

Continuity and change in the time of AIDS : reconceptualising childhood in KwaZulu-Natal, South Africa

Norman, Amy

For additional information about this publication click this link.

<http://qmro.qmul.ac.uk/jspui/handle/123456789/2459>

Information about this research object was correct at the time of download; we occasionally make corrections to records, please therefore check the published record when citing. For more information contact scholarlycommunications@qmul.ac.uk

Continuity and Change in the Time of AIDS:
Reconceptualising Childhood in KwaZulu-Natal, South Africa

A Thesis Submitted for the Degree of PhD

Amy Norman

Department of Geography
Queen Mary, University of London
Supervisor: Dr. Kavita Datta
June 2011

For Angus, Isla and Fintan

Acknowledgements

First and foremost, I am indebted to the children and families in KwaZulu-Natal who took part in this study. Without their acceptance, good humour, and willingness to participate, this research would not have been possible.

I am extremely grateful to my supervisor, Dr. Kavita Datta for her unending support, patience, and insightful guidance throughout my time as a PhD student. I would also like to thank Dr. Nicola Ansell, Dr. Gareth Jones, Dr. Samantha Punch, and Dr. Simon Reid-Henry for their additional academic support and feedback, and for encouraging me to have more confidence in my convictions.

In South Africa, my research was facilitated by many individuals and organisations whose involvement made it a richer experience. In particular, I would like to thank my interpreters, Slindile, Zama, and Andile for all that they taught and shared with me during my time in South Africa, and since I have left the field. I would also like to thank Dr. Mickey Chopra and the Good Start Study for their assistance during the field work, and Dr. Linda Richter from the Human Sciences Research Council for her support, humour, and continued mentorship.

I would also like to acknowledge the generous financial, academic and technical support of the Geography Department at Queen Mary, University of London, as well as additional funding from the Central Research Fund, University of London, without which I would not have been able to embark on this project in the first place.

Throughout this journey, I have been supported by many friends, family members, and colleagues. I am especially grateful to Erin Freas-Smith, Clara Rubincam, and Scott Naysmith for their friendship, encouragement and support, as well as my sister Alison Norman for showing me that it is possible

to finish a PhD and have children at the same time. I would also like to thank my parents for their unwavering support throughout my years as a university student.

Lastly, I am incredibly grateful for the love and support of my husband, Angus McLean, who made many sacrifices for me to get to this point, and never once questioned my ability to complete this project. Thank you.

Abstract

Concepts of childhood are not constant, they are (re)constructed and (re)produced over time and space. Within understandings of 'children and the HIV/AIDS epidemic,' conceptualisations of childhood have been marred by crisis discourse; children have been constructed as the 'AIDS generation,' 'a generation at risk,' and a 'generation deprived of their childhood'. However, the very conceptualisation of HIV/AIDS as creating inherent and unique vulnerabilities has led to a mystified perception of childhood in countries affected by HIV/AIDS, and a focus on non-normative childhoods such as orphans and child-headed households. There has been a general failure of critical reflexivity in approaches to studying 'the problem:' by beginning analyses with a focus on 'crisis,' researchers have marginalised 'everyday' childhood experiences, children's agency, and historical context. Through a generational exploration of childhood, the thesis builds connections between dominant discourses of 'crisis', 'care', and 'rights' in the time of HIV/AIDS, and children's everyday lived realities on historically situated landscapes. The thesis draws on qualitative, generational, and childhood-centred research conducted in three communities in KwaZulu-Natal, South Africa, and comprises nine chapters which reconceptualise the ways in which we approach childhood, and what we can learn by taking a generational approach to exploring how children experience their childhoods in the time of HIV/AIDS.

Contents

Acknowledgements	3
Abstract	5
List of Tables	9
List of Figures	10
List of Photographs	11
Chapter One: Introduction	12
1.1: The HIV/AIDS Epidemic in South Africa	14
1.2: Children and the 'AIDS Generation'?	16
1.3: Research Aims and Questions	19
1.4: The Research Location.....	22
<i>Urban sites: Umlazi and Ntuzuma</i>	30
<i>Rural site: Umzimkhulu</i>	33
1.5 Thesis Outline	36
Chapter Two: Theorising Childhood in the Time of HIV/AIDS	39
2.1: The Social Studies of Childhood.....	40
2.2: The Politicisation of Childhood	43
2.3: 'Crisis' and 'Futurity' in the Time of HIV/AIDS	49
2.4: The 'AIDS Orphan,' Vulnerability, and 'AIDS Exceptionalism'	54
2.5: Reconceptualising Childhood in the Time of HIV/AIDS	60
2.6: Conclusion	69
Chapter Three: Methodology	72
3.1: Approaches to Research	72
3.2: The Recruitment Framework.....	77
<i>A Note about Interpretation</i>	81
3.3: The Research Participants	83
3.4: The Research Tools	85
3.5: Analysis, Interpretation, and Representation.....	90
3.6: Conclusion.....	92
Chapter Four: Reflecting on the Research Experience	94
4.1: The Ethics of 'Doing' Research with Children	94
<i>A Note about Reciprocity</i>	98
4.2: 'Doing' Everyday Research.....	99
4.3: Positionality and Critical Reflexivity	106
4.4: Emotions, Ethics, and Research Relationships	112
4.5: Conclusion	119
Chapter Five: Reconceptualising 'Crisis' in the Time of HIV/AIDS	121
5.1: 'Crisis' in a Generational Perspective.....	122
5.2: A Generational Landscape of Childhood Poverty	125
5.3: The Continuing Generational Context of Poverty	134
5.4: Whose 'Crisis' in the Time of HIV/AIDS?.....	144
5.5: Conclusion	152

Chapter Six: ‘Crisis’ and the Dynamics of Care in the Time of HIV/AIDS	155
6.1: Historicising ‘Fluid Families’ and the Nature of Child Care	157
<i>The Decline of Marriage</i>	162
6.2: Continuity and the Nature of Child Care	165
6.3: Children as Carers	172
6.4: Agency, Spaces of Care and ‘everyday’ Migration.....	174
6.5: Responsibility, Care and the Role of the State.....	186
6.6: Reconceptualising a ‘Crisis of Care’ in the Time of HIV/ AIDS	192
The Nxasane’s in Umzimkhulu	199
The Mpanza’s in Umlazi	199
The Khumalo’s in Ntuzuma	200
Khanyisile’s Story	203
The Mpungose’s in Ntuzuma	205
6.7: Conclusion.....	206
Chapter Seven: Children’s Rights in the Time of HIV/AIDS	210
7.1: ‘Tradition’ and the Altering Landscape of ‘Modern’ Childhood	211
7.2: Respect and the Generational Place of Children in the Family.....	213
7.3: Children’s Rights and the Zulu Family.....	216
7.4: Walking the line: Agency and Negotiation in the Time of Rights.....	219
7.5: ‘Eyes Wide Open’: Do Rights lead to Risk?	221
7.6: Conclusion.....	224
Chapter Eight: Generational Communication and Bereavement in the Time of HIV/AIDS	227
8.1: Caregiver Disclosure to Children in the Time of HIV/ AIDS.....	228
8.2: Historicising Children’s Place in Bereavement	234
8.3: The Altering Landscape of Communication in the Time of Loss.....	237
8.4: Exploring the Shifting Nature of Cultural Practices	242
8.5: Bereavement and the Special Case of ‘Viewing’	245
8.6: Conclusion.....	249
Chapter Nine: Conclusion.....	253
9.1: Reconceptualising Childhood in the Time of HIV/ AIDS	253
9.2: Moving from ‘Crisis’ toward the ‘Everyday’	255
9.3: The Resiliency of Families in the Context of HIV/ AIDS.....	256
9.4: Rights in the Time of HIV/ AIDS.....	258
9.5: Learning through the Research Process.....	260
9.6: Implications for Policy and Programming	261
9.7: Summary	263
Appendix A: Information Sheet for Adult Participants	303
Appendix B: Information Sheet for Children.....	305
Appendix C: Household and Livelihood Profile	306
Appendix D: Childhood Histories for Adults	310
Appendix E: Adult Interview for HIV-Positive Interviews.....	313

Appendix F: Photobiography and Interview Guide for Children315

List of Tables

Table 1.1: HIV Prevalence for Selected South African Provinces

Table 3.1: Research Participants by Community, Age, and Gender

Table 6.1: Employment Levels in Households by Community

Table 6.2: Eligibility and Access to State Support for Child Care by Community

Table 6.3: Percentage of Child Participants who were Orphaned by Community

List of Figures

Figure 1.1: The Rise of HIV in South Africa

Figure 1.2: Research Sites in KwaZulu-Natal, South Africa

List of Photographs

Image 1.1: Residential landscape in Umlazi

Image 1.2: Typical homes in Umlazi

Image 1.3: Typical homes in Umzimkhulu

Image 1.4: A view of Rietvlei village in Umzimkhulu

Image 3.1: Photo storytelling with a child in Umlazi

Image 4.1: A typical scene of everyday research

Image 5.1: An empty refrigerator (Mthunzi, male, 10, Umlazi)

Image 5.2: My home (Freedom, male, 17, Umlazi)

Image 5.3: My brother and niece (Nthokozo, male, 15, Umlazi)

Image 5.4: He lifts up my niece (Nthokozo, male, 15, Umlazi)

Image 8.1: Children at the gravesite of an extended family member, Umlazi

Chapter One: Introduction

The bare statistics are troubling. They tell of a generation of children deprived of their childhood (Barnett and Whiteside, 2006: 212).

Conventional approaches to the study of children in the time of HIV/AIDS begin with a notion of 'crisis,' the result of a complex interplay between globalised notions of childhood, children's rights frameworks, international development policy, and donor agendas. Dominant narratives conceptualise the epidemic as causing devastating effects for "the most vulnerable members of society- children," leading some to suggest the very 'deprivation' of 'childhood' (Barnett and Whiteside, 2006; Chizororo, 2008:1). The onset of the HIV/AIDS epidemic, and increasing numbers of children orphaned by AIDS have fostered an environment where definitions have been deemed necessary for 'operationalisation' and 'intervention.' However, due to the inherent nature of this development-related focus, conceptualisations of childhood have been marred by 'crisis' discourse; children have been constructed as 'a generation at risk,' a 'generation deprived of their childhood,' with an unrelenting focus on deviant childhoods such as 'orphans' and 'child-headed households' (Barnett and Whiteside, 2006; Foster et al, 2005). While HIV/AIDS is clearly having an impact on children and childhood, this focus within research and advocacy has ultimately marginalised wider landscapes of understanding, the multiplicity of childhood experiences, and historical context. Children are presumed to be 'losing their childhoods' without a question of what they 'looked like' before the time of HIV/AIDS. Furthermore, the 'ultimate HIV/AIDS victim' has denied children both agency and competency within their families and communities, both historically and today. This thesis offers an alternative to the dominant discourses in the time of HIV/AIDS by reconceptualising the ways in which we approach, explore, and ultimately understand the lives of children and notions of childhood.

The formulation of the approach taken in this study originated within

personal experiences of working within these discursive landscapes. My academic journey in South Africa began in 2005, when I was a research assistant at the Regional Network on HIV/AIDS, Rural Livelihoods and Food Security (RENEWAL), based in Washington DC. As a Master's student in Geography at the University of Calgary, Canada, I conducted field work on the topic of 'household coping strategies' for families 'affected by HIV/AIDS' as part of a development policy-led research initiative. During the three months of field work, I interviewed 28 women in female-led households about the impact of HIV/AIDS on their lives and livelihoods, and the support networks they relied on to cope.¹ While in South Africa, I transcribed and sent back interview notes to colleagues, as we were planning a series of meetings at the close of the fieldwork to discuss analysis and future publications. At some point during a conversation with a colleague, I was asked how the children in the households seemed to be coping, that clearly they must be 'traumatised' by their witness to HIV/AIDS. I was quite taken aback for a number of reasons. First, I had not found the interviews 'depressing' as my colleague had interpreted during her reading of the transcripts. On a number of occasions, mothers had pointed to the very important, and what they felt were empowering, roles their children were playing in their support systems, either as HIV treatment 'buddies' or as emotional support (Adato et al, 2005; Norman et al, 2007). Further, many of the children seemed (at the surface) to be quite well-adjusted, with the exception of facing a number of challenges related to the immense poverty they lived in.

Both my experiences in the field, as well as the reactions of my colleagues, brought about a number of questions, a keen desire to continue in this field, and most importantly, a desire to working with children directly. It had been very frustrating to solely interview adult participants. As children is often the

¹ Ultimately, we published papers on a variety of issues: HIV disclosure and access to support for HIV-positive women (Norman et al, 2007), how HIV positive mothers plan for the future of their children (Norman et al, 2006), and children living in the wake of HIV/AIDS (Adato et al, 2005).

case in policy-led research in the field of HIV/AIDS, our study silenced child participants (although this has improved since the time of this fieldwork in 2005). Further, I did not envision children as 'traumatised victims', but as active agents in the lives of their mothers, and within their families. It was often the case that women had disclosed to their children first, and felt a huge wave of relief when their children, having learned about HIV in school, were open, loving, and accepting of their status (Norman et al, 2007). The roles that children were playing in the lives of their 'HIV-affected' families were manifold, critical, and not identified by victim discourse. Rarely had I seen this perspective discussed in policy or academic papers, and even today, children are seldom discussed as potential sources of support for parents, outside of caregiving during periods of illness (for example, Evans and Becker, 2009; Robson, 2004). Further, the ways in which mothers conceptualised HIV/AIDS seemed to be far more 'everyday' than the 'crisis' discourse I had encountered within academic and policy circles. There was clearly much more I wanted to learn, and with the continuing support of my colleagues in South Africa (see following methodological discussion), I embarked on a PhD to address some of these questions.

1.1: The HIV/AIDS Epidemic in South Africa

In the midst of transition from apartheid to a newly formed democracy, the HIV/AIDS epidemic loomed in the background of South African life. Today, modern history in South Africa is invariably tied to the HIV/AIDS epidemic, as the country undergoes an unprecedented and continuing epidemic, and remains the global epicentre of this health and socio-economic crisis (UNAIDS, 2010). HIV first appeared in South Africa in the early 1980s, but it was not until the 1990s that it started to spread significantly. The growth of the epidemic in the last twenty years has been staggering (Figure 1.1). In 1990, only 1% of pregnant women who attended prenatal services in the public sector were HIV-positive. By the end of 2009, this figure had risen 29% (South African Department of Health, 2010).

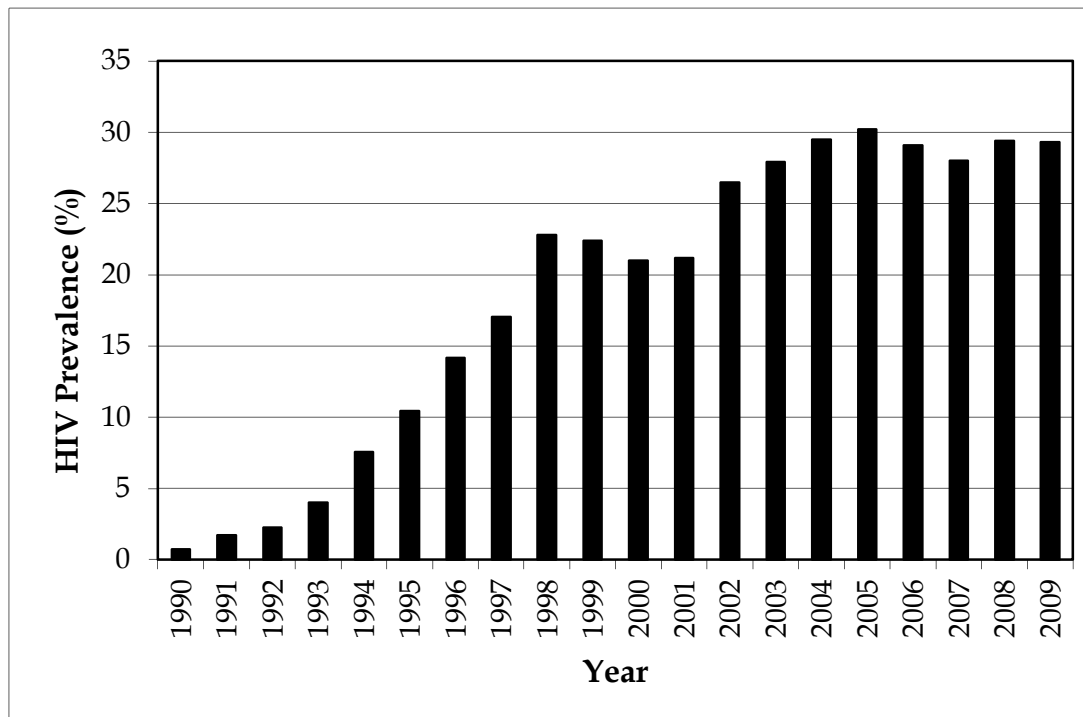


Figure 1.1: The Rise of HIV in South Africa (source: Department of Health, 2001, 2005, 2010²)

Today, there are approximately 5.6 million South Africans living with HIV and AIDS (UNAIDS, 2010). Nationally, the epidemic has entered the mature phase; the number of new infections has slowed, and HIV incidence—the number of people who are newly infected—peaked in 1998. However, the number of people dying from AIDS each year has only recently increased due to the lag time between contracting the disease and AIDS-induced morbidity. In particular, research has shown that 300,000 people have died as a direct result of government inaction and AIDS denialism during the first half of the decade, despite the fact that cost-effective treatment was available (Chigdewere et al, 2008).³ In recent years, interventions such as increased

² Statistics garnered through national surveys of women attending prenatal clinics.

³ At a time of radical political transformation, many have argued that the window of opportunity for preventing the epidemic's rapid rise was missed. Most significantly, the South African government faced a number of years of acute controversy, including the persistent questioning about the reliability of AIDS statistics (Parkhurst and Lush, 2004; Robins, 2003), and former President Thabo Mbeki involvement within the denialism debate when he established a 'Presidential Advisory Panel' in 2000 tasked with considering the links between HIV and AIDS, and publicly engaged with numerous global HIV/AIDS dissidents. Mbeki's presidential ambivalence left many South Africans confused about how HIV is spread, the need to use condoms, and very real fears about the safety of antiretrovirals

voluntary testing and counselling (VCT),⁴ as well as the recent move toward a comprehensive roll-out of Anti Retroviral Treatment (ARVs) have fostered a decrease in deaths attributed to HIV/AIDS (Statistics South Africa, 2009).

Across various landscapes, the epidemic has been characterised as a temporal, unfolding crisis. Because infections are most likely to occur during the reproductive years of an individual's life, and because individuals will remain asymptomatic for many years, it is likely that children will be conceived and born before individuals know of their status (Barnett, 2006). For these reasons, the epidemic has been termed a 'long-wave event,' where large-scale impacts emerge gradually over decades and generations, with one of the most disconcerting consequences the growing prevalence of orphanhood (Barnett and Whiteside, 2002). In South Africa, household surveys report that 3.7 million children, or 20% of all children are classified as 'orphans,' a term which can often be misleading, as it includes children who have lost a biological mother *or* father, both not necessarily both parents (Meintjes and Hall, 2009). However, such statistics are often utilised to highlight the growing concern for both the short and long term impacts of HIV/AIDS on children, their development, and future life chances. Indeed, these statistics are the foundation for an entire discourse related to 'childhood in the time of HIV/AIDS' operating within South Africa, as well as across sub-Saharan Africa.

1.2: Children and the 'AIDS Generation'?

Where HIV and AIDS were once solely the domain of the medical and health communities, by the late 1990s, the epidemic had become a 'socio-economic crisis' on the African continent (Webb, 1997). From this point on, studies of various 'impacts' such as those on household livelihoods, economic costs to

(ARVs) (Willan, 2004).

⁴ The national HIV Counselling and Testing (HCT) campaign was launched on 25 April 2010 which will target 15 million South Africans for HIV testing by June 2011 (South African Department of Health, 2010).

national budgets, and food security began to populate research agendas (Alumira et al, 2005; Barnett, 2002; Baylies, 2006; Booysen and Arntz, 2002; Cohen, 1998; Garnett et al, 2001; Gillespie et al, 2001; Gillespie and Haddad, 2002; Lundberg and Over, 2000; Piot and Pinstруп-Anderson, 2002; Sauerborn et al, 1996; Steinberg et al, 2002; Stillwagon, 2002; Stokes, 2002; Tibaijuka, 1997; Toupouzis, 1994, Whiteside et al, 2001). By 2000, the epidemic was a critical concern on international development agendas, where HIV/AIDS was seen to be the making of a development 'disaster' (Garnett et al, 2001). In this year, combating HIV/AIDS also became one of the Millennium Development Goals (MDGs) adopted by world leaders in order to provide concrete numerical benchmarks for tackling extreme poverty and its many dimensions (United Nations, 2000).

In the following decade, researchers and policy makers turned their attention to the particular impacts of the epidemic on children. In 2000, the United Nations Children's Fund (UNICEF), Joint United Nations Programme on HIV/AIDS (UNAIDS), and the United States Department for International Development (USAID) launched the first edition of the *Children on the Brink* publication to highlight (and enumerate) the status of children orphaned by AIDS globally (Hunter and Williamson, 2000; UNICEF et al, 2002; 2004). Today, burgeoning statistics have created a sense of urgency in responding to the 'crisis of AIDS orphans,' and placed the issue at the centre of policy and programming debates, as well as prominence within the media and academic research.

However, the placement of children on the agenda has not been strictly the result of HIV/AIDS advocacy, but has been underpinned by a historical and globalised movement of public concern for children. Over the last two decades, in large part a result of the Convention on the Rights of the Child (CRC), 'injustices' to children have been characterised by international concern, rather than simply a matter for national or local politics (Aitken,

2001). As with other international 'childhood crises' (child labour, street children, child prostitution) it is adults in the West (governments, the media, academics) who are bestowed the role of first defining and locating child vulnerabilities, and leading the agenda to reinstate such 'lost' childhoods through various policies, programmes, and charity work. The HIV/AIDS epidemic provides a further context in which such concerns and action take place. Indeed, Peter Kraftl (2010) has highlighted the temporal nature of childhood 'in crisis' by arguing that childhood is thrown into stark relief at particular historical-geographical moments: each event marks a time and place where childhood *matters*. In South Africa, childhood in the context of HIV/AIDS matters, and does so profoundly to both the international community as well as within South Africa.

Ultimately, discourses related to 'children affected by HIV/AIDS' have been repeatedly deployed in efforts to mobilise funding and support. Children in sub-Saharan Africa have come to be known as the 'AIDS generation,' the targets of various prevention campaigns, donor-funded charity, and 'child-oriented' programmes. The discourse has been dominated by a linear trajectory: children increasingly take on 'adult' household and caring responsibilities, leading to the deprivation of educational opportunities. Children are then faced with further destitution and stigmatisation as households fall deeper into poverty, families dissolve, with orphaned children left to fend for themselves (Booyesen and Arntz, 2002; Subbarao, 2002). In addition, AIDS orphans are seen to present a significant cost to the future of society, not only in terms of the provision of foster care, education and other needs, but also in terms of the potential for increased juvenile crime, the result of orphans' inability to partake constructively in the economic and social life of society (Desmond and Gow, 2002; Schneider and Moodie, 2002).

Despite critical research which questions the inherent vulnerability of

'children affected by HIV/AIDS,' a focus on orphans within research and advocacy continues unabated (Andrews et al, 2006; Bhargave and Bigombe, 2003; Booysen and Arntz, 2002; Cluver and Gardener, 2006; Deininger et al, 2003; Kurzinger et al, 2008). These views are embedded within understandings of children as dependent and of limited competence. Adversities such as HIV/AIDS are seen to completely overwhelm children; they are helpless, traumatised victims, and dependent on adults for their salvation and protection (Boyden, 2003). This discourse is in part a justification for children becoming the subjects of politics without any real reference to them; a justification for emergency language and emergency responses, and the exclusion of children from debate and discussion. With an insistence upon labelling children with various forms of vulnerability- 'orphans,' 'orphans and vulnerable children' or 'OVCs'- children are emptied of their knowledge and abilities (Henderson, 2006). Indeed, the 'ultimate HIV/AIDS victim' continues to deny children both agency and competency, and ignores a reality which has assumed that the epidemic is the greatest threat to children in the region.

1.3: Research Aims and Questions

Concepts of childhood are not constant, they are (re)constructed and (re)produced over time and space (Valentine, 1997). I argue in this thesis that there has been a failure of critical reflexivity in approaches to researching 'the problem:' by beginning analyses with a focus on 'crisis,' researchers have marginalised 'everyday' childhood experiences, and in particular, historical and cultural contexts. In South Africa, it could be argued that HIV/AIDS is only the most recent of varying 'waves' of crises. The epidemic is among a plethora of structural processes and events that have shaped contemporary African families, and childhood. Children have been constructed as 'losing their childhoods' without a question of what childhood looked like *before* the onset of the epidemic: we are lacking a 'counterfactual benchmark' (Hosegood

et al, 2009). In allowing for a holistic, historically situated understanding of childhood, HIV/AIDS becomes a part of the temporal landscape, and not in and of itself an 'exceptionalised' locus of concern in this thesis.

Nicola Ansell (2009) has challenged children's geographers to move beyond the 'localism' traditionally associated with the discipline, in order to build connections between the everyday lives of children and the wider processes, discourses and institutions to which young lives connect. Thus, in the *time* of AIDS, if we privilege the everyday childhood, what becomes important is how HIV/AIDS as *one* aspect of society is *part* of the lens through which childhood is experienced. The question that remains for this thesis, therefore, is not whether or not children face difficulties as a result of HIV/AIDS, as undoubtedly they do, but how to approach the experiences of childhood in today's KwaZulu-Natal with an eye toward continuity and change. The aim is thus to move away from 'crisis'-driven, victim-oriented HIV/AIDS discourses by situating childhood experiences historically, and exploring how social, political, and economic processes have shaped childhood. The methodological approach thus becomes critically important: generations of children require consultation (both adults and children), orienting the thesis toward one of *childhood*, rather than one *particular* group of children. This generational approach offers a significant and underutilised lens through which to examine the social processes and changes that have altered the landscape of childhood in South Africa.

It is important here to highlight the contention of a study which focuses on 'childhood'. 'Childhood' cannot be regarded as an unproblematic description of the early part of the life course. The study of young people can be presumptuous because it often constitutes childhood as a legitimate and unchallenged place for adult research questions and adult discussions of justice:

Childhood is an adult abstraction suggesting a state of being, whereas the study of children is really the study of a group of persons based on a search for the voice of those persons (Aitken, 2001:119).

Although aware that age is socially constructed, institutionalised, and controlled in historically and culturally specific ways, in this thesis, the term is utilised to convey the constructed nature of a particular stage of pre-adolescence (Panelli et al, 2007). Throughout this study, I refer to children as those who are under 18 years of age, although I am very aware of the inherent problems with utilising such constructions and definitions, and this remained a constant challenge. In South Africa, the term 'child' is fluid, and within this study I found no common framework for defining a child by age.⁵ However, within the 'children and AIDS' discourse and research landscape, as well as the South African constitution, all of those under the age of 18 are described as children. In reconceptualising childhood, I point to issues associated with such constructions throughout this thesis (for example, children living on their own and children who get married, as discussed in chapter six). However, it is out of the realm of this project to critique the very notion of children and childhood, and so I leave this to others.

This study makes a number of significant theoretical and empirical contributions. First, to the knowledge of the changing conditions of childhood, and children's everyday lives in KwaZulu-Natal, South Africa. Detailed historical geographies of the changing nature of children's daily lives are scarce, and thus this thesis contributes to building historically situated children's geographies. Second, the thesis aims to advance the study of

⁵ Despite including broad questions surrounding the definition of 'child' by both adults and children throughout the study, no common definition was located. This reflects the research of others (for example, Barbarin and Richter, 2001) who have discussed the shifting nature of passage between child to adult in modern South Africa. In such research, rising poverty has made it increasingly difficult for 'children' to grow into adults, through traditional routes such as marriage and the establishment of their own homes. Previous markers of adulthood, including the completion of initiation ceremonies, marriage, and the bearing of children, no longer entail clear transitions to adulthood, as they can be accompanied by unemployment, single motherhood, and continued economic dependence on parents and other family members.

children as social actors by taking a holistic approach to examining the ways in which children negotiate different contexts, both historically and today. Lastly, the thesis aims to reorient 'crisis'-dominated discourses by offering alternate perspectives of child vulnerability, and advancing policy discussions within this framework.

Three main research questions are explored in the body of this thesis, (re)conceptualising childhood in the time of HIV/AIDS:

First, has the HIV/AIDS epidemic inherently created a 'crisis of childhood'? If we move beyond 'AIDS exceptionalism' and 'crisis'-discourse, what can we learn about childhood in the time of HIV/AIDS?

Second, has the HIV/AIDS epidemic created a 'crisis of care'? How can we explore the nature of child care along a continuum of family life prior to the advent of HIV/AIDS? What can a generational perspective, and an approach which moves beyond 'affected' and 'unaffected,' and 'orphan' and 'non-orphan' tell us about dynamics of care in the time of AIDS?

Third, in approaching childhood from a generational perspective, what 'other' aspects of the landscape become important to both adults and children in the time of HIV/AIDS? What can we learn about the nature of 'everyday' childhoods when we move beyond presumed crises?

1.4: The Research Location

South Africa in Context: An Overview

Research carried out on contemporary landscapes should never be disconnected from historical pasts. In the case of South Africa, this is especially true as its history is marred by recent colonial forces which served

to oppress majority African⁶ populations and ultimately undermine family freedoms and capacities.

Prior to the end of the fifteenth century, the hunting and herding peoples of southern Africa remained isolated from the wider world. In 1652, the Dutch East India Company under Jan van Riebeeck occupied the Cape peninsula, instigating the formal rise of colonialism in South Africa. By 1662, the colony had become a complex, racially stratified society through released employees who had been given free land in the Cape, as well as landed slaves who were brought in to build infrastructure in the Colony. In 1795 the Cape Colony was annexed by the British government, and until the 1860s, served primarily as a stepping-stone to Asia (Thompson, 2000).

Until the late 18th century, the Bantu-speaking mixed farmers south of the Limpopo river in today's KwaZulu-Natal lived in small chiefdoms. Under King Shaka, the Zulu kingdom had incorporated all of the northern Nguni chiefdoms and established control over most of the territory in the region by the 1830s. During this period, there was also a gradual spread of white settlement into the interior, accompanied by the annexation of land for white farms and the imposition of colonial rule. In the 1830s and 1840s, descendants of Dutch and other settlers, collectively known as the Boers, emigrated out of the Cape, in what was to be called the Great Trek. The Boers later established the independent republics of the Transvaal and the Orange Free State in 1854. The Boer expansion into the interior was fiercely contested, and was characterised by continuous armed conquest of African kingdoms, such as the Zulu Kingdom.

⁶ The term 'African' is used to describe Black South Africans previously classified as such under historical race classifications. The use of these terms in no way constitutes legitimisation of apartheid terminology, but is a reflection of the social construction of identity in a race-cleaved society, and the continuing use of these classifications by the South African government and others in statistical surveys and reporting. In this thesis, the terms African and Black South African are both utilised.

While the 258 years of Dutch and British colonialism severely damaged family and tribal organisations, the range and penetration of exploitation during segregation (1910-47) and apartheid (1948-94) were far more destructive (Terreblanche, 2000). This period of history marked the modern political and economic transformation of South Africa with the discoveries of diamonds at Kimberley in 1874 and of gold at Johannesburg in 1886, which brought a massive influx of capital and technology as well as many white immigrants intent on chasing a promise of vast fortunes (Thompson, 2000). British colonialism was thus transformed into an aggressive and more comprehensive version of imperialism and racial capitalism through indirect enforced contract labour, based on the principle that migrant workers could be paid less than a subsistence wage because they had an agricultural subsistence based in their areas of origin (Terreblanche, 2000). Laws were passed that increasingly restricted African people's freedom of movement and rights to employment. While some Africans were attracted by opportunities to accumulate wealth and went to work on the mines, increasingly they migrated because the alienation of their land left them with no viable alternative to labour migrancy (Stock, 1995). Under the newly unified government of South Africa in 1902, the discrimination against Black South Africans continued to intensify. From the point of view of the white, landowning class, it was easier to deprive indigenous people of their land than to acquire the necessary labour and to control it effectively. The Land Act of 1913 is perhaps the best of several examples which deprived indigenous people of their land in a deliberate attempt to promote their proletarianism, thereby increasing the supply of unfree black labour. This principle continued in later years despite the drastic deterioration of socio-economic conditions in the overpopulated 'reserves' (Terreblanche, 2000).

Inspired largely by the nationalist ideology of Nazism, extremist Boers formed the "purified" Nationalist Party in 1934 to fight for a South Africa fully organised according to apartheid principles, and after winning the 1948

election, moved to implement a more extreme vision of South Africa. The National Party government based its case for implementing apartheid on the premise that different groups need to live and develop separately, each with its own cultural heritage, resources, and abilities: to do otherwise would defy the natural laws of peaceful coexistence between peoples (Stock, 1995). The most fundamental and resistant aspect of the system was the ruthlessly enforced division of space and resources between the country's officially designated racial groups. The National Party commenced a program of forced removals of Africans from their long-established homes in areas now designated for white use, and 'dumped' Black South Africans in remote, inhospitable relocation areas, with little or no provision for their welfare. Laws such as the Group Areas Act 41 (1950), the Prevention of Illegal Squatting Act 52 (1951), and the Blacks Resettlement Act 19 (1954) had devastating consequences for South African families. During the period of 1960-1983, it was estimated that 3.5 million black people were forcibly removed from their homes, causing economic, physical, and psychological suffering (Bozalek, 1999). Ultimately, the purpose of forced resettlement in remote and marginalised 'bantustans' was the creation of vast pools of unemployed workers with few viable options. These dependent, tightly controlled pools of migrant labour were fundamental in ensuring that South African mines and farms remained profitable (Stock, 1995).

The result of more than two hundred years of colonial and apartheid rule was the undermining of traditional culture and social safety nets, as well as the extreme material deprivation suffered by under-privileged groups, particularly African families and their children. For example, by the 1980s in KwaZulu-Natal, a number of studies demonstrated the pervasive poor health of the African population, with high rates of infant mortality, poor nutritional status, and weak access to health services (Molteno et al, 1986; Moosa, 1984). Racial legislation had undermined nutrition, medical care,

education, housing, community resources, employment and family cohesion⁷ (Molteno et al, 1986).

The fight to end racial discrimination in South Africa began long before the formal initiation of apartheid. The African National Congress (ANC), founded in 1912, was active in protests against the Native Land Act of 1913, the first of segregation laws which limited African land ownership to the reserves (Thomson, 2000). Black South Africans actively resisted the imposition of segregation, and pressed for the establishment of a democratic, nonracist South Africa. Over the course of the 1960s and 70s, various anti-apartheid demonstrations took place.⁸

However, it was not until 1990-91 that the Land Acts, Groups Areas Act, and others were repealed, political organisations were unbanned, and the state of emergency revoked. The negotiating parties eventually made major concessions under increased international pressure and internal strife, and on November 18 1993, the World Trade Centre Agreement was signed for a new South African Constitution. Under the agreement, the newly established National Assembly was to be chosen by proportional party representation. Among the many other provisions was a comprehensive Bill of Rights and the naming of 11 official languages which included IsiZulu, Afrikaans, and English (Stock, 1995). In 1994, the first free elections were held and Nelson Mandela was elected the first post-apartheid President. In 1999, Nelson Mandela retired as leader of the ANC and was succeeded by Thabo Mbeki who was re-elected in 2004. In 2009, Jacob Zuma, also of the ANC, was elected President.

KwaZulu-Natal: The Research Landscape

⁷ An in-depth discussion of how labour migration and apartheid policies affected family relationships and child-rearing occurs in chapter six.

⁸ A further discussion of the violence and instability that occurred during this time period occurs in chapter five.

The goal of this thesis is to place childhood, and the impacts of HIV/AIDS in context, in place, in time. It was thus necessary to locate a research site where much of the orphan-focused research has taken place, and in a country that exhibits a mature pandemic. For these reasons, South Africa was chosen, and although there are eleven provinces in the nation, KwaZulu-Natal was highlighted because it exhibits the highest overall HIV prevalence and the most mature epidemic in the country (See following table; Welz et al, 2007).

Province	1998	2000	2002	2004	2006	2008	2009
KwaZulu-Natal	32.5%	36.2%	36.5%	40.7%	39.1%	38.7%	39.5%
Eastern Cape	15.9%	20.2%	23.6%	28.0%	28.6%	27.6%	28.1%
Western Cape	5.2%	8.7%	12.4%	15.4%	15.5%	16.1%	16.9%

Table 1.1: HIV Prevalence for Selected South African Provinces
(source: Department of Health, 2000, 2004 and 2010)

Furthermore, KwaZulu-Natal is home to approximately 1 million, or 26% of all South African orphans, and has been a major focus of orphan-oriented research (Adato et al, 2005; Case et al, 2005; Chazan, 2008; Cichello, 2003; Denis and Ntsimane, 2006; Hallman, 2005; Hill et al, 2008; Kaufman et al, 2004; Meintjes and Hall, 2009). In locating the study in KwaZulu-Natal, this study is also exclusively a study of Black South African, Zulu childhood. Due to a historical continuity of residential segregation, and the nature of HIV/AIDS in the province, Black South Africans are more highly affected by the epidemic than any other ethnic group, and more than 83% of those living in the province are African (South African Department of Health, 2008). Further, the demographic profiles of the three study communities- Umlazi, Ntuzuma, and Umzimkhulu, were entirely Black South African. Although researchers have worked to explore the multiplicity of childhood in South Africa (Bray, 2009; Benwell, 2008), for the purpose of this study which aims to reconceptualise the dominant HIV/AIDS discourse, this decision was appropriate. Although the epidemic impacts other populations of children in KwaZulu-Natal, such a study would have entirely different discourses and research questions. Further, issues of historical continuities would make the

study too great to accomplish in the realm of a PhD.

Research was undertaken in three locations: Umlazi and Ntuzuma, both of which are urban townships near Durban, and the surrounding villages near Rietvlei, a central point in the rural municipality of Umzimkhulu 200 kilometres south-east of Durban (see Figure 1.2).

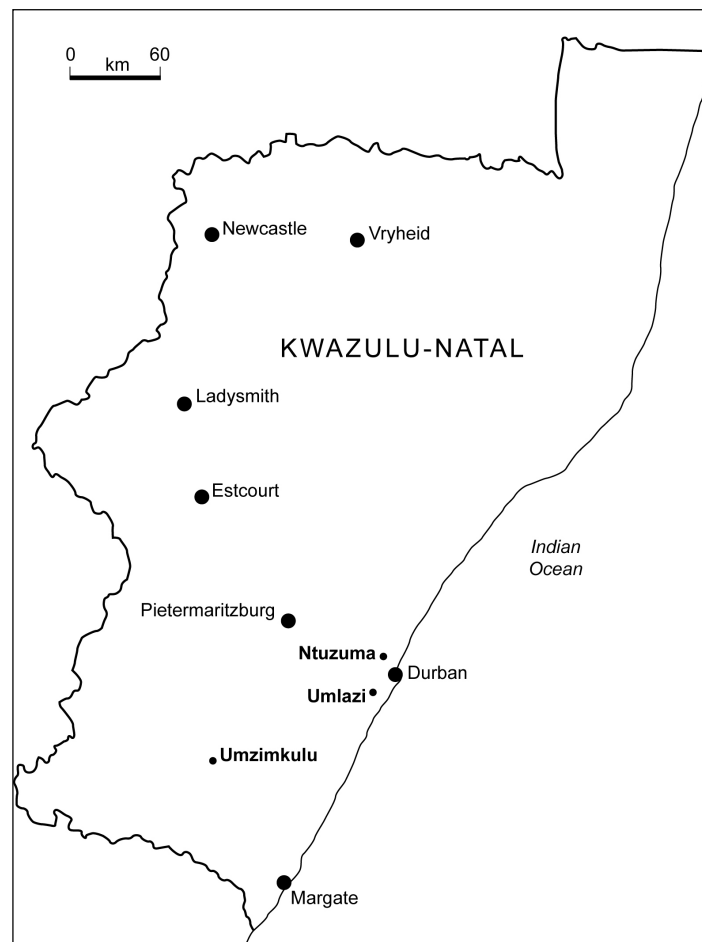


Figure 1.2: Research Sites in KwaZulu-Natal, South Africa (source: Author, 2009)

These particular sites were selected for a variety of reasons. First, sites were identified as those with a long history of HIV/AIDS, where the epidemic is both endemic, and somewhat normalised. Second, although I worked in both urban and rural locations, my approach was not, in a strict sense, to compare urban families and childhoods against rural experiences. A decision to research in various geographies was made for two reasons. First, while many

children and young people live in rural areas in the majority world, most research tends to be carried out with urban young children, since those in rural areas are less visible and accessible than their urban counterparts (Panelli et al, 2007). Indeed, the fieldwork in Umzimkhulu was far more time-consuming and logistically challenging than in the Durban townships (see chapter three). Second, the choice of locations was intended to map the contrasting and common features of childhood within the province. For large numbers of South Africans, rural-urban connections remain a central feature of everyday life, with ongoing importance for children who themselves move between places, and whose parents and relatives continue to inhabit and visit family homes in both rural and urban KwaZulu-Natal (see chapter five). While much policy work and research tends to remain sharply divided across rural and urban lines, the locating of various geographic landscapes for this study was an attempt to understand the social and spatial interconnections between places in historical and modern KwaZulu-Natal, and the 'in-betweenness' of children's life experiences across geographic landscapes.

