts in the area.

Sometime around 1953 Mr Dinkleman evicted James L's aunt from the farm, saying he intended to sell it. Expelling farmworkers and farm tenants before selling the property has been a common practice in South Africa. After their eviction, the family moved to another farm at Maidstone, between Umblaas Road and Thornville near Pietermaritzburg on the Old Main Road. James L's aunt had a son working on this farm, which was owned by a Mr Lebord.

Since James L's aunt had livestock, including cattle and donkeys, the family told James to travel on the goods train with the animals to keep an eye on them. Once the family arrived, Mr Lebord told James L to start working on the farm by taking care of the farm livestock, at a wage of 75 cents per month. In order to be allowed to stay on the farm, the usual arrangement would have been labour tenancy. James L's mother's family would probably have had to supply at least one worker to the farmer, and preferably a male worker. But after six months James L left the farm and returned to Hillcrest. He found a domestic service job at a slightly better wage. By doing this, he broke away from his mother's family and from her authority. Whether he continued to provide her with any support is not clear.

After another six months James L's mother also returned to Hillcrest, bringing his two sisters. Since they were homeless, she took the daughters and stayed with friends. She did not get a permanent job, but worked around the area doing temporary jobs at 25 cents per day. James L says this was a much better arrangement than living on the farm.

Around this time James L's mother took the only course available at the time to a homeless and unsupported woman with dependent children - she formed a relationship with an unattached man, Alson S. It appears that they did not formally marry, but had two children, a girl and a boy. Since James L complains that it was his money that fed these two children, it seems as if Alson S was not employed at the time, and he also seems to have been on his own, living in the towns without land or family.

Alson S persuaded James L's mother that James should go and work on a nearby farm owned by a Mr Vivian. The main purpose of this arrangement was so that the combined family could get access to land on some kind of tenure, even on the conditional status of labour tenants. James L agreed, and his mother and her children, together with Alson S and their children, went and stayed on the Vivian farm as a family. They obtained land, and used it for cultivation on a very extensive basis. It is not clear whether Alson S was also employed as a farmworker at the same time.

James L states that he is still confused about when and how his mother and Alson S left the farm - they simply disappeared from the farm one day, having told no one. James L went to their friends and asked where they were. He was told that they were staying at Clermont, a very crowded freehold township in Pietermaritzburg where cheap row housing is available to tenants on short-term rentals. This would suggest that one or both the adults was working or looking for work in the Pietermaritzburg area. However, they had found a place of some kind outside Kranskloof where they had left the children, presumably visiting them on weekends.

This sudden move left James L in difficulties on the farm where he was working. He seems to have wanted to continue in his job, but the farmer told him he couldn't stay, since he was now a single man with no woman and no family. This farmer, like most farmers, appears to have accepted only married workers as more stable and reliable than single men. James L remarks, 'Of course, he was not wrong.'

He left the farm and tried to follow his mother and stepfather. But he failed to find them at Pietermaritzburg, as they had left again and moved on to Stellahill in Durban. He seems to have caught up to them there, and then the family made a decision to move to Mariannahill outside Pinetown. This area is also a freehold settlement known for sites rented to tenants on a temporary basis, which sometimes continues for many years. But James L says he changed his mind, and went instead to Embo, the Tribal Authority (TA) adjacent to Hillcrest.

There he looked for a piece of land of his own, and luckily found something. But since he was not married, he could not be allocated land in his own name. Instead, the TA allocated the land in the name of Alson S, his stepfather, with James L's mother as his partner.

He went back to Mariannahill and collected his mother and stepfather. Houses were built on the new plot. He does not describe who paid for the land if it was sold, who built the houses, or who settled the fees with the TA. But later on he speaks of this land as being his own, which suggests that it was James L who paid any costs as well as having made the original land transfer connection.

They all stayed on this piece of land in peace, and the parents were carrying on cultivation. From this description, it seems as if Alson S was still not working, and the family was using the land to support themselves. During this period James L was doing domestic work in Durban, in the modest Umbilo district. It is not clear if James L was contributing toward their support. He was earning R5 per month in Durban, and this situation continued until 1967. At that point James L was about 24 years old.

He was accustomed to take a long leave from his job in July, and he says it was so delightful to visit with his family when he was able to bring nice things as gifts. But in July 1967, he arrived home on the month-end, and found the house full of strangers. He says, 'On first sight I told my stupid heart to be quiet, it may be that they are visitors.' He says he was really confused, asking himself, 'Where are they?' He greeted the strangers who were in his house, but after that there was only silence. Then after several minutes he asked them, 'Where are the people of the house?'

The strangers told him it was their house, they had bought it from James L's parents complete with everything, including the land. They suggested that if James L was not satisfied, he should go and check with the chief, or with the neighbours.

James L said he felt as if he had lost his mind, and was totally mad. The occupiers, who belonged to the Z clan, told him that his parents were now living at KwaNyuswa, at Botha's Hill. James L went there.

It was not hard for him to find his parents, as he knew the Botha's Hill area. When he found them, he says they were not shy about the situation. James L says he demanded his money for the houses, the land, and the other expenses of getting the land. Alson S told him the money was at Standard Bank. He insisted that he was not denying James L what was demanded, but would instead give him the money when James became engaged to be married.

Time passed, and James found a woman he wanted to make his wife. He went to Alson S and demanded his money. Then Alson S changed his story, he told James L to get off his premises, James L was not of his same clan surname and therefore was not his relative. James L made up his mind not to allow Alson S to get away with any more of his bad deeds. He told Alson S he would not leave the family home without the means of marrying his wife. But the situation stayed as it was, and Alson S would not give James L even a bad penny. James L was obliged to struggle on his own, and was eventually able to pay his in-laws the whole of the lobola, or bridewealth transfer, so that his wife could leave her parents' home and set up a new household with James. By this time, he and his wife already had children.

He went to the Maphepheteni district, across the Umgeni River from KwaNyuswa, and again looked for a plot of land. He found one, and paid for it. Because he was in an outlying area that was not densely settled, the land was relatively big, large enough for cultivation. The landholding included two big fields. James L took his family there, and stayed together comfortably with his wife and children. But after three years Alson S sent him a message to return to KwaNyuswa, promising him to pay the disputed money. James L says, 'Stupidly, I did it. He never paid me till his death in 1997.'

James L approached his wife's father for a plot of land at KwaNyuswa. His father-in-law was acquainted with the situation, and was sympathetic. He pointed out to James L a plot of land located next to his own homestead which he was prepared to hand over to James L and his family. He did charge a selling price, but James L says that at R150 it was below the market rate, a cheap price due to the fact that they were related by marriage. Once James L as the buyer had concluded the arrangement with his wife's father as the seller, they went to the local *Induna*, Collen N, who made the formal allocation, and collected the fees and charges due to the Tribal Authority.

During this period James L began to suffer from bad health. He says his illness started during 1986, and he didn't originally know exactly what he was suffering from. He felt weak, and was losing weight. At the time he noticed these symptoms, he was still working in Durban at LTA, a construction company. After this, his legs and feet started to get swollen.

He consulted different doctors, and got injections and pills. He didn't improve, so he changed clinics. But he got the same kinds of treatment, and was told to come back after two weeks or a month to have his case reviewed. By 1989, he felt it was beyond his strength to continue working. He told his employers that he would have to leave his job, as he hadn't been healed by the various forms of treatment he had tried. They paid him out the money they allocated as due to him, and he returned home to stay. By this time he says he couldn't walk properly, even his knees felt too heavy for him to lift.

He went back to the Botha's Hill clinic in March of 1992, and explained to his doctor about his perpetual illness. The doctor sent him for an x-ray the following day. Botha's Hill clinic referred him on to the KwaDabeka clinic, and from there he was transferred to King Edward Hospital in Durban, a large hospital offering the full range of

treatment to the poor. But King Edward Hospital didn't give him his results. Instead, they said he would get his results back in Botha's Hill.

There his doctor told him his legs were old, and couldn't be cured. He said the x-rays looked as if James L had been hit by a car at some time. James L asked what could be done to remedy his condition, and the doctor said he was to be admitted next door, at the Don McKenzie TB Settlement.

James L then asked his doctor to get him on the government rolls for a disability grant. The doctor and clinic staff helped him to fill in the forms and do everything necessary. They promised him he would start to get his grant after he was discharged from the settlement.

