

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

KWANYUSWA: INTERVIEW 1

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

Family origin

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

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

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

Occurrence and the development of the disease

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

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

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

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

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

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

- Lack of capital
- Lack of family labour

Coping strategies and impact of the illness

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

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

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

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

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

Keywords

Both house and plot of land not inherited.

KWANYUSWA: INTERVIEW 2

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

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

Symptoms, diagnosis and the development of HIV/AIDS

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

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

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

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

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

Impact of HIV/AIDS and the survival strategies

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

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

Key words

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

KWANYUSWA: INTERVIEW 3

Busi N, Losing household cultivation capacity through AIDS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

KWANYUSWA: INTERVIEW 4

James L: supporting on government grants

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

KWANYUSWA: INTERVIEW 5

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

General background information

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

Symptoms

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

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

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

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

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

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

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

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

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

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

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

Coping strategies of the family

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

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

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

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

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

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

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

Keywords/comment

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

KWANYUSWA: INTERVIEW 6

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

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

General background information

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

Symptoms

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

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

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

Coping strategies of the family

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

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

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

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

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

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

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

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

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

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

Keywords/comment

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

KWANYUSWA: INTERVIEW 7

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

General background information

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

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

Symptoms

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

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

Coping strategies of the family

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

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

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

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

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

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

Comment

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

KWANYUSWA: INTERVIEW 8

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

Diagnosis

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

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

Income

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

Credit and debt

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

Land

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

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

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

Social capital and power relations

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

Resolving the crisis

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

Comments

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

Treatment costs deplete the off farm income.

Shortage of cash to finance children's schooling.

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

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

KWANYUSWA: INTERVIEW 9

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

Household composition

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

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

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

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

Impact of illnesses

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

Assets

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

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

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

Comments

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

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

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

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

Family is affected through morbidity and mortality.

KWANYUSWA: INTERVIEW 10

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

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

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

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

KWANYUSWA: INTERVIEW 11

Daniel N

Household accommodating the survivors

Household background and diagnosis

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

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

No credit or any debt

Assets

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

Crisis

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

Comments

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

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

There is money loss- treatment costs.

There are strong links between AIDS and land.

KWANYUSWA: INTERVIEW 12

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

Family composition

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

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

History of the illness

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

Impact of the illness

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

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

Diagnostic symptoms of the chronic illness

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

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

Assets

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

Land issue

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

Identification of the case study
Orphans left with aunt and sister

Comments

There are many gaps that need further clarification.

Not sure whether Egugweni is a place at MziMandla Hulu

Not sure whether Elizabeth E died of old age or not

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

KWANYUSWA: INTERVIEW 13

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

Family historical background

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

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

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

History of the illness

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

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

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

Impact of the illness

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

Land issue

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

Case study identification

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

Comments

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

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

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

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

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

KWANYUSWA: INTERVIEW 14

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

The onset of the illness

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

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

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

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

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

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

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

The importance of agriculture

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

Comments

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

KWANYUSWA: INTERVIEW 15

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

Progress of the illness

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

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

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

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

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

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

The land

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

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

Comments

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

KWANYUSWA: INTERVIEW 16

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

Household composition

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

Occurrence and the development of the disease

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

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

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

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

Weight loss

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

Economic activities and livelihood strategies

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

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

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

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

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

Key words

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

KWANYUSWA: INTERVIEW 17

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

Household origin, composition and deaths in the family

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

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

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

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

Key words:

House vacated and rented out, threats, tribal authority intervention

KWANYUSWA: INTERVIEW 18

Jabu J; Household with Survivors

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

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

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

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

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

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

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

Questions

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

Comments

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

KWANYUSWA: INTERVIEW 19

Respondent is a widowed pensioner (Nakile H). She is the widow of Elias H

One of Nakile H's children suffered from chronic illnesses that led to her death in 1998. Her daughter lived a loose life (too much drinking and partying) since 1994. At the time of her death she had lost so much weight, she could not eat and she walked with difficulty. She preferred to keep her illness a secret. She lost her job due to the illness.

While she was sick she used both the *sangoma's* and the clinic's treatments. She was to collect pills and soup every month and was taking *amandiki* muti too. A social worker insisted that she be taken to the King Edward hospital. She died there. Her corpse was covered with plastics and her family took them off as they did not want people to suspect that their child died of AIDS.

Credit and debt

The deceased's employer built a four-roomed house with the package money, which was due to the deceased at a time of her resignation. He knew that the deceased would have misused the money. He later assisted them with about R1000 cash.

The respondent made a debt of R500 and she had to repay, luckily one of her children who got a job after his sister's death helped her. She was a pensioner and was a main supporter of her household. She sold vegetables and she was not involved in any farming activities anymore as she felt she was too old for that.

She believed that things were better after the death of her daughter with chronic illness.

Comments

Nothing is said about the size of the land she owns.
Since she is no more involved in farming activities there is a possibility that land can be abandoned.
The treatments costs have reduced the off farm income.
No strong relationship between land and AIDS.

KWANYUSWA: INTERVIEW 20

A household where both parents died

Household background and diagnosis

Thandiwe S was a grandchild (15 years old) in the house and was sick (chest problem which started while she was 6 years old). In that household a father (her grandfather) died of throat cancer. He suffered for 3 full years and he had been to different doctors and hospitals. At the time of his death he could not swallow food. Last year (2001) his wife (her grandmother) died of Gastro Enteritis after five years of suffering.

There were 8 grandchildren in the household some were schooling and some were not due to money shortage. Their mothers were not responsible they would go out for weeks leaving them behind. Since the death of their grandmother they would sometimes sleep without food. One of the grandchildren receives R110 every month as a government grant.

Their parents had a land of about 2 soccer fields. They have a community garden and maize field. Since the parents died the land is still the same size with no one to work the field. The children cultivate maize and beans on a portion around the house only. They never went to community garden to grow vegetables.

Impact of illnesses

The household used to receive some money from an eldest son who owned a shop in Pietermaritzburg. The other children were not working. The respondent reported that things were better while her grandmother was still alive because she would borrow money for cultivating the land because she was sick and bought food. She would repay with her pension grant. They (children and grandchildren) could not borrow money, as no one trusted them.

The situation was worse, there was no money for medical treatment and food. She said that other than her there were other grandchildren who were sick in the house. Her aunt was sick too but she could not explain the type of disease she has. She first denied that she was sick and she was later admitted at Botha Hill hospital for 3 weeks. (She had lost weight, her face was long and her head's size was unusual).

The respondent was hopeless and believed that her household needed a prayer.

Comments

This is a pathetic situation, which needs an urgent intervention. (Many people are sick and there is no money for medical treatment).

The land is likely to be abandoned since there is reduced family labour and money.

The aunt suffers from AIDS.

Land and AIDS issues are not very strong.