Lastly, there were critical logistical benefits to working in communities which already have a strong research presence, and where infrastructure was accessible to myself as a PhD student. This support came in the form of a partnership with Dr. Mickey Chopra, a lead researcher on the *Good Start Study*, an ongoing cross-national study of HIV positive and negative women who attend routine PMTCT (prevention of mother to child transmission) services.⁹ Within the study, women were initially recruited through hospitals, clinics and through 'peer supporters' who go door-to-door locating pregnant mothers in the various study communities¹⁰. Direct support received from the *Good Start Study* included locating interpreters, the recruitment of

⁹ Recent papers coming out of the Good Start Study have looked at diverse issues such as infant feeding practices, the use of nevirapine to prevent vertical transmission to infants, and disclosure (Chopra et al, 2005; Doherty et al, 2006a; Doherty et al, 2006b; Norman et al, 2008).

¹⁰ It is important to note that peer supporters are not necessarily aware of the HIV status of the women they are working with, as the protocols call for 'double blind' sampling. However, in many cases participating women end up disclosing their status, as relationships and friendships form over the course of the study.

participants, personal introductions to households, and general logistical support (for example, access to office space at two of the three sites). Ultimately, when conducting research as an 'outsider', the use of gatekeepers is critical.

Urban sites: Umlazi and Ntuzuma

Umlazi and Ntuzuma were part of the historical KwaZulu homeland which existed as an official 'native Bantu reserve'¹¹ between 1925 and 1990 (Maylam and Edwards, 1996). During the 1930s and 1940s, a combination of rural out-migration and the development of the manufacturing industry produced a significant growth in the African population of Durban (Maylam and Edwards, 1996). At this time, an estimated 45,000 African people lived in the burgeoning shack settlements around Durban (Ibid). The expansion of shack settlement represented a failure on the part of the Durban local state, because Africans were able to occupy a sizeable portion of Durban's physical geography. In the 1950s, the struggle for space in Durban became an uphill battle (Ibid). Industrial expansion, the formalisation and entrenchment of residential segregation, and an assault on informal settlements were the main forces that served to close down spaces that had once been accessible to the underclass in Durban. Most significant was the Group Areas Act of 1950; as a result of this racialised zoning of neighbourhoods, some 120 000 Africans were removed from shack settlement under the Prevention of illegal Squatting Act and group areas proclamations (Ibid). In 1962, Umlazi was proclaimed a township to house African residents who were moved from Durban city, and Ntuzuma was later built in the 1970s as another planned African township to house the growing population of Africans in Durban.

¹¹ Ten 'Bantustans' were established in South Africa, for the purpose of concentrating members of designated ethnic groups and creating "autonomous" nation states. Post-1994, with the demise of the apartheid regime in South Africa, the Bantustans were dismantled and their territory reincorporated into the Republic of South Africa

Today, both have been incorporated into Ethekekwini municipality. Umlazi and Ntuzuma are still characterised as primarily residential areas with both formal and informal housing, high population densities, and hilly terrain (See Images 1.1 and 1.2).



Image 1.1: Residential landscape in Umlazi (Author, 2007)



Image 1.2: Typical homes in Umlazi and Ntuzuma (Author, 2007)

Umlazi consists of 14 wards, with a population estimated to be between 400,000 and 1 million (Mohamed, 2002). Ntuzuma consists of 4 municipal wards, with a population of approximately 140,000. Both settlements are dominated by young people with over 69% of the population in Umlazi and 73% in Ntuzuma below the age of 34, and 28% in Umlazi and 33% in Ntuzuma below the age of 14.

The economies of both Umlazi and Ntuzuma are inextricably linked to that of Durban, which is itself experiencing a decline in employment. In Umlazi, approximately 37% of the population is unemployed, and Ntuzuma, 38%. Twenty eight per cent of households in Umlazi, and 32% of households in Ntuzuma report no household income at all. Approximately 56% of dwellings in Umlazi and 58% in Ntuzuma are formal homes, with variations of 84% and 32% represented in particular wards. The HIV prevalence rate for Ntuzuma is not currently known, but the rate in Umlazi in 2004 was 47% of women who attended antenatal clinics (Colvin et al, 2007). For the

municipality of Ethekwini, which both research sites are a part, the HIV prevalence rate was 41.6% in 2007 (Department of Health, 2008).

Rural site: Umzimkhulu

Umzimkhulu municipality lies in one of the poorest rural areas of South Africa, the former Transkei homeland of the Eastern Cape. In 1963, the South African government made the Transkei 'self-governing,' and 1976, the Transkei gained 'independence.' Ironically, as they gained their 'independence,' citizens were deprived of South African citizenship, and other important economic benefits (Thompson, 2000).

Although the South African economy experienced rapid development in the 1950s and 1960s, the Homelands remained economic 'backwaters', extremely deprived and poorly serviced (Thompson, 2000). Consequently, the economic incentives for Africans to leave the Homelands, either as migrant labourers or permanently, grew more powerful. For much of the 20th century, African men who had traditionally farmed in the area were forced by punitive taxes levied only on Africans, and declining access to land, to head north to work in Johannesburg's gold mines or elsewhere (see chapter five). The repercussions of massive, systemic disinvestment in this part of South Africa are still clearly felt today (see chapter four). Today, employment levels are very low; only about 12% of residents in the municipality are employed, with the agricultural sector accounting for the largest number of formal employees. There is a marked dependency on government grants and migrant workers, with 52% of households reporting no income at all in the most recent national survey (Department of Provincial and Local Government South Africa, 2005; Umzimkhulu Local Municipality, 2007). There are no major industries in this part of South Africa, and little opportunity for employment. Those who do matriculate from high school tend to leave and find work in nearby Durban or

Johannesburg. These patterns are also reflected in the gender distribution, as women make up a majority of the population, 58% to 42% respectively (Umzimkhulu Local Municipality, 2007).

Geographically, the municipality consists of 18 wards, with the main administrative centre located in Umzimkhulu Town. Settlements in the district are loosely scattered throughout the area and are surrounded by communal grazing and arable lands. Settlement density appears to be directly correlated to transport accessibility with higher densities exhibited near roads. The majority of households are traditional Xhosa or Zulu homesteads which are comprised of multiple huts made primarily of wooden poles, cow dung, and thatched roofs, although many families have now built additional square-shaped homes of the same materials or concrete (See image 1.3).



Image 1.3: Typical homes in Umzimkhulu (Author, 2005)

The population of the municipality is 198 770 which is overwhelmingly African at 99% of the population (Umzimkhulu Local Municipality, 2007). The population is again dominated by young people; 45% of district residents are under the age of 15.

Many villages in Umzimkhulu have limited or no access to electricity. Water is mainly drawn from natural sources like streams, rivers and fountains, and is not purified, exposing areas to cholera and other diseases. The municipality is poorly serviced in terms of health facilities. The HIV prevalence rate was very difficult to ascertain in this region, but after visiting with the local District Health Office in Umzimkhulu and personally obtaining the latest statistics garnered from January-March of 2008, it was found that the prevalence rate for men tested at clinics was 33.6%, for females 27.9%, and for females tested at antenatal clinics, 23.6% (these are unpublished statistics). For Sisonke district, which the municipality is a part, it was estimated that 34.1% of women testing at antenatal clinics were HIV positive (Department of Health, 2008).

The research undertaken in Umzimkhulu municipality was carried out in three different 'villages'. The three villages represented rural diversity in that one of the sites, Rietvlei acts as a 'hub' for outlying rural areas due to the presence of one shop and the local hospital (see image 1.4).



Image 1.4: A view of Rietvlei village in Umzimkhulu (Author, 2007)

The other two sites, Gugwini and Madakeni were very rural, less accessible by road, and more isolated from places like Rietvlei and other towns in the area. The decision to work in multiple villages was a direct result of the recruitment of families, and a desire not to weigh too heavily on families in Rietvlei which have better access to services than those in Gugwini and Madakeni.

1.5 Thesis Outline

This thesis contributes significantly to the knowledge of the changing conditions of childhood and children's everyday lives in KwaZulu-Natal, and specifically within the time of HIV/AIDS. The thesis aims to reconceptualise childhood by taking a holistic approach to children's experiences, placing the 'everyday' within a historical context, and allowing the voices of children to be heard within the debates which are centred around them. The nine chapters of the thesis weave together an understanding of generational

continuity and change, ultimately reconceptualising childhood by reorienting 'crisis' discourse toward the 'everyday,' and acknowledging that children are active agents within these processes. The following outline each of the chapters in this thesis.

Chapter Two: Theorising Childhood in the Time of HIV/AIDS sets out the conceptual framework for this study. The chapter outlines the historical dimensions of the paradigm shift toward the social studies of childhood, and offers a theoretically informed deconstruction of the 'children and HIV/AIDS' discourse and literature. Concepts such as agency, vulnerability, and resiliency are explored. The final section sets out the alternate approach taken in this study, which entails a historically situated understanding of the landscape of childhood, and the generational dynamics of childhood.

Chapter Three: Methodology outlines the methodological framework for the study, including a discussion of the qualitative, childhood-centred approach, the research framework and tools, and a description of the research participants.

*Chapter Four: Reflecting on the Research Process*s explores the ethical challenges, and the practical issues surrounding 'doing' fieldwork, as well as outlining issues related to positionality and critical reflexivity.

Chapter Five: Reconceptualising 'Crisis' in the Time of HIV/AIDS begins to reconceptualise childhood in KwaZulu-Natal by situating the 'crisis of childhood' in time. In South Africa, this is not the first time childhood has been constructed as 'in crisis:' generations of Black South African children have been the previous focus of activists, academics, and others, highlighting the plight of children 'robbed of their childhoods.' This chapter places childhood in context, and examines the HIV/AIDS epidemic as *part* of the landscape on which children experience their childhoods. The chapter

includes discussions of poverty, violence, and a reconceptualisation of the term 'crisis.'

Chapter Six: Dynamics of Care in the Time of HIV/AIDS historicises and explores the nature of child care through notions of continuity of change, and challenges the existence of a 'crisis of care' within KwaZulu-Natal. Topics covered include the gendered nature of child care, children as carers, spaces of caring, the role of the state, and child care in the context of HIV/AIDS.

Chapter Seven: Children's Rights in the time of HIV/AIDS examines the disjuncture between children's rights discourse in the time of HIV/AIDS, and the realities of children's rights within the family home. Of particular interest is how children's rights have impacted adult-child relationships in the time of HIV/AIDS, specifically surrounding generational communication and sex education.

Chapter Eight: Generational Communication and Bereavement in the time of HIV/AIDS explores the historical transition that has occurred in recent generations toward an inclusion of children in bereavement practices in KwaZulu-Natal. The chapter also demonstrates the generational tensions surrounding communication in the time of HIV/AIDS, and children's agency, or lack thereof in their participation of such practices.

Chapter Nine: Conclusion summarises the main theoretical and empirical findings of the thesis and offers new directions within research and policy landscapes.

Chapter Two: Theorising Childhood in the Time of HIV/AIDS

People interested in the question of what is best for South Africa's children cannot afford uncritically to reproduce just one image of childhood (Swartz and Levett, 1989: 748).

Over twenty years ago, in the context of the apartheid regime in South Africa, Swartz and Levett (1989) called on the vast community of researchers, policy makers and activists who were working on behalf of children, to question their perceptions, to remain critical of dominant images of children as victims, to recognise diversity, and to view children as active agents. Today in South Africa, the landscape of childhood has once again been defined by its fragility, a result of the HIV/AIDS epidemic. Recurring discourses of 'crisis' and 'risk' permeate, with images of children as passive victims, dominant. This thesis argues that again, conceptualisations of childhood in the time of HIV/AIDS demand critical attention, and ultimately, reconceptualisation.

This chapter situates the thesis in several key bodies of theoretical work and policy-related literature, and identifies where it will contribute to both existing knowledge and policy debates. The first section 'theorises childhood' (James et al, 1998), and explores the evolution from children as objects of society and research, to children's now prominent place as subjects within the academy and on global agendas. In exploring this shift in paradigm, the following section makes an important distinction about the globalisation and politicisation of constructions of childhood, where idealised notions of an 'appropriate' childhood have been exported from the West to the developing world, culminating in the establishment of universal children's rights, as well as resulting 'crisis' narratives for children who find themselves 'out of place' within such constructions. The third and fourth sections explore the particular history and landscape of 'children in the time of AIDS,' where a number of areas for discussion arise: 'crisis' and futurity, AIDS 'exceptionalism' and the dominance of the 'AIDS orphan.' The final part of this chapter synthesises the

conceptual framework for the alternate approach taken in this study, with a discussion of how the concepts of 'crisis,' agency, resiliency, time, and generations are utilised to reconceptualise childhood in the time of HIV/AIDS.

2.1: The Social Studies of Childhood

Historically, conventional approaches to the study of children were based in structural developmental psychology. The gathering principle was a view that childhood is outside of, or uninformed by the social context within which the child resides, with age and developmental stage the most crucial indicators of childhood (James et al, 1998). This was the core thesis of a body of developmental psychologists, influenced by the works of Jean Piaget, who described child development as governed by universal psychological and biological structures, marked by fixed ages (Boyden, 2003). An emphasis on the early years of childhood reinforced notions of children as vulnerable, immature and dependent. Essentially pure at heart, children were envisioned as angelic, possessing a natural goodness; as such, they represented a condition lost or forgotten and therefore worthy of defense, and susceptible to sentimentalisation (Aitken, 2001; James et al, 1998; Valentine, 1996).

In the second half of the 20th century, the fundamental conceptualisation of childhood was altered, when the historian Phillipe Aries first argued that 'childhood' as an inherent and distinct period of time with particular vulnerabilities and protections had not always existed in Western society. In *Centuries of Childhood* (1962), Aries provided the grounds for an analysis of childhood in terms of social context, rather than naturalistic reductions (James et al, 1998). Aries argued that the modern conception of childhood as a separate life stage emerged in Europe between the fifteenth and eighteenth centuries, together with bourgeois notions of family, home, privacy, and individuality (Stephens, 1995). It is Aries' work that is often cited as fostering the growth for what is now the social studies of childhood, a paradigm shift

which made childhood itself the locus of concern. The epistemological break which James, Jenks and Prout (1998, quoted in Holloway and Valentine 2000: 764) claim is an understanding of the child as 'being':

...this new phenomenon, the 'being' child, can be understood in its own right. It does not have to be approached from an assumed shortfall of competence, reason or significance.

This also represented a definitive move away from the implication that children were to be seen as a defective form of adult, social only in their future potential but not in their present being (James et al, 1998). In their seminal work, *Theorising Childhood*, James, Jenks and Prout (1998) outline various interrelated aspects associated with the shift in paradigm. One is the notion of childhood as socially constructed, where descriptions of childhood entail an engagement with taken for granted meanings. Social constructionism stresses the issue of plurality: standards of judgment are seen as relative to a particular world-view and therefore universal statements of value cannot be made. Childhoods are variable; there is no universal 'child'. Children are seen "to be formed not by natural and social forces but rather they inhabit a world of meaning created by themselves and through their interaction with adults" (James et al, 1998: 28).

A second tenet of the shift in paradigm is a commitment to view children's social worlds as real places and provinces of meaning in their own right, rather than poor imitations of the adult state of being (James et al, 1998; Holloway and Valentine, 2000). Here, children's difference is honoured and their relative autonomy celebrated. Within this view, it is widely acknowledged that children and young people exercise agency in the construction of their own lives (Argenti, 2002; Bell and Payne; James et al, 1998; Stephens, 1995). Here, agency is understood as:

an individuals' own capabilities, competencies and activities through which they navigate the contexts and positions of their life worlds, fulfilling many economic, social and cultural expectations, while

simultaneously charting individual/collective choices and possibilities for their daily and future lives (Robson et al, 2007).

Confronting agency requires that children are conceptualised as competent social beings: 'doers' and 'thinkers' rather than 'social becomings.' Punch (2003) utilises this approach in her work on children's life worlds in Bolivia, as does Katz (1993) in her work on children's use and understandings of space in the Sudan. Both authors make a point of emphasising children's agency in negotiating activities in their daily lives, as well as their use and knowledge of their local environments. Within the social studies of childhood, children have been reconceptualised as active agents with valuable perspectives that should be sought through research (Holt and Holloway, 2006; Payne, 2008), opening the door for new directions within the research landscape, including child-led methodologies and increasing participation of children in studies which concern them.

A third tenet recognises that while children are a constant feature of all social worlds, it is their manifestation that varies from society to society. Children are thus socially structured; they form a group, a body of social actors, and as citizens they have needs and rights (James et al, 1998: 32). Such theorising of childhood led to a significant body of work which explores children's worlds as their own group within society, and their socially constructed nature (Beazley, 2003; Benwell, 2008; Payne, 2008; Punch, 2001; Katz, 1993, 2004). For example, in her research of street children's everyday worlds in Indonesia, Beazley (2003) explores the marginal spaces that children have created in order to form a collective solution for the dilemmas they face in their everyday lives. In Cape Town, South Africa, Benwell (2008) explores the ways in which children inhabit and negotiate their outdoor suburban environments.

In Human Geography, developments within the social studies of childhood led to the creation of the burgeoning sub-discipline of children's geographies.

Where earlier research focused on children's environments including children's cognition and mapping, and their access, use of, and attachment to space (for example, Bunge, 1973), over the last two decades, children's geographies have moved toward a social and cultural geography of children which "acknowledges processes of exclusion, socio-spatial marginalisation and boundary conflicts with adults and parents" (Matthews and Limb, 1999:82). Research on young people has been influenced by feminist and postmodern thought, which has stimulated work promoting the voice of children as a marginalised group, with sensitivity toward difference. Cindi Katz (1993) pioneered the study of children of the global South, by exploring the role of the physical environment in social and cultural reproduction of rural Sudanese children. Today, children's geographers have explored a number of critical issues, questioning power and space, and arguing that the 'everyday' matters profoundly (Horton and Kraftl, 2006). The concepts of competence and agency have formed the basis of a burgeoning field situated in both the global North, and the global South (for example, Benwell, 2007; Evans, 2004, 2006; Chizororo, 2008; Payne, 2008; Swanson, 2005). Children's voices and experiences are now prominently featured within the discipline, and in the recently established academic journal *Children's Geographies*. Furthermore, the social studies of childhood and children's geographies have been highly influenced by the politicisation and globalisation of childhood in contemporary society.

2.2: The Politicisation of Childhood

During the last thirty years, alongside growing interest in children's lives and life worlds in academic circles, the politicisation of childhood emerged, in line with established agendas concerned with the unequal and structurally discriminatory nature of society (James et al, 1998). This approach fostered the modern discourse of children's rights and a specified dedication to children's interests. For the first time in modern history, children were no longer seen as appendices of their families, the state, or charitable institutions

(Reynolds, 2006). In the global North, adults advocated for children's political participation, and their right to be involved in discussions which affected them. Policy groups also advocated research with children, as well as *by* children (Christensen and James, 2000; Kellett, 2005; Morrow, 2003; O'Kane, 2000).

Children's rights also took on global meaning during the late 1970s. In 1979, the *Year of the Child* was launched, accompanied by internationally televised accounts of children whose lives were devastated by famine, war, and poverty. The concept of 'the world's children' emerged in the official discourses of international agencies such as the United Nations Children's Fund (UNICEF), which published its ongoing annual report that year, *the State of the World's Children*. At the same time, affluent groups in Western society confronted the chasm between their idealised concepts of childhood, and the realities of many children's lives in the 'Third World' (Stephens, 1995). Child vulnerability was seen to transcend culture and politics because although children faced suffering, they could never be responsible for its causes (Burman, 1994). Rights and welfare activists thus sought the introduction of measures to protect children from intolerable conditions on the grounds that children come into the world "defenseless in the face of an aggressive and violent society and that they are the first to suffer the terrible consequences of famine, war, and socioeconomic crisis" (Vega Fuente, 1983 in Boyden, 1990:197). This echoed a moral framework in which 'development' was re-positioned as something that should also be *for* children (Jones, 2005). It became the explicit goal of children's rights specialists to crystallise in international law a universal system of rights, which culminated in the United Nations Convention on the Rights of the Child (CRC) in 1989. The Convention covered, among other things, children's right to healthcare, education, nationality and legal representation (Montgomery, 2010).

Moral claims of 'rights' were ultimately underscored by an appeal to a

general understanding of what childhood should be (Burman, 1996). These claims were formulated in global terms, as universal concerns for children were viewed as transcending political and social divides: a universal morality beyond borders (Pupavac, 2001). The CRC promoted a particular childhood for children everywhere, on the grounds that the essence of childhood should be the same for *all* children, irrespective of age, sex, and culture (Nieuwenhuys, 2008; Twum-Danso, 2008). This historical perspective of 'the world's children' and 'universal morality' suggests a complex export of once localised Western constructions of childhood to the rest of the world:

The rights of African children are of worldwide concern and benefit. In a globalised world, no country can be considered remote and isolated from another... the realisation of the rights of poor and vulnerable African children is a 'continental merit good,' and a 'continental inter-generational public good,' with global benefits (De Waal, 2002: 7).

In this global framework, childhood has become an entity, the deprivation of which constitutes a violation of universal human rights. The polarities set up between this supposedly universal stage, and those that seemed to lack it, map onto the global North-South divide: in the global North children develop, and in the global South they merely survive- if they are lucky (Burman, 1994: 32).

The discomfort among certain welfare practitioners from the global South was explicit from the draft consultations regarding the CRC. During discussion, several of the delegates expressed dissatisfaction that the drafting group was predominantly Western in orientation in terms of its focus on individuality and the nuclear family, and argued that greater account should have been taken of the cultural diversity and economic realities of developing countries (Boyden, 1990; Burman, 1996; Stephens, 1995). For example, the draft text referred throughout to 'parents' who have special rights and obligations with regard to children, whereas in many societies, customary law dictates that children are the responsibility of the extended rather than nuclear family, and

the role of relatives other than parents in child care is vital (see chapter five for a discussion of the dynamics of child care in South Africa). Furthermore, Western individualistic notions of children's rights have the potential to be problematic in many African societies where notions of 'rights' are founded on interdependence and reciprocity, and children have responsibilities (see chapter six). In many parts of the world, children are embedded in a web of relationships that are tied to duties, obligations and sometimes the expectation of sacrifice on behalf of the family (Montgomery, 2010).

In placing children's issues 'on the map,' the dominance of particularly Western conceptualisations of childhood concealed the fact that the institution of childhood itself is a social construction (Prout and James, 1990). Samantha Punch (2003) has argued that because the majority of the world's children live in Latin America, Asia and Africa, the most common type of 'childhood' is indeed that of 'Third World' children. Yet majority world childhoods are often considered 'deviant' when examined within parameters of a globalised model where notions that children should play and study, but not work, dominate. Northern privilege has been inscribed in international policies for children, and children and families who fail to conform are either stigmatised or rendered invisible (Burman, 1996). In such discourses, anxieties about young people are centred on the premise that the political and social condition of whole societies can be gauged by the status of 'their children' (Boyden, 1997).

The globalisation in expectations of 'childhood' has meant an increasing number of children 'in crisis', with their very childhoods under threat. Such notions of children 'at risk', 'under threat', or 'in crisis' originate in contemporary western society. Lupton (1999) describes how the modernist conception of risk arose from a desire to use reason to banish earlier views of the world as an uncertain and unpredictable place. (Kennedy, 2010). These insecurities manifest in anxieties about the future, which are ultimately

channeled in and through concerns about children and the nature of childhood, and by pinning hopes for the resolution of contemporary problems today's children (Katz, 2004). Recent debates in children's geographies have noted that children and young people occupy a paradoxical position in contemporary policy, existing simultaneously as young people in the here and now and adults of the future (Evans and Honeyford, in press).

Childhood, as a separate life stage, is itself a reservoir of memory and fantasy, and as always 'becoming'. As such, childhood and youth have proven to be readily available for mobilisation around moral panics (Kraftl, 2010). Stanley Cohen's (1972) work in the UK was an early example of a gathering interest in the childhood/youth in 'crisis' thesis, highlighting as well the notion of 'moral panics' - campaigns or media-driven narratives which raise the alarm over apparent chaos or breakdown of the social order, resulting in anxiety and hostility. Moral panics are usually short-lived, generated through publicly aired concerns about particular events or situations about which 'something should be done' (Scott et al, 1998: 690).

Such anxieties are expressed as a fear *for* children, but also as fear *of* children, or of what children might do if they are not kept within the boundaries of acceptable childish conduct (Scott et al, 1998). Cohen utilises examples such as young, working class males or 'hooligans' to discuss the ways in which the media and the public react to 'deviant' young people. In such scenarios where children become a 'risk' to society, rather than 'at risk' themselves, Hall and Montgomery (2000) have argued that the term 'youth' is deployed rather than 'child' as this connotes a transition from victim, to potential perpetrator.

Crises of childhood' arise out of a complex entanglement of social and political concerns about the nature of what childhood should be: during particular historical-geographical 'events', childhood can be 'corrupted,' 'at risk,' or entirely 'lost' altogether (Foster et al, 2005; Killian, 2005; Kraftl, 2010; Pivnick and Vilegas, 2004; Scranton, 1997). In contemporary discourses

surrounding childhood, children are an important object of social concern: increasing anxiety about risk has been superimposed upon a 'protective discourse' within which children are located as vulnerable innocents to be shielded from the dangers of the wider world (Scott et al, 1998). The fusion of risk anxiety with protectiveness has engendered a preoccupation with prevention.

In the global South, childhood 'in crisis' is a relatively recent evolution, the result of increasing globalisation and politicisation of conceptualisations of childhood. According to globalised ideals, a vast number of children in the majority world offer immediate cause for concern: children in poverty, working children, street children, and 'AIDS orphans,' are universally accepted 'deplorable breaches of childhood' (Hall and Montgomery, 2000; Scott et al, 1998; Fenton, 2006). However, children's geographers have been pivotal in arguing for more nuanced understandings of such categories of children, remaining highly critical of dominant models of ideal childhoods, and challenging notions of innate vulnerabilities (Ansell, 2004a, 2004b; Chizororo, 2008; Evans 2002, 2004, 2006; Evans and Becker, 2009; Jones, 2007; Herrera et al, 2009; Mackie, 2007; Robson, 2001, 2004; Payne, 2008; Swanson, 2005; Van Blerk, 2006, 2007; Winton, 2005).

For example, Evans has published widely on children caring for parents with HIV and AIDS (with Becker, 2009). Evans argues that children are regularly involved in household and domestic chores and these responsibilities form an everyday part of children's lives and social relationships with family members. Children are actively engaged in negotiating and renegotiating their duties with parents and others within their household. Such understandings of children challenge norms of childhood and youth, where childhood is viewed as a 'special' and 'protected' phase, a 'temporal oasis of innocence' (Evans and Becker, 2009: 2). Payne's (2008) recent doctorate on child-headed households in Zambia also provides an important example of

research which is fundamentally critical of children 'in crisis' in the majority world. Payne explores constructions of child-headedness from within local communities, and confronts the issue of agency by revealing the capabilities of children who have been conventionally constructed as innately vulnerable. Alongside other children's geographers, Payne highlights the everyday nature of childhoods which would normally be perceived to be deviant in relation to global standards of idealised childhoods (for example, Robson et al, 2006 in their work on child carers in southern Africa).

However, as the following sections demonstrate, in the time of HIV/AIDS, a great deal of work remains in terms of understanding children's everyday lives, as dominant models continue to perpetuate notions of 'crisis', 'vulnerability' and 'AIDS exceptionalism'.

2.3: 'Crisis' and 'Futurity' in the Time of HIV/AIDS

In the time of HIV/AIDS, the prevailing discourse of children has been dominated by perceptions of a 'crisis' in childhood. The term 'crisis' in this context can mean any number of things: threatening statistics on the numbers of orphans, the trauma experienced by children, or the threat posed by orphans to society. In all scenarios, the essential meaning of childhood is 'in crisis,' with an imminent shift in what childhood will now mean for children. Statements such as "HIV/AIDS has forever redefined the meaning of childhood" (Bauman, 2006: 56), "HIV/AIDS poses a great threat to the future of our children" (Booyesen and Arntz, 2002), and "generally orphans are living an unhappy life" (Harber, 1998: 71) are ever-present among academic and policy documents. Implicit within discussions of 'crisis' is an overall victimisation of children and assumptions of inherent 'vulnerability' (Black, 2008; Blakie et al, 1994; Guest, 2003; New York Times, 2003; Pearce, 2003; Save the Children, 2006; The Zimbabwe Independent, 2009; Wax, 2003). In sub-

Saharan Africa, such imagery dominates: children are presented as 'the missing face of AIDS,' the ultimate victims of the pandemic, and living 'on the brink' (Black, 2008; Hunter and Williamson, 2000; New York Times, 2003; UNAIDS et al, 2002; UNAIDS et al, 2004; UNICEF, 2005).

In such narratives, children are constructed as inherently vulnerable and 'in need of care' by stable adults, preferably parents, in order to meet their developmental, material, and emotional needs. Such constructions are rooted in attachment theory, a highly influential theory of care and child development which posits that healthy child development depends on the existence of an attachment relationship between child and mother, or permanent mother-substitute (Ainsworth, 1989; Bowlby, 1952). Children have a natural need for stability and security which can only be provided by the domestic and familial environment, preferably with residential fixity (Ni Laoire et al, 2010). Theorists suggest that children who lack secure attachment are vulnerable to psychological challenges and cognitive development. The responsibility for providing a suitable upbringing is thus placed unequivocally on the adults who relate to a particular child, emphasising parental responsibility, both morally and economically (Panter-Brick, 2000).

Due to this intrinsic need for care, the diminished capacity of adults are infected with HIV and AIDS 'threatens' the 'vulnerability' of children and their very well-being. Policy makers have consequently constructed a 'crisis of care' based on the assumption that parental care is the standard and preferred model. For example, "the loss of a parent often means that young children are left without consistent responsive care" destroying the attachment bond between parent and child (UNICEF, 2004: 9). Without parents, assertions are made that children will be deprived of "love, attention and affection" and the "interpersonal and environmental stimulation" necessary for child development (UNICEF, 2004: 9). The logic follows that without parents, or incapacitated ones, a 'social rupture' will occur, where the

absorptive capacity of social safety nets become saturated due a decline in prime-age adults. As this system continues to 'overstretch' and 'erode,' 'crisis fostering' is seen to increasingly occur, with a complete breakdown of the social fabric imminent (Aspaas, 1999; Ayieko, 2000; Foster, 2000; George et al, 2003; Guest, 2003; UNICEF, 2004; Kaleeba, 2004; Oleke, 2006). This view bases its legitimacy on the plight of child-headed households, female-headed households, grandparent- headed families, and apparent rising numbers of delinquent, street children (Adebe and Aase, 2007).

In one case of sensation over substance, there has been a resounding focus on the plight of 'child-headed households' (Ayieko, 2000; Chizororo, 2008; Payne, 2008). Despite recent critiques about how we define such households (Payne, 2008; MacLellan, 2005), invariably they are highlighted as "an easily observable indicator of children who are not receiving traditional extended family care" (Foster, 2000:60) with the plight of these child-headed households "particularly desperate...in many cases these orphans are isolated completely from their extended family" (Booyesen and Arntz, 2002: 172). Such children are constructed as the ultimate victims, inherently vulnerable, and 'in need of care.' However, although these children may face unique challenges and increased vulnerability (necessitating interventions and support), there remains a general misconception about their prevalence and nature. Across sub-Saharan Africa, only very small numbers of orphaned children find themselves living without any resident adult caregiver (Floyd et al, 2007; Hill et al, 2008). In South Africa, less than 1 percent (0.6%) of children were living this way in June 2002 (Meintjes and Giese, 2006). Even from the perspective of orphaned children, Hill et al (2008) found that 2% of maternal and paternal orphans live in 'child-only' households, compared to 1% of non-orphans. The authors also found that many of these households were data errors, but where confirmed, many were headed by older children. Further, while such households may emerge following the death of adult members of a household, research has found they tend to be temporary, fluid, and

transitional with adults moving in to care for children, or children moving to join other households (Chizororo, 2007; Ford and Hosegood, 2005; Hosegood and Timaeus, 2005).

The 'crisis of care' rhetoric is also dominated by images of overburdened grandmothers, who are "often too old to provide adequately for the emotional and physical well-being of their charges" (Booyesen and Arntz, 2002:182). The image projected is of a grandparent, typically a grandmother, living (and struggling) with her grandchildren, whose parents have died of AIDS (Pearce, 2003). Such households composed solely of older adults (aged 50 years and upwards) and children are often referred to as 'skipped-generation households' referring to an absence of prime-age adults. As Chazan (2008) discusses in her article on the myths associated with such care, grandmothers are increasingly recognised as 'Africa's heroes,' the ones looking after orphans, caring for the sick, and keeping families together. However, despite high levels of adult mortality in places such as KwaZulu-Natal over the last decade, 'skipped generation' households remain a minority. In cases where they do exist, they have been found to be short lived and part of a wider landscape of fluidity in family life because other adults join the household, children move out, or the household dissolves entirely (Hosegood and Timaeus, 2005). A further question remains over the gendered nature of such households. Interestingly, Hosegood and Timaeus (2005) found that the same percentage of older men and older women (3% of all households in the survey) lived with children in the absence of young adults despite a literature which continues to focus entirely on the plight of grandmothers (Duflo et al, 2003; Nyambedha et al, 2003; Madhaven, 2004). As far as I am aware, there are no published reports on the experiences of grandfathers in relation to childcare in any African setting.

'Crisis of care' narratives within policy documents and research are ultimately concerned that this generation of children may end up entirely 'lost' as a

result of the epidemic: they have 'lost' their childhoods, their innate 'innocence' through their witness to AIDS, and it is this innocence that must be protected, or reinstated if possible. Within such discussions, primary concerns are with future adult lives, because as citizens of the future, children are a means through which larger societal changes or action can be achieved (James et al, 1998; Aitken, 2001). This reflects a generalising tendency toward futurity in policy engagements with children and young people, and a socially constructed history of childhood as an enduring repository of hope, particularly in the diverse political agendas of human rights and well-being (Horton and Kraftl, 2006; Kraftl, 2008). In the time of HIV/AIDS, children are quite literally, the future. Thus, the focus on policy and programming is with resistance to contracting the virus, and understanding youth behaviours in order to improve prevention efforts (De Waal, 2002; Gregson et al, 2005; Eaton et al, 2003; Kaufman and Stavrou, 2004; Leclerc-Madlala, 2002). Children are seen to be at risk of a diminishing intergenerational transfer of knowledge, skills, history and culture, ultimately costing the future of the community as well.

As Archbishop Desmond Tutu has (2007:vii) stated, "AIDS is not only taking away our children's present, it also has the potential to subtract from their future." In South Africa, children have been charged with 'saving the nation:' they are the generation that will learn from the mistakes of their parents and halt the spread of AIDS. Children are encouraged to become agents of change: "we must actively begin to regard children as important protagonists in the fight against AIDS and seek to empower them to become agents of change (Tortensson, 2010). The current condition of children is seen to determine not only their futures, but also the futures of their families, communities, and societies as a whole (Levine, et al, 2005). Furthermore, potential consequences have been posited in the event that the 'AIDS generation' is unsuccessful in their 'mission' to halt the spread of HIV. Booysen and Arntz (2002:175) comment that "these children (lacking in care) often resort to street life and

turn to crime and prostitution to survive, which exposes children who are already vulnerable to further abuse and STD or HIV infection” without any reference to studies which support these statements. In some reports, orphaned children are seen to be a security threat: “on the streets of a growing number of nations, rootless, uneducated, unnurtured young people threaten to form a ‘lost generation’ of potential recruits for crime, military warlords, and terrorists” (Schneider and Moodie, 2002:5). The assumed consequences for orphans as they move from childhood to adulthood are apparently unknown:

we are talking about unsocialised, uneducated, and in many instances unloved children struggling to adulthood. The cost to them as individuals remains unmeasured (Barnett and Whiteside, 2002: 210).

In South Africa, the message of HIV/AIDS campaigning is that the future of the nation in terms of health and productivity is in the hands of children. The consequences of large numbers of children being raised ‘without parents’ is thus potentially costly, both in terms of direct costs for relief, as well as indirect costs associated with an increased burden of ill health, social pathology, as well as opportunity costs associated with lost years of education and work preparedness (Simbayi et al, 2006). Ultimately, these narratives centre on conceptualisations of victimhood, dependency, and a concern with ‘crisis’ and the future potential of children, families, communities, and nations.

2.4: The ‘AIDS Orphan,’ Vulnerability, and ‘AIDS Exceptionalism’

At the centre of all discussions within ‘children and the impacts of HIV/AIDS’ lies the ubiquitous ‘orphan,’ a term synonymous with vulnerability, abandonment, and a need for adult action. Orphan-centred discourse has continued its hegemony in research and public discourse, with the label associated with being unloved, uncared for, and destitute (Ainsworth and Semali, 2001; Anderson, 2006; Beegle et al, 2005; Bicego et al,

2003; Black, 2008; Case et al, 2004; Cichello, 2003; Crampin et al, 2003; Deininger et al, 2003; Foster, 2000; Kemali et al, 1996; Lewis, 2006; Monasch and Boerma, 2004; Oysey et al, 2006; Rivers et al, 2004; Urassa et al, 1996).

In response to the hegemonic global development agenda, research in the field has been consumed with enumeration, policy briefs, and 'frameworks,' with a focus on the measurement of various indicators for orphans versus non-orphans. And while numerous international reports clearly state that children in HIV/AIDS-affected families in Africa are receiving poorer health, nutrition, and educational attainment, a review of the literature finds there is no such conclusive evidence. For example, a variety of studies examining the nutritional and health status of orphans versus non-orphans over the last decade have found that such children were not worse off in terms of anthropometry than other children (Lindblade et al, 2003; Panpanich et al, 1999; Rivers et al, 2004; Taha et al, 2000). However, in an often-cited Tanzanian study, orphaned children were more likely to be stunted, with children in the poorest households, those with uneducated parents and those with decreased access to health care most severely affected (Lundberg and Over, 2000; Ainsworth and Semali, 2000).

In terms of measuring educational attainment and outcomes, again the results are mixed. Gilborn et al (2001)'s Ugandan study found that the education of adolescents may suffer for those living with and caring for a terminally sick parent, compared to orphans, reflecting a later study which also highlighted the importance of examining the impacts of HIV/AIDS on children *prior* to the death of care givers (Yamano and Jayne, 2005). Regarding the effects of orphanhood on schooling, Gertler et al (2003) found that orphans are less likely to start school and more likely to drop out. Yamano and Jayne (2005) found the negative impact of adult mortality on child school attendance in Kenya to be more severe in poor households, as did Nampanya-Serpell (2000) in urban but not rural areas of Zambia. However, in a recent study of

Malawi, Floyd et al (2007) found that there was no affect of parental HIV on the achievement of children, and that maternal education was a stronger predictor of educational achievement. Despite the inability of researchers to gain consensus and untangle 'orphanhood' from 'other' factors related to poverty, gender, and the particular national and community context, the desire to measure such outcomes remains, and policymakers and advocates repeatedly utilise negative outcomes to promote particular views of childhood experiences, despite a lack of overwhelming evidence. Further, such generalisations can have other unintended impacts, such as focusing on food aid to orphans in schools, rather than on alleviating poverty and food insecurity at the community level (UNICEF, 2004).