James L was discharged from the hospital settlement in November 1992. James L's admission to the TB Settlement for an extended stay seems to indicate that his underlying condition was TB rather than congestive heart failure or some other condition, but if so it is not clear why he was not given this diagnosis. It may be that his extended stay was intended to give him the benefits of rest and a better diet while waiting for his grant to be processed.

He began checking in January to see if his grant was ready for him, and the grant came through in March of 1993. From that time on, he relied on his disability grant as his source of income. Although he found things expensive, he was able to support his family, including paying school costs and buying groceries. He says his wife has never been employed in the formal job market, but did and still does casual work around the neighbourhood. She also sometimes takes goods to the market in Durban on behalf of her mother, who gives her small amounts of money for this informal selling work.

However, James L lost his disability grant in 1999, apparently through the government review process that was meant to remove welfare cheats from the rolls. His understanding was that everyone receiving a pension or grant had to return to the place where their grant was made, and rewrite the application. He states that as far as he understood what was necessary he did everything that was needed, and was to go with a form to the clinic to have it filled out by his doctor. But when he arrived, he was told that he was not eligible for a grant, and they could not fill out his form.

James L says he tried in every way to explain that he was genuinely disabled by ill health, that he had spent 9 months at the TB Settlement, and that his own doctor had put him on the list for a disability grant. The clinic told him that his particular doctor was no longer at the clinic, and that they could not help him. It is not clear whether the clinic had been given a quota of applications and told they could not submit additional ones, or why the grant was refused to someone who would appear to have qualified. There have been other stories of apparently genuine disability cases being refused or excluded for unclear reasons during this government review process.

While he had been receiving his grant, James L says he did not spend all of it. Thinking of future emergencies, he had been banking some of his money. By 2000, James L was consulting different doctors in an effort to get help with his reinstating his grant. But six months after his grant was stopped, he had not succeeded with getting his grant back, and also had nothing left in the bank.

Faced with a continuing emergency, he persuaded his wife Busi L to go out and look for some kind of regular job. However, he observes, she has not been able to get a good job, since she has a very low level of education, and cannot qualify for a higher grade of domestic service job. As a result, Busi L could not find a regular job in the Pinetown area. Instead, she located a steady but semi-informal labouring job collecting cupboards which are being disposed of by the owners, presumably in order to put in new kitchens. At present, James and Busi L's family is surviving on what Busi L makes from doing this kind of heavy work.

Doing this work means going from place to place, making long journeys. She travels even to Westmead in Durban, about 40 kilometers from KwaNyuswa, and to the Pinetown suburb of New Germany. From these addresses the women workers carry the cupboards on their heads, apparently working as a team: it is not clear exactly how far the cupboards have to be carried as head loads, but it would appear that they go to somewhere in Pinetown or in the peri-urban zone to be picked up later. The employer is reported to be an Indian who comes once a week from Durban with a truck.

The job does not carry a regular wage. Instead, the workers are paid according to the weight of the cupboards they collect. Busi L reports that returns are better if it's raining, because then the load weighs more. For this

kind of job to be economical to the employer, it would have to cost less in total than the cost of using a truck to make the individual pickups, with a team of male workers to do the loading.

This informal job is now reported to be the only means of support for the family. No one in the family besides Busi L is working. When James and Busi L run out of money, they approach their neighbours for loans. Otherwise, they sometimes send one of their children to Durban to ask for money from Busi L's parents. James L is still unable to work, because his condition has not improved. He is now suffering from pain in his spinal column as well as pain and weakness in his legs.

James L contributes to the family income by selling chickens. He seems to buy them for resale, and makes very little. But he reports that the small amount of money he makes as a profit is enough to enable them to buy small quantities of seeds for their family cultivation.

James L says they have enough land left to cultivate, given how densely settled the KwaNyuswa community now is. However, it does appear that he has sold some of his land for cash needs. Despite this, the family has enough land left for cultivation. This land is about the size of one soccer field; this includes the residential area and the garden in front of the house. James L grows vegetables and flowers in this garden. The family also has the following fruit trees, oranges, naartjies, avocados and mangoes. At present the household operates only a hand-irrigated vegetable garden, but has some area, which is not under cultivation, which could be farmed if the costs could be met.

According to James L they're not able to consume everything they produce (presumably from the garden?). James L did cultivate vegetables such as beans and potatoes and since it was his first year of cultivation, he did not sell the surplus produce, but gave it to friends. He produced about 10 kg of beans and three full basins full of potatoes. He believes that he would be able to double this amount by next year.

James L says that if his cultivation gets off the ground he would like to sell the surplus produce. He would like to put up a stall in front of his house and sell his vegetables. He would also put up a board on the corner of the road, advertising his produce. He is also keen to send some of the produce to Durban Market Hawkers. He is also very keen to sell dry beans at three mugs per pocket for R10 to his neighbours, as people seem to like beans. By generating income this way, he would be able to buy necessities such as salt, sugar, cooking oil and even tea, meat and tobacco.

Cultivating the land that has not been cultivated for about fifteen years would be an expensive endeavour. James L estimates that engaging in meaningful cultivation would require implements, access to water, seeds, fertiliser and labour. The little money he makes selling chickens is enough to purchase seed for about R50, but nothing else. He doesn't need to buy fertiliser as he used to make his own compost heap from grass and cow dung and would be able to do this again. Installing water however would be expensive. His implements were stolen and sold by his sons. Hiring a tractor to turn the land would cost him R180 and installing water would cost about R1800. Water costs appear to be the usual cut-off factor for poor households. He also needs a hand hoe, gardening fork, and rake and this would set him back another R100 or more.

James L also mentions a community garden, but said he stopped participating in it as people were stealing his vegetables at night. Apparently this project came to a halt because the driving force behind it died. James also mentions a dispute between him and the person who sold him his land. Apparently this person and others claim that James L is encroaching on the land of his neighbour and using/claiming the land as his own.

Although he is probably too weak to work hard at cultivation himself, he would appear to have some of the labour he would need since two of his children are not in school, and it is customary for children to help with household cultivation.

As a consequence of his chronic illness, two of the children have been unable to receive an education at all. Their oldest child was expecting to do Standard 10 in the year 2000. As James L's pension was stopped, there was no money in the family to send him back to school for his matric year. Instead, his parents told him to go look for local casual or temporary jobs, so as to save some money so he could return to school the following year. But this effort was unsuccessful.

KWANYUSWA: INTERVIEW 5

Female household head supports children and grandchildren with the help of two sons who do not reside in household and a daughter who does. Multiple ailments in household

General background information

Sarah K, the respondent is a 62-year-old mother and grandmother and also the head of this particular household. Her place of birth is Marian Hill. She has seven children, three sons namely Johnny K, Eddie K, Sammy K (24) and four daughters namely Sally (43), Maria (32), Gladys and Nora (19). One of her sons has died. She also has four grandchildren residing with her. These grandchildren are Elias (24), Toni (17), Jimmy (16), and Kathy (12). Three of them are still at school whereas the other is unemployed¹⁹.

Symptoms

Four members of this household suffer from different ailments and diseases while two members have died. Norman died as a result of a knife attack in which he sustained fatal wounds to the head and Peter died of AIDS²⁰.

Peter started feeling sick in 1999. He lost a considerable amount of weight as he did not eat and he subsequently became weaker. His hair texture changed making his hair look curly and his head seemed smaller. He consulted a variety of doctors. All of these visits were to no avail and his condition deteriorated. He also went to different hospitals and clinics and at one of the clinics he was diagnosed as suffering from tuberculosis (TB). He received treatment in the form of tablets for his TB. Again his condition did not improve and it was then discovered that he had AIDS. He died in February 2002. He left no dependants (i.e. children) behind.

Sarah K herself suffers from high blood pressure and arthritis. Her problems with high blood pressure started in 1985 and she has been on treatment since then. Her arthritis started in 2000. She is under treatment for both conditions. Sarah K had to change her diet, i.e. she had to cut out salt, sugar, cooking oil, etc. and was advised to eat healthy food, e.g. boiled food and also to eat regularly, especially breakfast.

