

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

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

MUDEN: INTERVIEW 1

HIV positive daughter whose baby dies shortly after birth

Family historical background

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

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

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

History of the illness

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

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

Coping strategies

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

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

Effect of the illness on the family

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

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

Land issue

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

Case study identification

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

Comments

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

MUDEN: INTERVIEW 2

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

Family historical background

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

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

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

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

History of the illness

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

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

Coping strategies

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

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

Impact of the illness

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

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

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

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

Land issue

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

Identification of the case study

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

Comments

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

MUDEN: INTERVIEW 3

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

Symptoms, diagnosis and the development of HIV/AIDS

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

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

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

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

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

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

Impact of her death and survival strategies

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

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

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

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

Key words

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

MUDEN: INTERVIEW 4

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

Household origin and composition

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

Symptoms, diagnosis, and the development of HIV/AIDS

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

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

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

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

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

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

- Weight loss
- Vomiting intermittently

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

Impact of HIV/AIDS and survival strategies

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

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

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

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

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

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

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

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

Key words

Same land size, Larger land size before forced removals

MUDEN: INTERVIEW 5

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

Progression of the illness

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

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

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

Trying to return home

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

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

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

Comments

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

MUDEN: INTERVIEW 6

Widowed mother of 5 children

Background

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

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

Diagnosis

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

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

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

Land asset

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

Impact of illness

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

Land transfers- none

Temporary land transfers- none

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

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

Question

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

Comments

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

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

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

Strong land and AIDS issues.

MUDEN: INTERVIEW 7

A household of a pensioned grandmother with orphaned grandchildren

Household composition

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

Diagnosis

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

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

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

Impact of illness - Land assets

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

Credit and debt

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

They have not disposed anything of value.

Land transfer –none

Temporary land transfers

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

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

Resolving the crisis of illness

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

Comments

Reduced number of labourers to work the lands.

Generally there is increased poverty in the household.

Children's rights to the land are they secured?

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

Strong land and AIDS issues.

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

MUDEN: INTERVIEW 8

Child headed household, (AIDS orphans) Sibusiso M

Household composition

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

The following is a narrative by Sibusiso M

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

Diagnosis

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

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

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

Impact of illness

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

He has not sold or disposed any asset of value.

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

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

Social capital and power relations

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

Questions to be followed up

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

Commentary

Reduced number of labourers to work the lands.

Erosion of knowledge as experienced parents are no more.

Erosion of little money through treatment costs and transport costs.

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

There are strong land and AIDS issues.

MUDEN: INTERVIEW 9

Rebecca L. Ailing single parent with two children

The partner's death

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

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

The return home and onset of own illness

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

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

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

Coping after the loss of her grandmother

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

The situation with the land

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

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

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

Comments

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

MUDEN: INTERVIEW 10

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

The progress of the illness

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

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

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

Coping after the death

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

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

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

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

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

Comments

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

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

MUDEN: INTERVIEW 11

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

The progress of the illness

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

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

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

Coping after the death

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

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

Renting out the land

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

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

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

Comments

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

MUDEN: INTERVIEW 12

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

The progress of the illness

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

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

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

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

The importance of land

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

Comments

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

MUDEN FOCUS GROUP INTERVIEW

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

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

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

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

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

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

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

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

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

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

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

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