In a review of the utilisation of the term 'orphan' in the context of AIDS within social science and medical journals, Sherr et al (2008) found that over 70% of studies do not differentiate or clearly define the term 'orphan,' and in only 3.4% of cases was the term utilised to describe children who had lost both parents. Although this is in line in UNICEF and UNAIDS guidelines on defining orphans to include both children who have lost one *or* both parents, a lack of explained definitions can lead to misleading interpretations and stigmatisation. For example, the labeling of children as 'orphans' can be seen as a direct affront to those in the social network who are providing care and support to the child (Meintjes and Giese, 2006; Stein, 2003). As Ruddick (2003: 341) discusses in relation to prominent images of the 'Third World Child,' the child is disconnected from context, alone, with support mechanisms and kinship entirely absent. Ultimately, the term itself, and the visions that it conjures up, are often disconnected from realities on the ground.

In the early 2000s, attempts to alleviate some of these tensions led to the creation and use of the term 'orphans and vulnerable children' (OVC) by UNICEF and other international agencies.¹² The creation of this term reflected

¹² Other terms such as 'children affected by AIDS' (CABA) and 'orphaned and abandoned

three processes. The first was a general trend toward the concept of 'vulnerability' within a wide range of social science, educational and medical disciplines, particularly notable in disaster, famine, and mental health fields. Within the history of HIV/AIDS, the term was first utilised in the social construction of HIV/AIDS risk in the early 1980s, when specific groups, such as homosexual men in the United States, were named and singled out for exclusion. The implicit aim was to eradicate the risk for the largest part of the population to the detriment of some, since in describing the risk as the monopoly of certain social groups one tried to provide others with radical means of protection (Delor and Hubert, 2000). Today, the term remains dominant in the field of HIV/AIDS, used primarily in discussions of prevention and intervention.

Second, the term was embedded within larger contemporary discourses about risk and childhood, as childhood is seen as a critical period of development during which children need protection due to their physical and psychological vulnerabilities (McConnell Gladstone et al, 2006). In these scenarios, vulnerability is considered intrinsic to children's identities:

'Vulnerability' appears variously to imply both an embodied innocence and an embodied openness; such 'vulnerable' persons demonstrate a potentially misguided trust in the intentions and actions of others; there is thought to be an asymmetry of power to the detriment of the vulnerable person; a person and social fragility; a lack of realistic agency based on a misunderstanding, or more accurately a complete lack of understanding of harmful settings, and situations, that finally appears to demand benevolent others to provide a protective *cordon sanitaire* within which the damaging effects of the vulnerability can be contained (Frankenberg, 2000:589).

In this framework, the vulnerability of children is innate, and appears through the demonstration of a lack of worldliness and the possession of an

children' (OAC) have also been documented (Whetten et al, 2009), but 'OVC' is now the dominant term utilised in international development literature.

undiscriminating and individual naiveté (Frankenberg, 2000). Here, there lies an implicit assumption that all, or even most children are helpless in the face of turbulence and strife.

In terms of policy and programming, the creation of the term 'OVC' reflected a desire to broaden the understandings of how children are impacted by HIV/AIDS, and to widen policy and programming targets to include not only orphaned children but 'other vulnerable children' as well (Family Health International, 2005; Foster, 2004; Skinner and Davids, 2006). The definition of 'OVCS' came to include the following subgroups of children: children who are HIV-positive or living with AIDS; children who have lost one or both parents to HIV/AIDS; children whose parents are alive, but who live with relatives or non-relatives under strained capacity (often identified as 'social orphans'), children who are living in households with adult caregivers, or other siblings who are chronically ill, possibly due to HIV/AIDS; children in poor households who are not orphaned but experience an adult death; children who are living with their parents in fostering households which may have recently taken in an orphaned child (Gillespie et al, 2005).

While the concept 'OVC' has been useful in widening donor and government response, the term remains transfixed on 'operationalisation' rather than genuine understanding. Indeed, researchers such as Meth (2005:4) have argued that:

Since vulnerability is a matter of degree (we are all vulnerable), and since the notion of what constitutes vulnerability is at least partly culturally determined, a search for a rigorous concept of vulnerability cannot succeed.

Further, the hegemony of campaigns such as those aimed at alleviating 'orphan vulnerability,' tend to displace attention from the broader arena of economic inequalities that affect adults as well as children, men and women,

as well as boys and girls (Desmond, 2009; Levine, 1999). Researchers have termed this process ‘AIDS exceptionalism,’ where a focus on HIV/AIDS occurs over and above issues such as poverty, violence, or food insecurity.¹³ In part, the misleading nature of such discourse is the result of the exclusion or marginalisation of those actually ‘affected’ by the epidemic. In one study where communities *were* included, the term ‘vulnerable’ was used to identify those who were particularly poor, and in many cases not ‘affected’ by HIV/AIDS at all (Henderson, 2006). Additionally, children themselves who would be logical experts on their circumstances have been silenced from discussions of ‘vulnerability’ altogether. Furthermore, the term remains problematic for its underlying assumptions about children’s place within families and society, and their inherent lack of agency in improving their lives.

In response to ‘AIDS exceptionalism’ and the socio-isolation of child indicators which marginalise family experiences, a number of researchers have argued for alternate approaches to understanding child vulnerability. For example, it has been argued by researchers in the global South that in contexts where many children are marginalised due to poverty, the circumstances of poor, non-orphaned children may not be that different from those children who have lost one or both parents to HIV/AIDS (Meintjes, 2004; Richter and Desmond, 2008; Sherr et al, 2008). In South Africa, for example, poverty is a state shared by millions of other children, with over 70% of children live in households where their basic needs are not met (Meintjes and Giese, 2006). Rachel Bray (2003) argues that much less attention has been directed at the multiple layers of social, economic and psychological disadvantage that not only affect orphan children, but families and

¹³ AIDS exceptionalism began as a Western response to the originally lethal nature of the virus, which disproportionately affected specific groups. The first activists argued that HIV/AIDS required an exceptional response in order to protect the rights of those infected, to generate resources to assist them, and to curb what was still a mysterious epidemic. More recently, AIDS exceptionalism has come to refer to the disease-specific, unprecedented global response, which has exceeded most other health causes in the last two decades (Smith and Whiteside, 2010).

communities as a whole. Numerous studies of HIV/AIDS-affected households have shown that nearly every factor identified as critical to fostering vulnerability in childhood has a financial aspect (Booyesen and Arntz, 2002; Nyambedha et al, 2003; Adato et al, 2005; Anderson; 2006; Chazan, 2008; DeSilva et al, 2008; Heymann et al, 2007; Howard et al, 2006; Norman, 2006; Oleke, 2006; Rugalema, 1998; Schenk, 2008). Economic constraints are often responsible for barriers to the effective integration of orphans into households, the discrimination or neglect of children orphaned by AIDS, conflicts related to property, inadequate food and clothing, and the limited schooling of orphans (Anderson, 2006; Ansell and Young, 2004; Bond, 2003; Oleke et al, 2006).

In light of this, some researchers have called for policies which lift entire communities and child populations, rather than programming which targets HIV/AIDS-specific populations. Ironically, it is those in the policy community who utilise the terms orphans or 'OVCs' most often and continue to focus on creating 'workable' and 'measurable indicators.' In 2006, for example, the Minister of Social Development in South Africa Dr Zola Skweyiya, in referring to orphans and other vulnerable children stated, "our challenge is to identify these children so that we have an idea of numbers, in order to plan accordingly" (Skweyiya, 2006: 4). Recently, the South African government has reiterated its commitment to enumeration by working on a national orphan registry (Van der Ruit, 2009). Moreover, a desire among academics to locate and enumerate remains (Birdthistle, 2004; Nyangara, 2003; Williamson et al, 2004). Thus, while some discussions entail a movement toward a more holistic understanding of childhood vulnerability, there is a continuing dominance of orphan-related discourses at all levels of society, particularly in the media, governments, and NGOs.

2.5: Reconceptualising Childhood in the Time of HIV/AIDS

Conventional approaches to the study of children in the time of HIV/AIDS

begin with a notion of 'crisis,' the result of a complex interplay between globalised notions of childhood, children's rights frameworks, international development policy, and donor agendas. Despite the burgeoning field of research, there is still much we do not know about children who grow up in communities with endemic epidemics. In part, this is because dominant constructions of 'the problem' have focused on particularised childhoods which lack historical and cultural context, and which silence children's perspectives on their own lives. In this thesis, I challenge current academic and policy conceptualisations of 'children affected by AIDS' and the constructions of vulnerability and crisis around labels such as orphans and 'OVCs'. I agree with Woodhead's (1997) assertion that, as with the term 'children's needs,' 'vulnerability' and 'orphan' labels have often mystified rather than enlightened researchers and policy makers of the 'real' challenges facing children in HIV/AIDS-affected communities. The following section explores the alternate approach this thesis puts forth, by exploring how concepts such as the 'everyday', alongside the importance of recognising agency and resiliency, have the potential to reconceptualise dominant perceptions of children in the time of HIV/AIDS.

Research illustrates that perceptions of risk and resilience are fundamentally defined by societal and cultural norms, and these may vary greatly; what one group perceives as risky or neglectful in one setting, may seem appropriate, adaptive and beneficial in another (Engle et al, 1996). In practice, defining a problem for an individual or a society incurs normative judgments; what is 'bad' is predicated on values, interests and assumptions (Boyden and Cooper, 2007: 6). For children whose lives are defined by fundamentally different societal and cultural norms, it is presumptuous to assume that a Western definition of risk naturally equates to a traumatic experience. Therefore, risk needs to be considered in relation to the contextual stressors and the cumulative effects for children in the context of HIV/AIDS.

One way to mitigate these tensions is to move away from discussions of 'crisis' and 'risk' toward an engagement with the 'everyday'. John Horton and Peter Kraftl (2006:71) have argued that much of the world has been neglected, underestimated, effaced, disparaged or lost in academic, political, institutionalised, and policy-oriented understandings the world; that too-much of what we do is ignored, because it seems too mundane, too obvious, too pointless, or too insignificant to write about, explain, even think about. A key feature of geographical research with children, however, is that in all its diversity, it is often characterized by 'everydayness': the detail of 'the forms of life we routinely consider unremarkable and thus take for granted' (Chaney, 2002: 10 in Horton and Kraftl, 2006). Within children's geographies in the global South, however, a disproportionate focus on 'children at risk' has often meant that the lives of 'ordinary children' in the majority world are overlooked (Bell and Payne, 2009; Langevang, 2007; Punch, 2004; Robson, 2004). Punch (2003: 281) has argued that,

.....child research in Latin America, Africa and Asia continues to remain strongly focused on children in exceptionally difficult circumstances or especially disadvantaged children, such as child prostitutes, child soldiers, street children, child labourers and child slaves.

Furthermore, although children's geographers have been critical of categories of 'risk' ('child-headed' households, 'street children', child workers, AIDS orphans), research often remains transfixed on beginning lines of enquiry with deviant categories of childhood, rather than beginning research with 'everyday childhoods' from the outset. Therefore, a key feature of the approach taken in this study is to begin with a view toward the everyday landscape of childhood, without separating 'orphans' from 'non-orphans' as has traditionally been the case within HIV/AIDS research, as well as in children's geographies in this sub-field.

Utilising the concept of the everyday provides an opportunity to recognise

agency and resiliency in situations where children have been constructed as either victims or 'adults becomings'. In the context of HIV/AIDS, policies and NGO programmes have been frequently centred on notions of 'need' and 'coping' and have thus paid too little attention to the fact that children adapt to, and manage situations (Bray, 2003). Notions of agency challenge the view of children as essentially powerless, changing emphasis from weak minors to active empowered young people (Robson et al, 2007: 136). However, agency is also linked to the 'powers' (or lack of them) of children to influence, organise, coordinate, and control events taking place in their everyday worlds (Alanen, 2003: 42). Approaching power as a composite dynamic enables children and young people to be seen simultaneously as both subjected to and articulating power. This includes the daily ways young people navigate their responsibilities and social connection as well as more intermittent expressions of insistence or resistance that enable young people to socialise and claim space for themselves at irregular intervals (Panelli et al, 2007).

In an analysis of African child domestic workers, Klocker (2007) provides a very useful conceptualisation of child agency, employing the terms 'thick' and 'thin' agency in order to acknowledge that even the seemingly disempowered possess an ability to act. In such situations, children can understand and actively negotiate the expectations and power relations that surround them while making decisions aimed at improving their own lives and those of their families. In Klocker's (2007: 85) analysis, 'thin' agency refers to "decisions and everyday actions that are carried out within highly restrictive contexts, characterised by few alternatives, where 'thick' agency is having the latitude to act within a broad range of options". Structures, contexts and relationships act as 'thinners' or 'thickeners' of individuals' agency by constraining or expanding their range of viable choices. Between 'thin' and thick' agency there is a continuum along which all people are placed as actors with varying and dynamic capacities for voluntary and willed action. Benwell (2008) further suggests that issues of power and agency in adult-child relationships

need to be thought of as multi-directional: it is not always simply a case of adults dominating, restricting or subordinating children, and there may be instances where adults are constrained, directed or manipulated by children. Conceptualising agency as multi-directional, and along a continuum enables acknowledgement both of the difficult circumstances and often unequal relationships that children are often located, as well as their efforts to survive and to build better lives (Klocker, 2007).

A recognition of agency, coping, and the dynamism of children also requires an awareness of resilience: the capacity to face, overcome and be strengthened by or even transformed by the adversities of life, and the ability to bounce back after stressful and potentially traumatising events (Miller and Catholic AIDS, 2003). Implicit within the notion of resilience are two critical conditions: exposure to significant threat or severe adversity, and the achievement of positive adaptations despite major assaults on the developmental process (Luthar et al, 2000). Risk and protective factors have been characterised as internal, the result of a combination of characteristics such as temperament, intelligence, or physical health, and external, such as social and material conditions which affect an individual's healthy development and well-being (Barton 2005; Boyden and Cooper, 2007; Masten 2001).

Recent research on child vulnerability generally has begun to shift the focus of attention from images of children's vulnerability to demonstrations of their resiliency in difficult environments (Beazley, 2003; Berman, 2000; Boyden, 2003; Evans and Becker, 2009; Payne, 2008). It is important to note, however, that in spite of the appeal of resilience as a tool in the struggle to 'innoculate' children against hazards, and prevent the transmission of susceptibilities across generations, research in this area carries conceptual and analytical challenges (Cooper and Boyden, 2007). One of the more fundamental limitations of resilience research has to do with its origin in psychology, social

work and other human sciences, which has led to an inordinate focus first on the individual as the unit of observation, with intra-psychic functioning and individual behaviour the objects of analysis. Furthermore, the concept of resilience research has overwhelmingly focused on Western contexts. Very little is understood about the factors that enhance resilience for children in the majority world, with many questions regarding the subjectivity and cultural dimensions of a child's coping abilities and resilience in such contexts (McAdam-Crisp, 2006).

One way to overcome the challenges associated with measuring individual child resiliency and outcomes is to explore the resiliency of structures, networks, and families from a historical perspective. For example, the issue of child care is critical in ensuring child well-being, and the constructed 'crisis' around care is a key feature of the HIV/AIDS landscape. However, in exploring the resiliency of networks and the historically situated nature of care, the approach of this thesis offers new insights into these challenges (see chapter five). While the HIV/AIDS epidemic often exacerbates previous conditions of poverty, inequality, and vulnerability, protective factors can ensure a positive chain reaction leading to resiliency. Children do not learn critical, adaptive skills through instruction, but through experience. In South Africa, it could also be argued that children's parents, caregivers, teachers, and communities (elder generations) are expressions of resiliency themselves, overcoming historical inequalities, repression, poverty, and continuing inequalities.

While recognising the everyday landscape of childhood, children's agency, and the potential for resiliency, the challenge for this thesis lies in how to frame a study of this magnitude in order to reconceptualise dominant perceptions of childhood in the context of HIV/AIDS. Ultimately, the critical features of this thesis revolve around the concepts of time, childhood as event, and utilising a generational analysis to offer new understandings of

childhood in the time of HIV/AIDS.

Krafft's (2010) recent work argues that childhood is thrown into stark relief at particular historical-geographical moments. Each event is a constellation of discourses, socio-historical constructions, materials and performances, marking a time and place where childhood *matters*. The concept of childhood as event is particularly useful for reconceptualising childhood in the time of HIV/AIDS. As previously discussed, vulnerabilities related to HIV/AIDS have been exceptionalised, with 'other' childhoods, and the broader landscape of childhood, marginalised. For this thesis, the alternate approach centres upon an exploration of childhood over time, and a holistic understanding of childhood experiences that insists on research that does not separate 'orphans', and 'other vulnerable children' from *other* and *all* children in the study communities. Children have been constructed as 'losing their childhoods' without a question of what childhood *looked like* before the onset of the epidemic. Without a historical context of childhood experiences, 'crisis' and vulnerability have become catch-all phrases for researchers, policy makers and NGOs, limiting a progressive, and appropriately situated understanding. The challenge for this thesis is to grasp the specificity of childhood in the *time* of AIDS, seeking to illuminate the historical processes that have shaped (and continue to shape) and transform children's experiences.

The issue of childhood *in time* is therefore significant for this study in two important ways: the ways in which childhood is embedded within the social fabric of a culture, and children's experience of and participation in the temporal rhythms of childhood through which their lives unfold (James et al, 1998). A consideration is required of how children's experiences of childhood work at particular historical moments to reflect wider social norms (James et al, 1998). Childhood is a permanent (although variable) form which never disappears, although its members change continuously. It is this historical

variability which accounts for the dynamic nature of childhood (Qvortrup, 1994). Alanen (2001) and Mayall and Zeiher (2003) argue that what has not yet been recognised enough is that childhood is an essentially *generational* phenomenon. Children who live within a defined geographical, or socio-economic space have a number of characteristics in common. Here, children are viewed as “complex persons caught up in and experiencing the dimensions of significant and cultural difference and change” (James et al, 1998: 136). Jens Qvortrup explains the usage of the term ‘*the childhood*’ of a society because it allows for consideration of what it is that all children in a given society have in common about their relationship to the rest of society. Thus, a generational approach allows researchers to ask to what extent childhood within a given area has changed historically, and to compare childhoods internationally and interculturally.

The term ‘generation’ has been employed with various associations and meanings. In Mannheim’s view, generations are understood and investigated as cultural phenomena, within specific social and historical contexts. Mannheim emphasised a socio-cultural approach and argued that generations are formed when members of a particular age-group, during their youthful years, live through the same historical and social events, and experience them as significant. Through this shared experience, generations come to develop a common consciousness which can be observed in the world-view, as well as social and political attitudes. Furthermore, because of such common consciousness, differences in ideas and social perceptions often occur between succeeding generations, causing intergenerational conflicts (Mayall and Zieher, 2003). Such analyses emphasise the socio-structural arena. Mayall and Zieher (2003:11) suggest the advantage of combining both approaches by:

looking for the special historical shape of each of the birth cohorts that at any one time are interacting as adults and children, and constructing their intergenerational relationships and generational relations.

While the term generations has been utilised in social studies of childhood, it has rarely been approached in children's geographies, or within the field of Human Geography. Researchers such as Vanderbeck (2007) have argued that research on age in geography has become highly compartmentalised into separate literatures on younger and older generations which focus on issues concerning one or the other of the 'bookend generations,' with issues and literatures rarely intersecting (Hagestad and Uhlenberg 2005: 350). Hopkins and Pain (2007) have argued that geographers have yet to break out of the tradition of fetishising the margins and ignoring the centre, and that one way forward is to create more *relational* geographies of age. As Skelton (2007:174) illustrates:

The focus on children as individuals is potentially important as part of debates about their rights but in poorer communities separating children from inter-generational networks in the communities can have disastrous consequences. Such networks are often part of complex reciprocal relations that are invaluable at times of crisis or insecurity.

Indeed, the concept of generations allows for an acknowledgement of *intergenerational* as well as *relational* processes. Not only are intergenerational relations important for passing on or modifying traditions, but intergenerational links are among the most intimate and powerful in social life (Cole and Durham, 2007). Vanderbeck (2007) urges researchers to recognise the significant and complex ways in which members of different generational groups are engaged in each other's lives, creating more *relational* geographies of age. Such interest in relationality and networks focuses more widely on families, generations and interactions, and situates people of particular 'ages' within these contexts (Punch, 2002). Identities of children and others are produced *through* interactions with other generational groups and are in a constant state of flux; children and childhood interact with others in family and community settings and thus studying them in context adds new layers of meaning to our understanding. By identifying people as members of particular generations, we locate them in historical *time* (Alanen, 2001).

Generations mediate relationships in the family and household across space, and history (Cole and Durham, 2007).

It is important to note, however, that such concepts are never neutral, but are contested and power-laden ideas in themselves which require careful handling and exploration; who decides which identities, ages or generations are prominent in structuring people's experiences? (Pain and Hopkins, 2007). Within the policy and research landscapes, particular age groups, such as children, tend to dominate. Part of the work of geographers is to challenge the stereotypes associated with particular ages, and explore how alternative ways of being an adult or a child disrupt fixed-age geographies.

Ultimately, a generational analysis opens up new perspectives by highlighting the ways in which people experience the broader social changes associated with HIV/AIDS in their intimate lives, and exploring some of these changes within childhood across time and space. This thesis provides an alternate framework for understanding how modern 'events', namely apartheid, the HIV/AIDS epidemic, and the post-democratic 'new' South Africa shape our understandings of various dimensions of childhood.

2.6: Conclusion

Everyday discourses, such as those related to 'children and HIV/AIDS' attempt to explain the 'truth' of childhood through particular representations and knowledge-seeking. This chapter has aimed to deconstruct taken-for-granted knowledge about childhood through an understanding of the underlying approaches used to frame children's issues today. Over the past thirty years, a number of parallel processes have occurred which have shaped the ways in which the 'AIDS generation' has been conceptualised by the international media, as well as among academic, policy-making, and international development circles. The first has been the globalisation and politicisation of childhood itself, the result of growing interest in children's

experiences generally, and the prominence of the children's rights discourses of the 1970s and 1980s. In such discourses, childhood became an entity, the deprivation of which constituted a violation of universal rights. The state of childhood became a primary indicator of the health of entire nations, and concern for the universal (and idealised) well-being of children was entrenched as a global priority. Concomitantly, in the Western world, anxieties and concern for the future manifested in 'crises of childhood', where again the protection of childhood was paramount in light of the potential 'risks' posed in cases where society failed children (deviant 'youth' behaviours, ultimately dangerous to society).

In South Africa, prior to the advent of the HIV/AIDS epidemic, Black South African children were already conceptualised as 'vulnerable,' already 'at risk', and yet also required by society to reclaim history, to rebuild their nation, and to recover their 'lost childhoods' from the throes of the apartheid era. When the HIV/AIDS epidemic took hold, there existed fertile ground for both international and national concern for the state of childhood. As a result, over the last ten years, there has been immense interest in particularised, overtly 'vulnerable' childhoods, where AIDS has been exceptionalised at the expense of wider landscapes of understanding. Issues such as child care, migration, bereavement, and rights have been decontextualised, lacking historical understanding, and framed within 'crisis', development-led discourses.

Today, the social studies of childhood and contemporary children's geographies offers new ways of advancing our knowledge of children's everyday lives as they grow up in post-apartheid, HIV/AIDS-impacted South Africa. This thesis argues for alternate ways of conceptualising childhood, with the primary goal to explore the historically situated nature of childhood in the *time* of AIDS, by acknowledging the fundamentally generational nature of conceptualisations of childhood, and children's experiences of childhood. Such an approach emphasises children's agency, their 'everyday'

environments and experiences, and the temporal nature of children's unfolding lives within the context of HIV/AIDS. Here, 'crisis' is replaced by the everyday, 'victimhood' with agency, and 'exceptionalism' with historical context, in order to shed light upon conceptualisations of childhood in the time of HIV/AIDS. The following chapter sets out the research methodology for this study, emphasising an approach which allowed for an understanding of *the time* of childhood in KwaZulu-Natal, and both adult and child perceptions of their own histories and geographies.

Chapter Three: Methodology

In order to address the research aims of this thesis, it was necessary to employ a methodology that was historically situated, generational, and *childhood-centred*. Both adults and children's experiences of childhood were privileged, offering a more inclusive approach to the study of childhood. This chapter begins with a discussion of various approaches to qualitative research, and in particular the feminist, child-centred, and participatory approaches which have influenced the framework. The following section outlines the methodological framework, including a discussion of the recruitment framework, before describing the research participants in this study by community, age and gender. Lastly, I discuss issues related to analysis, interpretation and representation.

The following chapter provides further reflections on the research experience, by exploring the ethical challenges faced when working with disadvantaged groups, and particularly with children, in cross-cultural settings, as well as the emotions of doing research.

3.1: Approaches to Research

Research agendas within human geography are provoked by wanting to 'get behind the facts' as they appear in everyday life, seeking to understand the processes and practices underlying change and conflict. From the 1970s, humanistic geographers challenged the mechanistic and objective approaches that characterised positivism, and emphasised instead the importance of the meanings and values held by both the researcher and the researched (Limb and Dwyer, 2001). A common aim of the qualitative approach is to place non-dominant, neglected, knowledges at the heart of the research agenda, ultimately unsettling the status quo, and redefining what is relevant, useful, and legitimate (Smith, 2001). The ability to redefine what is relevant (i.e. 'other' children's experiences and reflections of elder people), allowing for

flexibility in the research relationship (with both adults and children, and both genders), engaging with the diversity of human experience, and developing theories 'grounded' in the experiences of every day life were all central to this study, making a qualitative approach the most appropriate.

Within the qualitative research paradigm, various theoretical frameworks influenced the methodological approach taken in this study. These are: feminist, child-focused, and participatory approaches, and each will be discussed as they relate to the overall grounding of the methodological framework. Feminist geography has been centrally concerned with rewriting geography both to incorporate the 'missing half' of a peopled/gendered geography and to show that all geographical analyses requires an interpretation of gendered processes and subjectivities (Limb and Dwyer, 2001). Feminist geographers argue for approaches that are collaborative and non-exploitative, and those that seek to challenge the unequal power relations between researcher and researched (Limb and Dwyer, 2001: 4). Feminist geographers have long highlighted the situated nature of knowledge, and have illustrated that the goal of producing objective, value-free knowledge is both unobtainable and undesirable; instead, geographical knowledge is always partial, socially situated and produced within a political context (Barker and Smith, 2001; McDowell, 1992). Since it is through our subjectivity and reflexivity that we make sense of the world, it is particularly important to acknowledge our positionality in interpreting the words and actions of others (Rose, 1997). Feminist approaches to research with adults and children are particularly useful in cross-cultural studies where power dynamics are evident, and where critical reflexivity must be a constant companion in the field (Ansell, 2001; Katz, 1994; Kobayashi, 1994; Robson, 2001).

Feminist approaches have significantly influenced the work of children's geographers who attempt to 'rewrite' geography to include the perspectives of children, traditionally 'muted' within the social sciences (Hardman, 1973).

The inclusion of children on research agendas as in this study, aims to give 'voice' to those that have gone unheard. Historically, a predominant emphasis has been on children as objects of research rather than subjects, on child-related outcomes rather than child-related processes, and on child variables rather than children as persons. As previously discussed, this perspective is based on the assumption of children's innate dependency and vulnerability, and still characterises the majority of research on children living in the context of HIV/AIDS (Guest, 2003; Foster, 2000; UNICEF, 2004; UNAIDS, 2006). However, theoretical advances have emphasised that children, their relationships, and childhood cultures more generally are worthy of study in their own right, and not just as social constructions by adults (Christensen and James, 2000; Greene and Hogan 2005). The view that children have their own opinions and that they should be given the right to express these freely was enshrined in 1989 with the signing of the Convention on the Rights of the Child. Particularly salient were Articles 12 and 13 which state that children who are capable of forming their own views should have the right to express those freely in all matters affecting them, and that children have the right to seek, receive and impart information of all kinds, regardless of frontiers (CRC, 1989). These perspectives embrace the experiential significance of children's social worlds and reflect a desire to both describe and understand the social practices that shape and constitute children's existence (Balen, 2006). Berry Mayall (2000: 120) has also emphasised the word 'knowledge' rather than 'perspective' or 'opinion' so as to draw attention to children's abilities and understandings:

The word 'knowledge' implies something derived from personal experiences; people reflect on these, build on them and arrive at a body of understanding, commonly in the process of revision.

Children, like adults, possess knowledge gained from their own unique experiences. The perspective taken in this study is that children are social actors with their own experiences and understandings; children are capable of acting, taking part in, changing and become changed by the social and

cultural worlds in which they live. Further, working with children does not necessarily entail adopting different or particular methods; like adults, children can and do participate in research in a variety of ways. Along with Elsbeth Robson (2001) and others, I take the perspective that children (as well as adults) should be approached as the best informants on their own experiences and circumstances.

The knowledge that children are now subjects rather than objects of research has led many researchers to move toward the adoption of 'participatory' approaches. The keystone of participatory research is an involvement of those conventionally 'researched' in some or all stages of the research, from problem definition through to dissemination and action (Pain, 2004). The history of participatory methodology is relatively new within the social sciences, but is exhibiting growth in the field of children's geographies and within geography as a discipline (Pain, 2004). However, 'participation' has rapidly become a catch-all term, where conceptual blurring around terms such as 'participatory', 'participation' and 'participant' have created a range of applications, as well as confusion and mis-use (Cornwall and Jewkes, 1995). Arguably, participatory research consists less of *modes* of research which merely involve participation in data collection than those which address issues of the setting of agendas, ownership of results, power and control (Cornwall and Jewkes, 1995).

Rachel Pain and Peter Francis (2003) make an important distinction between participatory diagramming (a set of research techniques) and participatory approaches (methodologies and epistemologies that aim to effect change for and with research participants). Participatory approaches aim to go beyond the describing and analysing of social realities to working to *change* these realities *through* the research process itself (for example, Payne, 2008). The researcher aligns herself with a social group working for change, and research is done *with* rather than *for* this group (Johnstone et al, 2000: 574). In

participatory research with children, the process itself is seen to hold the potential to empower children to construct a representation of their social worlds and not simply respond to those raised by adult researchers (Mann and Tolfree, 2003). Commonly used techniques draw on qualitative research methods such as focus group discussions, observation and interviewing, but also place more of an emphasis on facilitating visual analyses such as community mapping, daily timelines, and drawing matrices (Cornwall and Jewkes, 1995). Innovative methodologies are also increasingly employed, for example, the use of art, theatre, film and photography (Herman and Mattingly, 1999; Leavitt et al, 1998; McIntyre, 2003; Young and Barrett, 2001).

While a great deal of thought was given to the extent to which children's participation would manifest in this study, it was only the utilisation of a participatory tool that was included in the methodological framework. This decision was made for a variety of reasons. The first of these related to field work logistics. Initially, I wanted the study to be 'child-led', to develop children as researchers, and to formulate a methodology that was based on participatory action research. However, as I further developed the methodology and held discussions both with my supervisor, as well as my colleagues on the ground, I came to realise this was not the best strategy for this type of study. Considering the environments I would be working in (some homes lacking electricity and water, very few allowed children any privacy), I greatly feared overburdening children with tasks related to the research. Many children already struggled to find the time to conduct schoolwork, and to perform responsibilities in the home. This is not to say that participatory action research cannot be conducted in these environments, but with consideration for my participants, the goals of the study, and my own constraints, it was decided to utilise participatory tools rather than conduct participatory action research.

Furthermore, participatory research can be very time-consuming and usually

entails a continuation of the research relationship beyond the scope of the time spent 'in the field.' As a student, my time in South Africa was limited by resource constraints and the necessity to return to the UK, and so a promise of 'action' based on the research did not seem a fair promise to make to children (or adults). Ultimately it was decided that by using participatory tools, children would have the potential to become empowered through a new way to express themselves, and to potentially affect or alter the research direction. Indeed, these tools elicited important data in this study, as will be further discussed in this chapter.

3.2: The Recruitment Framework

The process of gaining access to a research community or recruiting individuals is crucial to the viability of research, and this process was facilitated through the logistical support received from the *Good Start Study*. In line with other qualitative research, this study employed illustrative sampling rather than random sampling or other techniques common to quantitative research. As opposed to sampling which is used to represent and generalise a particular population, illustrative sampling is theoretically motivated, where researchers draw on understandings of the issues to decide which angles or perspectives to explore (Limb and Dwyer, 2001). In formulating a sampling framework, various issues were considered. The first was that the underlying purpose was to move away from conventional research which has focused mainly on orphans when discussing issues related to children and HIV/AIDS (see chapter two). In broadening the exploration of children's experiences in KwaZulu-Natal, it became important to sample children, as well as the adults and elders who experienced varying contexts of childhood historically.

As study goals expanded, it was important to remain focused on a more practical research goal; a study of *all* childhood experiences throughout recent history was an impossibility, however, one focused on a particular set of

experiences may be possible to achieve. To this end, the study recruited families with a child present who was in the 'middle years of childhood' or 9-13 years of age.¹⁴ Children in these years are often marginalised in research, particularly in the context of HIV/AIDS where much of the focus is on very young children's vulnerability, or 'youth' and issues related to understanding sexual behaviours and prevention strategies (Eaton et al, 2003; Kaufman and Stavrou, 2004; Kaufman and et al, 2004; Leclerc-Madlala, 2002; Swart-Kruger, 1997). However, such terms of age were only utilised within recruitment, because as this study was a focus of *childhood* and generations, all family members were included.¹⁵

While this study is not generalisable to the populations of these communities, it was important to move away from studies which only highlight the plight of orphans and vulnerable children, to a more holistic approach of childhood experiences. Bray and Brandt (2005) for example, highlight the need for research which is simultaneously undertaken in 'unaffected' and 'affected' households. It was important to ensure that some of the families exhibited known HIV/AIDS 'impacts' so as to reflect the enormous toll HIV/AIDS has enacted on the study communities. Thus, one of the many strengths of utilising gatekeepers was the ability to directly sample known 'affected' families. Very often research which aims to explore HIV/AIDS-related issues uses proxy indicators of illness in order to ascertain whether HIV/AIDS is present in a family (i.e. asking about general health, length of illness, mortality rates, etc). By working through the *Good Start Study*, this issue was not raised, and because households were in some cases used to speaking about HIV/AIDS-related issues, we were able openly to discuss topics such as

¹⁴ Children in South Africa attend secondary school from the age of 14, making this a natural place to create an age boundary. That said, all children in households were included in this study if they were available and wishing to take part.

¹⁵ Upon reflection, it may not have been necessary to recruit within this particular age bracket, as this was a generational study of childhood, and not of a particular subset of children. However, the continuity of age range across study sites ultimately allowed for appropriate comparisons and understandings between childhood experiences of, for example, child care and bereavement, without excluding other children from within households.

disclosing to children, treatment options and children as support.

When working with gatekeepers, three main criteria were outlined in discussions and meetings. First, all participating families were required to have at least one child present in the core study age group of 9-13 years of age. Further, I looked to recruit various 'types' of families, including single mothers, multi-generational, and nuclear. Lastly, families were recruited as variously known to be unaffected or 'affected by HIV/AIDS.' HIV/AIDS-related 'affected' families were those who had taken in orphans, presented HIV-related illness, or where one or more members had died of HIV/AIDS. 'Unaffected' families were those where gatekeepers did not know whether HIV/AIDS had had a direct impact on the household. Within the recruitment strategy, 43% of households were recruited as 'affected,' although I later discovered much higher rates of 'impact:' 78% of households would be conceptualised as 'affected'. As families were recruited, and the research began, ongoing meetings were held with the fieldworkers to discuss finding other 'types' of families, so as to ensure a level of diversity in my sample. For example, many of the *Good Start Study* families are made up of young mothers, and very young children due to the nature of the study. Given the need to reflect the diversity in the community, we also interviewed households which had experienced maternal mortality, or simply where children of varying ages were present, and not only infants.

Recruitment occurred variously in the three study communities. The research began in Umlazi, where I worked closely with peer supporters to locate individuals and families willing to participate. I worked with three different women who were themselves members of the communities, and had been working on the *Good Start Study* for varying lengths of time (between 6 months and three years). In Ntuzuma, a different gatekeeper strategy was utilised, reflecting an ongoing reflexivity and the evolving nature of 'doing field work.' Ntuzuma had not originally been selected as a research location

due to the fact that it was not a site of the *Good Start Study*. However, my interpreter, Zama, who I hired to work in Umlazi, had grown up and resided in Ntuzuma. In resulting discussions over the course of our initial work together in Umlazi, I became increasingly interested in the historical differences between the two townships¹⁶, and her personal history of working with NGOs. Her knowledge seemed to present an opportunity to diversify the urban sample, and look at a more newly established township. Families were located in two ways. First, those that were known to be 'HIV/AIDS-affected' were located through a local community-based organisation (CBO) that directly supports families through food parcels and help with school fees for orphans. In cases of 'unknown affect,' families were recruited from the interpreter's ward of the township, where she was aware that children were present in the sampling age range. In Umzimkhulu, as initially planned, I again worked through the local *Good Start Study* office. Through the lead site coordinator, I located an interpreter, and worked with field workers to locate participants, both through their sample of HIV/AIDS-affected households, and those known to them in the community.

For all families in Umlazi, Ntuzuma and Umzimkhulu, a similar recruitment pattern was followed. Participants were approached through personal visits by peer supporters, field workers, or interpreters. Families were then given an explanation of the nature of the study, who I was, where I was from, and what the research was about, in this case, a study of childhood in KwaZulu-Natal (see appendices A and B for adult and child information sheets). In all cases, if the participant agreed, I was taken to the households, directions were noted, and both myself and my interpreters were personally introduced to family members that were present. These introductions were critical: they allowed for a first-time meeting, an opportunity to discuss the research (and administer information sheets), and the ability to answer any questions before

¹⁶ Ultimately, I did not discover major differences in the childhood experiences between these two townships. Rates of violence, poverty, and current rates of HIV/AIDS, were similar.

the research process had begun. In all cases, interview times were then arranged at the convenience of participants. Before any research had begun, families had already been visited twice, once by a local contact and once by myself, giving them ample time to ask questions and make informed decisions about participation.

Lastly, key informants were located throughout my time in South Africa. These included academics and researchers from the Human Sciences Research Council (HSRC), the Children's Institute at the University of Cape Town, the Health, Economics and HIV/AIDS Research Division (HEARD) at the University of KwaZulu-Natal, leading NGO organisers and staff at the Children's Rights Centre in Durban, the Children in Distress Network (CINDI) and Rob Smetherman Bereavement Services, both based in Pietermaritzberg. Community leaders and others were also sampled through local field contacts, for example teachers, a funeral parlour worker, a pastor, and traditional healers from both communities in order to clarify certain issues as they arose in the field. These added to the knowledge of the context of childhood enormously and helped clarify issues throughout my time in the field.

A Note about Interpretation

In terms of the practice of doing everyday research in a cross-cultural setting, it is important to make a note about interpreters and the issue of requiring 'on the spot' translation. Although I studied isiZulu at the School of Oriental and African Studies (SOAS) in London for a semester before departing for South Africa, my level of language comprehension was rudimentary, and thus an interpreter was a necessary. During interviews, I took notes in-between translations, made observations, and reflected on the next probe or question. All interviews were recorded on a digital recorder, allowing for longer interviews to be recorded without the disruption of changing tapes, as well as ensuring high quality sound and storage on my personal computer. In terms

of issues encountered during the fieldwork with interpretation, the first was with the initial interpreter I first hired in Umlazi. It became clear quite early on that this young woman who I had trained was not used to working with children, and quite clearly did not enjoy the work. She, like other adults, asked leading questions, and often told children what to take pictures of, rather than encouraging them to utilise their own creativity. After much discussion and reflection, I had to unfortunately let her go. I was concerned that she was altering my relationships with children and that the data garnered would not be useable. I later worked with her again to interview more elderly people in her community, but I could not work with her in family settings with children.

Both of my interpreters, Zama in Umlazi and Ntuzuma, and Andiswa in Umzimkhulu were young women from the local areas. Both had recently matriculated from secondary school but were unable to afford further education, although both expressed a desire to do so. Zama had previously worked on a study looking at the history of township violence, although this was a brief study and she had no other direct research experience. Andiswa had never conducted qualitative research before. It is important to note that there was the potential for power dynamics to play out between both of the interpreters and the research participants. While both are young Zulu women (like the majority of our respondents), they tended to have reached a higher level of education and were temporarily employed. Because of this difference in economic status, there was potential for discomfort or intimidation on the part of the respondents. However, I did not find any evidence to suggest this was the case with any of the women or men we spoke to.