Maria has a skin disorder that started in 1991. She has consulted many doctors, but to no avail. She has also consulted a chemist for treatment and is now using a tube of cream for her skin ailment. Relief from the ailment is temporarily as it seems the cream only works sometimes. When the symptoms reappear, she would continue with the cream treatment²¹.

Sammy suffers from headaches and his body feels hot (*fever?*). He gets cramps in his feet and feels dizzy and have spells of unconsciousness. He also seems to suffer from insomnia, his appetite is poor and he has grown very thin. He has been to many doctors, to the clinic and to hospital but his condition has not improved. He is undergoing treatment, and although his condition did not improve, he is continuing with the treatment²². He has also consulted a herbalist who gave him herbs. The herbs worked for a short while after which his condition worsened.

Elias was in a car accident in 1991 and suffered severe head injuries that have left him with permanent damage²³. He was treated at King Edward Hospital. Although he is much better he has not recovered fully and still goes for treatment.

¹⁹ I am not sure if he is in fact unemployed, but I think it is a safe assumption to make as he has a medical problem and needs continuous treatment.

²⁰ It is difficult to ascertain whom died of what, as there are no further information about these two individuals in terms of how they are connected to the family. I only know that one of them is the mother's son.

²¹ Information on the disease of the daughter is too vague to draw any conclusions from.

²² Information on the son's disease is also too vague to draw conclusions from.

²³ Could one presume that he sustained some form of brain damage or does the permanent head injuries refer to something else?

Coping strategies of the family

The main supporters of this household are her children Johnny, Eddie and Maria. Of these only Maria resides in the house. Johnny and Eddie who support the household do not live in the house. Their lifestyle has not changed dramatically as they still enjoy the same type of food as before the onset of the chronic illnesses. The family also receives assistance from the neighbours. For example, when they have an emergency they would call the neighbours or phone for an ambulance or the police.

Either Johnny or Eddie or Sarah K would take those who require medical assistance to the hospital or a doctor. Costs of doctors' visits for Peter ranged from R75 to R200. Sarah K's monthly trips to undergo treatment and to monitor her blood pressure costs her R10 per day for transport and a doctor's visit cost her R45 per day. Treatment for Maria amounts to R80 per tube of cream. Sammy is undergoing treatment and it costs about R200²⁴. Elias' treatment at the Kind Edward Hospital costs R280 and his ongoing treatment costs R35 per visit. Since there are so many unemployed people in the household and so many people who require chronic medication, the household is always in dire financial need.

Although the situation in the household has stabilised, things remain difficult. There are not enough people in the household to do the necessary work. It is also not possible to do the same kinds of active informal earning now as before the onset of the chronic illnesses, e.g. Sammy lost his job because of his worsening condition. The household does not have access to any death benefits or back wages as a result of any of the illnesses or Peter's death. They however belong to an informal savings scheme called a stokvel. Credit and borrowing is becoming increasingly important as the household is sometimes short of money and run out of food. They therefore need to borrow money in order to buy food.

The household does not own any valuable assets. They do have a piece of land and still maintain the same type of cultivation as before the onset of the chronic illnesses. The land size is also still the same, about 20m² x 10m², not big enough for large-scale farming.

Sarah K used to cultivate the land. The soil is however of poor quality, consisting mostly of rock and sand particles. She cannot afford to buy fertiliser or compost. She grows summer mielies, sweet potatoes and beans in summer. This is because of the summer rains, as she does not have easy access to water. This is also because her land is not fenced and thus her plants are unprotected against cattle that tend to roam free during the winter months. Sarah K has another piece of land that is fenced with poles and used-corrugated iron sheets. She uses this land to grow vegetables, such as cabbage, spinach, carrots and brijol. She also has banana trees in her vegetable garden. She draws water from the river for the vegetables. Produce from the vegetable garden is for home consumption only.

Sarah K does not have the necessary implements to till her lands and uses her hands as hiring a tractor would be too expensive and that money could be spend on buying food for the family. She already spends about R40 on seeds for the summer garden and R30.00 on seeds for her vegetable garden.

Although the family is always in dire financial need due to the many unemployed members and the fact that there are so many suffering from some chronic illness, this has not affected their land at all. The death of one family member due to AIDS had no effect on their land rights or land use. They still have the same amount of land and still cultivate as before.

Keywords/comment

Family has the same piece of land as before and cultivation is as before onset of illnesses. No (direct) link between AIDS and land issues.

KWANYUSWA: INTERVIEW 6

Female household head has to provide for children and grandchildren with her wage as a domestic worker. Multiple illnesses in family exacerbate the problem

²⁴ It is not clear if it is R200.00 per treatment or if the R200.00 encloses the whole treatment procedure as the treatment is ongoing.

General background information

Dora B, the respondent in this case, is also the household head. She is a 53-year-old mother and grandmother. Her place of birth is Nyuswa. She had three daughters Petunia B, (37), Shirley B (34) and Nita B (26) and an 18-year-old son, Ben B who is still at school (standard seven). Shirley B died and left two daughters behind. They are Mercy (19) and Gerty (13) and they are both still at school (standard nine and standard three). The granddaughters also reside with the grandmother.

Symptoms

Shirley B's symptoms started in 1994. Her throat was constantly sore and she consulted a number of doctors. One doctor she visited gave her medicine for gurgling and to make her throat better. None of the treatment however helped. A doctor finally referred her to the Marian Hill Hospital, which subsequently transferred her to the King Edward Hospital, as she was unable to pay for the treatment and operation that was required. At King Edward hospital she was diagnosed with throat cancer and it transpired that she would need a blood transfusion as well²⁵.

She appeared to have been suffering from other ailments as well. She was operated on at King Edward Hospital, a hole was drilled into the back of her shoulder and she also received other treatment in the form of tablets and injections. She was at the hospital for about two months when they operated on her left hip. Apparently the doctors could not find what was wrong. Although the operations did not alleviate her situation, she continued with the treatment and medication. Two weeks later she died, leaving behind her two orphaned daughters.

Two other family members also have medical problems. Ben has a crippled left hand. Dora B herself has developed blisters on her legs that required medical attention²⁶. She went to the hospital for treatment. She was admitted at the King Edward Hospital and stayed there for three weeks. Her condition improved.

Coping strategies of the family

Dora B is the main supporter of the household and she earns a wage of R500 as a domestic worker. The bigger part of this wage is spent on the purchase of food. The family thus still enjoys the same type of food as before Shirley B's death and the onset of her own ailments. They are however unable to engage in the same form of informal earning as they had before the death of her daughter and the onset of her own medical problem. There are also not enough people in the household to do all the work and the family needs a lot of assistance. Although they are related to four other households in the area, they do not receive assistance from them. They have to turn to their neighbours in times of trouble or emergencies.

The family usually does not spend a lot of money on medical facilities as they go to the clinic if they are sick. They have however incurred major financial expenses when they had to pay for the operations and more specialised forms of treatment²⁷. For example the operation to Shirley B's left hip cost R560 and she incurred transport cost as she had to go for treatment and medication on numerous occasions.

The household does not own any valuable assets. The family has a small garden and whatever they produce is for own consumption²⁸. They are however unable to engage in the same kind of cultivation as before the onset of the illness²⁹. Supplementing her meagre wage with producing and selling surplus crops is therefore not a viable

²⁵ I had to be a bit creative here. The original sentence read, 'she had no blood' and I translated this into she needed a blood transfusion.

²⁶ Description of symptoms too vague, does this constitute a chronic illness?

²⁷ Despite the fact that the family had to fork out a lot of money for the operation and other treatment, they said they did not incur major expenses as they go to the clinic. I however think it is a major expense and wrote it as such, especially with reference to the operation.

²⁸ No reference to any form of cultivation is made. One can only assume they grow vegetables for own consumption.

²⁹ Who's illness, the daughter who died or the mother? What about the two unemployed daughters? Why don't they take over cultivating the garden, or are they working in the garden, but need additional help?

option as the garden is too small and they do not have the necessary 'manpower' to work in the garden. It is however imperative that household members find employment as the situation remains difficult.

The household belongs to an informal savings scheme called a stokvel. They also belong to the Bambanani Burial Club. The household is increasingly making use of credit and borrowing money. This money goes towards paying school fees and buying food, especially for the children. Their money problem is exacerbated by the fact that Dora B does not receive financial assistance from any one.

