

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-wracking 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 has 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 causal work over weekends to contribute to the family income. The hospital authorities had emphasised to the family that the father must be give 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*.