Before we entered the field, both women were informally trained in the interview guide and I discussed with them my desire that they remain open with me about their views and perspectives on the ways in which the research was progressing. Both also reviewed the questions for their cultural

appropriateness and informally trained me throughout the research process on local cultural practices and norms. It is never ideal to use an interpreter as there is always room for misunderstandings and misrepresentation, and so it is essential to be especially sensitive to body language and to constantly reflect with your partner about the progress of the research. Further, in order to cross-check interviews, I had each of the women translate some of each other's interviews and then checked back to my notes and the women themselves on their opinion of the other's effectiveness. This proved to be very important and ensured some level of rigour.

3.3: The Research Participants

In this study of childhood, both adults and children participated at nearly equal levels: of 137 total participants, 68 were children under the age of 18 (49.6%) (see Table 3.2). The youngest participants were 8 years of age and the eldest thought to be around the age of 90.

	Umlazi		Ntuzuma		Umzimkhulu		Total in KZN	
	Male	Female	Male	Female	Male	Female	Male	Female
Children under 18	14	11	4	10	16	13	34	34
Total Children	25		14		29		68	
Adults 19-35	1	7	3	4	2	9	6	20
Adults 36-55	1	10	1	3	3	9	5	22
Adults 56+	1	8	0	2	0	5	1	15
Total Adults	28		13		28		69	
Total Participants	53		27		57		137	

Table 3.1: Research Participants by Community, Age, and Gender

Historically, research in anthropology, geography, African studies, and development studies has rendered the household the most common unit of analysis. The household involves a domestic unit with decision-making autonomy about production, distribution, and consumption (Guyer, 1981).

For the purpose of this research, a household was defined as “a group of individuals-most commonly but not necessarily linked by kinship ties-who live together and share functions of production and consumption as well as of reproduction” (Sauerborn et al, 1996: 292). In practice, as this study was concerned with childhood and generations, and not with the ‘household’ as the unit of analysis, participants were able to define household status according to their own conventions.

Throughout this thesis, the terms ‘household’ and ‘family’ are utilised interchangeably, according to the preferences of the participants. For example, some families considered themselves to be of ‘one household,’ despite living in separate dwellings on one piece of land. In one case in Umlazi, the number of family members residing in ‘one household,’ and three separate dwellings was twenty. Of these, I interviewed seven members- three were adults and four were children. However, in another similar situation of separate dwellings, with extended family members sharing income and responsibility in Umzimkhulu, the family defined themselves as three separate ‘households.’ In utilising such definitions, I worked with seven families in Umlazi, seven families in Ntuzuma, and 14 families in Umzimkhulu, although these should be accepted with an understanding of such complexities. An understanding of the dynamics of living arrangements and care was much more relevant (see chapter five).

In Umlazi, the greater number of participants compared to Ntuzuma reflected two issues. First, when I began the research, I sampled elder people living in the community generally, and did not end up working in all of these households due to children not being present. Thus, eight elder people are included in the list of adults in Umlazi, and not in Ntuzuma. Second, in all communities I gave children the opportunity to undertake the photobiography project with their friends, and in Umlazi, three additional children were located in this way. In Ntuzuma, only one additional child was

included this way. Lastly, in Umlazi, there were a few very large households sampled. For example, I interviewed four children in five different households. In Ntuzuma, the households I worked in tended to be smaller, in only one case did I interview three children from one household.

From this table, it is also evident that the vast majority of adult participants were female. Although I attempted to work through this bias, I came across a number of challenges. First, as will be discussed in chapter five, marriage rates are very low in KwaZulu-Natal, and in many cases households were female-linked and headed, with no elder male present. In households where adult males were present, I found it difficult to locate them for actual interviews. In some cases this was due to the nature of the field work; because I was only able to conduct research during the day, a number of men were either at work or attempting to locate work, and although I offered to make visits on weekends, this was rarely taken up. In other cases, adult men simply demonstrated less desire to be interviewed, avoiding the interview times we had previously set up, or in one case arriving drunk and belligerent, making an eventual interview impossible. In the future, I will have to work differently to locate adult men for studies, however, as there was not the same lack of male participation at the children's level, I do not see this as a fundamental flaw of the study.

3.4: The Research Tools

Generally, qualitative research shares several characteristics, including an intersubjective understanding of knowledge, in-depth nature, a focus on positionality and power relations, and an interpretive understanding of research 'data' (Limb and Dwyer, 2001). While it is possible that other particular qualitative tools could have been used, a decision was made to utilise interviews and participatory visual methods for this study. As a research tool, the in-depth interview can reveal how individuals perceive their realities, how they have come to formulate beliefs and values, and how

they see and interpret their experiences. Further, discussions can locate the way individuals see their own histories, as well as the history of the group with which they identify, allowing for an understanding of cultures (Tucker, 2006; Yow, 1994). There are further advantages: interviews can generate a lot of information, enable the researcher to cover a wide variety of topics, offer the time to clarify issues raised by the participants, and the ability to follow up unanticipated themes that arise. Although interviews can be highly time consuming, and often depend on the abilities of the researcher and interpreter, the benefits outweighed the disadvantages, and for these reasons, interviews were used as the primary tool for both adults and children. While the majority of interviews were conducted on a one to one basis, in some cases group interviews also took place with various family members or groups of children when this was preferable to the participants.

At the initial family visit, the first adult interviews occurred and took the form of a structured interview. I began with a 'household profile' which included listing the names of all people present in the household in the last 6 months, their ages and places of birth, name of mother, levels of education attained, social grants applied for and received, and all deaths over the last 5-7 years. Questions were also posed regarding income levels, and other external sources of emotional and financial support (see appendix C). In all cases, adults were interviewed initially, with children's interviews taking place at a later date, normally because initial visits were made during school-hours. Further, this allowed me to obtain background information on the family and children prior to our first interview.

Subsequent in-depth interviews with both children and adults sought to capture 'childhood histories'. In these, the following themes were explored: place and date of birth, child care arrangements, living arrangements, child and parent migration histories, memories or experiences of schooling, roles and responsibilities in the home, gender roles, cultural definitions of a 'child',

children's rights, memories of bereavement and funerals, communication and relationships between adults and children. For adults, reflections upon issues related to childhood today were also included at the end of the individual childhood history, covering topics such as: memories of historical violence, apartheid and community violence, how childhood has changed generally from when they were young, the greatest challenges for children today, adult challenges in parenting and caring for children, and HIV/AIDS as it related to children, for example questions of impact, care, stigma, etc (see appendix D for interview guides). If an adult disclosed that they were HIV positive, another interview was usually required, covering further topics related to their status (see appendix E). For children, additional questions were posed relating to what they viewed to be their biggest challenges, and problems that children generally faced in their communities, as well as specific questions regarding peer pressure, community and domestic violence and crime, as well as issues related to HIV such as knowledge of the disease, disclosure, and stigma (for a full list, see appendix F). Further, as topics emerged, they were built into following interviews, where the interview guide continually evolved during the fieldwork.¹⁷

Beyond interviews which were conducted with both adults and children, children also undertook 'photobiographies.' The use of visual methods is advancing in qualitative research and with children in particular, as it offers an opportunity to gain insight into social phenomena without necessarily relying on oral or written communication (Bolton et al, 2001). Within the context of cross-cultural settings, it is perceived that "visuality is a culturally diverse experience" (Young and Barret, 2001: 143). Further, by passing the research tool from adult to child, the experience allows children "to construct accounts of their lives in their own terms" (Holloway and Valentine, 2000: 8).

¹⁷ For example, one of the resulting issues emerging from the question "how has childhood changed generally since you were a child" was that of children's rights, and this became a feature of interviews with both adults and children as the research progressed.

Children were given a disposable camera (either on their own or sometimes these were shared, depending on their preference and comfort level) and asked to take pictures of things and people that were important to them (see appendix E). It was explained that they were the 'experts' and that we wanted to learn more about children, *from them*, and what it is like to be a child in their community. This type of 'least adult' relationship has been advocated by researchers, where the adult researcher takes the role of a 'student' who wants to learn from children's experiences, and can be empowering for children to know that they have information to share that the researcher is not aware of (Davis, 1998; Holt, 2004; Mann and Tolfree, 2003).

We gave children individual power and control over the camera, although this was not without complications and dissent, as adults and siblings manipulated control (see chapter four). When explaining the project, we did not ask children to take a certain number of photos of certain themes: the photos taken, including by whom and of what was left completely up to them. Once the cameras were returned and the photos developed, a second meeting took place where children were given an opportunity to explain their photo-taking decisions (see Image 3.1).



Image 3.1: Photo story-telling with a child in Umlazi (Author, 2007)

The purpose of the photography project was manifold. The first was as an introduction to the research relationship with both myself and my interpreter, and to the overall project aims. Secondly the project offered genuine flexibility in terms of handing over control of the research to children themselves. While many photos were of mundane, everyday activities (which were of interest in any case), others displayed provocative issues related to children's lives and insights into their families and communities. While it is possible that other research tools could have elicited such responses, the time children were given to reflect and take each photo (rather than drawing for example, while we were present) fostered a creative space for children which garnered some very interesting data and further conversations. It was often through the photos children took that we were able to discuss topics of conversation that we would not have broached in an interview. For example, one child in Umlazi took photos of his elder brother holding up his niece. When I looked over the photos before our meeting, I assumed this was simply a photo of a close family member. However, in our later discussion, he

explained that he took the photo in order to demonstrate that his brother cared for his niece, and he wanted a record of this love because he presumed that his brother would not always be around, that life was precious. This elicited further discussion about the nature of life death (see also chapter five). Children also simply enjoyed the project, and it helped build rapport. Although problems were encountered, the photobiographies, in conjunction with follow up interviews, elicited partial childhood histories, and considering my lack of fluency in isiZulu, the tools seemed to work well. Further, the photography project facilitated some level of reciprocity, and important issue often overlooked when working with children (see chapter four).

3.5: Analysis, Interpretation, and Representation

In terms of interpretation, analysing the data began while in South Africa so as to enable rigorous cross checking of some of the information gathered. First, I had my interpreters listen to the digital files and transcribe the interviews in notebooks, as neither had experience with typing. While in South Africa, I began to formally type up the transcripts myself, offering a first-read through the interviews. During this process, themes were initially identified, and as new ones arose, were added to the field work protocol. While this was a time-consuming practice, it did mean that I became extremely familiar with the data prior to formal analysis. Once all of the interviews were transcribed, they were input into NVIVO, a qualitative software package which allows the user to organise and analyse large amounts of qualitative data. Although I had never used this software before, I found it simple to learn and incredibly helpful for analysis. Interview participants were given 'case' names, and then associated using 'relationship' headers to denote various members of the same family. Thematic analyses were then conducted using the 'node' feature, and each interview was rigorously coded. Coding allowed for a line by line read-through of the

interviews in order to find meaning. As theoretical ideas emerged, I made annotations and notes as 'memos'. Some codes were noted at the outset of the analysis as they emerged in my notes during the fieldwork; however, many more codes were grounded in the data and emerged through multiple readings of transcripts.

Interpretation and writing are not simply the 'representation' of the voices of others, but are the construction of new ideas and understandings that go beyond what people say (Limb and Dwyer, 2001: 9). The debate about representation is dominated by concern about "colonising, appropriating and fetishising the 'voices' of marginalised others" (Nast, 1994:58). There are two dilemmas which need to be resolved here: *who* has the right to speak for the oppressed and *how* should they re-present the voices of these people?

Kobayashi (1994) argues that some anti-racist feminist discourse, which denies the right of white middle class women to speak for those who have less power, shares the divisive assumptions of older forms of domination in seeking to essentialise race and sex. Instead we should reject these socially-constructed categories as a basis for inclusion or exclusion, however comforting they may be as rallying cries, and acknowledge our multiple perspectives. As Nast (1994:57) points out, we are always in a state of 'betweenness', "we can never *not* work with 'others' who are separate and different from ourselves" but "we are never 'insiders' or 'outsiders' in any absolute sense." One of the particular challenges with analysing data generated from research with children is *not* imposing adult interpretations of children's data. Repeated visits with children and adults allowed for clarification, and detailed field notes of observations and impressions were also utilised to enrich the data collected. However, to improve the interpretation of data and the meanings children give to certain events and experiences, repeated visits after initial analysis should ideally be undertaken, and in this case, time and funds did not allow for this stage of research.

In relation to representation of the voices of the researched, some advocate use of multivocal texts which include lengthy quotations from interviews, with the intention of minimising misrepresentation. For this reason, I have presented long extracts in preference to short quotations or summaries. Further, in various cases I have also diagrammed family demographics and histories in vignettes so as to allow for storytelling rather than short, analysed snippets of stories. Ultimately, however, it is the interviewer who solicits responses to questions, and the researcher who chooses which quotations to use. It is not possible simply to act as a 'neutral' conduit for the voices of others. What is important then is that we should acknowledge this, by making visible and critically examining our partiality and the situatedness of our knowledge.

3.6: Conclusion

This chapter has outlined the methodological approach taken in this study and the influence of feminist, child-centred, and participatory approaches. While ongoing research into the lives of children in the context of HIV/AIDS has tended to marginalise the 'everyday', as well as segregate and propagate particularised and 'exceptional' childhoods, this study has taken a decidedly alternate approach. The inclusion of children has aimed to give 'voice' to those that have often gone unheard. However, children have not been segregated into 'orphan' and 'non-orphan', and have not been socio-isolated from their siblings and family members. Issues such as the 'crises' of childhood and care have been placed within historical contexts, where generations of children have been approached for their life histories and experiences. As such, children's experiences have been framed within an understanding of generational and relational geographies, allowing for an exploration of the everyday landscapes of childhood.

A number of methodological tools were utilised in this study, including

individual and group interviews, as well as a child-led photobiography project. Such tools elicited a wide range of rich data, in-depth in nature, and flexible to the nature of the research environment. In particular, the utilisation of visual methodology allowed for the building of relationships, flexibility in the data garnered, and reciprocity between myself and child participants. Further, the utilisation of similar interview tools for adults and children highlighted a research reality where tools need not always be 'child-friendly', but respectful of the capabilities and experiences that children have to share.

While this chapter outlined and discussed aspects related to the methodological framework undertaken in this study, the following chapter offers further reflections on the 'doing' of everyday research, from recognising positionality and critical reflexivity, to ethical debates when working with children, as well as interpreters in HIV/AIDS research.

Chapter Four: Reflecting on the Research Experience

It is in the nature of ethical problems that they are not generally clear-cut, readily or finally resolvable. It is in the nature of fieldwork that you are likely to find yourself up to the waist in a morass of personal ties, intimate experiences and lofty and base sentiments as your own sense of decency, vanity or outrage is tried (Daniels, 1983: 213, quoted in McDowell, 1992b)

While the previous chapter outlined the methodological framework utilised in this study, the purpose of this chapter is to take time to reflect upon the research process, and the personal experiences related to 'doing' research. The chapter begins with a discussion of the ethical considerations of conducting research, and in particular with children, before moving on to explorations of positionality, critical reflexivity, and the ethical responsibilities that exist when working with interpreters in the time of HIV/AIDS.

4.1: The Ethics of 'Doing' Research with Children

Ethics in research, relates to "the application of a system of moral principles to prevent harming or wronging others, to promote the good, to be respectful, and to be fair" (Sieber, 1993:14 in Morrow, 2003). Ethical difficulties generally exist in two areas of research: the researcher's presence in the field and the representation of the researched by the researcher to an audience outside that field. In terms of the researcher's presence, fieldwork is never a neutral activity. It is "inherently confrontational in that it is the purposeful disruption of other people's lives" (England, 1994: 85). While qualitative methods aim to give greater respect to the researched, they are often more intrusive and arguably more exploitative than 'traditional' research methods. A research encounter with marginalised people (such as the families and children who are the focus of this research) is a relationship in which there is an imbalance of power, and thus it remains potentially exploitative. However, the research encounter does not leave the researched totally powerless. The power of the researcher is not all-encompassing, but restricted to particular domains: interviewees are not forced to reveal

information, or to allow access to all settings (Hammersley, 1992). The researched may also be able to exploit the encounter in the interests of their own agendas.

When conducting research with children in particular, a number of ethical issues emerge. The majority of ethical concerns centre on the ability to balance the protection of children as a particularly 'vulnerable population,' with the provision of a platform for children to voice their experiences and participate in research. Ethical guidelines in social research often specify that studies involving 'minors' require additional protective measures in light of power relations between adults and children (QMUL, 2007). It is only sensible to attend to the possibility that children may be exploited in the research process. However, most codes of research ethics place an often disproportionate emphasis on certain features, while other issues receive less attention. These include developing rapport, not imposing the researcher's own views and interpretations, validity and reliability, bearing in mind the research context, and clarity of questions (Punch, 2002). Christensen and Prout (2002) have stated that rules are in their very nature poor at dealing with new, unforeseen situations; they are not flexible, and too easily become routine. In short, they can become a substitute for the active engagement of individual researchers. Morrow (2003) argues that respect needs to become a methodological technique in itself, and researchers need to set aside 'natural' adult tendencies 'both to take children for granted and to accord them a provisional status.' Ultimately, ethical guidelines only have meaning during the actual process of the researcher/child interaction (Davis, 1998), where ethical practice requires the active consideration of children as fellow human beings and a continual sensitivity to their own emotions, interests and considerations (Christensen and Prout, 2002).

Louise Holt (2004) argues that when researching with children, ethical issues can be most effectively tackled by adopting 'empowering research relations.'

For example, children must be empowered to make an informed decision about whether to participate in research, and what aspects of their stories to divulge (Holt, 2004). Owain Jones (2001) argues that we can never fully 'close the gap' between our (adult) views of the world and those of children, and nor should we strive to do so. He argues that as researchers we have to acknowledge the extent to which our access to children's worlds is limited, and work creatively within that limitation. The methodological framework for this study attempted to do this: to recognise limitations, but also to work creatively to access children's voices, and learn of their experiences. Thomas and O'Hare (1998) argue that the reliability, validity, and ethical acceptability of research with children can be augmented by using an approach which gives children control over the research process and methods which are in tune with children's ways of seeing and relating to their world. The use of photography was one of the ways in which children were given control over a critical method used. Further, researchers such as Henderson (2006) point to the importance of long-term interaction with children in the field; conducting research over a longer period of time is necessary to avoid any tendency to towards treating children as objects of research in a "raid" whereby the investigator moves in, plunders the results, swiftly moves and in this process, children are denigrated to little more than tokens (Robson, 2001).

The issue of informed consent tends to dominate discussions on research with children, especially because consent is complicated by the fact that research with children often requires that both children and adults give their consent (Thomas and O'Hare, 1998). Further complicating consent is the issue that children are not usually fully 'informed.' It has been argued that in order to ameliorate these concerns, a variety of approaches should be developed. First, adults should develop research approaches which are respectful and fair to children and which provide information which enables children to comprehend what the research involves. The child must be able to understand that participation is voluntary and that power to end

participation is ultimately held by them (Davis, 1998). The securing of consent also needs to be a gradual and emerging process. At frequent intervals during the study, the researcher should remind children of the study aims and activities, make information sheets available, and respond to children's questions (Bray and Gooskins, 2005). Researchers have also made a further distinction between informed consent and assent, which refers to a parallel process in which the parent or guardian agrees to allow a minor ward to participate in a research project, and the child assents or agrees to be a subject in the research (Morrow, 2003).

For this study, child participants were provided with an information sheet and given an explanation of the study in isiZulu. Children were also asked to sign a consent form, as they had seen their parents do, so that they felt their permission was also required for their own participation. Further, ongoing oral assent was a part of the protocol, and we constantly reflected on issues related to children's desire to participate and an understanding of what the research was about. However, it was my experience that formal guidelines required by Ethics Committees,¹⁸ for example, the signing of consent forms, sometimes became meaningless when adopted in the field. First, I noted that very few children read the consent form which they signed, and only on rare occasions did adults read the form. I was not sure if this was because it was spoken about at length, because they trusted us, they did not take the consent form seriously, they were used to these procedures, or used to white researchers, and those in positions of power, asking them for things that they did not feel they could refuse. Consent was informed, in that we discussed at length and throughout the research what our goals were and where the research was going. However, the signing of forms was often rendered meaningless. I had to be vigilant in my efforts to make participants aware of their 'rights'- namely that they did not need to answer all questions, that they

¹⁸ Ethics Review was undergone and approved by the University of Western Cape, South Africa and Queen Mary, University of London, United Kingdom.

could stop at any time, etc. This was especially difficult with children, as culturally they are expected to do as adults say, and there is very little room for negotiation and feedback. The following field note reflects this issue: Signing the consent forms was very difficult- basically his sister told him to sign it (Umlazi, Household 11). Even information sheets, a necessity in research protocols, were often obsolete. Although it was a necessary step and helpful in providing our contact details on paper, many adults preferred oral explanations of the study:

The Uncle had many questions about what the study was about, where the results would go, how the child would benefit, etc. When Zama showed him the information sheet, he shook her off, saying he wanted it explained by us instead (Fieldnotes, Umlazi, November, 2007)

Ultimately, while ethical guidelines are useful, they really only provide just that- guidelines, and should be taken as such, with the ability of the researcher to adapt, and remain reflexive, critical to enduring ethical relations.

A Note about Reciprocity

In terms of compensating research participants, my original research plan did not include financial compensation, but this ultimately changed once in South Africa. This decision was made for various reasons. First, those participating in the *Good Start Study* receive compensation, and so this is protocol. Second, upon speaking with local researchers (for example, Professor Linda Richter at the Human Sciences Research Council) I was informed about conventional practice. Dr. Richter stated that in research situations 'all poor people have is their time.' I was taking time from people's lives, I was told stories of immense difficulty and poverty, and felt that I needed to compensate people for their time. In urban settings, all adult participants were paid R40 (£3.20). In rural areas, I was informed that monetary compensation would not be helpful because of the costs associated with travelling in order to purchase household goods. Instead, non-perishable food items were purchased, for example, cooking oil, rice, sugar, tea, dried beans, cornmeal, etc and given to

the family as a whole. These small amounts and tokens of gratitude seemed to be very much appreciated by participants, and I did not feel they had a bearing on the research outcomes in terms of manipulation or bias.

For children, reciprocity and compensation was much more challenging. I could not, by virtue of ethics boards, offer cash compensation to children. However, I also felt that children should be compensated for their time. In resource-poor settings, family photos are treasured, and so often I took a family photo and printed these for families along with the children's photobiographies. Children were often surprised that they were able to keep their photos, even though I had told them of this at the outset. I printed all of their photos and put them into albums as keepsakes. Children seemed very happy with this response, and I felt some level of content as children were also compensated for their time. In the future, I think it is important for researchers to find ways of compensating children for their time, and finding creative ways to maneuver around restrictive ethical guidelines in this area.

4.2: 'Doing' Everyday Research

Various challenges arose throughout the eight months of fieldwork. First, this type of research was incredibly time-consuming, it required multiple visits to households, and in rural areas this often meant driving hundreds of kilometres per week. We often had to be prepared to arrive at a household only to find our interviewee missing. In many cases we chose to wait, particularly in rural areas where we had spent more than an hour getting there. However, it was precisely because of these repeated visits and the moments spent 'not conducting interviews' that we built rapport with families. This allowed us to build trust with participants, and in terms of working with children, caregivers felt at ease when later leaving us alone with children to conduct interviews.

Beyond the logistical challenges presented during the fieldwork, an

underlying issue encountered when 'doing every day research' was navigating the relationships and roles between adults and children (and myself) in these cross-cultural settings. Adults in South African Zulu culture are generally seen as dominant in the social hierarchy of the family, with the child's mantra 'to be seen but not heard' (see chapter seven). Children are to do what adults asked of them, and no more; they are not to ask too many questions, and they are to speak only when spoken to. Navigating these relationships (and they may not be entirely different in western contexts), was a challenge throughout the research process. This issue arose at the outset of the research relationship when we were first introduced to the children of the home. When introducing ourselves and the research, adults often told children to do what we asked, even when we were specifically trying to allow for dissent from children. We had to constantly reflect on our relationships, and consistently let children know they did not have to answer a particular question if they did not want to. It became especially important to learn how to read children's body language, and to offer flexibility in taking time to think through their answers.

One of the most important practical challenges was thus adult interference. Adults came into rooms or outside in order to listen to their children, tried to answer questions for them, and interrupted children to ask why they did not know a particular biographical detail, for example when they moved, or their birth date. Adults also told children to 'speak up' or stated, 'why aren't you telling them this or that?' My interpreters became animated as we jokingly 'kicked out' adults, also ensuring that adults felt comfortable with us being alone with their children. Here is a note from my field notes about an interview with two cousins, both ten-years old in Umlazi:

His sister found it very difficult to not answer for him, and all of the aunts came into the room. They were not given space, and because it was raining we could not go outside. We had to ask Nokuphila numerous times to stop answering for her brothers and to let them think about their answers (Fieldnotes, November, 2007).

These moments of interaction helped me understand family dynamics between adults and children, and to try to work harder to give children privacy and a space to express themselves. However, the issue of adult ‘meddling’ was a near constant reminder of the difficulties of being a child, and was an issue we consistently had to find creative ways to navigate:



Image 4.1: A typical scene of everyday research (Author, 2007)

When I asked whether Sonto would like to participate in the study, her aunt says that it was fine, but it is difficult to get at whether or not she would like to, or even understands what she is being asked to do. And when I offer her the camera, her aunt says that she should not really have this, that she may break it. But when I asked Sonto herself if she thinks she can manage, she says yes. As we were walked to the car by her aunt, I notice already that Sonto’s camera is in her aunt’s hands, and I wonder if she will really be able to have the freedom to take photos of whatever she chooses. In order to help the situation, I ask her aunt if she would also like a camera to take photos of the family and of the different things they do together. Yes, she would very much like one, and so I give her one as well. It seems there may be a type of jealousy when children are given too much attention. I wonder if I am really going to be able to understand these children’s views of the world, if they are always being underestimated by adults (Field notes, September, 2007).

While some children were immediately comfortable with participation, many were still shy and concerned they would give us the wrong answers as evidenced by one young child, Sibonelo, who told us: "I'm not sure whether I can give you the right answers, I'm not sure of myself." As I'm sure is consistent with other research with children, a sensitivity to these concerns and fears must be present. The skill of the interpreters was a critical aspect here to the success of the research, in terms of their ability to create comfortable spaces, and encourage children's participation.

In terms of the methods used, the photography project was a place where adults sometimes interfered. Adults would ask children to take photos of things they wanted to have a record of, even when these items or people appeared to be meaningless to children. In some cases this involved teachers at school overtaking the child's independence: "...my teacher said I should take the picture because I had to take important photos..." (Mduduzi, male, Umlazi, 13). In another case, almost all of the photos were taken by the child on the command of his mother. For two sisters in Umlazi, older siblings ordered both of them to take pictures, or stole their cameras and took pictures themselves:

My sister took these pictures. I asked her why she was taking pictures with my camera, she didn't give me an answer... My grandmother sent me to the shop and when I got back they were already taking pictures...No I was not (in control), they just took it telling me they know how to use the camera (Nomfundo, female, 12, Umlazi).

In this household, we interviewed one of Nomfundo's brothers who took over her camera on the command of his grandmother. When I asked him why he thought his grandmother did this, he said, "because she knows I am grown up and I can take pictures that have stories that make sense" (Falakhe, male, 14, Umlazi). In Umzimkhulu, we had to offer one child another camera because "when they got back, I asked where the camera was. They were from the soccer field and they told me they took it, they had finished all the film"

(Thumeka, female, 12, Umzimkhulu).

This issue was incredibly frustrating for both myself and the children involved; we would ask adults why they did not allow the child to take photos as had been asked, only to be told that “the child did not know what they were doing.” Over time we became more adamant with adults, letting them know that it was okay if they did not take the ‘best’ photos or forgot how to use the flash, that the child’s participation was most important. Further, as the areas we were working in were low-income and many families were poor, the photos were treasured objects, and many family members simply wanted pictures taken in order to have a record. In some situations, children felt threatened in order to take such photos:

This is my aunt’s son, I was invited to this party. He insisted I take his picture, when I refused he didn’t take no for an answer because he was drunk so I took his picture (Falakhe, male, 14, Umlazi).

In other scenarios, parents would not allow children to take the cameras to school, out of fear that they would be stolen, which children also found frustrating.

Another important issue that arose out of the photography project was that of privacy for the families involved. In some cases children took pictures of intimate moments, some of which I was not sure if family members would like to be shared. In one case, it was not a moment, but the conversation elicited from the photograph where I felt we were learning of something that was not to be known to us. We had interviewed Sbongile, 29, on her own in the previous weeks. We had suspected she was HIV-positive based on the fieldworker’s introductions, however she had not disclosed to us when we asked her about testing; she told us she had been tested, but then avoided telling us the result, and we did not directly pose this question. When Hloniphani, ten years of age and her younger brother, explained some of his photos, I wrote the following field note:

One very interesting thing also happened during the interview with Hloniphani- he inadvertently disclosed his sister's HIV status. He had taken three different photos of the clinic and when we asked him why, he described all the things they do for HIV positive people there. We were surprised that at the age of ten he knew so much about HIV, and when I asked him how he knew all of this about the clinic, he said because he goes there with his sister. Sbongile was in the room when this happened, and it just slid over the room, we did not follow up with any further questions, I did not feel this would be appropriate (Fieldnotes, October, 2007).

After approximately 15 different visits with this family, Sbongile never openly disclosed to us; however, she did express fear about her baby's HIV status, and in this way shared with us her status. Through this experience, I also encountered an important lesson about indirect disclosure, something that arose repeatedly in interviews and throughout the research, which I discuss in chapter six. This issue also highlighted the importance of confidentiality and trust with the children and families we worked with.

Additionally, building trust was extremely important when working with children, who had their own unique requirements. I made this note in the first few weeks of research in Umlazi:

I waited two more weeks then when I said I would be there with the photos to give back to them, and the younger boy was not very impressed at all that I was so late. I felt very badly, he said it was not very good. I think this just clarifies how important it is to be honest with children and keep them in the loop, so they do not lose their small amount of trust for you (Fieldnotes, Umlazi, October, 2007).

It can be very simple issues such as these that can complicate the research relationship with children. My time in the field taught me that you must always do what you say, children clearly remember everything, and you can easily lose their respect and trust if you do not follow your word. Although this seems obvious, it is easy to get overburdened by work and the timeline while in the field, and while adults are often understanding of these constraints, children are often less forgiving.

While the 'doing' of the research presented challenges in regards to navigating relationships, the chosen research tools also presented difficulties, questions, reflexivity, and then flexibility and change. Initially, I entered the field with a desire to utilise numerous participatory tools, however, I soon faced a variety of challenges. First, I found that I was not entirely comfortable with some of the tools in my 'kit' and how they were playing out with children and myself. For example, an initial drawing exercise where children outline their hands, with each finger representing a particular virtue of strength the child saw in herself was eventually removed. I found it to be 'out of place' in the family contexts I was working in. Almost no households had visible signs that children did things like draw, write, etc while at home, and so paper and pencils were very much situated in the school classroom. These activities often made the activity 'feel' like school where there were 'right' or 'wrong' answers or ways to do things. Having children draw their homes and important people turned out to cause some stress when I did not bring items such as rulers so that children could draw 'properly.'

As I found that the photography project was eliciting very interesting results and allowing children the opportunity to gain control over the research and directly give 'voice' in a non-threatening way, I decided to abandon these tools, and utilise only some drawing exercises when children were particularly shy or wanted to draw or doodle during interviews. I found that simply speaking and conducting open-ended interviews was the best option; as oral communication is the central mode of communication in African culture, this also seemed the most appropriate. I would, however note that this type of research drew enormously from the ability of the interpreters and my own comfort with children. Both women were young themselves with younger siblings, and were used to communicating with children. Had my interpreters not been so adept, I would have possibly relied more heavily on formalised PRA methods rather than interviews.

Beyond the research tools and the 'doing' of fieldwork, I also found that the geography of the research setting was very important. Elwood and Martin (2000) have noted that the spaces of research situate participants in particular manners that have implications for the power relations of interview experiences. In all cases, interviews took place at the family home. However, there were variations between locations, such as choosing to be interviewed in the family kitchen, living room, or outside in the backyard. We chose to interview people in their homes where they were the most comfortable, and where it was the most convenient. Particularly in rural areas where it would have been logistically difficult to ask participants to come to alternate locations, we felt that by offering to come to participant's homes, we were making it easier for them to participate. However, for children, the 'home' was imbued with the power that adults have over them, and a general lack of privacy due to overcrowding. We therefore interviewed children outside when possible, so that we were away from the 'adult gaze' of the family home, and in spaces where they tended to be more comfortable. Further, we laid out blankets and sat down on the ground (to the distress of some of the adults), rather than sitting on chairs which would have placed us 'above' the children we were working with. These decisions were important, and clearly impacted the resulting interview experiences, where both adults and children felt comfortable in 'their own space' and thus with us.

4.3: Positionality and Critical Reflexivity

We must recognise and take account of our own position, as well as that of our research participants, and write this into our research practice rather than continue to hanker after some idealised equality between us (McDowell, 1992b: 409).

The principle of critical reflexivity within the research process entails an acknowledgement of positionality, of personal ethics, and of recognising and disclosing issues such as power and representation. There is a need to remain constantly reflexive, consistently questioning oneself, the relationships made with participants, and the meanings the researched attach to their lives

(England, 1994). Haraway (1991) has argued that:

As scholars we embark upon research with maps of consciousness that are influenced by our own gender, class, national and racial attributes. The knowledge of the researcher is therefore always partial, because his/her positionality (perspective shaped by his/ her unique mix of race, class, gender, nationality, sexuality and other identifiers), as well as location in time and space will influence how the world is viewed and interpreted (Mullings, 1999).

As a researcher, my gender, race, class and age had a significant impact on the research I undertook, the research relationships I developed, and ultimately the research altogether. My positionality influenced access to informants, and the information they chose to share with me (McDowell, 1992). In the South African communities I was working in, I was clearly positioned as an 'outsider', and on the surface, shared very little in common with my participants. The most obvious differences were race and class. I am a young, middle class, White woman from Canada, studying through a British university. All of my respondents were Black, and only a minority had graduated from high school. Further, the vast majority were very poor, and living with instability in terms of employment and dependence on government and NGO assistance (see chapter five). While I visited their social worlds during the day, I made sure to leave by night when it might have become more dangerous, and stayed in what was previously a 'White-only' part of Durban city. Indeed, I asked a number of my gatekeepers if it would be possible to stay overnight in the communities I was working in, and none felt that it would be safe to do so, both for myself as well as potentially for my participants¹⁹. I found this level of separation frustrating, and was constantly aware of the boundaries between my daily lived reality and theirs.

However, while I was aware of my privilege in terms of wealth and access to

¹⁹ In the months prior to my arrival, one of the cars carrying researchers on the Good Start Study was hijacked during the day in Umlazi. None of the researchers were injured, but I was constantly aware that I was a potential target, and understood their hesitation in supporting my overnight plans.

resources, some of my participants also utilised these positionings in ways I was not totally prepared for. While I was prepared for questions about employment opportunities (did I know anyone who needed a gardener or domestic worker?), or knowledge of local NGO support, or even questions on how this research would directly benefit the individual or family, I was not prepared to be manipulated in other ways. This instance occurred with a family I had been visiting for three months, interviewing various members, both adults and children. From the moment we met the female head of the household, she was always making us aware of how poor the family was, and how ill she was. When we made appointments to visit, she usually looked quite down-trodden. The children in the family took photos to demonstrate their poverty, and before Christmas, in a long discussion after an interview, I was told in very stark details about how they had nothing to eat for their holiday meal. At this meeting, I decided that I wanted to respond personally, and asked them if there was anything I could bring over to help make their meal. Before I knew it, I had written down a list of over fifteen items, including specific cuts of meat, vegetables, cooking oil, and ingredients to make dessert. As I left the house, I felt relief that I was finally 'doing something' beyond listening and transcribing their stories. I spent the following weekend picking up the items on my list, and visited their house the following week. Unlike previous visits, I went on my own, and we had not made a meeting time. When I arrived, the female head of the household looked slightly taken aback: she was all dressed up, looking quite smart, and on her way out somewhere. She looked quite different from the usual person I encountered on our previous visits. As I did not speak isiZulu, I could not ask her where she was going, but she happily took my grocery bags and thanked me for what I had brought over. As I left the house, I felt that perhaps I had been too quick to cross the researcher/participant boundary. Although I have never believed in such rigid constructions of research relationships, I also had never thought about the manipulation I might be at risk of experiencing. I was always aware of my own positioning of privilege, and how within these

power dynamics, I had to be sensitive to how participants may feel about me. However, I was completely naive to how my participants might utilise these constructions themselves. This was an important lesson, and demonstrated how complex such relationships are. Although my participants experienced difficulties that I could often not relate to, they were not always victims. I was not 'all-powerful': in fact, I am young, relatively inexperienced, and working in a complex environment. The power within these relationships was constantly shifting, and remaining reflexive aided immensely in navigating and negotiating these dynamics.

In terms of my gender, being a young woman was both a hindrance as well as a benefit for the research relationships I developed with women, men, and children. As previously stated, the vast majority of my adult participants were female, and there were aspects of our lives we were able to share because of this shared womanhood. For example, at the time of the field work, my partner and I were planning our wedding. A number of women had either recently been married or were hoping to in the future, and this was something we would often discuss in between interviews. I also had photos of him and I together, as well as of my family, and we often shared these photos when we talked about where I was from, and how much I missed my partner who was living abroad for the duration of the field work. Having partners in other parts of South Africa, and trying to maintain relationships across long distances, was something we shared. My ability to be open about personal details of my life, helped us to develop rapport. The older women in particular loved to hear about Angus, and to see pictures of us. However, never did I share these details with the men I interviewed.

Due to my age and gender, the men I interviewed tended to take me less seriously. There was often a lot more humour used during interviews, in particular when I posed questions surrounding their relationship history, involvement with their children, and sex education. I often felt that male

participants kept a greater distance, making sure not to 'give too much away'. These positionings were far more difficult to close, despite efforts on my part. With younger men, between the ages of 18-30, I felt the gap was much narrower. It was easier to position myself 'like them'. At the time, I was 27 years old, and we had much more in common in terms of finishing off our education, reflecting on what we wanted to do with our lives, or facing peer pressure. Many of the young men were surprised I had knowledge of the drug scene in South Africa, and was able to utilise slang for drugs such as marijuana. Again, I often used humour to discuss issues such as sex and peer pressure, and my age here was significant in crossing other boundaries such as race and class.

Lastly, it is often the case that in discussions of research practice, we rarely insert our emotional experiences of field work. Perhaps these are not considered 'academic', but they are necessary if we are to remain honest about our experiences. While I experienced great happiness and joy while in South Africa, I also experienced great sadness and loss, and this is what I want to acknowledge here. The first issue was that of loneliness. I am not sure why I have not encountered more discussions of loneliness, as I am certain many researchers and PhD students experience this, particularly within cross cultural settings where you have travelled on your own. I spent eight months in KwaZulu-Natal, and although I met a number of colleagues and friends during this time, I spent far more time alone than I would have while at home, or studying in the UK. For the most part, the fieldwork itself invigorated me, I enjoyed spending my days in people's homes, speaking with them about their childhoods, sharing a cup of tea, and walking around the neighbourhoods. Most of the homes were filled with children, people coming in and out, and activity outside on the street, or in the fields. However, at night I always went home to an empty apartment, and missed my own friends, family, and partner. This challenge was not insurmountable, but important when we discuss the realities of doing this type of fieldwork.

As I have discussed, the fieldwork itself offered great solace in terms of loneliness. However, there were times when I also felt quite overwhelmed by the loss of the families I was working with. It was not only my research participants who experienced loss, but also the interpreters I worked with:

I arrived in Umzimkhulu today and was asking Andiswa how her boyfriend Lungile was, (she had texted me that he was in the hospital for a few days), and she told me that he had passed away. I was in complete shock: he was a healthy 20-something man, no presence of HIV or TB- apparently he had asthma. She says that her friends and his family believe he was bewitched²⁰ because his brother and father also passed away in the last year after being sick for only a few days, and not having any illness. Her friends were afraid that she shouldn't let it be known that they were together, or else they might also bewitch her. Lungile died only 2 weeks ago, Andiswa definitely seems sad, doesn't want to talk about it all. I have no idea what to do. Yesterday I found out Nonhle lost her baby a few months ago when he was only 3 months... What do I do about these things? How do I absorb these experiences? I am so sad for Andiswa, we used to talk about love and boyfriends and Lungile and Angus every day in our car rides, I can't believe he is gone...when I asked her how she was, she said that 'this is life'. Losing a healthy 20-something in the prime of his life is not a 'normal part of life.' Is this loss a part of South Africa now? (Field notes, April, 2008).