Keywords/comment

Small garden, cultivation for own consumption, can't produce surplus as garden is too small and too few people to work on land, As a matter of fact, less cultivation than before.

KWANYUSWA: INTERVIEW 7

Household consists of 2 brothers and their sister. The eldest brother suffers from a chronic illness and subsequently lost his job and the sister is the only supporter

General background information

David T, the respondent of this particular household, is a 38-year-old man who has one brother, Reggie T, (33) and a sister, Thobile T (30). Their family moved from Mpangeni to KwaNuyswa when their mother's brother offered them a piece of land there. The family built a house on the land. David T's mother who used to take care of the household died in 1989 after suffering an accident while cleaning the yard. Her foot and leg bled profusely and she was taken to the hospital for treatment. The treatment did not help and the wound did not heal. Their mother was then taken to a *sangoma* who said that a jealous neighbour used herbs in order to kill the mother. The *sangoma* then gave their mother herbs to heal the wound. The herbs however did not work and she was taken back to King Edward Hospital where she died.

Their father left his family to their own devices and they had to look after themselves since 1989, when David T, Reggie T and Thobile T were respectively, 25, 20 and 17 years old. At this stage neither David T nor his siblings were employed and their uncle on their mother's side cared for them financially. During this time the house was destroyed during a storm and the family did not have the financial means to repair the house. They have been living in the dilapidated house ever since. Ironically the father who has deserted his family and has since died, is still regarded as the head of the household.

Symptoms

David T is the one suffering from the chronic illness. He used to work for a factory or company that deals with cement and chemicals. Exposure to the dust caused by the cement and chemicals caused him to develop pains in his chest. He sought medical advice from a number of doctors, and also went to the clinic and hospital but his condition did not improve.

He then underwent x-rays and it was discovered that he suffered from tuberculosis (TB). He felt tired all the time. David T had difficulty swallowing and could not eat any food, including soft food such as porridge and as a result lost a lot of weight. He was admitted to a TB hospital in 2001 where he received treatment and his condition improved.

Coping strategies of the family

David T spent about R500 on treatment that did not work. He also had to pay transport cost of R10 every time he went to a doctor or to the hospital. Despite his improved condition, he lost his job nonetheless and his sister, Thobile T became the main supporter of the household. She earns a wage of R1000 a month³⁰. Due to financial constraints the family was unable to repair their house and this has negatively affected them in the sense that all three of them sleep in the same room. The other room is used for cooking. The family is still able to enjoy the

³⁰ I am assuming that she earns this amount per month. There is no information on the job she does, only that she earns R1000.00.

same type of food as before the onset of the illness and his subsequent job loss. There are however not enough people in the house to do all the work and they are in need of assistance, also with the repairing of the house. The uncle however has been a source of strength and they turn to him in case of emergencies.

Although the family has a piece of land, it is smaller than a soccer field and is used mainly for a garden; produce is cultivated for own consumption. They still produce the same type and amount of produce as before the onset of the illness and they still have the same land. Because the land is so small the family can't produce extra to sell in order to supplement the income from Thobile T.

The family does not have any other source of income. They also do not make use of credit or borrowing of money, not even for cultivation purposes. They also do not have any insurance and David T did not receive any back wages from his former employer.

Although both David T and Reggie T are grateful to Thobile T for supporting them and providing for their needs, they feel that as the men in the family they should be the ones to work. David T's illness and subsequent inability to work or find work, does not only have a negative impact on his health and finances, but also has a negative impact on how he views himself as a man. His pride is hurt by the fact that his younger sister has to support and care for him. It is clear that David T would dearly like to find employment, not only to salvage his male pride, but also to alleviate the difficult situation at home and to subsequently repair or rebuild their house.

Comment

Information regarding land issues and land use is too vague. The family has a small garden and they still cultivate the same produce on the same size land.

KWANYUSWA: INTERVIEW 8

Rose Z: The household members are an elderly woman called Rose Z (pensioner) who is the household head, her son, Boet (36), her daughter, Jeany (39) and two grandchildren

Diagnosis

Rose Z suffers from high blood pressure, stomach aches, eye problems and aching knees. She receives treatment for her high blood pressure from the clinic. Jeany suffers from repeated headaches, gums (bleeding) and skin problems (a big blemish on her face). This started in 1985, she tried many doctors but this has not cleared. She consulted a *sangoma* about the gums and she gave her muti and commanded her to buy two white chickens and perform a ritual '*impembo*' (talk to her fore fathers about her problems). Instead the situation worsened immediately after that but now she is better.

Boet's illness started in 1999 after he was hit by a policeman with the butt of the gun on his head. He was taken to the hospital and since then he had never been himself. He suffered a stroke and his left hand has shrunk. It was believed that the gun had muti. The treatment from the hospital, herbalist and *sangoma* cost him R60, R200 and R70 respectively. He is unable to work hence he is unable to finance his children's schooling.

Income

Jeany is a main supporter of the household she earns R1500/m. The household manages to have normal meals but sometimes not. Rose Z does support the family with her pension grant.

Credit and debt

Sometimes they resort to stokvel for credit when they experience money shortage.

Land

Rose Z does not have a big area of land. She plants mielies, pumpkins and beans in her garden (20m² x 10m² in size) for household consumption. She only sells the avocados from the tree in her garden. The soil is very poor it needs fertilisation but she cannot afford that. Her garden is not fenced, stray animals like cattle and goats graze

her vegetables especially in winter. She used to work the land with her hands now she hires labourers. The seeds are expensive.

There has not been any land transfers and the land's size has not changed.

Social capital and power relations

They are related to three other families within the village. They are affiliated to the Bambanani Burial Society.

Resolving the crisis

The situation remains to be difficult and the land is a limiting factor (too small).

Comments

There is a need for additional land but reduced family labour (hired labour).

Treatment costs deplete the off farm income.

Shortage of cash to finance children's schooling.

Land is being actively used but its size is a constraint.

All older family members have been sick for a long time and their situation is unlikely to improve.

KWANYUSWA: INTERVIEW 9

Bongi C: Household headed by a female pensioner (widowed)

Household composition

Three deceased members of the family were diagnosed as having TB and they lost weight then died. One of them was initially diagnosed as having pneumonia. A lot of money was spent in taking care of them. There were two orphans, widowed pensioner (interviewee) and her three children. There had been arrival of orphans.

Among the deceased was a son who was a main supporter of the household. The son, John C was employed as a road worker in Johannesburg. He presumably had flu, he coughed a lot, and felt cold and was continuously shivering. He was also constantly tired and lost his appetite. When his foreman noticed his condition, he gave him sick leave. John C then went home to recuperate. He also went to see a doctor in Pinetown who diagnosed pneumonia. The doctor gave him an injection and medication, including tablets. He continued his medication and his condition improved. He returned to work, but was not sent back to Johannesburg and resumed office duties in the KwaZulu Natal offices. Later on he suffered a heart attack. He was rushed to Chatworth Hospital where he remained for three weeks. After which he recuperated at home for a few days and then he returned to work. He also continued to provide in the needs of his family. He still felt weak and changed his diet, i.e. eating healthy food such as salads, etc.

During this time two of his sisters fell ill and both died after long illnesses. John C paid for their funeral expenses. Three months later he fell ill again and went on sick leave. He lost a considerable amount of weight and became very thin. This worried his family very much and they took him back to the doctors. Although he was given an injection and medicine, his condition worsened. He was unable to walk, he couldn't eat, swallow or talk. He could only take in liquids, such as juice. Again he was taken to many doctors, he was so weak that people had to carry him and his body felt sore where they touched him. He became so bad that his mother had to care for him like a baby, turning him over on his sides every so often. He died soon afterwards.

Bongi C had arthritis and high blood pressure and collected treatment monthly from a clinic. The other sick family members were a 32 years old daughter who had leg problems and a grandchild who had throat and chest problems (is Philile (13) a daughter to Zanele (32)?)

Impact of illnesses

The household was supported by her other son who was working. Even if they enjoyed enough meals there were still some things, which were insufficient. She felt that the situation of the household was worse than before.

Assets

There had not been any land transfers and no changes in land size. They have a garden, 60m² x 100m². Bongi C is involved in cultivation. She grows mielies, pumpkin, beans, potatoes and spinach in summer. This is because her land is not fenced and during winter the cattle tends to roam free and her vegetables will therefore not be protected during winter. Produce is for home consumption only. Bongi C buys seeds for R200 or more. She does not use fertiliser, as she can't afford it.