By this point, I had sat through many hours of interviews which spoke of loss, but I had also experienced loss personally. After interviewing a young mother and holding her baby, I arrived two months later to learn that the baby had died. Further, the strongest relationships I formed in the field were with my three interpreters, and all experienced profound loss during the time I knew them. Slindile, the first young woman I worked with, was in the midst

²⁰ Witchcraft was broached on a number of occasions as a possible cause of death among adults, although not by children, nor were children described as victims of witchcraft within the data collection. Ashforth (2005) defines witchcraft as the complex of ideas, discourses and practices relating to the domain of supernatural powers, or relating to questions of power in realms of the unseen. In his study of witchcraft in Soweto, Ashforth (2005) discusses how misfortune, bad luck, and afflictions of the body, mind and spirit, are sometimes attributed to witchcraft, and often a deadly consequence of jealousy. Further, notions of magic and witchcraft can play a prominent role in politics, conflict, perceptions of health and sickness, and all manner of social relationships.

of planning a memorial for her mother who had died the previous year. She had also lost her father years before, and at the age of 21 was a 'double orphan' with a four-year old child. Zama, 19, learned that two of her younger sisters were pregnant, and both HIV-positive during the eight months we worked together. She also had a friend commit suicide prior to his wedding to his girlfriend and mother of his infant child. Andiswa, 20, as I state above, lost her boyfriend suddenly to an unknown illness during the last month we worked together. I approached my time in South Africa with an understanding that I would hear of immense loss, and as I had conducted research previously in some of the same sites, this was expected. However, without my own support network of family and friends to rely on, I internalised much of this loss, and found that by the time I left South Africa, I was emotionally drained. I had been aware of the emotional toll these discussions may have had on my research participants, and I worked very hard to remain sensitive to their needs during interviews and beyond, but I had not processed how this loss would impact me. In the end, it took some decompression at home, and time away from the field before I was able to fully process the experiences I had encountered, and begin to analyse the data I had collected. Acknowledging these experiences of loneliness and loss are critical in terms of remaining critically reflexive, both during the fieldwork itself, and beyond.

4.4: Emotions, Ethics, and Research Relationships

In recent years, a number of authors have discussed the significance of emotions within the research process, and particularly within the fieldwork experience (for example, Bondi, 2005; Laurier and Parr, 2000; Robson, 2001). However, despite an increased recognition of subjectivity and efforts to engage reflexively with research, many accounts of the research process continue to omit aspects related to the influence of emotions (Widdowfield, 2000). Laurier and Parr (2000:98) describe emotions as "complex manifestations of corporeal and psychological aspects of human beings which

are simultaneously felt and performed as relations between self and world.”

In the following discussion, I attempt to recognise aspects of both emotions and ethical responsibility in the research relationship, and a topic rarely considered when working in cross-cultural research settings: ethical responsibility to the interpreters who are required to carry out such research. Ansell and Van Blerk (2005) state that ethical research needs to take account of the emotions of both the researcher and the researched. While we place a strong emphasis on ethical responsibility for research participants (and ourselves), what of our interpreters? In our ethical statements and methodological frameworks, where are the protections for interpreters?

In her PhD thesis on the experiences of child-headed households (CHH) in Zambia, Ruth Payne (2008:192) expresses some of the ‘worries’ associated with working with research assistants:

Because the research approach encouraged building relationships with CHH members, they frequently continued to view assistants as friends even after I had left Zambia. For example, In Mulenga, CHH S became quite attached to my assistant Florence and she often helped them out when they needed things like medicines or advice. They even knew the location of her home in the adjacent compound and would occasionally visit her there. Sometimes participants expressed feelings of being let down when these ‘friendships’ did not continue such as the boys in CHH T who would occasionally see Ezekiel around the compound after I had left and would admonish him for no longer visiting them. Thus, the impact of building relationships in research communities was potentially more dramatic, significant and long-term for my research assistants than for me.

Here, Payne highlights challenges within a field work experience which pertain to power, ‘insider’/‘outsider’ roles and responsibilities, and the ethical challenges faced when working in emotionally intrusive environments. Indeed, this was one of the only examples I located which expressed any concern for the long-term implications for those we leave ‘on the ground’ when we return to our home institutions to begin analysis.

As other geographers have noted within the particular context of HIV/AIDS research, situations are frequently harrowing and upsetting to both the researcher and the interviewee (Ansell and Van Blerk, 2005; Robson, 2001). Some of this ground has been covered within the social sciences, but rarely do we discuss the 'third party' so often present during these encounters- our interpreters. As is often the case, interpreters are listed in acknowledgements within journal articles, but their experiences and voices are 'muted.' My experience in South Africa enlightened me to the emotions and ethical responsibility of this relationship, and here I discuss the details of one such relationship, between myself and Zama Mkhabela, the interpreter I worked with in Umlazi and Ntuzuma.

Upon meeting Zama in September 2007, we built an instant rapport; we often spoke about our personal lives, and enjoyed the in-between moments between household visits in the months we worked together. It has now three years since I left South Africa, and we still email frequently, with the occasional phone call from my end.²¹ While undertaking the field work, we often spoke of the personal difficulties experienced in conducting the interviews, and in some cases we chose to postpone continuing for the day, as we both needed breaks from the emotional toll. For the first few months we worked together, I felt like we were both experiencing similar emotions. Some days were more difficult than others, and it was often emotionally trying to listen to stories of loss and violence, death and poverty. Although she was the 'insider' and I the 'outsider,' we both built rapport with participants, became attached to particular children, and reflected on the lack of apparent justice in many family and childhood histories.

However, my opinion on our apparent similarities in experience, were

²¹ In 2010, Zama made the decision to continue her post-secondary education to become a nurse, and my husband and I are currently helping her with her tuition fees.

enlightened during one interview near the end of my time in the field. This experience occurred during an interview with a boy from Ntuzuma who was 15 years old and had lost both of his parents due to AIDS. What was different about this interview was not the loss experienced by this child, but the fact that the boy spoke English quite well and answered the majority of questions in my own language.²² For the first time, Zama did not act as my 'shield,' as my interpreter, she had been protecting me for months from hearing first-hand of loss and trauma. Having Zama translate emotions, words, and experiences, differed fundamentally from having to listen to these words in my own language. During the interview, I became quite flustered; I could not depend on Zama to 'speak for me,' or to speak on behalf of the participant. I had to respond with a level of sympathy and sensitivity, but also to continue with following questions and the ultimate purpose of my being there: the interview. This balance was an entirely new challenge for me, and something I was totally unprepared for. In all other cases, my interpreters were the first to hear words of pain, and were then required not to respond to the personal pain of these individuals (as would be the normal and appropriate response), but to translate these back to me. This was one of the most difficult interviews I had ever completed, and it took a toll on me. In that moment I felt an entirely new empathy for what my interpreters had to hear first-hand on a daily basis, and became increasingly sensitive to their needs.

Conducting difficult interviews *through* an interpreter is not the same as doing this yourself; interpreters offer a form of protection, and in some ways my presence also allowed them breathing room as they were responsible for translation and *not* responding directly to the participant. Conducting an interview on my own was entirely different, and this enlightened me to the many ethical responsibilities we have not only to our respondents who may find interviews emotionally trying, but also our interpreters, who bear

²² Despite studying isiZulu at SOAS, and the eight months of fieldwork, my knowledge of the language remained rudimentary. My vocabulary increased considerably, but I was never able to conduct an interview on my own, as far too much nuance would have been missed.

witness to these stories, without the ability to do much more than translate.

Beyond the emotional toll of these interviews, we often discussed issues related to compensation, and the guilt we felt that we 'could not do more' for families. In one case, after a child in Umlazi told us of his birthday and the fact that he would not be celebrating it due to financial constraints in the family, Zama took it upon herself to bring a birthday cake to our next meeting. In other cases participants would ask if either of us knew of any jobs for them, and the interpreters felt particular guilt because they were of similar age, and in some cases education, but were employed. As an outsider, I was not aware of any work opportunities, but often the interpreters felt a responsibility here that I did not.

Further, because I keep in touch with Zama, I continue to be made aware of the long-term impacts of our research relationships, and the fact that many such relationships are ongoing, despite the researcher (i.e. myself) leaving the field. While research participants are poor, isolated, and without the ability to contact us when we leave the field, our interpreters may be more accessible, or feel a responsibility to remain in contact. Zama is still in contact with one of our participants, a female of similar age in Umlazi, who we visited many times. In March 2009, almost a year after leaving the field, I corresponded with Zama about this family. In one she writes the following:

I spoke to her the other night and she has some problems which she wouldn't talk about (on the phone). Said I must pay her a visit when I get time. I spoke to mom about it and she thinks I should go see her when I have time. Mom thinks we sort of raised people's hopes, somehow they thought we would help them with their problems. Do you think that is what we did? I haven't a clue what to think. I think I do wanna help her out.

I was very concerned for Zama, and wrote her back immediately:

Its wonderful that you are keeping in touch with Nok'phila, I hope that she is just looking for a friendly ear to talk to because I remember her

saying that she doesn't really talk to many people about her problems. I think that with this family we were very honest, we explained that we were doing research and that we couldn't directly help them...the thing is that most of the families were found through another study that they had been participating in for quite some time, and this study has helped them get tested, get access to grants, etc. There is nothing more that we can do. What South Africa needs is more jobs for people like the women and men in this family and it doesn't seem like there are enough in the country. I do worry sometimes about these families, but you can't worry too much about us making their lives more hopeful, or that somehow they are worse off because they participated in the study.

I hope you can find your way to her house, or to meet somewhere, and when I pay you for the interviews I can help with these transport costs, but please just be the wonderful friend that I know you are, and don't try to solve anyone's problems- you have enough of your own! They are a wonderful, loving family and they do get help from the government and have a roof over their heads. We have been in much worse houses and these people never said that we were raising their hopes up. They just enjoyed telling us their stories and having someone to listen to them. Most of the time this is the most important thing we can do for each other- listen.

Keep in touch, and thanks for telling me your thoughts.

I am not sure where this relationship will lead, as there does not seem to be a clearly trodden path down this ethical maze within research. Zama and I keep in contact, she is my tie to the field, and I am her's. We experienced 'the field' together; it has shaped not only my PhD and personal resume, but her's as well, and it is important to admit this openly in academia. Interpreters are so often anonymous, without voice, and given little reflection beyond their payment, our concern for their aptitude with translation, and how they may affect our research relationships. Here, I attempt to make Zama visible within my thesis, to 'write her in.' I asked Zama for her reflections on the experience, and what she learned, and although she did not have easy access to email, she texted me some of her thoughts, and I transcribe some of them here:

I was amazed by how much poverty is in our country. I felt that it was unfair how the poverty stricken people were not help. Remember that gogo who sold brooms to keep going and that child headed family in Ntuzuma? that made me sad and angry. Angry because the government

should do something about it. What also caught my attention is the number of girls who have kids before they wed or financially stable. It seem as though my peers are not afraid of HIV and other STIs. I felt that the core problem is the lack communication between parents and children. Most parents say kids know all about sex and HIV,' they are taught about it at school'. Mostly I learnt that parents are not making taking care of kids, they shift the responsibility. It is always the teacher or friend who is bad influence to their kids. Most parents are there for material things. Food, clothes, school fees, roof over ones head, now if a parent provides all these well, their job is done. Fathers may be absent but if they fork out money, they are good parents. It doesn't matter if they go for months on end without seeing their kids. What I also found sad is that some women would leave their kids behind when marrying a different man. We spoke to two girls who called their grannies mom because they didn't have their moms around. I was also shocked that some man would be so cruel to their own flesh and blood. Remember Nok'phila's story. The baby father did not acknowledge his own child. They went for DNA testing, they came out negative. According to Nok'phila he bribed the doctor. I'm not sure if this is just a tail, if not that guy is one terrible monster. I guess I was mostly affected by parenting issues. Nthokozo one of the boys we met had never had a birthday cake in his entire life. That was sad for me. He was such a warm child, on his birthday nobody even wished him a happy day!

I do not want to analyse Zama's thoughts here, but it is clear that she feels a level of guilt, remembers stories, and keeps in touch with participants. Both Robson (2001) and Matthews et al (1998) discuss how working with children in research is more challenging than working with adults because the chances of facing a distressed participant are higher with children, and thus we have even greater responsibilities, and need strategies, to deal with distress (Robson, 2001). I argue here that if such situations are potentially distressful for the children we work with (and ourselves), we must include our interpreters in such critical reflexivity, and work to create strategies which offer our colleagues support in the field as well. This is an issue I will continue to reflect upon: a question of repositioning the research relationships to include this 'other' person, and an inclusion of personal responsibility and ethics in how we manage these relationships in cross-cultural research encounters, particularly in the field of HIV/AIDS.

4.5: Conclusion

Kim England (1993) has noted that fieldwork is inherently confrontational, in that it always exists as the purposeful disruption of other people's lives. This chapter has aimed to explore some of these disruptions, and my personal reflections on working with adults and children in KwaZulu-Natal. I began this chapter with a discussion of the particularities of researching with children, and the importance of balancing ethical challenges related to child 'vulnerability', while still being able to offer children genuine pathways to participation. An important aspect here was the issue of assent, where consent was gradual, emerging, and flexible. In this study, assent was critical, because although information sheets and formal consent forms were provided, adult-child relations and cultural norms rendered them less meaningful than I had anticipated. Such generational realities were a constant feature of the fieldwork landscape, where the cultural expectations of submissive children posed additional challenges for myself and my interpreters. A number of processes were utilised to mitigate these realities, such as changing the research location, earning the trust of both and adults through repeated visits, and the exceptional abilities of the interpreters to allow children to feel comfortable within these new relationships.

This chapter also explored my positionality and the issue of critical reflexivity in how I coped with 'disrupting' the lives of the families I was working with. I highlighted my gendered experience, as well as how my class and race were likely interpreted by my research participants. I relayed a personal account of crossing the researcher/participant boundary in order to explore the complex relationships that exist during the fieldwork. I also described my feelings of loneliness and the emotional difficulties involved when undertaking fieldwork in cross-cultural settings where long periods of travel are required.

The final section of this chapter explored the often-marginalised ethical

responsibility toward our research partners, and the emotional landscape of working with and *through* interpreters. My experience of working with interpreters in the context of HIV/AIDS has given me a heightened sense of responsibility for those who so often remain invisible in research reports and academic papers. I remain hopeful that there is space for these discussions, and for other honest interpretations and reflections of our research experiences, which will ultimately allow for more rigorous and reliable research.

The following chapter is the first empirical chapter of the thesis, exploring the nature and realities of a historically situated, generational understanding of the 'crisis of childhood' in the time of HIV/AIDS.

Chapter Five: Reconceptualising 'Crisis' in the Time of HIV/AIDS

The children of South Africa, particularly black children, are denied their *right to be children* (Brittain and Minty, 1988: no page number).

HIV/AIDS has forever redefined the meaning of childhood (Bauman, 2006: 56)

In contemporary discussions of childhood in the context of HIV/AIDS, 'impacts' have been completely decontextualised from historical processes, as well as the wider landscape of childhood: the epidemic has been 'exceptionalised' as the greatest threat to childhood, while marginalising the context of 'everyday' childhoods. In taking a generational approach to exploring childhood, what became evident is that the epidemic is part of a longer history of 'assaults' on family life and a wider landscape of childhood. This chapter reconceptualises the particular 'crisis'-dominated narrative within the discourse of 'children and AIDS' by historicising childhood, and placing children's life experiences within a broad landscape which includes poverty, violence, and 'other' everyday realities.

The first section of this chapter examines the significance of recurring 'crisis' narratives in South Africa, and builds the connection between the construction of childhood historically under apartheid, and today in the time of HIV/AIDS. The following two sections describe the landscape of endemic poverty and violence as experienced generationally in KwaZulu-Natal, and explores the continuing ways in which these issues 'thin' children's agency and life chances (Klocker, 2007). The final section reconceptualises 'crisis' by questioning how an understanding of the wider, and generational landscape of childhood may alter perspectives on what constitutes a 'crisis' in childhood. For whom is there a 'crisis'? Do children perceive their own childhoods to be under threat? Or have conditions of hardship reimagined childhood so fundamentally that crisis conditions have become normalised?

5.1: 'Crisis' in a Generational Perspective

In historicising the discursive landscape of 'children affected by HIV/AIDS,' what becomes immediately apparent is the recurring nature of public concern. The context of HIV/AIDS is not the first time Black South African children have been targeted and labeled as 'vulnerable' and in 'crisis.'²³

During the apartheid regime, academics and activists expressed considerable concern for children who were growing up in a repressive and violent society (Brittain and Minty, 1988; Burman and Reynolds, 1986; Hickson and Kriegler, 1991; Loening, 1981; McLachlan, 1986; Swartz and Levitt, 1989; Thomas, 1990). At an international conference in Harare, Zimbabwe in 1984 entitled *Children, Repression and the Law in Apartheid South Africa*, the following comments were made by Frank Chikane, Secretary-General of the South African Council of Churches and a vice-president of the United Democratic Front (UDF), a political party active at the time:

The children of South Africa, particularly black children, are denied their *right to be children*. Children in our country are violently forced by the conditions in the country to be adults before their time. They are put in a situation where they have to make decisions which are normally made by adults. They are forced to make choices which they should not make at their age. They are made to fight battles they should not be fighting as children. They also want to have a chance to be children and develop naturally like other children. They want to play hide and seek. They want to role-play mothers and fathers and play games like other children. Their normal and natural growth as children has been and is being violently disrupted, forcing them to be adults before their time. (Brittain and Minty, 1988: no page number).

During the 1980s, concerns were raised for children 'robbed of their childhoods' and their universal 'right to be children.' Such constructions were based on notions of childhood as a time for 'children to be children' which

²³ The 'crisis of childhood' is not presented as existing for all children in South Africa, but for those seen as most severely impacted by HIV/AIDS, Black South African children. This is not to say that the epidemic does not have profound affects on all children living in the highly affected nation, but in terms of the 'children and HIV/AIDS' discourse, there is a resounding focus within the academy, the international development community, and the media, on Black South African children.

entailed aspects of play and schooling, and not having to make 'adult'-like decisions, such as those related to safety, health, or work. By the early 1990s, a shifting discursive landscape emerged which aimed to highlight the potential long-term implications for such children who grew up without an 'appropriate' childhood: the term 'the lost generation' became commonplace (Hawthorne and Macleod, 1991; Max, 1991; Scheper-Hughes, 1994). During this time, two main issues emerged as pivotal to contributing to a generation 'lost.' The first was an assumption that exposure to violence would lead to a culture of violence, alienation and intolerance. Raised amidst political violence, it was greatly feared that township 'youth' would learn to see violence as morally acceptable, and would therefore readily employ violence in other contexts (Seekings, 1996). The second related to the politicisation of Black youth. During the 1980s, a large number of young people had boycotted or dropped out of school, been detained, or were living in exile. The 'liberation now; education later' slogan of the 1980s meant the promise of a generation who had not been formally educated (Bundy, 1991; Max, 1991). The following excerpt from *Time* magazine exemplified concerns, and was the first international news source to utilise the term 'lost generation' (Seekings, 1996):

The youth are emerging as apartheid's saddest and potentially most dangerous legacy: as many as 5 million young people, from their early 30s down to perhaps 10, mostly school dropouts who are unable to get jobs and unprepared to make constructive contributions to society (Hawthorne and Macleod, 1991).

Alienation, violence, and childhoods 'lost' came to define a generation of children: the oppressive landscape of childhood under apartheid became an 'event' through which the experiences of children were conceptualised (Kraftl, 2010). As the end of apartheid dawned, the 'lost generation' was defined by the status of 'youth,' rather than 'children,' despite the age of concern to be as early as 10 years. As Hall and Montgomery (2000) have argued, the term 'youth' is deployed in situations where children become a

'risk' to society, rather than 'at risk' themselves. Indeed, much of the moral panic surrounding the 'lost generation' was underpinned by anxiety for the future of the nation. For those concerned with the 'brutalising' of a generation, there was apparently little hope for the future:

If it is true that a people's wealth is its children, then South Africa is bitterly, tragically poor. If it is true that a nation's future is its children, then we have no future and deserve none . . . [We] are a nation at war with its future . . . For we have turned our children into a generation of fighters . . . (Percy Qoboza, editor of the mass circulation Black newspaper, *City Press*, in April 1986, quoted in Bundy, 1992).

For South Africa, the recovery of 'childhood' was bound to the reconstruction of society as a whole (Ndebele, 1995). The futurity of what childhood means to society was critical among activists, academics and policy makers: children were the heart of the problem for a conflicted nation: 'what they are, a nation will soon enough be, one way or another' (Burman and Reynolds (1986: xvii). In such conceptualisations, 'youth' were a threat, and part of the problem. The promise of the nation was held by 'the children', who as 'not yet youth', held the potential to alter the future of the nation, to 'roll-back' the corruption that had led to the problem with 'today's youth'.

In the time of HIV/AIDS, recurring discourses of 'crisis' permeate research and advocacy landscapes, with the epidemic creating an entire 'generation at risk' (Foster et al, 2004). The very term 'lost generation' has again been reconfigured, deployed in the era of the epidemic, particularly by the international media and NGOs (Chambers, 2006; Penketh, 2006; Pearce, 2003; The Zimbabwe Independent, 2009). Today, researchers, policymakers, activists, and the global media appear to be in the midst of collective amnesia for previous concerns about the 'state of childhood' in the nation. AIDS has been exceptionalised, without a discussion of what childhood 'looked like' before this most recent crisis.

Because childhood is constructed through discourse, those based on ‘crisis’ can be particularly powerful, inspiring fear, and engendering a desire in adults to ‘make a difference’, and policymakers to design programmes to mitigate the disaster. However, they can also be misleading, and serve to detract attention from ‘other’ issues, as well as the broader landscape of childhood (Richter and Norman, 2010).

In the context of the HIV/AIDS ‘crisis,’ assumptions of ‘lost’ childhoods have been decontextualised from historical realities. Prior to the advent of HIV/AIDS, the context of childhood in KwaZulu-Natal included institutionalised and systemic poverty as well as high rates of violence which collided with notions of ‘allowing children to be children.’ The following sections begin to reconceptualise ‘crisis’ by exploring the generational landscape of childhood. What did a ‘normal’ Black South African childhood look like prior to the advent of HIV/AIDS?

5.2: A Generational Landscape of Childhood Poverty

Slindile, now 32, was a child during the apartheid era. Her story was typical of the time, and suggests a continuity in family vulnerability that began long before she was born. In the 1960s, her family was the victim of forced removals.²⁴ Prior to this, her parents had lived in a rural area outside of the city, but when it was newly zoned for the construction of a white settlement, they were relocated to the newly-built township of Ntuzuma. Slindile’s mother Gladys, 65, described her initial response to the relocation: “ignorance is like blindness, we were so happy to move to a township.” While, the land they had previously lived on had provided the family with sustainable agriculture, when they were forced to move, Gladys and her husband did not realise they would no longer have access to land for cultivation: “we didn’t know that we would go without food... we thought since we were going to have running water and inside toilets we were going to have a happy life.” Before they knew it, the family had many additional expenses such as house and

²⁴ Laws such as the Group Areas Act 41 (1950), the Prevention of Illegal Squatting Act 52 (1951), and the Blacks Resettlement Act 19 (1954) were the basis for forced removals during the apartheid era. In Durban, Africans were accommodated to the north (KwaMashu in 1958) and south (Umlazi in 1962) bordering on and within KwaZulu homeland (Lemon, 1991). Nearly 70% of Africans were affected by the economic, social and psychological stresses arising from removals (Ibid).

electricity rates, and without the necessary income, found it very difficult to support the family. Like many other families at the time, forced removals left the family impoverished, and increasingly vulnerable. By the time Slindile was born, there were four other children in the household, and they were living in poverty. Slindile did not have a school uniform, (a luxury at the time), and the family was increasingly dependent on a neighbour whose charity provided them with something to eat. The family was further impoverished when Slindile's father was imprisoned during the 1980s. Slindile and her siblings were not able to visit him at all because of the cost of transport. By this time, Slindile had dropped out of school, along with most of her siblings, because although Gladys eventually found work at a cleaning company, it was only enough to survive, and she could not afford their school fees.

Slindile's story demonstrates the broader, structural processes of poverty that shaped childhood experiences under apartheid. Her family was typical of the time, in that they were forced to relocate from land where they had been previously able to survive, to an urban township where they faced increased vulnerability. Slindile's family became increasingly impoverished when her father was detained, and ultimately ended up in jail. One of her sisters became pregnant during this time, and the family depended entirely on a neighbour for their food security, with all of the children leaving school at an early age. Today, the three-generation family consists of 12 people, eight of which are children under the age of 16. Slindile's mother, Gladys, receives an Old Age Pension, but none of the other adults in the household receive any income, or are employed. Slindile has lost one sister and a niece to AIDS, and three children have been left behind. Poverty is an experience now shared by three generations of children, all of whom have their own concerns about how they will improve their lives. The Ndlela's poverty has not manifested as a direct result of HIV/AIDS, but has been compounded by the loss of potential adult income-earners from the disease.

Across rural and urban landscapes, the childhood histories collected in this study were marred by the structural challenges families faced under apartheid, where poverty was endemic:

My childhood was difficult because my siblings and I never had all our needs. Mom and Dad earned peanuts so we didn't have clothes or school necessities for that matter... that's why I left school (Liziwe, female, 33, Umzimkhulu).

Furthermore, poverty was a major obstacle in the attainment of education in the apartheid era. In rural areas in particular, rates of schooling were extremely low for those over the age of 50; not one of the 16 participants continued schooling beyond the age of 12, and two of the eldest participants were illiterate. The vast majority of children were forced to discontinue schooling because they were needed to undertake household chores, cultivate the land, or to herd cattle. Such activities became a constant interruption to regular schooling, often compelling children to repeat school years, or drop out altogether:

School was difficult for us because to our parents it wasn't a priority, we had to work in the fields first. When we got to school we would first get hit because we came late... I stopped prematurely because my grandmother didn't think that education was important, she just wanted us to herd cattle and plough on the lands (Thembi, female, 54, Umzimkhulu).

For children like Thembi, poverty was not the only barrier to attaining an education. The hierarchical structures of society acted to 'thin' the agency of children. Children lacked the power to make their own decisions, or to communicate their individual desires. What was good for the collective family was what was good for them as children, and there existed no possibility for disobeying elders (See chapter seven for a discussion of the nature of hierarchical generational relationships). Further, adults were acutely aware that the education available to their children was of poor quality, as the Bantu Educational System was "designed to ensure that the African people of South Africa were not educated beyond their perceived place in an apartheid regime" (Thomas, 1990: 438). Many adults reflected that the education they received was poor, and very few were able to pass final

exams which would have allowed them greater freedom and opportunity in the labour market of the time, or in today's post-apartheid economy.

In terms of continuity within the broader landscape of childhood, poverty is one of the most enduring features of life in KwaZulu-Natal. Although South Africa has undergone a dramatic economic, social and political transition in the last decade, many of the distortions and dynamics introduced by apartheid continue to reproduce poverty and perpetuate inequality. Indeed, the lack of improvement in living conditions was seen by many adult participants to be their greatest disappointment in the post-apartheid era. Many reflected that their own experiences of poverty had actually worsened in the decades since the end of apartheid, and a general dissatisfaction with the ruling African National Congress (ANC) party was evident:

The new government started ruling in 1994, prior to that we were under the government of whites ever since I was born. The black government does not work for us. If we could, we would take it back to the whites.
(Gladys, female, 70, Umlazi)

Adults reflected that rising costs of living, alongside a decline in employment opportunities made providing for their children very difficult. Thandazile, 45, like many other adults, felt that although there were problems in the past, life included fewer challenges than today: "We didn't have to pay rates and bills were not so expensive...everything is expensive nowadays...food prices keep going up (Umlazi)." Further, some adults reflected that it was increasingly difficult to raise children today, because families could no longer depend on livelihoods which were previously tied to agriculture:

Today's lifestyle is very different from ours. The olden times were better than today. Today, people are westernised...back then, it wasn't difficult to raise a child compared to today. No matter how difficult it is to find a job, we have to...because if we don't, we go to bed with a glass of water... In our times, we used to get corn from the garden and grind it in the corn machine to make mealie meal...and we could get spinach from the garden, so there was no starvation (Nomvula, female, 40, Umzimkhulu).

Researchers have argued that market-led, neoliberal economic policies in the post-apartheid period have accentuated social inequalities. In the years following the end of apartheid, the government retreated from an interventionist economic and social strategy to one that stressed growth through the market. Rapid trade liberalisation dramatically increased wage competition and placed sectors under great pressure, leading to increased unemployment (Bond, 2003; Hunter, 2006; Kenney and Webster, 1998; Nattrass, 2003). South Africa's official measure of unemployment has risen from sixteen percent in 1995 to 25% in 2010²⁵ (Bond, 2003; Statistics South Africa, 2010). Furthermore, in the last decade, a large part of the Black South African labour force became redundant because low levels of education precluded them from employment in the expanding service sector (Terreblance, 2002).

Today, South Africa has one of the highest rates of measured inequality in the world. In the past, being born into one of the four classified racial groups determined one's life chances and opportunities. While Africans constitute 77 percent of the population, 60% are classified poor. South Africa is characterised by a highly skewed distribution of wealth, extremely steep earning inequality, weak access to basic services by the poor, unemployment and underemployment, low economic growth rates, HIV/AIDS and an inadequate social security system (UNDP, 2010). Approximately 14 million, or 37% of the South African population is food insecure, or does not have regular and sustainable access to enough food of a good nutritional quality, that is both safe to eat and culturally acceptable (Coetzee and Streak, 2004). The vast majority of children live in poor families, with 75% of Black South African children living in poverty (Meintjes and Hall, 2009). Approximately 17 percent of the children in KwaZulu-Natal live in households where there is child hunger, and 42% do not have access to water on site at their homes

²⁵ An expanded measure of unemployment which includes discouraged work-seekers, puts unemployment at around 33% in South Africa (Statistics South Africa, 2008).

(Leatt, 2006; Proudlock et al, 2008). In KwaZulu-Natal, 41.5 percent of children live in households without an employed adult present (Meintjes and Hall, 2009).

For the families in this study, poverty was an enduring feature of the landscape of childhood. Twenty-nine percent of households reported no income at all, and were entirely dependent on the government welfare system (for a discussion of state support, see following chapter). In discussions of their life stories and everyday geographies, many children discussed the daily challenges of poverty. In particular, children utilised the photobiography project to demonstrate the poverty their family faced. Mthunzi, 10, of Umlazi, explained a series of photographs he took:

This one shows how our bedroom is overcrowded, our bed is small...we are so many and we have to squeeze everyone in... This picture shows that there are so many children here... then I took a picture of our kitchen. I wanted to show that we don't have the furniture needed in it. We have no table and chairs...I took a picture of our fridge to show that it is always empty.



Image 5.1: An empty refrigerator. (Mthunzi, male, 10, Umlazi)

Discussions of poverty also focused on the immediate geographic issue of housing security. When asked what he thought the biggest problem was that most people needed help with, a young boy in Umzimkhulu answered “people who don’t have houses” (Okuhle, male, 11). In Umlazi, Freedom, 17, took a series of photos to demonstrate the state of his home, which was lopsided and in need of repair:



Image 5.2: My home. (Freedom, male, 17, Umlazi)

This one....you see, sometimes when it rains, the rain destroys the wall. The mud becomes too wet and the wall falls. I am not safe at night, I prefer the day time. I thought it was going to rain today and got a bit worried...on Sunday the wall fell and the house is tilted now. I saw a hole and I think the wall will fall sooner or later....this is one of the holes in the wall, we tried to cover it with corrugated iron to stop the rain from coming inside the house....I took this one because we were sitting one day and one of the sticks got rotten and it fell and left a hole in the wall, the stick had worms.

Indeed, many houses we visited were in poor repair, and this did not go unnoticed by children. Mthunzi, 10, again stated: "since some of us sleep on the floor, I wanted to show that there is a hole in our door... snakes come in so we stuff blankets to prevent that."

Alongside discussions of everyday poverty, many children expressed a keen awareness of the challenges their caregivers faced, and demonstrated agency

in negotiating such realities. For example, Wendy, a 16-year old living in Ntuzuma with her twin brother and two younger siblings, spoke of how her mother was not able to afford all of their needs, such as school uniforms. As a family, they had decided that only two of the children would have uniforms, in this case her twin brother, and younger sister. She and her brother also often went to bed hungry in order to make sure that their younger siblings were fed. They were fed lunch through a school lunch program, and sometimes this was the only meal they could depend on during the day (for a detailed discussion of this family, see the Khumalo's in section 6. 6 in the following chapter). Thus, many children were not simply victims of structural poverty, but took an active role in the decision-making landscape, and often felt a collective responsibility for the challenges their families faced:

If maybe you come from a family that does not have much, as a child you must try to do some odd jobs to help support you family... sometimes it becomes hard to concentrate on school if your family is struggling (Freedom, male, 17, Umlazi).

Such responsibility was particularly evident in older children and young people, who were near completion of school and would soon be looking for full-time work to help support their families. In the case of Freedom, he already worked part-time in a local shop and helped his grandmother sell the brooms she made at home at the market. Despite his desire to continue schooling he was acutely aware of the financial pressures facing his family: "I don't think my family will be able to help me study further."

Like Freedom, many children hoped they would have well-paying and stable jobs, 'proper' homes, and cars in the future. Some children took photos of houses as symbolic of such desires: "I took this one because this is how I want my home to look like when I'm older" (Phezisa, female, 13, Umzimkhulu). Dreams of the future often entailed climbing out of poverty, "I would like to see my home not like this... I would like to see it beautiful, just like other homes" (Nokwanda, female, 10, Umlazi), and the ability to able to support

their parents and families, as they had been supported, “I want to be a doctor and to be able to spoil my mom” (Thuli, female, 14, Ntuzuma). Children often expressed how they would utilise their wealth in the future to help their families pay for things like school fees for younger siblings. Children were very aware of poverty within their communities, and wanted to find ways to help in the future:

I want to be a President because I am concerned about other people’s well being. I would build them proper houses. I would make sure people have everything they need” (Mzwandile, male, 10, Umlazi).

The context of endemic poverty ‘thinned’ children’s agency in terms of their life opportunities and ability to attain further education. Many children reflected upon such realities, and were aware of the challenges their caregivers faced. However, these realities rarely dampened spirits, and the vast majority of children spoke of hopeful futures, and their desires to contribute to their families, their communities, and the nation as a whole. As with their adult families, poverty did not define their life histories, but remained a constant challenge requiring navigation by caregivers and children themselves.

5.3: The Continuing Generational Context of Poverty

The World Health Organization defines violence as:

The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in, injury, death, psychological harm, maldevelopment or deprivation. (WHO, 2002: 5).

This definition emphasises both the physical and psychological dimensions of the term. Common features of violence include characteristics such as conflict, force, and fear which violate the dignity and rights of an individual (McKendrick and Hoffman, 1990). For children, violence may diminish life prospects in multiple ways, including their safety, their physical and mental health, and their capacity to learn and to socialise (Barbarin et al, 2001;

Lockhat and van Niekerk, 2000; UNICEF, 2006). Exposure to trauma and violence during childhood can also give rise to both revictimisation and intergenerational cycling of violence. In South Africa, many have argued that violence is now a normative part of everyday life, and certain forms of violence have become an acceptable way of solving conflicts, gaining and exercising superiority, and of punishment (Jewkes and Abrahams, 2002). A generational perspective of childhood demonstrates a continuing landscape of violence in KwaZulu-Natal, with notable differences in the characterisations of violence within childhood histories.

In terms of adult reflections of childhood, the historical context was dominated by the widespread experience of political violence. During the 1980s, there was prolonged and widespread resistance to the apartheid regime in Black South African townships. During 1964-86, many townships were re-constituted into what Walzer (1978) termed 'zones of terror'. Within these areas, relationships were structured around violence and fear. The immediate trigger was the implementation of a tricameral parliamentary system, which came into force in September 1984, and incorporated Coloureds and Indians, but excluded Africans. The South African Defense Forces (SADF) were sent into a number of townships, ostensibly to contain this violence. During 1985 alone, 35 000 troops were used in townships throughout the country (McKendrick and Hoffman, 1990). There is a great deal of evidence to suggest that the SADF directed violence against township residents during this time, and young people particularly. The Detainees' Parents Support Committee reported a pattern which involved soldiers picking children off the street at random, and holding them for several hours in military vehicles or in remote areas. Children later described being beaten with fists and rifle butts and even being subjected to electric shock treatment (McKendrick and Hoffman, 1990). Thousands of young people were forced to flee their homes with or without their parents, and even more had their

education totally disrupted, as schools became battlegrounds (Desmond, 1994).

In KwaZulu-Natal, township violence dated back to the mid-1980s when the Inkhatha Freedom Party (IFP) sought to consolidate its influence in the province against the growing support for the Congress of South African Trade Unions (COSATU) and the United Democratic Front (UDF), both aligned to the ANC (McKendrick and Hoffman, 1990). Many children were among those detained, injured, or killed. Others were forced to witness the brutal slaying of their loved ones, were harassed, bullied or tortured by members of the Security Forces who, in light of the Soweto uprising in 1976 considered young people to be an enemy of the state (Higson-Smith and Killian, 2000).²⁶ This period of violence was pervasive in participants' memories of parenting, as well as for adults who were children during this time:

There were soldiers killing people, there were cars patrolling. People were killed and there were groups fighting. If you were found in what a certain group called their territory, you were beaten up or killed (Bongekile, female, 50, Umlazi).

It was very unsafe, people got killed, we couldn't even sleep at night. The soldiers would try to control things, at night they would keep guard (Sithombe, female, 30, Umlazi).

Township families lived in daily fear for their lives, with adults reflecting on the insecurities they experienced as children, and some of the long-term implications for their life chances:

Because of the violence, it was difficult for us to go to school...some never finished school because of this. At this time, sometimes they (people in the community) used to burn houses. You would hear that someone had been shot, and we used to go and hide in the forests to hide from the violence... If my father was around, he used to run away because he was a target as a man (Eunice, female, 36, Umlazi).

²⁶ On June 16th 1976, the police opened fire on thousands of children during a peaceful protest against the educational system in the township of Soweto in Johannesburg. By 1977, according to an official commission of inquiry, at least 575 people has been killed, including 134 under the age of eighteen (Thompson, 2000).

Three sisters, all young girls at the time of township violence, spoke of their experiences in a group interview. Nana was around 15 years of age at the time when the violence erupted in Umlazi, the eldest child in a family of seven. She remembers that there were different factions fighting, and “they would come to the township and attack the boys and kill them.” Nana’s two elder brothers were sent to stay with rural relatives so they would be safe from the violence which was often perpetrated at young men and boys. Camangile, 11 at the time, remembered hearing shootings in other places, before the violence moved to their neighbourhood. The IFP would break into houses and “take the boys, forcing them to go and fight with the ANC. If you refused, you would be killed.” She remembered having to sleep in the forest surrounding Umlazi at night, leaving their house locked up in case bandits came and stole their few possessions. In later years, when Thandazile was pregnant, the police presence in the township grew, and she remembered that they threw tear gas into a crowd when she was trying to get to the shops.

As was the case with Nana’s brothers, a common coping strategy at the time was to send young men and boys, to live with relatives in rural areas (see chapter six for a discussion of ‘fluid families’). Sbongiseni, another participant who was a teenage boy during the violence of the 1980s, was sent by his parents to live in their rural home in KwaZulu homeland with his brother. For three years, the boys lived on their own, essentially as a ‘child-headed household.’ For those young men who did not escape the townships, very real threats were evident. Mavis, 70, an older woman in Umlazi, lost her son when he was 20 years old. The IFP had attacked her home because they heard she had a son, and because he was seen as old enough to belong to a political group, they demanded that he show them a membership card. When he could not prove that he was a member, he was taken away. After a week spent worrying, Mavis began to search for him, visiting the local morgues. Eventually she found him: he had been beaten and killed.

The community violence that erupted in Durban townships during the 1980s and 1990s affected children's lives in a number of ways. Widespread violence fostered an environment of instability, vulnerability, and fear. Children's schooling was disrupted, some were forced to migrate or hide, and adults found it difficult to access transport links to get to work, increasing their poverty and inability to care for their children. There was little evidence of agency for children in attempting to negotiate this structural landscape of violence, although some were able to escape and care for themselves in rural locations away from the threats of everyday life.

Although there have been significant changes, the landscape of violence in KwaZulu-Natal continues to shape childhood experiences. When reflecting upon safety and violence as a current social problem, the majority of adult participants in this study felt that violence and crime had increased significantly in recent years, and ultimately felt less safe than they had as children or parents under apartheid. While township violence created a period of time of severe insecurity, issues today such as gun violence, robberies, and rape were seen to be less common. Today, community violence was seen to permeate everyday life, becoming part of the landscape of childhood.

As with poverty, child participants often exhibited a keen awareness for the realities and challenges presented by community violence. Children were able to describe in detail episodes that they had witnessed:

Hloniphani: There is this guy I know, I can't tell you his name. He is into all sorts of crime, he is a burglar, he rapes, and has murdered people.

Mzwandile: This guy has been into crime so much he is literally now losing his sanity.

Hloniphani: That is a very cruel, heartless guy, I can not describe him properly...

Both: There is a gangster group, this group of friends with police officers

from around Umlazi. They are also friends with the magistrate. Hloniphani: I witnessed the thugs robbing a house nearby. A group of neighbours came out shouting, so the police friend pretended to arrest them. He let them go that very evening. Some children wanted to know where the criminals were being taken. The police friend simply told them he was taking them to Robben Island to hang them. This surprised me because death sentences were put to an end in South Africa (males, both aged 10, Umlazi).

In this sense, children were not simply victims of violence, but attained power in terms of their knowledge, and ability to navigate their surroundings and relationships. Hloniphani and Mzwandile discussed a variety of situations where they had witnessed violent acts, and were well aware of the perpetrators and where they lived. However, they were also aware of the limits to this knowledge, and their vulnerability in sharing it with the wrong people, for example the police who they felt would do nothing, and would simply cause more problems for themselves. Children were also actively engaged in managing their daily geographies so as to protect themselves from potential victimisation. For example, many children were aware of, and made distinctions between safe places and times:

I think it is safe during the day and unsafe at night... Its because a person cannot rob you well when there is light for fear he might be seen (Nomfundo, female, 12).

However, despite such knowledge and daily negotiation, many children expressed a general fear of victimisation, and did not always feel safe, even in their homes: "...I fear people breaking into our house...they would hit me and take whatever they could take" (Khanyisile, male, 9, Umlazi).

Furthermore, a gendered nature of violence was experienced and reflected upon by children. While young boys discussed bearing witness to robberies, and fear of house break-ins, young girls faced the significant threat of sexual assault and violence. In terms of the altering nature of violence, rape was repeatedly broached as a significantly new threat to childhood. For adults, especially mothers, there was a great fear of the threat of rape for their female

children. Young girls were repeatedly warned: “when we got back my mother scolded me, she said we should not go anywhere at that time because there is too much rape in that area (Thandekile, female, 14, Umzimkhulu). Mothers felt it was their duty to warn their daughters of the risks that existed in the community: “I told them about the 6-year-old who was raped and my sister’s child was also raped at the same age. I try to let them know of the dangers and to tell them to be really careful (Nomvula, female, 32, Umzimkhulu). Rachel Jewkes (2005) has argued that the rape of children is not a fringe activity of a small number of psychologically disturbed men or paedophiles. Influences on child rape include key aspects of the social context within which it occurs, such as cultural norms surrounding gender roles, parent-child relationships, the nature of the social welfare system, and the nature and extent of social protection and responsiveness of the criminal justice system.

In one instance, a mother had recently had to face this reality with her 14-year-old daughter, who had recently been the victim of a sexual assault in Ntuzuma:

...we were free as children. Today children get raped. My daughter Sne got raped and she had a difficult time coping. We were so carefree growing up, we used to play with boys in our panties and we never worried about sexual assault. My daughter was raped and I never even thought about rape as a child... she was raped by a street kid. He went away to live at the point road... he is a damned old man and he was just so cruel...(Cynthia, female, 50, Ntuzuma).

When we later interviewed her daughter Sne, we broached this topic with sensitivity, and asked a general question about violence and abuse. Sne did not choose to disclose her rape to us, but spoke of widespread abuse in the community, and how she works as a peer leader in her school. When she found out a child was being abused by her father, she was able to refer her to a particular teacher whom she trusted. Although a victim of abuse herself, Sne did not simply identify as a victim, but was a leader in her school, helping others find support. Although we did not discuss her rape, we were aware

that Sne was trying to press charges against the man who raped her, but he had fled the community. Her mother's anger and support acted to 'thicken' her agency, such that she did not simply remain the passive victim of her assault.

Both fears and actual incidences of rape were experienced across the research communities, in both urban and rural KwaZulu-Natal. For example, girls from Umzimkhulu expressed fears of rape and assault:

...on our way home we always meet up with a shepherd. There are men who drive a motor car, who come after children. They would call you, especially the girls and say "come here baby!" If you respond to their call then you are in trouble. Some girl once responded to their call, he quickly grabbed her, luckily she is very slim so she managed to slip out of his hands, she was crying and she ran for her life. The man got back into the car and they disappeared into thin air before we could take note of the number plate (Lumka, female, 11).

As with the boys who were previously discussed, girls were also aware of the threats around them, and expressed knowledge for how to avoid particular risks. As this case demonstrates, the girls felt that had they been quicker, they would have noted the license plate and notified the police of the perpetrator. As such, they were not solely passive to their dangerous environments, but felt empowered that there were things they could do to limit their risks, or to regain their safety by reporting such men in their communities.

Sexual assaults and rape were perceived by adults to be an increasingly prevalent (and new) threat to childhood, and for girls in particular, the possibility of such violence affected the ways in which they perceived their personal safety within their communities. Such violence 'thinned' their agency in terms of negotiating their everyday geographies. However, most felt that if they stayed in groups, did not roam the streets at night, and followed their mothers' advice, they would remain safe. Despite the awareness of risks, girls also felt that adults were able to protect them:

“there’s a guy who rapes children. At one point teachers would walk with us to our homes because we were so afraid (Zenande, female, 8, Umzimkhulu).

Furthermore, a number of boys and young men also mentioned rape as ‘the greatest problem for children’. Mfano, an 18-year old from Umzimkhulu, lived with his mother and three sisters. He was often left alone, and expressed fear and worry that something could happen to them while he was ‘on watch’. He felt protective, despite one of his sisters being older, and was often left as the caretaker when their mother went into town. Although young girls were often the victim of assaults and rape, the nature of fear and concern existed for both boys and girls, mothers as well as fathers.

In the domestic sphere, there was increasing awareness that abuse and neglect were serious and escalating problems for children: “I have seen it growing everyday...”(Gladys, female, 70, Ntuzuma). In Umlazi, a young mother elaborated:

There is too much child abuse... Children are neglected by their parents. I have also observed single parents who break up with the fathers of their children and find new partners. If the child is female, when the mother is not around the new partner sexually molests the child. Children will tell their mothers of course, but will be hushed because the mother in most cases is financially dependent to their partner...I have seen it happening, it happens around my community. Most women don’t talk about it... (Sindi, female, 24).

Such commentary was common when speaking to adults about child abuse at the community level. Many also felt helpless to interfere into the lives of other families if they suspected abuse:

There is one that I suspect is being abused... its very difficult because the child might tell her family. So it isn’t easy to help in any kind of way. If you said or asked something, it is that very child who would report you to their family (Slindile, female, 32, Ntuzuma).

In some scenarios, adults felt they lacked agency to act in the defense of children. There was a general feeling of helplessness, or that getting involved would cause further problems, often making the situation worse for the children concerned. Bulelani, 41, and a father from Umzimkhulu, knew of a case of child abuse, but did not report it because he felt that there was nothing that could be done. In the end, the family left the community. Upon reflection, he felt that if this situation occurred again, he would feel empowered to report it because there was now an active social worker present at the local hospital.

In one case, during an interview, a child spoke of her own ongoing child abuse at the hands of her mother:

Everyone here at home has told me that mom doesn't want me...I don't know, when I do something wrong, she beats me. She even uses the tv cable to beat me...One day she sent me to her friend's house. My friend came to visit me and she was telling me about her sister's death. I sat there and listened to my friend and completely forgot what I had been sent to do. My mom got home and asked me if I had been to Pink's house. I told her I had forgotten and she seemed to understand. Then at 3am the following morning she started hitting me with anything in sight, shoes and the tv cable (Andile, female, 15, Umlazi).

For children such as Andile, there was a complete lack of power in this generational relationship. Andile had tried to talk to her sister, as well as her other family members, but there was nothing she could do.

Today, violence is a continuing phenomena shaping the landscape of childhood in KwaZulu-Natal. A number of researchers have explored these topics in far greater detail (for example, Benwell, 2008; Parkes, 2007). Violence continues to shape children's lives, as they are aware of violence, live in fear of violence, and have themselves witnessed and been the victims of abuse and rape. Although violence continues to be an issue of concern for academics and policymakers, these are often marginalised in discussions of HIV/AIDS. This section has demonstrated that violence is both an enduring feature of

childhood, but one which is seen by children to be especially concerning in their everyday lives. In order to reconceptualise the place of HIV/AIDS in childhood experiences, the landscape of childhood must also include a discussion of violence, abuse and rape.

5.4: Whose 'Crisis' in the Time of HIV/AIDS?

Discourses centred upon 'crisis' are by their very nature powerful and deliberate, 'deployed' with the intent of evoking emotion, as well as action. However, constructions of 'crisis' tend to be rooted within Western ideals which promote childhood as a time 'for children to be children' (who play, attend school, and live without poverty, violence, etc). When childhood is not protected as such, children are 'at risk,' and 'in need' of (adult) action. Historically, childhood was marred by poverty and violence, such that the very essence of 'childhood' was 'at risk' or in 'crisis.' Today, there is a generational continuity of 'crisis' discourse, alongside particular conditions that are seen to make children vulnerable. Inherent within these discussions are assumptions about the nature of what places children 'at risk', and a general marginalisation of how children perceive their own landscapes of childhood.

In this section, I explore the notion that historical continuities of 'crisis' conditions have become part of the 'everyday' landscape of childhood. Indeed, it may be argued that the process of normalising such conditions is itself an act of coping, or resiliency, in how children construct and perceive their environments. The primary issue that I explore in this section is that of loss, and the ways in which adults and children perceived loss, the value of life, and their own mortality.

In this study, explanations of loss had become entirely straightforward during interviews. Such realities had not created a 'crisis' in the ways presented within publications and the research record: loss had become 'normalised' for

many, and part of the 'everyday'. Historically, childhood histories were marred by family loss and death, namely due to working accidents, community violence, and also a large number of children who died as infants and toddlers. A number of adults were also orphaned themselves as children (see chapter six for historical profiles of 'orphans'). For the majority of adult participants, experiences of loss are an enduring feature of their lives.

In descriptions of participating household profiles, HIV/AIDS did not necessarily dominate causes of death. Throughout discussions of family histories, 'other' violent deaths were more commonly attributed to family losses.²⁷ For example, in a household profile in Ntuzuma, Cynthia, 50, lists the number of deaths in her family: first was her son who died last year after being stabbed. Another daughter was struck by lightning, and died with her grandmother. Her last daughter that passed away was thought to have been bewitched and poisoned. In Umlazi, Thoko, 53, also described a series of violent deaths in her family: first was her son who drowned in the local township swimming pool, second was a son who was shot after possibly getting into a fight while being robbed. In two other cases of extended family members who used to reside in the home, an aunt was thought to have committed suicide, and an uncle was stabbed and shot. Family losses were also attributed to car accidents in a number of cases.

However, deaths associated with HIV/AIDS were also evident due to the nature of the epidemic in the study communities. Some adults spoke frankly of HIV/AIDS as the cause of death:

Nombuso's mother was HIV positive and then she got ill. She couldn't

²⁷ In the Durban area, interpersonal violence, homicide and suicide are heavy contributors to death rates, particularly among people aged 15 to 44 (Medical Research Council, 2007). South Africa also has high rates of motor vehicle and industrial accidents, and unnecessary death related to other diseases, all of which children witness within their environments.

urinate on her own and her womb had severe problems. She was catheterised in hospital and she waited for an operation. When she was to be operated the doctor said she was too weak. Then after that she had seizures for three days and passed away... all within a week (Cynthia, female, 50, Ntuzuma).

Other participants described causes of death that were likely attributable to HIV/AIDS, such as tuberculosis, 'insanity,' poisoning, stomach pains, asthma and other respiratory problems, and vomiting. The sheer scale of loss experienced by families tended to give the impression of 'death as normal,' where loss had altered the landscape of life expectations. For example, adults made reference to the effect that young people are not likely to live a long life: "They are dying a lot at 16, 17, 18, 19 and 20. A lot of children today will not reach 20..." (Rose, female, 61, Ntuzuma).

For children, the endemic nature of loss had led to an altering landscape of life expectations and an increased awareness of mortality. For example, Nthokozo, 15, from Umlazi, took a series of photos with his older brother Mbuso, 18, and young niece, Anele, as evidence of the care she received from a man in her life. Originally, we assumed this picture simply demonstrated the caring relationship between Mbuso and Anele, but the explanation given for these photos signified much more. Nthokozo reflected that his photos would serve as 'evidence' for the future, should Mbuso not survive into further adulthood:

I wanted my niece to see this photo of her uncle so that she can see – 'you had an uncle, and he was very fond of you. He wanted the best for you. Because life is too short. If he does not live, she should know that she had an uncle who loved her very much.

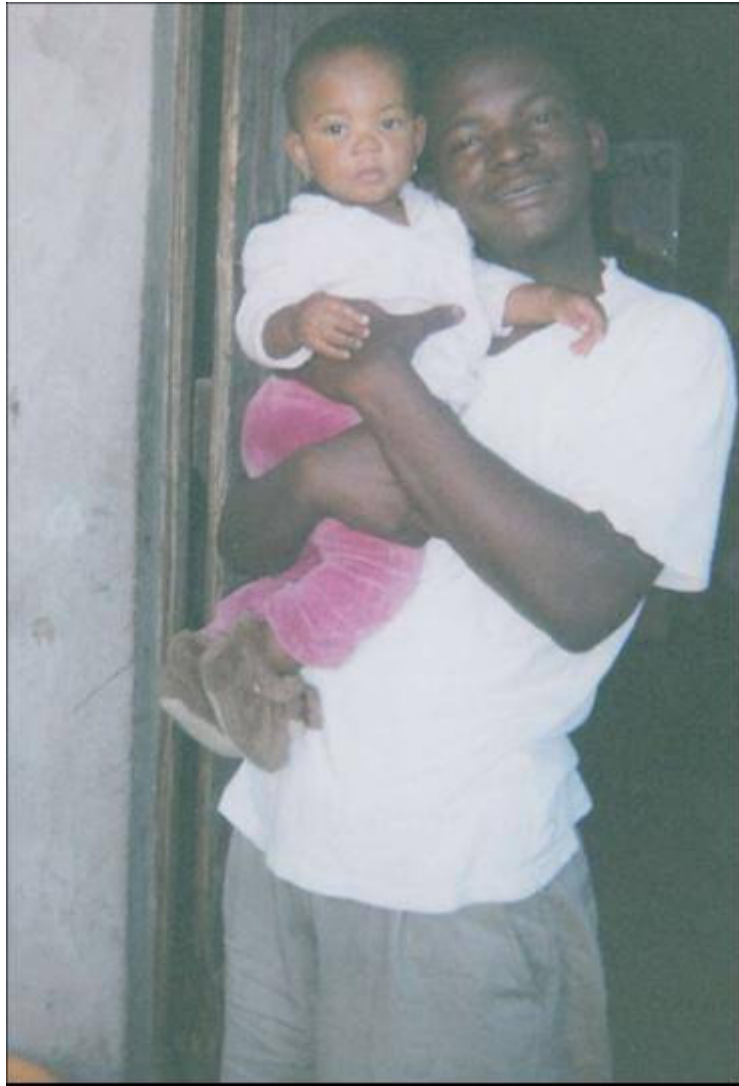


Image 5.3 : My brother and niece (Nthokozo, male, 15, Umlazi)

Despite the fact that Mbuso was not HIV-positive, the realities of violence, HIV/AIDS, and fatal accidents loomed in the background of life for young men in the townships:

...the second one is of my brother carrying her up. It is symbolic of lifting her up, to be something big. Life is too short these days, you can be hit on the road, have an enemy who stabs you, or get HIV.

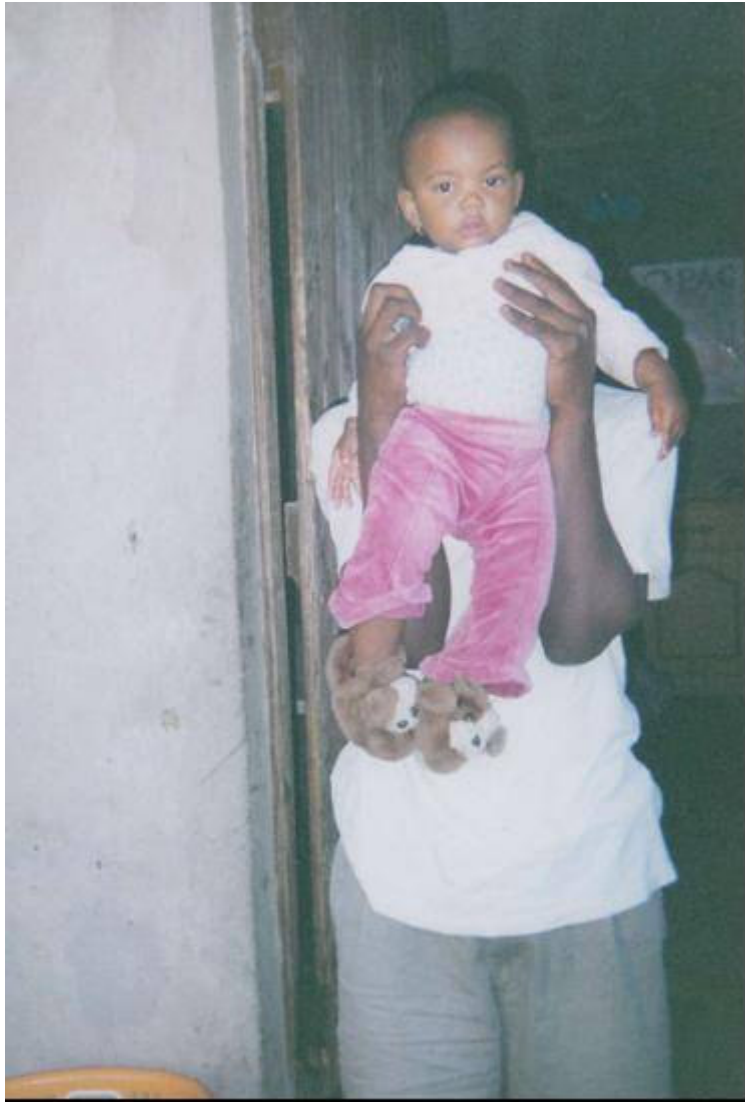


Image 5.4: He lifts up my niece (Nthokozo, male, 15, Umlazi)

Further insight was later gained into Nthokozo's story, as he explained the many funerals he had attended, and losses experienced during his youth:

I have been to 7 funerals, I have had to bury three friends. The first got into a fight over a girl with a boy who had a grudge against him. The guy stabbed him to death. The second was drinking in a tavern and it was being robbed. He was trying to escape and he got shot and died on the spot. The third one was at a bus stop and a car lost control, two got injured and he unfortunately died.

For children, comments suggested a keen awareness of their own mortality. Death was common, could come from anywhere, and they themselves may not live to see old age: "I want to be as old as my grandmother...but then

again, I could die at anytime, I could die at 15, one can never tell''
(Mzwandile, male, 10, Umlazi).

In the following discussion Aneziwe, 14, explained that she would like to be a doctor when she grows up. When asked if she perceived any barriers to achieving her goals, we expected her to note the potential financial difficulties, or the qualifications she would need to obtain. However, she described other potential challenges:

If it happens that I become too fond of boys and have sex without a condom...Then I could also get hit by a car. I can also get HIV if I'm very unfortunate and I am raped...I could get it even if I use protection. Sometimes the condom bursts and one can get infected that way. You can also get HIV though sharing sharp objects like a blade
(Umzimkhulu).

Aneziwe did not live in a house that was highly affected by HIV/AIDS. Her uncle had tested positive, but her mother, father, and aunts were all negative, and her uncle was healthy and on HIV treatment. It was not clear why she felt that she was at such high risk, or that knowing potential risks, she felt that she would not protect herself in the future. It was clear, however, that the epidemic had altered the landscape on which thoughts of the future were formulated. For Aphindiwe, 13, the reality of parental death was a distinct possibility. Here she described a photo she had taken of her sister, someone that was important to her:

This is my sister...She is important because if my parents were to die, she would be the one who would take care of me. She is older, she and my older brother...I'm afraid they might die when I haven't finished school. I'm scared nobody would take me to school. I think about it because there are so many children out there who don't have parents
(Aphindiwe, female, 13, Umzimkhulu).

In this case, Aphindiwe's mother was not ill (with AIDS or otherwise). That parental loss was commonplace had altered the way she perceived her future vulnerability. Aphindiwe later reflected upon HIV/AIDS in other ways. For

example, she described her fears of taking HIV-medications correctly, something that had no current bearing on her life, "I'm afraid if I had it I would not take the medications correctly. I would keep forgetting, then the medication would not help me much and I would die too soon." Once again, it was not totally clear why she tended to focus on these issues, as she lived in an 'unaffected' household. However, this once again points to the endemic nature of the epidemic as a feature of childhood in KwaZulu-Natal.

The loss of adults had ultimately led children to discuss the topic in everyday conversation. For two girls in Umlazi, the frequency of parental death had led them to enquire about the living status of parents in casual conversations with friends: "My friends ask me about home and I ask them questions...I ask them if they have parents, and they answer me. They ask me the same question" (Nomfundo, female, 12). Ultimately, death had become somewhat normalised in terms of its frequency, and children reflected on this nature in terms of funeral attendance. In a discussion of her hopes for the future, and why she would want to leave Ntuzuma, Sthandwa, 12, elaborates:

I want to go live somewhere else, I'm tired of this now. Yeah...its just become boring for me, you know, nothing nice or exciting happens anymore, nothing like 'oh this person's getting married' - its just like 'oh a person just died, a person just died...' That's the only thing we get (Sthandwa, female, 12, Ntuzuma).

So what does the preceding discussion tell us about childhood in the time of HIV/AIDS? Is it 'normal' for a child of ten to reflect that he could die at any time, that 'one can never tell'? The following excerpt from an NGO that works with bereaved children and families in KwaZulu-Natal offers further insight:

I don't know how you can say death becomes normalised, but you know what? ...I think that... how would I put it? For people to cope with the amount of death and loss, in a lot of ways you have to choose not to deal with it... On the weekends you go to church, you go to funerals, or to several funerals So in some ways people are...it's the rhythm of life....you know what I mean? So like every weekend you cook for 250

people...and...and.... and there are the close few who are directly impacted by that, but I don't fully know that you can emotionally keep engaging with that issue... every weekend and it be the way you define your life....so I don't know what normalised means?

These reflections draw out themes such as acceptance and coping. In research on life expectations of youth in Cape Town, De Lennoy (2008) argues that taking the possibility of death into account becomes a coping mechanism for dealing with daily insecurity. In this study, although loss had seemed (on the surface) to be somewhat 'normalised' in the sense of its 'everydayness,' this may not be the same as death becoming acceptable, or even tolerable. It is unclear whether adults and children were striving for normality, or in attempting to control their circumstances, the usage of unexceptional language had become increasingly common. It may also be that normalising such conditions is part of coping, and therefore part of the path toward resiliency in the face of adversities and loss.

Here, the approach taken of examining childhood within a historical perspective was useful in reconceptualising 'crisis' and 'normalisation.' It could be argued that where historical violence was institutionalised, it was fought against, and where violence and poverty are currently experienced, levels are considered unacceptable, which is why such issues were broached as severe challenges in daily life and at the community level. However, is it possible that over generations, the value of life has decreased so much that to talk of loss in exceptional ways was no longer appropriate, or the norm? At the end of the apartheid era, Ndebele (2005: 330) expressed concern for the 'end of childhood' based on this perceived loss of innocence:

What can we expect of children who have witnessed the death of parents; who have seen people being stoned, hacked with pangas (machetes) and burnt to death; who have themselves been the direct targets and victims of this violence; and who have sometimes participated in these gruesome acts?... Effectively, we have witnessed *the end of childhood*. In a society *without* children, can there be a concept of innocence?... For adults confronted with all kinds of pressure, childhood

innocence offers the possibility of refuge and redemption.

It could be argued that over generations of loss, and through the endemic nature of the HIV/AIDS epidemic, children have lost their 'innocence,' and yet are arguably 'too young' to be reflecting upon mortality. What does this entail for notions of idealised childhoods in which such a reality should never exist? The understanding of death for the children in this study was based on the complex lived realities which included an almost daily confrontation with premature deaths caused not only by HIV and AIDS, but also by crime, accidents or witchcraft.²⁸ This context is further embedded within a historical landscape which has exhibited repeated loss for decades (and arguably throughout the centuries of colonialism prior). This discussion may ultimately offer an alternate way of conceptualising 'crisis' within wider landscapes and historical realities.

5.5: Conclusion

The generational approach taken in this study demonstrates the need to critique conventional approaches to the study of childhood which have exceptionalised HIV/AIDS at the expense of wider landscapes and realities. Generational 'events' such as the violence experienced under apartheid, as well as HIV/AIDS bring concerns for childhood to the fore, whereas 'everyday' landscapes such as poverty and abuse receive far less attention. Further, what matters most to children may be issues such as bullying or caregiver alcoholism, and not HIV/AIDS, or even violence.

In 1994, after a multi-year research programme driven by the 'lost generation' discourse, the South African Human Sciences Research Council (HSRC) posited the following: does South Africa have a 'youth crisis'? The short

²⁸ Ashforth (2005) has argued that in post-apartheid South Africa, without 'the system' to blame, witchcraft is increasingly considered the source of many difficulties, particularly the HIV/AIDS crisis and the mounting death toll. However, within discussions with adults and children surrounding loss and death, witchcraft was infrequently mentioned, and rather than there seeming to be a 'crisis' related to witchcraft, as discussed, such loss had become normalised, and was not described by 'crisis' narratives.

answer to this question was ultimately:

No. ... There is no 'youth crisis' as such, but a range of intractable problems within which young people find themselves and that should be addressed in policy (Slabbert, 1994: 26).

Indeed, despite a pervasive discourse of 'crisis' in the 1980s, and of a 'lost generation' in the 1990s, research at the time found that there was no 'crisis,' such as was perceived at the time. Young people went back to school when the ANC took office, and although aspects of violence became somewhat normalised in society, there was nowhere near the alienation predicted nor the extent of violence that had occurred in the 1980s and 1990s. In this study, adult histories of childhood were marred by poverty, and violence, but none reflected on a 'childhood lost.' Indeed, many felt they had positive childhoods, and perceived the current situation under the democratic government to have worsened. Ultimately, structural processes such as poverty and violence continue to coexist alongside HIV/AIDS, such that Slabbert's (1994) comment on young people finding themselves in a situation of 'intractable problems' has continuing resonance. In exploring contemporary childhoods, this chapter demonstrated a continuing landscape of childhood in KwaZulu-Natal characterised by 'other' aspects, alongside HIV/AIDS, working to (un)exceptionalise HIV/AIDS.

For children who grow up in the time of HIV/AIDS, on a landscape which includes endemic poverty and widespread violence, what do children perceive to be the greatest problems for children in their communities? In this study, a large number of children stated that they had no problems, and that children in their communities did not face *any* challenges. This was an important finding in itself, because the initial question pointed to an assumption that children faced *many* problems, and a perception on my part that these would simply be prioritised based on individual experience. However, many children expressed that there were none within their communities, or that children couldn't have problems, as challenges were

really an adult concern:

No child can say they have a problem at a young age...A child can never have problems. Only adults can say they have a problem and need assistance, a child- no (Sfiso, male, 15).

Additionally, a number of children pointed to 'other' challenges, such as bullying, accidents such as fires in rural areas or car accidents, or issues related to drug and alcohol abuse. There was very little consensus among children for 'the greatest challenges' they faced, but very few pointed to poverty, violence, or HIV/AIDS specifically, despite these issues emerging within discussions of their 'everyday' landscape of childhood. For the 'AIDS generation,' there does not appear to be a crisis in terms of conventional conceptualisations made by the media, researchers, international organisations, and policy makers. However, this altering landscape or 'normalcy' may have implications for issues such as the prevention of HIV for young people, or support programmes for bereaved children. It is certainly an issue that requires further research.

The following chapter continues the debate of childhood 'in crisis' with a discussion of the particularly dominant 'crisis of care' discourse in the time of AIDS, and once again offers new insights into the dynamics of child care in KwaZulu-Natal by approaching the issue from a historical, and generational perspective.

Chapter Six: 'Crisis' and the Dynamics of Care in the Time of HIV/AIDS

Is the South African family in crisis? Has apartheid caused so much strain that it has weakened the basic bonds of society? (Burman, 1996:585)

At the root of the problem is the near total devastation of the social fabric of the vast majority of the South African population (Ndebele, 1995: 326).

Worst of all, the backdrop includes HIV/AIDS, the impact of which manifests itself in the breakdown of extended family safety nets, orphans' consequent loss of a protective family environment, and widespread child-headed households (Mushunje, 2006: 115).

In studies of childhood, care is important because it represents a critical time in terms of physical, cognitive and social development (Kuo and Operario, 2009; Richter, 2008). Care is culturally defined, varying according to time and place; care is both a practice and a disposition that involves taking the concerns of and needs of others as the basis for action (Tronto, 1993 in Becker and Evans, 2009). In the context of the HIV/AIDS epidemic, child care arrangements are perceived to be at risk, with researchers and policymakers positing the potential (or in some cases existence) of a 'crisis in care', and questions surrounding the nature and adequacy of child care are at the forefront of HIV/AIDS agendas. (Aspaas, 1999; Ayieko, 1997; Foster, 2000; George et al, 2003; Guest, 2003; Kaleeba, 2004; Oleke, 2006; UNICEF, 2004). However, once again, a historical approach finds that the current 'crisis of care' discourse presents a recurring narrative, because 'crisis' within the family has long been of concern for Black South Africans, with children the 'ultimate victims' (Jones, 1993; Ramphele, 1993).

Historically, the country's system of migrant labour was seen as responsible for fragmenting, 'ravaging' and ultimately 'decimating' the African extended family (Burman and Reynolds, 1986; Burman and Preston-Whyte, 1992; Jones, 1992). Not only was this system destructive to family life, but the impacts on childhood were envisioned as severe, and long-lasting:

Such a situation of the discontinuities of experience between children

and their parents or grandparents rob the younger generation of the role models so essential for the transmission of values and experience which have been found useful for dealing with their world (Burman and Reynolds, 1986:11).

Again, the theme of futurity emerges, as concerns focus on future adult lives, and the impacts of social conditions on the future of community life.

Overarching narratives such as “the extended family of yesteryear no longer exists to absorb the stresses...” (Loening, 1981: 3) could be reinterpreted and repeated in today’s discourse of ‘crisis in care’ in the context of HIV/AIDS. Such repetition in discourse reminds us that in order to understand care dynamics in the time of AIDS, an understanding of the historical roots of family relationships and disruption is necessary. Because the epidemic is among a plethora of structural processes that have shaped contemporary African families, the effects of the epidemic on family and household demography can not easily be isolated from other demographic, social, economic and political determinants. I follow Hosegood et al’s (2009: 37) recommendation that “one needs a sense of a counterfactual ‘benchmark household living arrangement’ to avoid misattribution of patterns to the impact of HIV and AIDS.”

In approaching the issue of child care with an understanding of the recurring nature of narratives of ‘crisis’ within such discussions, this chapter places child care within generational, everyday contexts. The aim of this chapter is to historicise, and contextualise ‘everyday’ child care arrangements, in order to inform explorations of dynamics of care within the time of HIV/AIDS. Within such discussions, children’s agency is explored, as children are conceptualised as decision-makers and active participants in their own caring landscapes. Further, the resiliency of the extended family is highlighted as a critical feature within dynamics of child care.

This chapter is divided into five main sections. The first historicises ‘fluid

families' and the nature of child care, utilising adult memories of care to describe the dynamics of care, and particularly the gendered nature of child care. The following section explores continuity and change within this caring landscape for today's children, highlighting the continuing gendered nature of care. The subsequent section explores the role of children as carers in a generational perspective, before moving on to a discussion of agency and the spaces of caring. By framing the issue of a 'crisis in care' within historical and 'everyday' parameters, I then reconceptualise care in the time of HIV/AIDS by engaging particular childhood and family histories, demonstrating continuity and change within notions and experiences of 'orphanhood' and 'OVCs.' Lastly, one of the central changes within care dynamics was found not in resulting children's living arrangements in the context of HIV/AIDS, but in the state's emerging (and I argue, primary) role in child care within contemporary, democratic South Africa. This topic is taken up at the conclusion of the chapter.

6.1: Historicising 'Fluid Families' and the Nature of Child Care

In African culture a child is always someone's child. Children do not belong to the immediate family but also belong to the entire community (Thembele, 2002: 27).

Under colonialism, and later advanced during apartheid, Black South African childhood came to be characterised by high levels of domestic disruption, parental migration, frequent separation from biological parents, and residence with non-parental caregivers (Bonner, 1990; Case and Deaton 1998; Siqwana-Ndulo 1998; Walker, 1990). The impetus for significant political, economic, and social change was the discovery of gold near Johannesburg in 1886. From this point in history, the relentless demand for cheap labour resulted in the institutionalisation of enforced labour through various colonial policies (Terreblanche, 2000). A primary example of these was the Hut Tax, a per hut or household fee which had to be paid irrespective of agricultural yield, which forced increasing numbers of households to turn to wage labour (Posel, 2001; Walker, 1990). Such policies, alongside the creation of rural reserves

and increased restrictions of movement, established a pattern of oscillating adult migration between places of employment in 'white' South Africa, and rural homes in the periphery (Murray, 1981). These spatial interventions also fostered a new set of gendered migration patterns, and contributed to an increased complexity within household organisation (Niehaus, 1994; Platzky and Walker, 1985; Van der Vliet, 1991; Van der Waal, 1996). Women often became *de facto* heads of households, depending heavily on financial remittances from husbands and family members employed elsewhere (Leibbrandt et al, 2000; Posel, 2001; Spiegel et al, 1996).

Childhood histories from adults in this generational study reflected a significant geographic character in terms of the gendered nature of households, with those growing up in rural versus urban areas expressing varying residential patterns with biological parents, and extended family members. Within rural histories of childhood, a general outward trend of father's migration was evident. A number of childhood memories were thus typical, in that fathers migrated to work in the cities of South Africa, and only returned home once or twice a year during holidays:

My father worked in Joburg in a steel firm... The only time we got to see him for longer periods was when he was on holiday during the festive season, December time...we missed him very much because we had a nice time when he was around (Zwelindizima, male, 29, Umzimkhulu).

Despite the prominence of male migration within the historical record, and among participants, childhood histories also demonstrated diversity in terms of the residential status of fathers. For example, a number of participants in rural areas reported that their fathers had never migrated, but remained resident, and located work locally. Typical work included traditional healing, work in the agricultural sector, domestic work in white households, and work at the local hospital such as domestic, security, and administrative work. In these situations, fathers played important roles in providing for their children, although most reflected that female caregivers provided the bulk of

'everyday' care in terms of bathing, cooking, and emotional care and support.

In the vast majority of rural childhoods, mothers were reported as primary caregivers, with very few instances of outward migration. This is most likely because women's labour migration was still relatively rare during the first half of the 20th century in KwaZulu-Natal. In Durban, the domestic worker industry was dominated by men rather than women until at least the 1940s, when a shift in labour patterns occurred (Freas-Smith, pers. comm., 2008²⁹). There is also evidence from interviews that internal conflict surrounded women's work and migration, as Bongiwe, 54, reflected in relation to her mother:

My dad worked, women weren't allowed to work, they had to look after their children and their homes. He worked in Durban for a firm ... My mother would go to Durban but she and my father would fight because back then a woman was to stay home and take care of things there.

Despite such early limitations, by the latter half of the 20th century, women's migration had increased significantly (Bozzoli, 1991; Freas-Smith, pers. comm., 2008; Spiegel et al, 1996; Spiegel, 1986; Ramphele, 1993; Ross, 1993; 1996). In KwaZulu-Natal, women increasingly found it difficult to survive on unstable remittances, and there is some evidence to suggest that early migrating women in the province may have been abandoned by their husbands, or widowed (Freas-Smith, pers. comm., 2008). As such, women migrated to cities such as Durban and Johannesburg in order to find work in the domestic worker industry, which had shifted toward a preference for female workers by the 1940s. In terms of residential patterns, the nature of such work meant that women often had little choice but to leave children behind in rural homes, fostering a further shift in family relations, living arrangements, and child care. Where in previous decades fathers had migrated, and children were left in the care of their mothers, increased levels

²⁹ Erin Freas-Smith is a PhD Candidate in the History department at the School of Oriental Studies, University of London (SOAS) researching the gendered history of domestic work in KwaZulu-Natal in the 20th century.

of migration among young women led to the emerging (and sometimes primary) role of the extended family within child care. Indeed, a further gendering of care emerged, as women, particularly grandmothers and aunts, were increasingly left to care for children in the rural periphery. In 1955, it was estimated that 36% of Black families were headed by single women. By the 1980s, 60% of rural and 30% of urban families were headed by women (Liddell et al, 1991).

Researchers such as Burman (1986) have argued that this lack of co-residence between children and their mothers often led to 'serious dislocation for children.' However, such commentary tends to marginalise traditional notions of 'family' within Zulu culture, where the term had meaning beyond a biological mother, father, and children. Prior to the advent of migration, children grew up with many relatives who shared responsibility for their care. Fluid patterns of child care were organised on ideals of reciprocity, where responsibility towards kin was a lifelong obligation, and an 'ethic of care' emphasised interdependence (Bozalek, 1999). Upon the rise of the migratory labour system, the very nature of the African extended family as 'stretched,' 'fluid,' 'contingent and hybrid' meant that it was able to provide consistent and sustainable care for children (May, 1996; Neves and du Toit, 2008; Ross, 2005). In this study, adult participants often reflected on the significance of care provided by the extended family in rural areas, primarily women and grandmothers:

Grandmother, my mother's mother took care of me... we were close, she loved us very much. Mom worked in Joburg and grandmother raised us, she taught us about life... My mother came home twice a year, during Easter holidays and Christmas holidays. During school holidays we went to visit her (Nodumo, female, 31, Umzimkhulu).

Indeed, adults emphasised security with such care arrangements, in part because the extended family had always taken part in the care of children, and also because such arrangements had been normalised by the high

prevalence of adults who migrated during their reproductive years. However, while the majority of the 20th century necessitated that children remain 'behind' due to rigid restrictions on African movements and enforced residence in rural reserves, by the 1970s and beyond, families, including children, also migrated to cities, and found homes in newly-built urban townships (Thompson, 2001). Although there is evidence that families had been living in squatter camps and within the city limits of Durban in prior decades, it was not a common experience, and I could not locate adults who had grown up in these settings. For those adults who did recall urban childhoods, varying patterns emerged in terms of their child care.

First, a number of childhoods reflected co-residence with both biological parents, as both fathers and mothers were able to work locally. Fathers were reported to have worked in factories, as gardeners, security guards, police officers, or in grocery shops. Because most of these men worked locally, they were able to return home in the evenings, and many reflected upon strong memories of childhood with their fathers. Additionally, where mothers worked as domestic workers in the city, the extended family took on primary caregiving roles. In some cases, this entailed day-time care because mothers returned home in the evenings, but in other instances where women were unable to afford weekly visits, or their employers would not allow them time off, the extended family took on primary caregiving roles. In such situations, women would normally only return home at month's end.

The care story of Sbongiseni, a man from Ntuzuma, now 30, exemplified the fluid and reciprocal nature of child care within the urban landscape. For most of his childhood, both of Sbongiseni's parents were employed- his mother as a domestic worker and his father in a factory. When we discussed his care as a child, he described a reciprocal family arrangement whereby most of the time, there was a relative from his maternal side present within the family home. For periods of time of between a year or two, a relative would come from a

rural area to stay with his family, providing care for the children during the day. When asked how these decisions were made, Sbongiseni stated “what happened is they came to live here to look for work. Once they found work, they got their own place and another one would come.” The urban household provided a place to sleep and the ability to look for work. In the meantime, and in return, the newest family member to arrive would help with child care, and the keeping of the home. When that person found work and moved out, a new relative would migrate, offering sustainable child care and equally beneficial arrangements for the migrating adult. Ultimately, when mothers were not working, they were primary caregivers, and when they did, child care was left to the extended family which had remained intact on the urban landscape.