Things have deteriorated and this negatively affects the cultivation practices of the family. When her son was alive, he used to hire a tractor at R120 with which to cultivate the land. Now Bongi C has to do the cultivation with her bare hands. Bongi C also believes that if her son was still alive, they would have been able to fence the land (and thus protect the produce against roaming cattle in winter) and this would have allowed them to cultivate during the year and not only during the summer months.

Although it is said that the son died of TB, it could be that the TB, pneumonia and other afflictions were as a result of HIV/AIDS. If this is the case one can say there is a link between HIV/AIDS and land issues as the death of the son (the breadwinner) hampered the mother's attempts to cultivate extensively. His death resulted in her not having enough money to buy fertiliser, to hire a tractor or to fence her land in order to cultivate throughout the year instead of only in summer.

Comments

The occurrence of the chronic illnesses has affected a household adversely:

The treatment and transport costs (loss of money) (There is a decline in off farm income).

Loss of access to income (death of a breadwinner).

Among the sick members of the households two show the possibility of occurrence of opportunistic diseases.

Family is affected through morbidity and mortality.

KWANYUSWA: INTERVIEW 10

Nkosinathi R is now 37 years old, and was severely injured in civil violence in 1998, resulting in a chronic condition that needs regular hospital care. He and his brother Mfanafuthi R lost all land rights around 1985, when their father took the occasion of their mother's death to sell the family land, abandon his sons and leave the community. After this event, he and his brother as de facto orphans were shuttled around among several households of their local relatives. As they grew older they found jobs and were able to support themselves independently. But as in the case of David T, neither married, and although they remained together there is no sign that they ever had a house or home of their own. Instead, they appear to have remained members of the new floating tenant population of KwaNyuswa. People in this category do not qualify for tenure status and are not recognized as adult citizens, but many are locally born and continue to live in the community on an informal, uncertain basis: this population appears to be increasing significantly as a combined result of unemployment and AIDS, and shows signs of becoming a major tenure problem for the future.

Mfanafuthi was killed in an accident in 1997, leaving Nkosinathi R to support his two children born to different mothers outside of marriage. The following year Nkosinathi R was attacked, losing an eye and becoming brain-injured and partly deaf. He lost his job as a result, making his situation much more precarious. At the time of the interview he was living on casual labour in a rented room, but still successfully supporting his late brother's two orphans, who remain with the mothers' families, and to some extent he was supporting their mothers as well.

Though he is literally homeless, his unusual virtual household allows him to claim some respectable community standing as a man supporting the children of his family. Because the dependency burden he has taken on is limited to a relatively small family unit, with a C/E ratio of 3.3, and because he works hard at finding casual and temporary jobs in gardening and painting to add to a probable disability grant, he seems to be able to manage enough earning to give a per capita income roughly estimated at about R 270 per month. This implies only moderate poverty. Likewise, though land is not involved, as an uncle he has been a remarkably honest guardian under very stressful circumstances.

However, given his difficult position Nkosinathi R is not likely to be able to marry and establish a home of his own in the usual way. Therefore he probably will not be able to get back into the tenure system as a household head. It is not clear how stable even his present precarious health is, and his condition may be deteriorating. As an individual alone, he has no future – unless, like Jimmy D, he finds a similarly afflicted partner. As a landless orphan himself with chronic care needs, his situation is very similar to that of AIDS orphans and AIDS patients, and highlights the possible destiny of AIDS orphans who become victims of land snatches.

KWANYUSWA: INTERVIEW 11

Daniel N

Household accommodating the survivors

Household background and diagnosis

The parents of the household passed away some time ago. Daniel N is a 38 years old male. His live- in fiancée died. Out of 5 children there were 3 orphans. The fiancée died of continuous runny tummy (diarrhoea) and loss of weight. He had same symptoms – diarrhoea, weight loss and weakness. He was in and out of the hospital. The other deceased member of the family: A lady who died after being sick for a long time. She sought help from the *sangomas* but she did not get better. She lost much weight before her death and she could not walk. Her orphaned child was moved to her in-laws' house.

He was an only supporter of the household. He had lost a permanent job due to his illness and is now having a temporary job. There were times when they would sleep without food and they depended on their neighbours for help.

No credit or any debt

Assets

There was a change in land size. Part of the land had been sold due to starvation in the household. There was no temporary land transfer.

Crisis

Things are very difficult for the household. He does not use the land and he hopes that things will be all right should he find a permanent job again.

Comments

Family is affected through morbidity- (He is afraid that he will die just like the other deceased members of the family. His disease symptoms resemble those of AIDS victim).

Not involved in any farming activity-land is likely to be abandoned due to ill health and lack of money for inputs.

There is money loss- treatment costs.

There are strong links between AIDS and land.

KWANYUSWA: INTERVIEW 12

Sandile E and his younger brother move in with their aunt (Maria) and their two sisters move in with their eldest sister (Dorah) after the death of their grandmother (Elizabeth E). Their parents died of undiagnosed illnesses earlier on.

Family composition

Elizabeth E's family originates from UmziMandla Hulu: Egugweni. Before the death of the head of the household in 1982, this family consisted of a father, Solly and his wife Elizabeth E. They had two children,

James and Maria. Maria got married and she went to stay at Kwa-Mashu. A few years later, James got married to Julia and they found their own house at UmziMandla Hulu. Their marriage was blessed with five children.

History of the illness

Two separate incidents happened to this family. Firstly, in 1983 Elizabeth E started to become ill. She felt weak and was vomiting blood. Although Elizabeth E was sick, she stayed for a long time without any medical attention. Secondly Julia became ill and died of a sudden unexplained undiagnosed illness in 1989.

Impact of the illness

After Julia's death, her four children had to stay with their grandmother because their father was working in Durban and thus unable to look after them. At the time, Julia's eldest daughter, Dorah, was already married and staying at Hill-Crest. As Elizabeth E, the grandmother, was sick and unable to cope with the four children, she invited her cousin, Gugu to come and stay with her so that she could help look after the children. During this period, Elizabeth E had already started building a house with her old age pension grant. However, she could not finish building her house because she had to support other family members. Realising that she needed medical treatment, in 1984 Elizabeth E decided to move to her nephew, Jerry at Kwa-Mashu. Gugu was thus left with the four children. However, as time progressed, Gugu and the children could no longer stay at the house because Elizabeth E could not complete building it. This led Maria, the children's aunt to take the two sons to stay with her at Kwa-Mashu while, Dorah, the sister to the children, took her two sisters to come and stay with her at Hill-Crest.

In 1994, Jerry and his family, together with Elizabeth E, moved to Kwa-Nyuswa and were able to have a house of their own. Here, Elizabeth E became seriously ill and was almost totally insane as she was stripping her clothes, wanting to be naked. She was also unable to walk up straight. While Elizabeth E was seriously ill, James, the father to the four children, died in the same way as his wife, of a sudden undiagnosed and unexplained illness.

Diagnostic symptoms of the chronic illness

At the beginning of 1999, Elizabeth E became very weak and had no energy or appetite as she was eating sour porridge only. She also complained of a painful throat when swallowing. At the time, one of the four children, Sandile E, was already working in Durban and as such had to help Jerry with transport and medical expenses.

Elizabeth E was admitted to Clinic Hospital Brothers hill and was then referred to King Edward hospital. However, her condition never changed. In fact the King Edward hospital said her bones were loose from the neck down through to the spinal column. Doctors said Elizabeth E was not ill but old. They advised Jerry's wife to take her back home where she had to wait for her death. Indeed, two days after being to the hospital, Elizabeth E died in March 1999. Sandile E and Dorah contributed towards the funeral arrangements of their grandmother.

Assets

Before moving to Kwa-Nyuswa, Elizabeth E's family used to have land equal to the size of four soccer fields and one soccer-field size garden of trees and flowers. They grew different products like mielies, beans, potatoes, pumpkins that they sold to white people at the UmziMandla Hhulu workshop. While at Kwa-Nyuswa, the land at UmziMandla Hulu was unused and the house was sometimes rented by students. However, after the death of Elizabeth E in 1999, Maria decided to sell the land at MziMandla Hulu: Egugweni to two families for R1800. She used up all the money for herself and did not share it with anyone.