The Decline of Marriage

In terms of historical child care dynamics, the decline of marriage as an active institution has been significant in characterising childhood experiences (Burman, 1986; Locoh, 1988; Preston-Whyte, 1978, 1993; Simkins and Dlamini, 1992). In pre-colonial South Africa, the centrality of the institution of marriage was evidenced by the existence of marriage alliances between lineages (Kalule-Sabiti et al, 2007). Central to the process of marriage was *ilobola* or bridewealth, which consisted of the passing of a sizable gift in money or cattle from the groom and his family to the father of the bride (Preston-Whyte and Zondi, 1992). As a result of the migratory labour system which created inherent complexities in relationships between men and women, alongside women’s emerging role in the labour market, researchers have argued that marriage has been in decline since as early as the 1970s in KwaZulu-Natal, and much earlier elsewhere in South Africa with varying histories of labour migration (Preston-Whyte, 1978).

The childhood memories of adult participants reflected the instability and lack of enduring nature in parental relationships. For example, although

adults lamented the current state of teenage pregnancy and children born out of wedlock, it was not uncommon for adults to share siblings with multiple fathers historically. Thoko, 53, of Ntuzuma, described such patterns within her own family:

I had my own father and the one who came after me also had his own father. Then the two who came after her shared one father and the last born had his own father, then my younger sister also had her own father...I don't know about the other fathers, but the two that came after me had fathers who supported them....

Additionally, a number of adults reflected on the total absence of their fathers, or a lack of knowledge of the identity of their fathers altogether: "I don't know my father, my mother dated some guy in Durban and had me" (Sbongile, female, 38, Umzimkhulu). In another example, Thembi had grown up with her father in a rural area, but at a young age he essentially abandoned her and her siblings, and moved to Durban:

He had girlfriends in Durban, so he didn't care much about us. He came home for a few days and went back to Durban, he wasn't really concerned about our lives, my grandmother took care of me (female, 54).

While many fathers seemed to have abandoned their children, it is important to note that the relationships between children and fathers were often mediated by mothers and other family members from both sides, often leading to complications in relationships. Noduma, 31, described one such experience. When she was 7 years old, her father left the house "he didn't say a thing, he just left and we kept thinking he was coming back." However when she was older, a letter arrived from her father, explaining his side of the story:

What I know is that... my father wrote a letter to my older brother, he was explaining that he was our father...I read it He said he and mom broke up because she was in the wrong. He did not say what mom had done... my mother was very upset and she was the one who responded (Umzimkhulu).

For children with strained paternal relationships, hierarchical Zulu structures acted to 'thin' their agency in learning more about their fathers (see chapter seven for a further discussion of the place of children in the family and society). Zulu culture places a strong emphasis on children respecting adults, which entails respect, obedience, and the inability to ask questions that would be deemed inappropriate (Thembelela, 2002). On this landscape, children held very little power in demanding knowledge about their fathers, and many were left in the dark as to the whereabouts of their fathers, or the conditions under which their fathers may have left the family home.

In historicising child care dynamics, a number of themes emerged. The migratory labour system, accompanied by restrictions of movement and enforced residence in rural reserves, engendered fundamental shifts in the Black South African family, and the dynamics of care for children. Many children in both rural and urban areas grew up without a biological parent present, primarily due to the migration, but in some cases as a result of father abandonment. There were no reported cases of mothers abandoning children, although there were undoubtedly cases with the rise of female migration. Child care occurred on a landscape of 'fluid' families, with traditional values surrounding an 'ethic of care' intact. Adults reflected a resilience of the extended family network, despite the constraints and challenges associated with the apartheid era. All children were cared for within their family environments, although these shifted depending on variables such as migration, availability and nature of adult work, and living arrangements. Despite the 'crisis of care' discourse which permeated at this time, adults did not reflect on their experiences as such. There are three main reasons for this as I have discussed: non-parental care became normalised, such dynamics remained embedded within traditional notions of family and care prior to the advent of the migratory labour system, and because essential needs were deemed to be met. The following explores the dynamics of care within contemporary families.

6.2: Continuity and the Nature of Child Care

When we place contemporary child care dynamics *in time*, continuity and change emerge in a number of ways. In his book *The Dispossessed: A Study of the Sex-Life of Bantu Women in and around Johannesburg* in the 1950s, Longmore (1959: 170) posits the following:

The high rate of desertion places many women in the position of major responsibility for earning a living for themselves and their children. What would be worth investigating in another generation or two of urban living by Africans is whether the mother-children group has become a living, functioning pattern governing this particularly aspect of social behaviour.

This study demonstrates that indeed, the ‘mother-children group’ remains a continuing, functioning household more than fifty years later. The following is a discussion of the ‘everyday’ landscape of care in contemporary KwaZulu-Natal. The childhood histories in this study emphasise the continuing nature of gendered child care, with women fulfilling primary caregiver roles alongside low rates of marriage, the residential instability of biological parents, and the prominence and resiliency of female-linked, multi-generational households. Following a discussion of these themes, I explore the themes of spaces of care, and the role of the state, before a discussion of care dynamics in the time of HIV/AIDS.

The nature of child care in KwaZulu-Natal remains gendered in various ways. Contemporary care in terms of children’s living arrangements and support for basic needs such as food, clothing, and school fees, often took place in the absence of biological fathers. Without taking into account fathers who had been absent or unknown before they passed away, 25% of children in Umlazi, 50% of children in Ntuzuma, and 11% of children in Umzimkhulu stated that they did not know the identity of their fathers, or that they had been entirely absent for all of their lives: “There is nothing I can tell you about my dad, I

have never even seen him'' (Nompilo, female, 14, Ntuzuma). For some children, this caused distress, but for the majority, this was stated as a fact of life. I generally did not probe on the topic of absentee fathers, and so it may have been that children did not want to share the pain they experienced. However, such responses from children may have also been a reflection of the general absence of fathers within their communities, and as something they shared with many other children (Ramphela and Richter, 2006).

The issue of absentee fathers correlated to the low prevalence of marriage generally across the research sites.³⁰ In this study, trends of marriage varied considerably across urban and rural lines. In Umlazi and Ntuzuma, a married couple was resident in only 21% of families. In contrast, a married couple was present in 70% of households in Umzimkhulu. In this study, there was a vast discrepancy between urban and rural marriage figures, and there are likely two primary reasons to account for this. First, a large percentage of children within the urban sample were paternal orphans, and many of the families in the study had lost fathers to AIDS or other causes of death (see table 5.4). In most of these cases, however, biological parents had never been married, and the majority of fathers had not been resident in the household prior to their deaths. Second, many of the fathers living in Umzimkhulu exhibited low levels of education, were unskilled, and did not feel they could easily migrate to find work. It was therefore entirely possible that the inability to migrate and existence of the social welfare state (see following section) had kept rural families intact, and fathers as part of the caring landscape for children.

In terms of living arrangements and everyday care, across all research sites, mothers were central caregiving figures. For children whose mothers were

³⁰ In terms of defining marriage, in 1998, the South African government passed the Recognition of Customary Marriage Act (Budlender et al, 2004) which legitimised African (and other) customary marriage rites. In this study, I considered marriage to be present in all instances where the participant stated civil or customary marriage had taken place. In KwaZulu-Natal, the vast majority of marriages continue to be customary (Budlender et al, 2004).

alive, 94 percent were residing with their mothers in Umlazi, 67% in Ntuzuma, and 83% in Umzimkhulu. The numbers are slightly skewed for the urban site because of the children interviewed in a 'child-headed household' (see following case study of the Khumalo family). In this case, the mother of the children worked as a domestic worker in a neighbouring community, and returned home each month. Despite the caregiving of their mother, these children were counted as not residing with her, but living with neither parent. Without these children included, 93% of children in the urban sample were residing with their mothers.

Considering these high levels of mother-child residential status, it was unsurprising that most children identified their mothers as the most important caregivers in their lives:

This is my mom and she is very important to me because she brought me to earth. She has been taking care of me since I was a baby up until today...about my mom, she is such a strong person. She is my guard and she guides me. It is hard for her to get a job but she has supported me with the child care grant she gets. I have never gone hungry or desperate for something with her around. I think if she was not here I wouldn't even be in school. She buys the bus coupons for me to go to school and they are expensive. She does her best for me and I don't know what I would do without her (Nompilo, female, 14).

However, mothers were not providing child care on their own. In the vast majority of households, mothers were living in female-linked households with sisters or mothers, with single mother families a minority. For example, in Umlazi, where the Mdluli 'household' was located, four sisters lived together with their children in four separate residences on the same piece of land. Two of the homes were formal township dwellings, and two were shacks built of corrugated iron and other materials. They had all grown up together until both of their parents passed away over the previous five years. They each now had their own homes with their children, and none were residing with the fathers of their children. The support by fathers varied, with one sister potentially engaged and planning to move out with her two

small children, to fathers completely absent, or deceased. Although there was some dissonance within the family, they shared resources and helped to care for each other's children.

The majority of families were also multi-generational. In Umlazi, 57%,³¹ of households were multi-generational, while 71% were in Ntuzuma, and 50% in Umzimkhulu. The widespread nature of female-linked, multigenerational families demonstrated a clear continuity in the importance of the extended family in contemporary South Africa. Children today reflected on the importance of such relationships, and the significance of the extended family. For example, Nompilo, 14 took a photograph of her aunt "because she is the one who does everything at home. This home wouldn't be like this if it wasn't for her." In this family, Fikile was the only one employed, and although Nompilo was not her child, she was aware of the critical importance of her aunt's work to the household's livelihood. Vuyokazi, 11, also took a photo of her entire extended family, in order to show how they all take part in her care: "they are important to me and they are raising me up... they help each other to raise me." Children often reflected on the dynamic nature of their families in general. Sfiso, 13, described why he took a particular photo:

These are my other family members. Here are my cousins and my younger brother. I took the picture because they are family and we are the children in our family.

Children 'placed' themselves within a family environment which included more than their biological parents, and highlighted the relational nature of their care.

Thus far, this section has highlighted the gendered nature of children's residential and caregiving patterns in terms of the living arrangements of children and prominence of female figures. Additionally, it is important to explore the care dynamics associated with fathers who do not reside with

³¹ Two of these had four generations present within the same household.

their children, as these relationships tend to be marginalised within the literature. Despite the nature of absentee fatherhood presented in many childhoods, there was evidence to suggest that some fathers were active in other ways. Sthandwa, a 12-year-old girl in Ntuzuma, was not sure of the whereabouts of her father at the time we interviewed her. However, she had seen her father as recently as two months prior. She frequently visited him when he returned to the township, and even though she did not see him regularly, she felt they had a good relationship and that he was supportive of her. Further, because of the high prevalence of adult male mortality in the study, many children reflected on positive caring memories of their fathers who had now passed away. Qiniso, an 18-year old from Ntuzuma, recently lost his father, after first losing his mother to HIV/AIDS. Although he never lived with his father, when his mother passed away, they developed a stronger relationship. His father taught him "how to keep out of trouble, how to have good behaviour....like, drugs trouble, gun trouble, many different kinds of things that lead to danger, to jail..." Nokwanda, aged 10, remembers the positive things about her father who had since died, but previously lived in the same house: "I enjoyed having my dad take me to his friend's and tell them I was his child... when I got home my father would ask what I learnt in school. If I got something wrong he would help me until I got it right." For children who knew their fathers before they passed away, these simple memories of everyday life were reflected on: making visits to town, telling him the things they needed for school, working on their houses, herding cattle.

The majority of children who knew the identity of their fathers, but were not resident with them, made annual visits to paternal relatives in rural homes over summer holidays. In terms of emotional bonds to fathers, such summer visits were critical to maintaining ties to paternal kin. It is important to note as well that in Zulu culture, as well as with many African ethnic groups in South Africa, the term 'home' refers to the ancestral, paternal home. Many

children reflected that they visited 'home' over the holidays, and when we conducted interviews during this time of the year, we often located children on these visits. However, despite the fact that these visits could last for up to two months, many mothers commented that fathers were not supportive of their children. As in historical accounts of such relationships, the dynamics between mothers, fathers, and their children were incredibly complicated. In part, this is the result of 'support' generally defined by mothers as financial in terms of the costs associated with child-rearing such as school fees, clothing, and transport costs. In cases where such support was not deemed sufficient, it was entirely ignored: "I wouldn't say he's supportive because he has never bought her food. He just buys clothes and sometimes asks other people to deliver them. He doesn't work" (Nokuthula, female, 29). These findings are reflect those of Montgomery et al (2006) who documented a significant chasm between how men's activities are *talked* about and what some men were observed to be *doing* for their own or other households. In their South African study, a striking gendered discourse reflected a shared set of beliefs on economic and other expectations of men, as seen in the ways in which women defined 'care' within the context of raising their children entirely on their own.

Grandmothers, who were caring for children in conjunction with their daughters, also reflected on this lack of male support. Gladys, 70, who is the primary caregiver of her grandchildren, commented:

The father of the last born denied that he was the child's father... he's not supportive at all, I struggle to raise all of them.... He stays in Ntuzuma... he is a very evil person, the devil himself.

Furthermore, during children's interviews when mothers were present, it was not uncommon for the latter to interrupt, speaking of biological fathers poorly. In the following, Bongzi, 50, a mother in Umlazi, encourages her daughter Zinhle, 17, to tell us about her father:

Tell them that you don't know your father. She met her father only last year in June...Zinhle's father has never been in her life. The last time he saw her was the day she was born. After that he went back... he got married and he didn't come to visit his daughter... he only came to see her last year in June because she wanted to meet him. They met and I told him I was no longer working so I asked him to help. He promised to help and support his daughter with money. He sent her to open up a bank account where he would deposit money for her. To this very day he hasn't given her a cent. They haven't even seen each other again since...now Zinhle is also fed up with him.

This dissonance fostered the potential to cause children pain and grief. In this study, because paternal orphaning was prevalent, the loss of a father was sometimes complicated by the previous relationship he had with the child's mother. For example, Andile, now 14, lived in Umlazi with her sister who has a different father, and her mother:

My mom had told me my father had died. After awhile she told me the truth that he was in fact alive. He lived around here and had another child whom he took good care of. Mom had a huge fight with him and that's when she decided that to her he was dead. They fought about why he was not supporting me. The day she told me the truth was my birthday and she said I should tell that man about it. I was 12 years old. I loved my father whereas he wanted absolutely nothing to do with me. I could see it in his face that he was annoyed when I called him dad.

Further, Andile's older sister Thandeka, 16, had also lost her father, but her mother's response and the way she remembers him is entirely different, and leaves Andile with sadness: "I always heard about how Thandeka's dad always supported her and how he loved her. I never had stories about how good my dad was." Andile's father later passed away, and although she attended his funeral, she still does not remain tied to her paternal relatives.

Ultimately, this section has demonstrated continuity within contemporary dynamics of child care. The general trend of female-linked households remained, with most children residing with their mothers, aunts, and grandmothers. Primary caregivers tended to be female, supporting children on their own, and experiencing discordant relationships with the fathers of

their children. In some cases there is evidence that men want to be supportive, and many do find ways to support their children. Although 'stretched' families created fluid safety nets for children, this study did not find a large number of children living without at least one of their biological parents. Such patterns can be accounted for in a number of ways. First, unemployment in all study settings was rife, and many adults did not see migration as a solution to their poverty (see chapter four on rates of employment and poverty). In fact, a number of fathers present in Umzimkhulu had been retrenched over the last decade, and did not reflect that further migration was a sustainable option to locate employment. Second, for those who were employed, opportunities often allowed them to reside with their families, either in urban or rural settings, and so a biological parent was present. Lastly, the accessibility of the state welfare system often allowed parents to stay home with their children, providing them with primary care (see following section on the increasing role of the state).

6.3: Children as Carers

In their work on children caring for parents with HIV and AIDS, Ruth Evans and Saul Becker (2009) point out that much of the literature on care implies that caregiving is a 'one-way' process, and that children, the ill and disabled are constructed as entirely dependent. However, caring relationships are rarely 'one-sided'. Indeed, such binary of 'dependents' and 'independents' distort realities where children are often both caregivers and receivers of care (Bozalek, 1999). For example, the notion of children caring for parents with HIV and AIDS challenges normative ideals of parenting that define children as being dependent on their mothers and fathers for care and socialisation (Evans and Becker, 2009; Robson, 2004). Robson (2004) has argued that such caregiving work by children, although widespread, is mostly hidden and unacknowledged.

Within the generational histories of childhood in this study, children took part

in a number of 'caring' activities, primarily caring for themselves while parents or caregivers were at work, as well as for their siblings when their caregivers were not present. For example, Bulelani, 41, of Umzimkhulu, was cared for by his sister who was 16 years of age when his mother found a job at the local hospital when he was three years of age. Such arrangements were part of the fluidity of child care, where childhood was not inherently a time for play and schooling. In such situations, children were active agents in the caring landscape. In another example, Thembisile stated that:

We took care of ourselves....I was probably 7 years...there were three young children who went to school....one was 12, then there was a 9 year old and then me at 7 years. So three of us would be home after school at noon... we took care of ourselves (female, 41, Umlazi).

In this situation, child care was interdependent, as all of the children held roles and responsibilities in the home. However, 'child care' by 'children' was also normalised, and did not necessitate any of the children dropping out of school. They were able to continue with school, and take care of themselves until their mother returned from work. As in Robson's (2004) study, both adults and children reflected upon caregiving work not as 'work', but as part of socialisation, as part of the collective nature of their culture, and something expected in traditional extended families.

For children today, there exists continuity in the caring landscape, as children often stated that they cared for their siblings when their parents or elders were not present or were busy undertaking other household tasks:

I take care of my baby brother... when my mom is not around or when there is no one around to take care of him...when she has gone to the shops because she doesn't take him with her (Mvuyisi, male, 10, Umzimkhulu).

Across the study households, children rarely acted as sole caregivers, but took an active part in the care of children within their households when they were needed. We located very few instances where children took on primary

caregiving roles of adults who were sick with HIV/AIDS. A number of children pointed out that these were 'adult' jobs, and that they would help with other household tasks so that their parents could look after extended family members. In one very exceptional case, Nombuso, now aged ten, had been living with her father after her mother passed away from AIDS. Her father had also been very ill, and eventually her maternal grandmother took her out of the home due to the burden of the disease:

He was really in a bad space because he had wounds all over his body. He couldn't go to the toilet by himself and made Nombuso throw away his faeces which would be in a bucket, plus he would make Nombuso scratch him. That's the reason I took her from him for the fear that she might be in danger of getting the disease (Cynthia, female, 50, Ntuzuma).

After a short period of time, Nombuso went to live with her grandmother, aunt, and great aunt, and this is where she continues to reside. For a few months, she had been the only one to help take care of her father, but this did not last, and she was eventually removed when he was admitted to the hospital. This case was the only example throughout the research where a child had taken on such responsibility. In general, children were not conceptualised solely as 'dependents' as they actively took on caring roles, although such responsibility was not their primary task. Children attended school, none had to drop out due to such responsibilities, and all also pointed to other domestic household tasks as part of negotiating their place within the family.

6.4: Agency, Spaces of Care and 'everyday' Migration

In the context of HIV/AIDS, children's migration is seen to compound the vulnerability of orphans who already inhabit a 'destabilised' world:

Such children will have experienced the damaging effects of moving to and from rural and urban areas, and from one caregiver to another, with no sense of permanence or security (Harber, 2005: 64).

Foster (2000) envisions the migration of orphans as 'another indication of weakening extended family safety nets,' and various studies have shown that children in households affected by AIDS *are* more likely to migrate compared to other children (Hosegood and Ford 2003; Adato et al 2005; Van Blerk and Ansell, 2006; Floyd et al, 2007). However, such discourse requires problematising in the context of childhood in KwaZulu-Natal. First, in southern Africa, movements between households of an extended family are not traditionally viewed as migration, a concept normally reserved for movement *away* from the family. Labour migration in southern Africa has led to the dispersal of families between more than one site, and so children often grow up in one town, near their parent's workplace, or with grandparents on either the paternal or maternal side of their family (Ansell and Van Blerk, 2004). What is often lacking in discussions of migration is a historical context, making it difficult to fully explore or understand migration as a new, or emerging phenomenon in the time of AIDS.

Second, while, parental migration has been well-researched in South Africa, (Murray, 1981; Spiegel, 1987), the nature of children's living arrangements has tended to focus on outgoing adult migration; children are 'left behind' in rural areas with grandparents, or in urban areas with extended family. Very few studies explore children's migration or movements, with the exception of Jones (1993) and Ramphela (1993) who have written about children's migration to urban work hostels accompanied by their parents. Within the majority of studies, children are often portrayed as passive victims of exploitation, lacking agency and not having an active role in the decision-making or migration process (Hashim, 2006 in Punch, 2010). This is because children have tended to be viewed as migrating only as dependents rather than as independent migrants. Further, children's migration experiences have tended to be viewed as negative: they suffer poor working conditions, receive low pay, and have no access to education (Punch, 2010), or are uprooted, leaving behind friends, and finding it difficult to adjust (Ansell and Van Blerk,

2004). This section addresses these concerns, and weaves together generational histories with contemporary stories of children's migration to explore agency and the spatial dynamics of care. The findings from this study characterise children's migration as 'everyday,' where movements vary in time and scale, children belong to 'stretched' families, and children are active agents within decision-making.

I begin with a discussion of an older woman's remembering, demonstrating the 'everyday' nature of children's migration historically. Bongiwe, 54, now lives in Rietvlei, the central town in Umzimkhulu. She grew up in a nearby village, and reportedly made the decision to move on her own as a child to live with her grandparents when she was about 10 years of age. She was very fond of her grandmother, and because she felt she was not doing well in school and was not 'very bright,' she wanted to go and stay with her grandparents. Bongiwe eventually returned to her mother when her grandmother passed away and her grandfather went to live with one of his other daughter's and her family. When asked if her mother minded her living away, Bongiwe said: "no, because she could see I was really fond of my grandmother, but when she passed away, mother asked me to come back." For Bongiwe, the return to her mother was 'reverse-crisis' migration, as it was upon the death of her grandmother that she moved home to live with her mother. A death eventually did precipitate migration, but this was a move back to her mother who she had maintained a relationship with. This story also demonstrates companionship and kinship as motivating factors for the migration of children. Bongiwe's initial move to live with her grandmother did not take place as a result of poverty, her mother's migration for work, or a death in the family. Her move was the direct result of her agency as a child, the closeness she felt to her grandmother and her mother's willingness to allow her to go. This willingness is also evidence of the 'stretched' nature of relationships between family members across places.

Continuity exists in patterns of children's migration characterised by companionship and kinship ties. For many families today, even short-term movements between households were evidence of tight-knit extended family relationships. For example, Sthandwa, a 12-year-old girl from Ntuzuma had recently spent the night at her aunt's house in another section of the township. When asked why, she stated that her "aunt was going to work, and she was going to have a night shift, and my cousin said I must come like sleep with her because she gets scared in the house, so that's why I went over." Her cousin is 18 years of age but did not want to be left alone, and so her younger cousin took the bus to spend the night with her. Apparently, this was not the first time Sthandwa had made a short 'move' to stay with her relatives. Such examples of mundane movements between households demonstrate the 'everydayness' of flexibility, fluidity, and movement between families. When a young man from Umzimkhulu was 14 years old, he moved in with his maternal aunt who lived in a nearby town for a year because his aunt's husband was away, and living in Cape Town. He had moved in part for her protection, from "silly boys who lived close by." In this situation, even though he was away for a considerable period of time which also precipitated a change in schools, according to Phatizwe, "it didn't disrupt anything, I performed well at school." Such examples demonstrate temporary migrations, or simple movements between families, and also the non-disruptive nature of such movements.

The following case best exemplifies both the 'everydayness' of children's movements, as well how companionship and kinship can be motivating factors, rather than crisis or poverty. Nduduzo is a 14-year-old boy living in Rietvlei town in Umzimkhulu. We initially located him through his mother when he and his sibling undertook the photobiography project. We assumed, in part because his mother noted his name on the household profile, but also because he was there after school when she said he would be, that Nduduzo lived with his parents. However, upon explaining a photo he took, we

learned that this was not his current living situation: “this is my biological mother and my younger sister. I love them very much, my mom brought me up until I went to live with grandmother whom I now call mom.”

Although he stated that he lived with his grandmother, after careful discussion, it was discovered she was actually a great-aunt. For Nduduzo, the term ‘mother’ was fluid, and although his biological mother was still alive, he now called his maternal great-aunt ‘mother.’ Nduduzo explained how he had come to live with her: “she asked me to come live with her to help me.... I was not used to the area but I am now. Grandmother said I will live with her until I finish school.” For the last year, Nduduzo had been living away from his biological nuclear family, despite their willingness and capacity to care for him. However, this story became even more complicated when we learned that the new house he stayed in was only about a 10-minute walk away from Rietvlei. In fact, although the move was permanent in the sense that it was planned for him to stay there until he matriculated, he still visited his parents every day on his way home from school, hence our finding him there on the days we planned to conduct the interviews. Nduduzo clarified that because he always eats the evening meal with his grandmother, helps with her gardening, and sleeps there, this is where he considers home. In some ways, Nduduzo belongs to both places, and if he chose to, could return to live with his parents. His childhood was ‘stretched’ between places, and he was comforted by the support he gained from all of these loving adults. Once again, a child’s movement was not crisis-led, or instigated by a death or poverty.

In their studies on children’s migration, Ansell and Van Blerk (2006) found that some children had migrated up to five times in their young lives, evidence of severe disruption. However, in this study, multiple ‘moves’ were planned from the outset as temporary. I conceptualise ‘move’ this way because the very notion of ‘moving’, or ‘migration’ lends itself to assumptions

about permanence. In this study, many of the migrations reflected upon were in fact temporary, highlighting the stretched nature of families, and the undertaking of moving between 'homes.' In the following story, Nompumela, now 34, reflected on moving to live with her maternal aunt in order to improve her schooling. It is important to note once again that this decision was not made in the absence of quality schooling in the township, or because the family could not afford schooling, but for different reasons:

I didn't like school and I was very stubborn. I used to like sleeping, even at school. I repeated Grade 1, 2 and 3 because of that. I went to live with my aunt because they thought the change would do me good.. It got worse there because I missed mom and dad and wouldn't stop crying. I didn't eat and when they came to visit I wanted to leave with them. I failed my grade there and don't know how I finished the year, it was difficult.

Although Nompumela found the move difficult and missed her parents, it was not a problem for her to move back after the year of schooling. What was especially interesting about this case was our ability to also interview Nompumela's mother Rose, 61, about the decision made at the time. Here we were told of different motivations: "my sister was new in that area and was living alone. I was working and I thought my sister would take care of her since she was also in school." Both mother and daughter agreed that Nompumela struggled with school at the time, and the capacity of the extended family to offer potential support in this situation was seen as a reason for her to move. Although it was not a successful migration, it was a situation common to many childhood histories, demonstrating again the 'everydayness' embedded within such stories. Further, although it was not Nompumela's decision to move in the first place, it was her decision to return home, a decision respected by all of the family involved.

As in some of the situations described, children were often active agents in their migration stories; children were generally not forced to move, and often

felt they had a 'say' in their movement options. For example, Mduduzo, a 13-year-old boy in Rietvlei, used to live in a more rural part of Umzimkhulu with his mother, "she moved to live here and told us that we could come with her if we wanted. We did not move with her at the time..." At a young age he understood that his mother's leaving was not permanent, that "it was temporary and she was going to come and fetch me." Eventually she did, and he was now residing with her in Rietvlei. In a story from Umlazi, 17-year old girl Zinhle had chosen to move to live with an aunt for a year to escape what she felt were unfair conditions at her township school: "in 2006 I went to live in Port Shepstone with my aunt...I wanted to change schools because there was corporal punishment in the one I had attended...Mom said maybe a move would be good." However, Zinhle found that rural life "was boring...my aunt lived in a suburb, the school was great but the place was so quiet for me. The only time I was outside of the house was when I had to go to the shop, I didn't have friends." Zinhle's mother also attributed her desire to move back after a year to the fact that her aunt was a bit strict, and that her daughter "likes loud house music and my sister doesn't. She would never allow her to turn the radio volume up." In this case, the decision to migrate was entirely Zinhle's: she chose to 'try out' another living situation, and when it did not suit her, she moved back.

Yet in other migration stories, children did not feel they were agents in the decision-making process, which usually led to some confusion or frustration. For Khanyisile, a 10-year old boy from Umlazi, it was the act of moving from a rural to urban location that took adjustment: "the move was not nice...I did not want to move...it was very nice living there...its just that we do not herd cattle here." Although he moved with his biological mother, there were aspects of his previous life that he missed. However, like many other children who experienced migrations (with parents or on their own), after a period of time, positive adjustments were the norm: "it is nice because I have made some new friends." In another case, Thuli, a 13-year old girl who moved

when she 10 years of age also found that positive adjustment took some time:

It was a bit difficult mainly because I left the people whom I was used to living with....the move was okay, the people are friendly, but it took me a long time to get to know them... but eventually I made friends and grew to love the place.

In one of the only examples where potential long-term negative consequences existed due to a child's migration and living situation, Sicelo's story is unique. The reason his story was complicated was a situation expressed by some participants within older generations: confusion over biological parentage. Because mothers often migrated, and children were left with grandmothers or aunts for extended periods of time, confusion over motherhood had the potential to become confusing. Sicelo, 16, grew up with his maternal aunt in Umzimkhulu, all the time believing she was, in fact, his mother. Last year, when he was 15, his mother Bongiwe decided to fetch him and bring him back to Pietermaritzberg where she resided with her husband, the boy's biological father:

It was very confusing for him. Initially he didn't want to go, he didn't even know I was his mother. He thought my sister was his mother. My sister told him who I was and I kept buying him nice things and he started to soften up to me. When we got to Maritzberg he wouldn't even talk to his father.

This living arrangement remained until Bongiwe recently fell ill and travelled back to Umzimkhulu to live with her sisters, where I interviewed her. Initially, Bongiwe left Sicelo with his father in Pietermaritzberg. However, when she went to visit him on one occasion, he was all alone, "his father sometimes left him for two days. He just left the child and Sicelo had to ask for food from the neighbours." At this point she decided to bring Sicelo back with her, and now they were both living with her extended family, the place he had grown up with his maternal cousins. It was unclear whether this was a permanent living arrangement, and we were unfortunately unable to interview Sicelo. If Bongiwe's illness improved, would she and Sicelo be

returning to Pietermaritzberg? This sense of confusion over the identity of biological parents arose in a few family stories, primarily due to the very nature of family fluidity and communal caregiving practices of child rearing outlined in previous sections. In Sicelo's case it was unclear whether he had come to terms with the truth of his childhood, or whether anger or frustration persisted. However, in the meantime, he was once again back with his maternal extended family, and as Bongiwe was still weak, it was possible they would never return to his father.

As has been discussed, 'crisis-led,' migration was not a feature of child care dynamics within generational histories of childhood. This is not to say that movements were always free from difficulty, but that the very nature of 'everydayness' made it so that migrations were a common feature of childhood life in KwaZulu-Natal. Where the issue of children's migrations brought about negative responses and experiences, it was the result of family dissonance between paternal and maternal kin. As I have previously discussed, within a context of declining marriage and discordant relationships, resulting frustrations often exist between mothers and fathers, and these can result in confusion and hurt on the part of children. This is not a response to the AIDS epidemic, but a continuing factor shaping family life in South Africa. In terms of children's belonging and movements between 'stretched' families, issues surrounding paternal versus maternal responsibility sometimes resulted in more complex, difficult migratory stories.

In part, much of the dissonance originated with Zulu customary law which dictated that any illegitimate children born to the mother's family prior to marriage could be transferred to the father's family by the undertaking of additional bride wealth. If this did not occur and the mother and child remained with her family, it was sometimes the case that if a mother remarried (not to the biological father of the child), the child did not

accompany her to her married home (Burman, 1996). Although I was told that this practice continues today, it may be less relevant, because I did not locate any families with children where this had occurred. This is also likely to be attributable to the very low levels of marriage in the sample generally, but also because men may have become more accepting of supporting non-biological children. In one case, a mother had moved with her child to live with her partner, prior to them having their own children, or settling on *lobola*. All family members expressed happiness with the situation, including the child who now considered his step-father his father:

When I met Themba, I told him that I had a son and could not go out with him because I had a child to raise. He told me that since he loved me, then he loved my son. We both agreed that my son should come and live with us. Themba said he would help in raising him, he treats Khanyisile as his very own (Makhosi, female, 28).

Despite the declining prevalence of such practices, the patriarchal origins of Zulu families and the 'rights' of paternal family responsibility persist. It seemed that for many families, there now exists an unspoken assumption that if paternal kin would like to have the children come and stay with them, a mother should not refuse. For some, this was not a problem at all, once again embedding such movements between paternal and maternal kin as 'everyday.' Nomvula, a mother in Umzimkhulu, discussed her daughter Aneziwe, now 14-years of age, and the period of time she went to live with her paternal relatives:

Nomvula: Aneziwe lived with her relatives at her father's home. She started living there at the age of 6 and she got back in 2005...The family had asked that she go and live with them...She came back on her own, I think she was missing me.

Amy: Was it difficult for you to let her go?

Nomvula: No, because I had piece jobs keeping busy.

When we later interviewed Aneziwe, we asked her why she went to live with her paternal grandparents, and she stated that "my grandmother and grandfather wanted me to go and live with them...yes, I liked living with

them.” Even though her biological father lived in Johannesburg and was not present in the household (Aneziwe didn’t know him at that time), her paternal kin still had the ‘right’ to ask for her to come and stay with them. When asked why she returned to Umzimkhulu, Aneziwe said that it was “because the school was far from where we lived. I had to walk a long way to get to school.” It seemed that logistically, it no longer made sense for her to stay with her paternal relatives, and the decision was made for her to return to her mother’s home. Even so, she still visits her paternal grandparents over the school holidays, maintaining kinship ties and the relationship with her grandparents. Once again, migration was not permanent, and it seemed that Aneziwe was able to make her own decision on where she wanted to live as she got older.

Although there were many examples where movements between maternal and paternal kin (or vice versa) were successful and not disruptive to children, there were also cases where such movements caused a level of difficulty for those involved, particularly on the part of the caregiver losing the child. Thembi, a 54-year old grandmother caring for her grandchildren in rural Umzimkhulu, had been taking care of two of her son’s children, aged 7 and 8 since they were born. However, when their biological mother heard that their father had impregnated another woman, she came to take them away, even though the children’s father did not reside with Thembi. When asked if it was painful for her to let them go, Thembi explained the complicated predicament she was in:

Of course, they are my grandchildren. It was a bit difficult to support them because there’s just not much income, but I had gotten used to thriving to support them. I took care of them and took them to school. She did nothing for them but use the child support grant. When she took them I told her to keep them in school because nowadays education is vital.

Thembi expressed that she was powerless in keeping the children with her because of the previously discussed Zulu customary laws surrounding

children born out of wedlock:

We didn't pay the fine for getting her pregnant. We also didn't pay the cattle to have the children: in Zulu culture if that was not done then the children belong to the mother. But their mother said that she would let them visit if they miss me or if I miss them....

Although it was difficult for Thembi, she was hopeful she would see them again, however, she had no rights to the children. In the story of Nolwazi, a 12-year old girl in Umlazi, her living situation had become complicated due to past dissonance about who had responsibility for her. After ten years of living with her mother, she suddenly moved to live with her father and paternal relatives, stating that "its because dad didn't support me. Mom said I should move in with them, that way he would definitely support me." Her father had not been supportive for the first part of her life, and so her mother moved the child to initiate (or enforce) paternal support. From the child's perspective, this had not been such a difficult move; she felt happy living with her father, and still visited her mother on holidays.

This section has highlighted the 'everyday' nature of migration within histories of childhood, and helps to establish an acknowledgement that the movement of children was normalised prior to the advent of HIV/AIDS. Indeed, researchers have highlighted a variety of reasons for children's migration: political conflict, poverty, development or lack of it, domestic violence or abuse, gender discrimination, and family illness (HIV/AIDS). In a review of the literature, Van Blerk and Ansell (2006:866) outline reasons why children may spend time living in a different household of the extended family: "to attend school, to help in a relative's household, to receive assistance from wealthier family members or in some instances because of parental death." However, in such research and within resulting discussions, do children simply ever 'move'? Such an acknowledgement is critical in terms of reconceptualising aspects of the 'crisis of care' within the time of HIV/AIDS and is particularly evident when taking a generational approach

which places care dynamics in context, in time, and in recognition of children’s agency within these practices.

6.5: Responsibility, Care and the Role of the State

While this chapter has demonstrated various levels of continuity within dynamics of care, one issue emerged as significantly altering the landscape of care in the time of HIV/AIDS: the role of the South African government. The role and responsibility of the state in terms of care was evident at multiple scales in this study. While domestic arrangements and the care of children have shifted and altered over recent decades, underlying decisions about child care are made on a landscape of poverty (see chapter four). In terms of the context of child care, the primary issue prioritised by adults was the poverty they faced due to unemployment, and a lack of opportunity to gain skills which might lead to potential work. Unemployment was extremely prevalent across the three study sites:

Community	Unemployment Rate	Full-time	Part-time
Umlazi	58%	17%	25%
Ntuzuma	57%	29%	14%
Umzimkhulu	77%	3%	20%

Table 6.1: Employment Levels in Households by Community³²

Across the three study sites, only 16.3% of all adults were employed full-time. In terms of employment, it was more common for adults to state that they were temporarily employed with part-time jobs, or in the case of rural households, undertook ‘piece jobs’ which included doing the washing for elderly neighbours, yard work, or helping to build mud houses locally. At both rural and urban sites, part-time work was characterised as insecure, low

³² Household employment rates were calculated from the 28 families I worked with in-depth. Rates were calculated based on all adults over the age of 18 who were not disabled and receiving a grant. I also excluded those adults over the age of 18 who were still registered in school (a large number of young people do not finish school at 18 because of failed and repeated grades).

in pay, and unpredictable in nature. In urban areas, while full-time employment was potentially more accessible, in reality it was difficult to locate and maintain, and a number of adults spoke of exploitation in the local job market: “I just thought of my children and stayed... where would I get another job?” (Thembisile, female, 41).

In the context of systemic poverty and high rates of unemployment, the state welfare system had come to serve as a vital safety net; for 29% of families, welfare grants were the only source of income, and expectations about what the government should provide were vivid. The following table displays a break-down of the percentage of children receiving social welfare grants for which they were eligible.

Community	Accessing CSGs	Accessing FCGs
Umlazi	79%	50%
Ntuzuma	33%	71%
Umzimkhulu	88%	67%

Table 6.2: Eligibility and Access to State Support for Child Care by Community

Of the 28 participating families in this study, a staggering 96% were accessing the main social welfare and poverty alleviation grant for their children. However, it is important to note that there is a sampling bias prevalent here: because I recruited families primarily through research networks, all families had been given support and information in accessing the welfare system. The only household which had not accessed the grant system was the Khumalo’s, the ‘child-headed’ household in Ntuzuma, where their mother could not locate birth certificates, and where the mother was not present (this family also skewed the statistics here).

It is important to note here the nature of the social welfare system and the series of grants available to impoverished South Africans. Social grants were first introduced in the 1920s for Whites in South Africa; it was not until 1992

that the means test was modified and unified across races. The social welfare system consists of five grants: the Old Age Pension (OAP), Disability Grant (DG), Child Support Grant (CSG), Foster Care Grant (FCG), and Child Dependency Grant (CDG). The OAP is non-contributory, and although it is means-tested, in reality it is almost universal as most South African elderly are too poor to be excluded, and more than 90% of elderly Black South Africans receive the pension (Legido-Quigley, 2003). The amount distributed to OAP recipients is currently R740 (£58) per month. The CSG was introduced in 1997 and was intended as a poverty alleviation grant. Caregivers of children who are under the age of 14 qualify for this income-based means grant. Monthly payments have periodically increased and in 2009 stood at R220 (£17) per month (South African Government, 2009). The FCG is one of the main programmes designed to improve the welfare of orphans and is highly valued at R740 (£58) per month (South African Department of Treasury, 2005). The DG and CDG are both grants available to those who are disabled, or those who care for disabled children, and are also valued at R740 (£58).