Land issue

The chronic illness had an impact on land usage. It was later sold to other people.

Identification of the case study
Orphans left with aunt and sister

Comments

There are many gaps that need further clarification.

Not sure whether Egugweni is a place at MziMandla Hulu

Not sure whether Elizabeth E died of old age or not

Not sure what this sudden unexplained and undiagnosed illness that killed Julia and James is because there is no reference to symptoms or signs of the illness.

KWANYUSWA: INTERVIEW 13

Orphans presently staying with grandparents (Bhekumuzi F and his wife, Nelisiwe F)

Family historical background

Bhekumuzi F's family consisting of himself, his wife Nelisiwe F and their children is originally from Edendale, Pietermaritzburg. The land on which their house was built, belonged to Nelisiwe F's mother, Busi. This land was of about three and a half soccer field size. Because Busi saw this land as big, she decided to sell one soccer field size to James, who later sold it to John.

Bhekumuzi F's family then acquired 2.5 soccer field size land at Emaphephetheni that was used for church related issues. While at Emaphephetheni, they realised that they are not fulfilling their goals. Two years later, they decided to sell their house, church, mud house and land in order to move back to Edendale as their house was still in a good condition. At their arrival at Edendale, they found that Nelisiwe F's mother had sold the house and one-soccer field size land to James. Bhekumuzi F's family then took the matter up with the tribal authority that later instructed Nelisiwe F's mother to refund them. Bhekumuzi F's family then decided to give one soccer field to their son-in-law, leaving them with about one and half soccer field size land. This land is not being used, but the family would like to lease it. Bhekumuzi F's family was therefore left with no option but to seek alternative accommodation. They found themselves renting a house at Lindelani.

In search of employment, Bhekumuzi F's family moved to Kransfontein, just outside Pinetown. Here, Nelisiwe F worked at a farm cultivating fields in exchange for accommodation, while Bhekumuzi F worked at a place different from the farm. While at Kransfontein, the farmer gave them one soccer field size land to cultivate anything they wanted. As the family was not happy with only one soccer field size land, they started looking for land outside townships and through a friend, they were offered three soccer fields size land at Kwa-Nyuswa.

History of the illness

Among Bhekumuzi and Nelisiwe F's children, Sophy left for Clermont in search of work. She met and married Thabo in 1996. Six months after their marriage, Thabo helped Sophy find a job at Pinetown as a cleaner. Although she was working, she wasn't feeling well. During that same year, she gave birth to twin boys. Three years later she started feeling weak, losing hair and weight, and had chest problems. These symptoms are evident signs of HIV/AIDS infection. These symptoms made Sophy to seek medical help. However, despite moving from one doctor to the other, her condition deteriorated further. This made her mother-in-law to connect her condition to ancestral-related diseases (*amandiki*), thus took her to a herbalist who tried to heal her, but all was in vain.

Due to the ineffectiveness of whatever medication Sophy got, Thabo decided to sell at the market only over weekends so as to take care of Sophy and the children during the week. This helped him support the family, pay transport and medical costs. Although the money Thabo got from selling was too little to support his family, he did not seek any outside credits.

As time progressed, Sophy became seriously weak. This made Thabo to take Sophy and the children to her parents. Sophy's parents also tried different medications, from medical practitioners to herbalist, but her condition did not change. During this period, she could hardly walk or talk. Sophy later died in May 2001. After Sophy's death, her family requested Thabo to take the children and look after them.

Impact of the illness

The presence of the orphans had a negative bearing on Bhekumuzi F's family. Neither Nelisiwe F nor her husband could look after the orphans. Nelisiwe F is working at the market while her husband is too old to look after small children. This resulted in Nelisiwe F's granddaughter leaving school last year to take care of them. However, the children are currently attending pre-school and the granddaughter is back at school.

Land issue

It appears that the land was mainly for residential purpose although there was a time when Bhekumuzi F's family was not happy to cultivate on one-soccer field size. There is no indication of what they used the land for after acquiring three soccer field size land at Kwa-Nyuswa.

Case study identification

Bhekumuzi F's family: orphans currently staying with grandparents.

Comments

There is no indication of how many children Bhekumuzi F's family had.

There is no indication of what the land at Edendale was used for.

There is no indication of what led to resolving their family because the orphans are now attending pre-school and the granddaughter is also back at school. Although Nelisiwe F is working and she receive pension grants, it is not clear how they managed to sort out the problem of taking care of the children, whether they got extra income, how and where they got it.

There is no indication of what Thabo sells at the market.

Although Thabo took care of the children, it looks like they had to be brought back to Sophy's parents as he was then arrested.

KWANYUSWA: INTERVIEW 14

Buhle G. Woman's brother and sister-in-law pass away leaving her in charge of 5 orphans

The onset of the illness

Buhle G is a divorced woman who works as a domestic and earns about R1300 per month. She spends the week at her employer's house and comes home to Nyuswa on weekends. Buhle G's elder brother Dumini and his wife Sarah came to stay in Buhle G's household in 1991. They obtained their own land in the area in 1998, and started building their home the following year. They had five children. Dumini was a permanent employee with Telkom. He worked in Pietermaritzburg and came home on weekends. Buhle G helped Sarah find some part time work, and the eldest son, Sbusiso, earns money doing odd jobs in the neighbourhood.

Sarah's illness began in 1997. She was admitted to hospital and was attended to by private doctors. However, she would not reveal what the problem was. By nature a heavy-set woman, she started to become thin. It was some time after this, in 1998, that Buhle G helped her find part-time work, but Sarah continued to get thinner and weaker. She consulted doctors twice per week. When her husband Dumini was at home, he would accompany her on these visits. In addition they consulted a traditional healer who attempted to treat her *amandiki* by sacrificing some chickens. In January 1999 Dumini put in for a transfer to the Durban office so that he could live at home and commute to work. The aim was for him to be near his wife. In March, Sarah was admitted to hospital, where she stayed for two weeks. At this point, she stopped working altogether. Dumini started taking out loans so that he could afford Sarah's medical treatment, and because Dumini and Sarah were trying to complete the construction of their own house in Nyuswa.

At the end of May, Dumini was one of a number of workers retrenched by Telkom. He carried on incurring debt in the expectation that his payout from Telkom would be sufficient to allow him to repay it. The house was finally finished in September. Dumini was surviving on UIF payments, but they were not sufficient. Dumini was spending a lot of money for transport to get Sarah to her doctor's appointments, and in other respects as well they were living beyond their means. In October they moved into their new house. Sarah was too ill to walk the short distance, so Dumini hired a car to transport her.

At that point, Sarah was too ill to care for herself. Their eldest daughter took responsibility for bathing and caring for her. She was admitted to hospital once more, but did not feel she was receiving adequate care. She asked Dumini to take her to Port Shepstone, the town where she was from. Dumini was penniless and could not afford the transport. Buhle G paid the R800 for transport out of her own savings. Dumini and Buhle G left Sarah with her parents in Port Shepstone and returned to Nyuswa. Dumini began drinking excessively. Later, they

received a phone call to say that Sarah was in the hospital. She died in mid-December. She supposedly died of cancer.

Although Dumini and Sarah had funeral insurance, there were delays in getting paid out. Buhle G borrowed money from her employers for the funeral, which cost R4000, and paid for the transport for herself and Dumini to Port Shepstone out of her savings, which was another R900. Dumini's in-laws also demanded money for *amahlawulo*.

Dumini carried on drinking heavily. In late 2000, he finally received his payout from Telkom, but didn't tell Buhle G about this. Buhle G learned later that the sum in question was R12000, but that Dumini spent most of it on alcohol and girlfriends. When Dumini died in January 2001 of a heart attack, there was no money left. Buhle G paid for the funeral out of her own resources, and also had managed to repay her employers for all the assistance they had given her as well as paid off some of Dumini's debts. These included a mix of stokvel and tavern debts, and came to a total that Buhle G knew about of R1300.

The importance of agriculture

Buhle G's house is on a plot about three quarters of a soccer field in size. There is a small garden on the plot, which Sarah used to use. But Sarah also cultivated plots within the community gardens, on which she grew carrots, onions, maize, and beans. At that time, Buhle G was not doing any cultivation, but since the death of her brother and sister-in-law, she has started. This helps feed the five nephews and nieces for whom she has been responsible since their parents' deaths. However, it is still less in extent than the amount of land that Sarah has cultivated before. Whereas before there was some production that could be sold for cash, now all that is produced is consumed at home. Also, Sarah was more knowledgeable about cultivation than Buhle G is.

Comments

The amount of land cultivated declined with the death of the household member who was most skilled in agriculture and who was engaged in few other wage earning activities.

KWANYUSWA: INTERVIEW 15

Magdalene M³¹. Woman's son dies leaving her to care for grandchildren

Progress of the illness

Magdalene M lives in Nyuswa with her two adult daughters, their 7 children, and 2 children of her deceased son, John. Magdalene M is a *sangoma*, and earns about R800 per month. She also receives pension of R570. Neither of her daughters are working. One of them is deaf and dumb, but she has never succeeded in securing a disability grant. Seemingly she is the only adult in the household who has received any formal education. The fathers of her daughters' children are not contributing to the upkeep of the household, nor is there anyone else outside of the household who helps out. The situation has stabilised since her son's passing away, but things are still very difficult. Occasionally to make ends meet Magdalene M borrows money from clients who she then repays as soon as she collects her pension.

Her son John worked in construction. In 1998, he started suffering from sharp pains in his body as well as a sore chest. Magdalene M took her son to see a diviner, who determined that John had been tainted with muti, the purpose of which was to make him fail in life and die poor. The diviner prescribed some traditional herbs, but there was little improvement. In early 1999 John started missing work. John then consulted a healer who was known to be particularly good with sharp pains. He seemed to improve, and for six months was able to resume work. Magdalene M also sent John to a doctor every weekend for injections to give him strength, but even so he continued to feel very weak. John started developing other symptoms as well, including swelling in the stomach and legs.

During the rest of 1999, 2000, and 2001, Magdalene M took John to consult at least four other traditional healers of various types. Some healers were able to reduce some of the symptoms on a temporary basis, but overall

³¹ According to Catherine Cross, further investigation revealed that before his death, the adult son as the heir to the land forbade his mother from selling any of it.

John's situation became worse and worse over time. His swelling became more pronounced and uncomfortable, he was less and less able to work, and he became irritable and disagreeable with his sisters who were attempting to care for him. In December 2001 the situation became especially severe, and Magdalene M tried to have her son admitted to hospital. A friend assisted John to the hospital since John had difficulty walking, but the hospital could not admit him because it was so full and said to come back the following day. The family borrowed a wheelbarrow with which to transport John, but he died before they took him back to the hospital. John left behind two teenage children.

Magdalene M had some burial insurance, but it only covered herself and two of her grandchildren. The funeral was very simple. A number of relatives donated R70 apiece. There was no coffin.

The land

Magdalene M's family has been in the area for several generations. She inherited over 4 soccer fields of land, of which they are presently using 2, as well as a household garden. Some of the family's land was given to the community for community gardens, but it is unclear when this happened and how permanent it is. It appears to have been voluntary, and to have been allocated to close neighbours who were better able to make use of the land. Some other land was sold, but this was some time before the onset of John's illness. The family was on the point of starvation and needed to sell the land to raise cash. Also, since her husband and mother passed away, the family hasn't been able to cultivate as in the old days. Even after selling some and giving some land away, the family is not able to make use of all of the land it has, because it does not have money to purchase seed.

Magdalene M is now thinking of selling some or all of the land. There is a very high demand for land in the area. Also, she is worried because she has heard rumours that the Durban Metro is coming to take people's land. If she were to sell the land, she would use the money to bring water and electricity to the household. However, the cost of getting hooked up to these services was rapidly becoming more expensive.

Comments

There is some hint of a threat of land being taken away, but it is an unconfirmed rumour, and it does not involve extended family members or members of the community. Also, it has nothing to do with the family's tragic loss. The household did sell land at one point in the past to raise cash, but this was before the son fell ill. The fact that Magdalene M is contemplating selling more land reflects the fact that she is not able to make much use of it, and that selling land to raise cash is an established practice.

KWANYUSWA: INTERVIEW 16

This household consisted of Mandla H, his parents and his son, Mandla H junior. Mandla H died in November 2000, at the age of 27

Household composition

Mandla H's family consisted of 11 members before his death. They are his parents, six siblings and two grandchildren. One of the grandchildren is Mandla H's own son who for convenience sake would be referred to as Mandla H Junior. Mandla H Junior is 2.5 years of age. The ages of Mandla H and his siblings range from 13 to 27 years. This household was established in 1974.

Occurrence and the development of the disease

Mandla H had a girlfriend by the name of Thandi (Mandla H junior's mother) and she unfortunately died in August 1999 at the age of 25. Before her death Thandi, was suffering from a severe headache. As a result she went to the clinic and she never recovered. After three days Thandi failed to wake up and the taxi driver then took her to the hospital. After two days, Thandi finally died. By then Mandla H junior was only 2 months old.

The death of Thandi affected Mandla H badly as he became mentally unstable. Mandla H was working as a Taxi Rank Manager. As a result of his ill health, taxi owners granted him sick leave and they took him to the *sangoma*. He then showed signs of recovery and he returned back to work. After three weeks an unknown disease with the following symptoms affected him;

His face and neck turned red as if he was poured by hot water. As a result, he was taken to a medical doctor in Pinetown.

After two weeks, the part below his cheek down to his neck got swollen. He was then taken to the hospital where he stayed for a month.

Weight loss

Since then Mandla H never recovered and the situation became worse and he was taken back to another hospital where he stayed for three weeks and he later died. His illness lasted for six months. After his death, his in-laws came to fetch Mandla H Junior. Apparently, this was a form of punishment as Mandla H's family was told that to get Mandla H Junior back they must pay R1500 fine known as *Ihlawulo*. This is probably because Mandla H was not legally married to Thandi and yet they had a child together.

Economic activities and livelihood strategies

Currently Mandla H's mother is the sole breadwinner in their family as his father left her to stay with another wife somewhere else. His mother works as a gardener once per week and she earns R70 per week. This is obviously insufficient to sustain her family as she reckons that it would have been much better if she was working twice per week. Mandla H's death also meant the end of the R50 that she used to receive monthly. Fortunately, her 14-year-old daughter does work part time and on average she earns R80 per day.

In case of emergency, Mandla H's mother is usually bailed out by her sister's son. He understands her predicament. In addition, she also borrows money either from her relatives or friends. But she has some bad experiences with buying on credit as at one stage the furniture shop repossessed her double bed. This was embarrassing as this was done in view of the public eyes.

The death of her son (Mandla H) did not affect the cultivation of the three ha of land that she owns, but the cultivation was affected by the departure of her husband from the family, as he no longer offers the financial support to his family. This means that she can't afford to pay school fees, buy food and still be able to buy all the inputs for her three ha of land. She grows maize. Before the departure of her husband she used to grow vegetables as well. Her father gave her the land. Her father was given this land by an *Induna* in the 1950's. This land belonged to the tribal authority before and this was after its owner who relocated to another place abandoned it.

Mandla H's mother has no rights to sell the land, as her husband is still alive. Apparently she would like to sell the land so that she can build the house with the money.

It appears that her husband (Mandla H's father) left after his death. Why? if not, when did he leave?

Key words

Husband left, 3 ha of land, no money for inputs, willing but unable to sell the land.

KWANYUSWA: INTERVIEW 17

Jimmy D dies, leaving his live in lover with a child. Disputes with Jimmy D's relatives over the house that Jimmy D and his lover Jane shared

Household origin, composition and deaths in the family

Jimmy D (27) and Jane (32) were both disabled people. Jimmy D was a paraplegic and Jane suffered from epileptic fits. Apparently both Jimmy D and Jane were heavy drinkers. This not only exacerbated their medical conditions, but also resulted in them incurring debts at many drinking establishments. Before Jane moved in with him, Jimmy D and his female cousins were staying with their grandmother. After their grandmother's death in 1989, his cousins went to stay with their mother in Clermont where the family originates from and where his grandmother was laid to rest. Jimmy D was left alone in the mud house in Nyuswa. In 1991 Jane moved in with him. This mud house (s) was in a dilapidated state and consisted of more than one living area. Jimmy D and Jane lived in one flat. The relatives in Clermont decided to rent out the bigger living area, described as a big square house and to collect the monthly rent without sharing any of it with Jimmy D.

Jimmy D thought this was unfair and demanded a share of the rent money, as he was the one who had to look after the house. His relatives refused, saying that he already gets a disability grant. A few months later the house was sold to the tenants. Jimmy D and Jane remained in their mudflat on the plot. Apparently the *Induna*, who is now deceased, was not very happy with this sale and gave Jimmy D a small plot for gardening. Being disabled, the Valley Trust helped Jimmy D and Jane to build a two-roomed block house. Jane was expecting at this stage and the social workers told them that the house was both their property even though they were not married. Soon after that the mudflat deteriorated to such an extent that it fell down.

Jimmy D died in 1996. He died of some lung disease or lung complications. Less than a year later Jane had another boyfriend who moved in with her. This really angered Jimmy D's relatives. They threatened to sell the house if she did not reject the new boyfriend. Jane did not take the matter up with the Tribal Authority or Valley Trust, but decided to move out of the house and to rent it out instead. She then rented a room at another house and lived there with her new lover. By this time, news of what happened to her and that Jimmy D's relatives were planning to sell the house Valley Trust built for her and Jimmy D was spreading. She was then advised by other community members to take further steps. Jane took their advice and approached Valley Trust. Valley Trust then wrote to the Tribal Authority who confronted Jimmy D's relatives. Jimmy D's relatives then relented, saying Jane may stay, but not the boyfriend. Apparently the Tribal Authority told Jimmy D's relatives that Valley Trust could send them to jail as they are abusing a disabled person (Jane). He further warned them that they should never set foot on Jane's property again. It seemed as if the threats worked. The Tribal Authority then asked Jane to move back into her house. She complied and stayed in her house until she became very ill. She was then admitted to the R. K. Khan hospital in 2001. She died in October 2001. Valley Trust and Mother Phutu, a childcare facility that is situated in Botha's Hill paid for her funeral. Jane and Jimmy D's child has been placed at this facility a while ago as Jane was incapable of looking after the child. Jimmy D's relatives did not make any contributions to the funeral. The house that Valley Trust built for Jimmy D and Jane is now being rented out by Jane's mother who is also collecting the rent money. Apparently this house is the inheritance of their child³².

*It is not clear if Jimmy D died before or after the birth of his child
How secure is the child's inheritance?*

Key words:

House vacated and rented out, threats, tribal authority intervention

KWANYUSWA: INTERVIEW 18

Jabu J; Household with Survivors

Jabu J's mother died in 1994, she had liver problems. He (34 years old) was married and stayed with his four sisters who moved out to stay with their boyfriends after their mother's death.

It is alleged that there may be something mentally wrong with Jabu J. He appears to be something of a loner and as a boy used to spend a lot of time in the forest all by himself. At times he also refused to speak to people, and would shake his head to indicate yes or no. His parents also thought that he did not behave like a young Zulu man should and thought this may be the result of growing up with sisters. He also appeared to have made mistakes at work. Although Jabu J was taken to many doctors, they could find nothing wrong with him. In 1998 however he was admitted to the R K Khan hospital and the doctor there offered to arrange a pension (grant) for him in 2000. It is not indicated why he was admitted or why the doctor felt it necessary to arrange a pension for him. He was not given any medication though.

He was later persuaded by his uncle (a businessman) and grandmother to vacate his mother's house at Nyuswa as it was to be inherited by his half brother (his surname was the same as the uncle's). His half brother had a house at Kwa Mashu. He was moved to Zwelibovu where life was too difficult for him. He got engaged in an informal business to generate some income.

He revisited Nyuswa and stayed at one of his sister's place. By that time he was sick. Going back to his mother's house he found that his half brother had built a four-roomed house for renting. He saw some stranger

³² Does this inheritance include the gardening plot that the late *Induna* gave to Jimmy D and will the child be able to claim his/her inheritance years later? Will the grandmother be able to keep it for the child?

who worked his mother's land that was about 2,5 soccer fields in size. They were instructed to do so by his uncle. His uncle intended to build 10 cottages for hiring them out to strangers. He reported the matter to the tribal authority (*Induna*). It was found that his half brother's name was not among the names of the people who were to inherit his mother's land. It was clear that the uncle used their half brother to get their mother's land. The *Induna* instructed his uncle to leave the land alone.

Apparently some community members were participating in a community garden. Two of the three people who were driving the project and who had the necessary cultivation knowledge however died and the other moved away. The project then came to a halt. Jabu J's sister thinks that the other community members are not able to organise and mobilise the rest of the community to get the project up and running again. She feels this is a pity as they have access to adequate water from a nearby dam.

Questions

Elaborate on the respondent sickness. Did he suffer from any of the chronic illnesses?
Will the respondent 's wife inherit the land?

Comments

The death of parents results in children leaving their home.
He nearly lost his inheritance of land through his uncle- typical case of how children of the deceased are treated.
Agricultural fields were nearly changed to residential site.
There can be abandoning of land as there are no farming activity undertaken (can be due to lack of money).
Land and AIDS issues are strong.

KWANYUSWA: INTERVIEW 19

Respondent is a widowed pensioner (Nakile H). She is the widow of Elias H

One of Nakile H's children suffered from chronic illnesses that led to her death in 1998. Her daughter lived a loose life (too much drinking and partying) since 1994. At the time of her death she had lost so much weight, she could not eat and she walked with difficulty. She preferred to keep her illness a secret. She lost her job due to the illness.

While she was sick she used both the *sangoma's* and the clinic's treatments. She was to collect pills and soup every month and was taking *amandiki* muti too. A social worker insisted that she be taken to the King Edward hospital. She died there. Her corpse was covered with plastics and her family took them off as they did not want people to suspect that their child died of AIDS.

Credit and debt

The deceased's employer built a four-roomed house with the package money, which was due to the deceased at a time of her resignation. He knew that the deceased would have misused the money. He later assisted them with about R1000 cash.

The respondent made a debt of R500 and she had to repay, luckily one of her children who got a job after his sister's death helped her. She was a pensioner and was a main supporter of her household. She sold vegetables and she was not involved in any farming activities anymore as she felt she was too old for that.

She believed that things were better after the death of her daughter with chronic illness.

Comments

Nothing is said about the size of the land she owns.
Since she is no more involved in farming activities there is a possibility that land can be abandoned.
The treatments costs have reduced the off farm income.
No strong relationship between land and AIDS.

KWANYUSWA: INTERVIEW 20

A household where both parents died

Household background and diagnosis

Thandiwe S was a grandchild (15 years old) in the house and was sick (chest problem which started while she was 6 years old). In that household a father (her grandfather) died of throat cancer. He suffered for 3 full years and he had been to different doctors and hospitals. At the time of his death he could not swallow food. Last year (2001) his wife (her grandmother) died of Gastro Enteritis after five years of suffering.

There were 8 grandchildren in the household some were schooling and some were not due to money shortage. Their mothers were not responsible they would go out for weeks leaving them behind. Since the death of their grandmother they would sometimes sleep without food. One of the grandchildren receives R110 every month as a government grant.

Their parents had a land of about 2 soccer fields. They have a community garden and maize field. Since the parents died the land is still the same size with no one to work the field. The children cultivate maize and beans on a portion around the house only. They never went to community garden to grow vegetables.

Impact of illnesses

The household used to receive some money from an eldest son who owned a shop in Pietermaritzburg. The other children were not working. The respondent reported that things were better while her grandmother was still alive because she would borrow money for cultivating the land because she was sick and bought food. She would repay with her pension grant. They (children and grandchildren) could not borrow money, as no one trusted them.

The situation was worse, there was no money for medical treatment and food. She said that other than her there were other grandchildren who were sick in the house. Her aunt was sick too but she could not explain the type of disease she has. She first denied that she was sick and she was later admitted at Botha Hill hospital for 3 weeks. (She had lost weight, her face was long and her head's size was unusual).

The respondent was hopeless and believed that her household needed a prayer.

Comments

This is a pathetic situation, which needs an urgent intervention. (Many people are sick and there is no money for medical treatment).

The land is likely to be abandoned since there is reduced family labour and money.

The aunt suffers from AIDS.

Land and AIDS issues are not very strong.