In terms of fostering children, a number of adults felt that the main barrier to supporting 'orphans' was material, not inherent discrimination which was sometimes an issue alluded to, as well as discussed by some participants. A number of participants felt that 'the government' should be supporting families who care for orphans, and only in cases where this support was deemed insufficient should orphanages be built. Financial constraints were seen as the main barrier to potential fostering: "Money, money, everything revolves around money. These children need food, clothes and they need to go to school...." (Christina, female, 75). Sbongiseni, a child-care coordinator in Ntuzuma who works directly with HIV/AIDS-affected families, echoed the sentiment that families are capable, but require support:

I don't think orphanages are the best situations. I believe in family preservation... I think relatives should look after their relatives'

children. If there are no relatives, the community must play a role. If the child goes to an orphanage they lose their sense of way in life...People expect these caregivers to do great wonders for these orphans and to me that's not fair. These people struggle themselves and have no luxuries.

However, despite high levels of knowledge, as well as support, many families still faced difficult challenges in obtaining grants for which they were eligible. As table 6.3 shows, uptake of the FCG was much lower than the CSG, for which the application process is much more streamlined, and requires less documentation. Gladys, as the primary caregiver of Sihle, a child with neither parent alive, was eligible for the FCG, but could not apply because she was missing certificates necessary for the application:

Sihle's mother passed away, after that my grandson came to live with us...I tried to get the grant but they wanted so many documents so I didn't proceed with the grant application...I was requested to bring my marriage certificate and my husband's death certificate. I could not provide the death certificate because my husband had two wives. His second wife refused to give it and now she's dead.

The process of attaining birth certificates remains a significant barrier, complicated by the living arrangements and mobility of children between households:

I had so much trouble trying to get the foster care grant for my son's children. The children stayed with their mother when she was still alive. Soon after she died, their uncles gave them to me. They refused to give all the documents I needed to access the grants. They don't help support the children, not in any way (Mavis, female, 70, Umlazi).

In rural areas, the cost of transport remained a barrier to making the journey to a Home Affairs office in order to process an application. Bongiwe, a mother in Umzimkhulu describes how she never received the CSG for her son, now 15 and ineligible:

...I haven't got money to apply for his birth certificate...I couldn't afford the trips to town, plus the process takes time. It got worse when I lost my job because I started doing part-time jobs like weeding or ploughing

other people's fields.

While the application for the CSG is made by the primary caregiver, and requires basic identity documents, the process of acquiring the FCG, which is more appropriate and beneficial in the context of AIDS, is much more difficult and complex:

They told me that I had to be assessed to ensure I could live and care for children. Then forms would be filled and if I am okay to live with them I can start the process to apply for the grant...I am getting all the essential documents. His mother applied for his ID soon before her death. So Andile does not have a birth certificate, I have applied for it, it should be coming out within these weeks (Thoko, female, 54).

Despite the challenges caregivers faced during the application process, the majority of caregivers were receiving a CSG for their children and did not find the process cumbersome. Further, as caregivers became more aware of the system, they found that they were more adept at attaining grants for their younger children. Unsurprisingly, the grants provided a critical source of support for caregivers, with parents identifying school fees and food costs as the two places where the money was primarily channeled: "I am happy because I don't work. What would I do without it, how would I take them to school? It helps a lot though it is little" (Thoko, female, 53, Ntuzuma). The following case study demonstrates the very real links between HIV/AIDS 'impacts,' and the emerging role of the state.

Upon our first meeting with Nana Ngema, 49, the head of the Ngema household, our initial impression was that this family very vulnerable, and very clearly impacted by HIV/AIDS. There were 16 people who lived in one house, and sleeping space was an issue expressed by many members (see Mthunzi's photos of their empty refrigerator and discussion of sleeping space). The Ngema's are a three-generation household. Nana lived with her two sisters, Cabangile, 45, and Thandazile, 44, along with their 11 children, and four grand-children. All three sisters are HIV-positive, along with Thandazile's daughter Nokuphila, 22. Further, Nana's daughter Fikile died of AIDS the previous year at the age of 28, leaving behind a now two-year old daughter, Sphehile. As such, this household was in absolute terms the most highly affected household we came across in the research.

However, they were not 'the most vulnerable,' and this was for a variety of reasons. First, although, like other households, adult members found it difficult to secure employment, and only Thandazile's daughter Dansile, 26, currently held a job at a grocery store, this household had access to a number of sources of income, all of which were due to their status as HIV/AIDS-affected. All three sisters were currently receiving Disability Grants, which they called 'the HIV grant.' Nana had been receiving this highly valued source of income for four years. Further, Nana also received the Foster Care Grant on behalf of Sphesihle, and an additional four young children in the household received the Child Support Grant.

The total value of government assistance for this extended family was R4300 or £350 per month. To put in perspective, the means test for the CSG states that the child's primary caregiver and her/his spouse must jointly earn R800 or less in urban areas (excluding other grants) per month in order to qualify, which is the approximate poverty line for South Africa (Woolard and Libbrandt, 2006). Although this family did not have spouses present, and five different caregivers received CSGs, this still put the family above the national household poverty line, and does not include additional sources of support received from fathers of the children or the income Dansile received from her job at the grocery store. In terms of stable, monthly income, this family could unusually depend on a steady stream of support, and a number of their children were also old enough and able to look for work, and were in the process of doing so.

The right to social assistance ensures that people living in poverty are able to meet basic subsistence needs. Indeed, making social grants available to all South Africans has been one of the most significant government initiatives since the nation became a democracy in 1994. Participants in this study expressed a clear view that in the time of AIDS, the government should be taking action to support families to care for their children. Caregivers need the support, and also have expectations about such support. The state is seen as responsible for children, and the public is demanding additional support. Although challenges remain in terms of accessibility and appropriateness, it

seems that the system still offers one of the best solutions to supporting families and caring in the time of AIDS. This safety net offers a new and critical aspect of child care, often missed in the time of AIDS, when the family and community are looked upon as the main safety net available for children (Amaoteng et al, 2004; Donahue, 2005; Foster, 2005; Mathambo and Gibbs, 2009; Richter, 2008). Ultimately, discussions of child care in a historical perspective must take note of the changing nature of the state in caring for children, and the responsibility the government of South Africa now faces in the era of HIV/AIDS.

6.6: Reconceptualising a 'Crisis of Care' in the Time of HIV/AIDS

By approaching childhood from a generational perspective, this study places the nature of parental loss, orphaning, and 'child-headed households' in a time prior to the advent of HIV/AIDS. In analysing adult childhood histories, it was evident that many would today be considered 'OVCs' by development agencies and government programmes. And as was the case with contemporary dynamics surrounding 'OVCs,' such histories reflected a diversity of care experiences and a continuum of vulnerability. Historically, some children were cared for within 'fluid' families, while others were left on their own, impoverished, and increasingly vulnerable. Nonkululeko, 38, lost both of her parents as a child, and was taken care of by her paternal uncles within the same community:

My uncles took care of me.. because my parents passed away when I was very young....I was told that my father was eaten by dogs to death in Joburg. My mother was ill, then she died.

Miriam, now 78, was a paternal orphan, and then a 'social orphan' when her mother migrated for work after the death of her father, the main breadwinner of the family:

It was those days my father had passed away ... my gran and grandpa and aunties, they thought if she went away she would quickly forget the stress...so they said, 'don't lose the chance, take the job' and so she went

to Johannesburg...I stayed with my gran and grandpa...It was the same with my friends, their mothers were also gone and would come back on the trains...they only came back on weekends...My granny took care of us.... We got used to that life, because it was those days when you must get used to what you get. So my grandparents played a big role...both of them, the same, they tried hard to make us forget

Miriam's story is important because it casts a rare glimpse of the roles grandfathers played in care dynamics historically (or today). She emphasised that both of her grandparents took care of her and helped to mitigate the pain of the death of her father and then the loss of her mother in her daily life. Her experience is also an example of the importance of grandparents and the capacity of extended family 'safety net' in times of crisis. Further, Miriam's story also exemplifies how parental absence was normalised during this time period, many fathers and mothers had migrated, making her situation similar to those of many in the community. Additionally, a concern often discussed within dynamics of care in the context of HIV/ AIDS is the extreme vulnerability of children who end up leaving school in order to take on primary caring duties of ill parents or relatives (Robson, 2006). Although I did not find evidence of such experiences within today's childhood histories, there were examples reflected upon by adults:

I stopped school when my mom was very ill, no one was going to take care of her while I was at school since my father was working in Durban...I had to cook for her, do her laundry and remind her about her treatment...I also had to bathe her with salty water to ease her body pains (Nikiwe, female, 38).

Although Nikiwe's mother survived her illness, Nikiwe never went back to school, and married early. It is unclear whether she would have been able to finish school, as many from her generation in Umzimkhulu had not, but there is no doubt that her mother's illness increased her vulnerability, and decreased her available opportunities.

Nodumo, 31, in Umzimkhulu, would also have been considered an 'OVC' more than a decade ago. When she was 17 years of age, having already been

abandoned by her father at a young age, her mother became ill with what she thinks was pneumonia. While she was writing her exams, her mother passed away, leaving Nodumo and her younger sister behind. Like Nikiwe, she never went back to school after her mother's death, but stayed at home, caring for her younger sister in what would now be considered a 'child-headed household.' Although her maternal grandmother was still alive, nobody suggested she should come and live with them, in part because she was very old. Nodumo survived in part through a small amount of money her mother had left her through an insurance policy. She and her sister remained in the home they had been living in prior to their mother's death and worked on completing part of the house that had been left unfinished, going to the river and fetching sand to make bricks. At the age of 19, Nodumo became pregnant and had a child at the age of 20, eventually marrying the man. Once again, it is difficult to make a clear connection between her OVC status and her vulnerability to early sexual debut and marriage, but without finishing school, and the need to care for her sister, Nodumo as well had very few options.

Within current childhood histories, care dynamics of 'OVCs' reflect continuity, but also change in terms of the context of vulnerability, resulting care arrangements, and the role of the state. In part due to the nature of recruitment, the vast majority of children in this study would be considered 'OVCs,' such that an analysis of care based on this term would include almost every child who participated in the study. Here, I discuss care dynamics more narrowly, and focus entirely on those children who had lost one or either biological parent, defined globally as 'orphans.' In utilising this term, I am not advocating its efficacy in debates surrounding child vulnerability. Indeed, in exploring child care dynamics in the time of HIV/AIDS, I will argue here that the term presents inherent problems. However, as this thesis aims to reconceptualise discourse, it is important to begin with dominant concepts. In this study, a large percentage of child participants were

'orphans.'³³

³³ Children who were orphaned, but below the age range for this study (8 years) were excluded from this analysis, although a number families were also caring for very young children who had lost one or both of their parents.

	Umlazi	Ntuzuma	Umzimkhulu
Maternal Orphans	0%	0%	10%
Paternal Orphans	30%	21%	21%
Double Orphans	26%	29%	10%

Table 6.3: Percentage of Child Participants who were Orphaned by Community

This table demonstrates very high prevalence of children who had lost fathers: 56% in Umlazi, 50% in Ntuzuma, and 32% in Umzimkhulu. Although such statistics are higher than the average in KwaZulu-Natal, they reflect a general trend nation-wide for high levels of paternal orphaning. In 2007, 13% of children in South Africa were paternal orphans, 3% of children were maternal orphans; and a further 4% of children were double orphans (Meintjes and Hall, 2009). The large percentage of paternal orphans has been linked to high mortality rates in men generally, as opposed to women, who are less likely to be the victim of violence or workplace and other accidents (Ibid).

The loss of a parent is always a difficult experience for children, however, researchers have pointed out that in terms of long-term risks to child survival, development, education and adjustment, what is important is where the child finds him or herself before and after the parent's death (Richter and Desmond, 2008). In this study, despite very high rates of orphaning, the loss of a biological parent did not precipitate a 'crisis in care.' Across all research sites, every child who had lost one biological parent was now living with their remaining parent. Among 'single' orphans, there were no instances where migration to live with the remaining parent occurred- all were already living with their primary caregiver. Additionally, for 'double orphans,' all were living within the extended family. Twenty-nine percent were living with maternal aunts as primary caregivers, 57% with grandmothers, and 14% with siblings. In most instances of double orphans, children did not have to migrate for care. Falakhe, a 14-year-old 'double orphan,' is now cared for by

his grandmother, although he and his mother had resided in the same house since he was born. In his photobiography explanation, he describes why he took a photo of his grandmother:

Because she has been taking care of me since I was a child. She pays for my school fees, if she can't pay she goes to my school and explains why my fees aren't paid so that I get my report at the end of the year. She has been the one responsible for me since my parents left me as a child.

In the following case, a maternal aunt had taken in her nephew prior to the eventual death of both of his parents. HIV/AIDS had not precipitated the change in primary caregiver; her motivation was the result of wanting to protect and care for a related child:

I raised Andile because I took him in when he was still a baby... he was 4 years old...his mother passed away when he was about 8. Andile was living with my mother when I took him in because his mother didn't care much about him. So I decided to take him in because I didn't want my mother to be burdened with taking care of a young child...Andile's father passed away when he was 12... I tell him that my husband and I are now his parents and that should he need anything, he should let me know (Nomvula, female, 40, maternal aunt).

Researchers in South Africa have pointed out that contrary to what is often assumed, children spend long periods of time with two or more caregivers, where overlaps allow for the continuation of both routines and relationships. Such dynamic care arrangements, as seen in this study, mean that from the child's perspective, there may be greater familiarity with a 'new home' than is apparent to the external observer (Bray and Brandt, 2007). In the case of 'single' orphans, this was clearly evident, as care arrangements did not alter. For other children, familial ties undertaken during 'movements' between maternal and paternal kin, made the eventual adjustment to permanence much easier. After Nonkuleko's mother passed away, she went to live with her paternal uncle. When asked whether or not the move was difficult for her, after only living with her mother and siblings previously, she stated that "no, it wasn't difficult because it was just like moving from one home to another."

Additionally, in this study I found no evidence of discrimination or stigma, there were no cases of children who had dropped out of school, and chores were part of the everyday landscape for all children (see chapter six for a discussion of children's roles in the family).

The childhood histories from this study also did not report high levels of 'AIDS-induced migration' despite high rates of orphaning within the study population. I had originally approached the issue of children's migration from a position centred upon research on children's migration, and the assumption that migration was increasing child vulnerability in the time of AIDS. My line of questioning left little room for positive stories of migration (see appendix F). Once I had learned that a child had moved to be cared for by a different family member, my immediate question was "was this difficult for you?" However, by rooting my study within generational histories of childhood, I became increasingly aware of migration and movements of children as embedded within everyday practice. On only rare occasions was migration the result of a crisis within child care, even in the time of HIV/AIDS (see following section for further discussion on residential patterns of orphaned children).

Lastly, in this study there was no evidence of 'skipped generation' or 'child-headed households,' which was ultimately unsurprising considering their actual low prevalence in KwaZulu-Natal (Hill et al, 2008). For those children who were primarily cared for by grandmothers, other adult family members were also present in almost all cases, with the exception of one household, which was additionally supported by other family members who had migrated for work (the Nxasane's are discussed below). In the one case of a sibling-headed household, the head was 30 years of age (the Mpungose's are discussed in the following). The following stories of particular children and families offer greater insight into family dynamics and caring arrangements in the time of HIV/AIDS, as well as some of the inherent challenges when

utilising concepts such as 'orphans' and 'OVCs.'

The Nxasane's in Umzimkhulu

Thembi Nxasane, 56, is the head of a 'skipped generation' household in a remote part of Umzimkhulu. She lives with her daughter, 16, and three grandchildren, aged 19, 13 and 12. In 2002, her daughter Ntombifikile died of AIDS at the age of 30, leaving behind her three children. Since then, Thembi has been their primary caregiver. Sthembiso, 12, thinks that in general, grandparents are too old to provide care and its better to be cared for by someone younger, like parents. Although living in a remote area, Thembi found out about the Foster Care Grant from a local counsellor, and since last year, has been receiving it for her two youngest grandchildren. She found the process quite difficult because she originally registered the children as her own, and then had to go back to clarify the situation with the birth certificates for the children. Each of these visits to the Home Affairs office were very costly though, and this made the process quite difficult. However, now that she receives the support, she no longer looks for part-time work- she used to help people make mud bricks to build their houses. Thembi also receives support from her three children, aged 32, 28, 20, who all work as seasonal farm labourers in the province and visit when they can. Together, they are trying to save enough money to build Thembi a better home, and one of her son's is hoping to return to school after matriculating.

The Mpanza's in Umlazi

The Mpanza's are a typical 'HIV/AIDS-affected household.' Mavis, 70 years of age, is the head of a four-generation household; her grand-daughter, Slindile, has a 1-year old child. There are thirteen people living in this family in one small house that seemed to have foundation problems when it rained. Mavis has witnessed the death of her husband 15 years ago, four of her

children (one as an infant, one to township violence, and two to AIDS), as well as four grandchildren. Despite the fact that there are three able-bodied adults living in the household, Mavis is still the main breadwinner. She makes straw brooms from home and sells them in the local market. One of her teenaged grandchildren helps her by going to the market when he comes home from school or on weekends, but even he laments that none of his aunts or uncles does anything to help Mavis. There are four 'double orphans' in this household, although none are receiving the Foster Care Grant. Mavis is going through the process now, but it has been an arduous task. The family survives on Mavis' Old Age Pension grant, one Disability Grant, and one Child Support Grant, although they are clearly eligible for more.

Despite inherent challenges, the Mpanza's were a family with emotional and social capital, and the children in this family were thriving in terms of school attendance and hopes for the future. However, with little support from external agencies, and the adults in this household unable or unwilling to work, poverty remained their most critical challenge.

The Khumalo's in Ntuzuma

The Khumalo family was originally introduced to us as a 'child-headed household,' and presumed to be highly vulnerable. Wendy and Wonderboy, both 16, 'head' the household, taking care of their two siblings, both ten. The four children used to live with their aunt in Umlazi until last year, when they moved to Ntuzuma. The house they now live in was originally the Khumalo family home, where the children grew up with their grandmother, uncles, aunt, and various cousins, until all three of their uncles passed away, along with their grandmother between 1999 and 2000. All of these family members passed away at home, with the children aware, and present for some of their last moments- Wendy was helping her uncle drink a glass of water when he passed away. After these losses, the children moved in with their aunt, who

now lived in Umlazi with her husband and children. Their mother continued to work as a domestic worker in neighbouring towns as she had always done, and the children were cared for by their aunt and supported financially by their mother. However, after five years of this situation, Wendy's aunt decided she wanted to sell the family house in Ntuzuma: Wendy's mother refused. In the end, their aunt agreed, not to sell on the condition that the children reside there, and no longer live with her in Umlazi. And so, in 2005, the children moved to their old family house in Ntuzuma on their own, while their mother continued to live at her place of work.

On the surface, this was a highly vulnerable 'child-headed household,' also likely 'affected by HIV/AIDS' through the loss of their uncles to debilitating illness in previous years. In the everyday sense, the household was run by Wendy, and also received external support from a local NGO in the way of monthly food parcels based on this fact. However, the dynamics of this household were far more complex, and they could not easily be defined as such. Yes, for the vast majority of time, the four children lived on their own. However, their mother made monthly visits, paid their school fees, and made large grocery purchases when she was home. The children also accessed water from their neighbour's taps, and had free electricity through some illegal spliced wiring someone had done in prior years. However, not just in terms of those direct, consistent sources of support were the children managing to survive: the dynamics of this household seemed to change constantly, as was the case each time we visited the family (five times). In the first instance, the children seemed to live completely on their own. In all subsequent visits, we found elder family members present, primarily cousins, and on one occasion an uncle who seemed to be 'parenting' Wendy about a boy she was dating.

The Khumalo's were the only family I could locate who fit the description of 'child-headed household' in any of the study communities. The NGO which

had been supporting them believed that both of their parents had passed away, when in fact their mother, along with both fathers (the two sets of twins had their own), were also both alive, but inactive. We also believed, even after an initial interview with the children, that they lived on their own, and were only visited by their mother. However, it seemed that other family members stayed at the house when they needed to, or were looking for work nearby, and took the opportunity to care for the children. The Khumalo's present an interesting case study for the ways in which 'OVC' discourse can lead to misinterpretations at the community level, as well as the ways in which families manipulate NGO support in an environment where simply being poor is not enough to ensure external support.

Furthermore, the Khumalo twins who were 'heading the family', were inhabiting an 'in-between' world of childhood/youthhood/adulthood. From an institutional, policy-perspective, they defined themselves as children in order to gain support from local NGOs and neighbours. In legal terms, they were children, attending school, and dependent on adults for many of their basic necessities. In terms of the ways in which they cared for their siblings, and the everyday responsibilities they fulfilled, they were occupying 'adult-like' caregiving roles. They primarily lived on their own, and for the twins who were ten years old, their older siblings were their everyday sources of support and care. However, from their own perspectives, Wendy and Wonderboy remained young people, more like their peers and schoolmates. They were still scolded by visiting relatives for dating too young, they still had to finish their schoolwork on time, and they were still dependent on their mother's monthly contributions for food and clothing. The Khumalo's were not easily defined, and could variously be conceptualised in many categories depending on time and place. As Christiansen et al (2006) describe, people are positioned and (re)positioned within generational categories, as well as seeking to position themselves within these. Within the same day, a person can be positioned as child, youth and adult, depending on the situation and

stakes involved in the relationship. While pathways to adulthood have been of increasing interest within the social sciences (Christiansen et al, 2006; Valentine, 2000; Punch, 2001), from the perspective of policy, and within discourses of 'response', more clear-cut categories are seen as required, and there is often little room within platforms for such nuances. The following story of Khanyisile further demonstrates the complexities of children's lived realities and everyday transitions when taking into account responses to the 'AIDS crisis of care.'

Khanyisile's Story

Khanyisile is a 16-year old girl living with both of her parents and younger siblings in Umzimkhulu. No one in the family is living with HIV, and there have been no AIDS-related deaths reported within the extended family. Over a year ago when Khanyisile was 15 years old, she met a boy while on a walk in the village. He approached her and they spoke, coming to an agreement that they wanted to get married. After knowing each other for one month, he paid part of the *lobola*,³⁴ and they got married. Her parents were not supportive, but Khanyisile went through with it anyway, and at 15 years of age, she left school, and moved in with her husband and his family. After less than a year, she found she could no longer cope with her living conditions, and the way her husband treated her: he lacked respect, and openly flaunted his infidelity. He would phone other girls in front of her, leave in the evenings, and not return home until the following morning. His parents also did not like her, and she didn't have their support in mending the relationship. After a year, she moved back home. When we met Khanyisile, she was still healing from the shame she felt at her failed marriage. Her parents had been unsupportive in the first place, and it was clear there were strains within the family. One of the main issues was that, despite being back home, she still had not returned to school. She apparently wanted to re-

³⁴ In Zulu culture, the system of *lobola* or bridewealth consists of the passing of a sizable gift in money or cattle from the groom and his family to the father of the bride.

enroll, but stated that her father now refused to pay her school fees. When we asked her mother what she thought, and whether she would mediate the situation, she said she thought Khanyisile did not want to return to school, that she would rather find work instead. There was clearly miscommunication between mother and daughter, but Khanyisile's life chances were slim considering her level of schooling. Further, as the rates of HIV are high in Umzimkhulu and she was married to an unfaithful man for almost a year, her risk of contracting the disease may also have been high. She had yet to be tested and seemed uninterested in doing so. She was now isolated from her peers who were still in school, and spent her days with her mother and younger siblings in their house, unsure of what to do next with her life.

As with the Khumalo children described in the previous case study, Khanyisile's story presents particular vulnerabilities and complexities related to issues of how we categorise children and youth, and how these interpretations impact the ways in which 'vulnerabilities' are assessed and responded to. Khanyisile was the only child we encountered at any research site who had dropped out of school, an indicator which greatly enhanced her vulnerability and future life chances. However, her vulnerability was entirely unrelated to the HIV/AIDS epidemic. Her everyday reality speaks to a varying vulnerability of a child living 'in between' childhood and adulthood in terms of conventional definitions and understandings. Her marriage instigated a period of time when she was her own woman, albeit dependent on her husband and his family. However, the failure of this marriage, and a return to her parent's home engendered a return to childhood. Indeed, as various scholars have discussed, one can move back and forth between childhood and adulthood and such transitions are neither clear-cut nor unidirectional, with child and adult identities being simultaneously performed (Payne, 2009; Punch, 2000; Robson, 2004; Valentine, 2000; Katz, 1993).

However, such complexities as demonstrated by Khanyisile's story are rarely

highlighted within discussions of HIV/AIDS 'response', while they clearly point to 'other' vulnerabilities which have important implications in the time of HIV/AIDS.

The Mpungose's in Ntuzuma

The Mpungose's are a family of six living in a government-built house in Ntuzuma. In 2004, both of Lucky's, 30, parents died of AIDS within two years of each other, and now he heads the household, and takes care of his five siblings, aged 21, 19, 18, 13, 9. In terms of financial stability, the family is very stable. After his father's death, Lucky took over his permanent job as a truck driver, while his younger brother Nkosi, 21, now works as a caterer. Lucky has been very adept at accessing social welfare support, and has been getting the Foster Care Grant for his three youngest siblings, finding the process not very difficult in terms of logistics and the application process, although it took almost two years to receive the first payments. On the surface, this family was vulnerable in terms of HIV/AIDS-related loss, and clearly the children in this family missed their parents. However, in an ironic twist of fate they were now financially better off than when their parents were alive (their mother never worked). One of the main challenges facing this family was the adaptation to new family dynamics, an issue not usually expressed in the literature. Gugu, Lucky's 19-year-old sister, has had numerous arguments with Lucky about her desire to have a boyfriend. However, Lucky insists that their father would never have allowed her to, and feels it's his responsibility to guide her in the right direction. The issue came to head a few months prior, where Lucky refused to pay for any of Gugu's expenditures with the exception of food, in order to dissuade her from her relationship. However, Gugu sees this as hypocritical, because Lucky himself has two young children with a girlfriend elsewhere in Ntuzuma. Further, his threats have created a chasm between them, and Gugu now depends increasingly on her boyfriend for things like cellphone airtime and clothes.

For the Mpungose's, the care received by the 'children' was complicated due to the nature of evolving family dynamics. Although there were young children in the household, and Lucky was the head of the family, younger siblings such as Gugu were treated like children, but were in fact adults. Gugu described a fractured relationship between herself and Lucky, which had escalated over the years since her parents passed away. Lucky had been left to care for the children in the family, and in terms of material support, was succeeding. He was employed, and adept at accessing the FG for two of his siblings. However, 'other' vulnerabilities were also evident, and the dissonance between the two siblings may have the potential to place Gugu at risk. Because she could no longer count on her brother for support, she was increasingly financially dependent on her boyfriend. Although Gugu stated that they always used condoms, her continued dependence on her boyfriend in the future may result in increased vulnerability if he pressured her not to use protection. Such vulnerabilities are often not discussed in 'crisis of care' discourses, but may be important with increasing parental mortality, and 'older' children becoming the heads of household.

These stories exhibit a range of caring dynamics in the time of HIV/AIDS. Once again, although definitions utilised by international organisations have attempted to be all-inclusive, the focus on HIV/AIDS is not always the best indication of childhood vulnerability or childhood and family needs in terms of care. Although all of these families were highly affected by HIV/AIDS, none exhibited a 'crisis of care' induced by HIV/AIDS. Primary challenges centred upon financial needs and poverty, as well as family dissonance and the altering landscape of family dynamics for those who lose parents, but are no longer 'children.'

6.7: Conclusion

This chapter has reconceptualised the dynamics of care in KwaZulu-Natal by

utilising generational histories of childhood to explore continuity and change within the caring landscape, as well as children's agency within their caring environments. The primary data from this study suggest continuity within gendered patterns of child care, as well as the notion of 'fluid' families, communal responsibility for children, and children's migration. As with previous concerns for the care of children in the context of apartheid and the migratory labour system, recent 'crisis of care' discourses permeate discussions of care in the time of AIDS. This chapter sought to explore an important question: what can we learn from a recurring discourse which posits the 'decimation' of 'family' life? For one, the 'family' has not been decimated, but has remained resilient despite recurring 'waves' of impacts. Indeed, 'families' are part of larger, and continuously changing, webs of social, cultural political and economic forces. The child care and living arrangements that arise in the time of AIDS must be considered within historically fluid, normative household arrangements.

When we explore present-day issues without an acknowledgement of historical processes, we miss part of the 'story.' The stories presented as part of this chapter normalise the process of children as carers, children's migration, children's agency within the decision-making process, and the 'everyday' nature and fluidity of children 'between' and 'within' paternal and maternal kin. Nduduzo's story of 'other' childhood movements within the same community became a benchmark for this study in terms of understanding both the complexity of children's living arrangements, and also the very simplicity of such migration. Movements were often simply about belonging to 'stretched' families, making care fundamentally *relational*. In their study of child care arrangements, Bray and Brandt (2005) found that for South African children, 'home' in both a social and emotional sense may be one's current physical location, but may equally be in a home of ancestral origins in rural regions. The authors argue that these are not mutually exclusive, suggesting a sense of belonging in the social space that connects the

two physical places. Ultimately, migration was characterised by its everyday nature, rather than being crisis-led. Children also demonstrated agency in making their own decisions regarding migration, an important aspect which may become increasingly relevant in the era of HIV/AIDS. The presupposition that children's migration is a negative consequence of HIV/AIDS (Foster, 2000; Van Blerk and Ansell, 2006) has meant little attention has been given to examining the positive role migration can play for families and households coping with adverse events such as death.

Further, despite the widely-held perception that household dissolution is a common occurrence in families affected by HIV/AIDS, this study supports other recent findings from longitudinal data from across South Africa that there is little evidence that the HIV/AIDS epidemic is leading to the collapse of traditional forms of household organisation (Hosegood et al, 2009). I was not easily able to locate child-headed households, and only one 'skipped generation household' was located. In terms of 'orphans and vulnerable children', all children who had lost a parent were living with their remaining parent. Double orphans had been easily absorbed into the extended family, often remaining in the households they had grown up in, with cousins, aunts, uncles, and grandmothers. Parental deaths did not necessarily cause a direct crisis in childcare because extended family members historically played a significant role in caring for children and continued to do so in the context of the time of HIV/AIDS.

Lastly, one of the emerging themes in terms of the altering landscape of care, was that of the role of the state, and its newfound responsibility within modern, democratic South Africa. In recent decades, the state's role in caring has increased, and become fundamentally important in many cases. In the time of AIDS, this is likely to become more so, and adults expressed an activism and desire for increasing levels of support for all impoverished families, and especially those that are supporting orphans.

The following chapter continues the process of approaching childhood in the time of HIV/AIDS generationally, and relationally, and explores the emerging and complicated issue of children's rights in the time of HIV/AIDS.

Chapter Seven: Children's Rights in the Time of HIV/AIDS

I used to explain it like this: "your freedom ends where my freedom starts,"...so you can have rights, but your rights stop where my rights start (Sfiso, teacher/traditional healer, 35, Umlazi).

They say no child should be having rights, they say rights do not exist (Nduduzo, male, 14, Umzimkhulu)

Mayall and Zeiher (2003:18) have argued that because each generation's thinking is based in another historical time, differing generations living together are confronted daily with each other's particular way of thinking. Indeed, childhood is fundamentally a *generational, relational* phenomenon. The purpose of this thesis has been to explore the 'everyday' landscapes of childhood in the time of HIV/AIDS, and to address questions of continuity and change, as well as how the epidemic has layered new meanings upon childhood landscapes. While much has been written about rights in the context of HIV/AIDS in terms of children's education, care and the supporting orphans, less has been written about the ways in which children's rights and 'modern' child discourses have resulted in shifting attitudes, perceptions, and realities within relationships at the family level.

This chapter explores the changing nature of childhood in KwaZulu-Natal, and specifically the notion of a 'crisis' within Zulu childhood as articulated by adults (and some children) in this study. Expressions of concern highlighted a perceived loss of the very nature of 'traditional' Zulu childhood, ultimately coalescing around the issue of children's rights in the 'new' South Africa. Here, I do not advocate a position of cultural relativism hostile to the validity of children's rights, but rather explore the nature of children's rights in the time of AIDS, and how childhood, culture, and rights have intertwined to create new meanings and experiences for children.

In South Africa, the evolution of children's rights is part of a longer history of democratisation, as the end of the repressive apartheid era brought about

strong commitments to human rights generally. Children's rights were enshrined in the South African Constitution in 1994, as well as the United Nations Convention on the Rights of the Child (CRC) which was ratified in 1995. In the 'new South Africa' of the post-apartheid era, the Constitution envisages a society that respects the equality and dignity of every person – child and adult alike. Politically, the adoption of such measures was probably inevitable, but a basic clash of ideologies has resulted, ultimately altering the landscape of childhood in the time of AIDS. The first section provides a framework for understanding the inherent contradictions that exist between conceptualisations of 'traditional' Zulu childhood and childhood in the time of rights, and follows with a discussion of a conceptualised 'crisis' as expressed by adults and children in direct relation to children's rights within the family home.

7.1: 'Tradition' and the Altering Landscape of 'Modern' Childhood

Constructions of 'childhood in crisis' always begin with imagined (and often idealised) versions of childhood, and a presupposition of what childhood was like 'in the past.' In the case of new conflicts arising over children's rights in South Africa, a romanticised, 'ideal' childhood was portrayed by adults in this study, based on 'traditional' notions of the appropriate Zulu child.³⁵ The term 'tradition' is utilised in this chapter with certain qualifications, as the notion of tradition is not necessarily an accurate reflection of the past. However, the following discussion is an exploration of the subjective accounts of adult perceptions, and participants operated within notions of what they viewed as 'tradition' with respect to children's place in Zulu culture. It is in this sense that I utilise the term throughout this chapter.

In Zulu culture, the place of children within the family and society was

³⁵ In a review of historical literature on childhood and child-rearing practices, Liddell et al (1991) note an 'undermining of the traditional respect for elders,' and a reduction in parental control over children in the historical record as early as 1902.

unequivocal, and centred upon a child's awareness of duties, responsibilities, and position within the social hierarchy (Themabela, 2002). Belonging to family and community came with delineated responsibilities and expectations about children's roles and tasks. From an early age, Zulu children were expected to contribute to the homestead by taking part in cleaning the house, running errands, making the fire, preparing the evening meal, and caring for dependent family members (Bozalek, 1999; Krige, 1950; Longmore, 1950). Cultural identity was formed and maintained through a strong sense of collectivism, solidarity, reciprocity, and maximum cooperation (Themabela, 2002). All people respected the rule of preeminence; age and seniority were of considerable importance, and a hierarchy of age was rigidly maintained (Longmore, 1950). Notions of children's rights were intricately bound to a basic right to life, an essential part of the family's right to survival (Leclerc-Madlala, 2000).

Research exploring adult perceptions of the 'ideal' Zulu child demonstrates continuity in the expectations imposed upon children. In these studies, adults expressed a desire for children's awareness of their 'place' within the family and society as a whole. Themabela's work (2002) in particular reiterates the dominant theme of *ukuhlonipha*, a notion which broadly translates to 'respect'; and has been defined as reverence for one's parents, obedience to one's parents and acceptance of older people as valuable social guides (Campbell, 1991). A well-behaved child was seen to be respectful and obedient, always conforming to social norms. Children were meant to be kept busy or active in ways that demonstrated respect for adults, and they should generally remain quiet and learn from their siblings (Zamisa, 2003).

Within this study, both adults and children also depicted rigid expectations in terms of family responsibility, and roles they played in the family.

Historically, children did what they were told, "what can I say? It was useless not to like the jobs because I had to do them anyway" (Nonkulelo,

female, 38). Today, a continuity in such expectations persisted; many children felt that daily chores were an important part of their contribution to the household, and would never complain to the adults in the family about their 'fairness': "there are times when I just don't want to do them, but I never show it" (Sfiso, male, 13, Umlazi). "I sometimes feel that I work too much, but I can't complain because I have to do it" (Mvuyisi, male, 17). Despite these comments, the vast majority of children felt that the chores they undertook were fair, part of their place in the family, and did not inhibit other aspects of life, for example schooling, playing with friends, or sports.

From this discussion, it is unsurprising that in South Africa, children's rights are for many controversial, particularly at the community and family levels. In a society where entrenched poverty and deeply embedded social hierarchies determined the nature of childhood, the concepts in the CRC are for many, an import for an alien world. As an interpreter in KwaZulu-Natal stated regarding his job translating the CRC into isiZulu: "Children are children in our culture. The only rights they have are the rights we give them" (Leclerc-Madlala, 2000: no page number).

7.2: Respect and the Generational Place of Children in the Family

Within this study, a clear disjuncture existed between traditionally-held values of appropriate childhoods, and rights granted to children in the CRC and the Constitution. Where such chasms rose to the surface, they caused conflicts. As I have discussed, respect for adults is a critical culturally-bound aspect of childhood; the determining characterisation of childhood is respect for elders (Zamisa, 2003). The issue of respect was repeatedly broached in interviews with both young and old, all insisting that this quality had been lost on the new generation (with children admitting as well that many children did not show deference and respect to their elders). Notions of respect (or lack thereof) were manifest across interviews, and were tied to

modernisation and the changing nature of childhood in post-apartheid South Africa. For example, because children in traditional society belonged to everyone, the practice of greeting elders was a common expectation, but one that seemed to have fallen by the wayside:

Children nowadays are very disrespectful. *Sawubona* is so difficult to them. They don't greet strangers, they only greet people they know (Rose, female, 61, Ntuzuma).

Sawubona, the Zulu greeting, literally translates to 'I see you,' and was both a sign of respect, as well as part of social cohesion. Its decline in use by children was seen by adults as a sign of adult marginalisation, that they were ignored by children. Adults also expressed an issue with the loss of other everyday customs. Liziwe, 33, made the following comment about how childhood has changed:

Things were different back in my day, a child would have dress codes that went with their ages. There were rituals performed to welcome girls into adulthood or rather womanhood. So nowadays a girl and a woman dress the same, there is no difference (Umzimkhulu).

Liziwe's statement about everyday customs demonstrates an important point about the ways in which children and adults were meant to differentiate themselves. Such customs signified respect for elders, and a process whereby children earned their position in the hierarchy over time. Today, children no longer abide by such rules. Another area where childhood customs had changed (to the annoyance of elders) was in hairstyling, an everyday practice that had taken on new meaning in recent years. I came across various references to hairstyling before I realised it was an example of an ongoing power struggle between adults and children. In a discussion of why one township school was at overcapacity, while another nearby had space, Sfiso, a teacher and traditional healer in Umlazi, noted that at one school, children could wear their hair how they liked, while at the other, both boys and girls were expected to shave their heads. If the child did not do it themselves, the school Principal would do it for them, resulting in humiliation. Sfiso thought

that the reason hairstyling had become an issue was because it was seen as a distraction from studying. However, the issue took on varying meaning in another interview with Zinhle, 16, and her mother Bongi, 50, in Umlazi:

Zinhle: If you didn't shave your hair he does it for you, but half way! Then you become the laughing stock of the school.

Amy: What do the parents think, what do you think?

Bongi: It suits me just fine because if children do their hair there won't be a difference between a pupil and a teacher. I think it is good because the children would have better hairstyles than the teachers. It would mean more expenses for parents, so shaving their hair is good, it works for me. In multiracial schools children don't wear school uniforms. You find them wearing the same clothes as teachers- sometimes even more expensive clothes than teachers. In a way this undermines the teachers, that's why children should wear uniforms and shave their heads. In this way there is no disrespect towards teachers.

The issue of hairstyling, as with previous traditions around clothing was ultimately about everyday practices that served to distinguish adults from children. Such differences helped to foster respect and embolden social hierarchies, important aspects for perpetuating social norms and children's place within society.

Children's desires for modern products were disempowering to caregivers, and they often lamented this new dimension of childhood as something they could not relate to: "Children have more challenges, they are money-driven...now money is an issue and safety...for them you get respect if you have money, they always demand it" (Sbongiseni, male, 30, Ntuzuma).

Bongiwe, a mother in Rietvlei, summarised these changes, and expressed what many adults felt in both rural and urban areas.

We mimicked what adults did. Children today don't do that, they have too many questions. Children today are smarter than us, we were childish for awhile. I can say that our growing up was at a slower pace... we made our own toys, our own dolls and played with oxen and donkeys. We rode on the plough pulled by the cattle...Children today are more demanding, they would never go to school barefoot, they want expensive clothes, cell phones, and some do crime to get these things.

Nowadays children are affected by HIV... children are too modern (Bongiwe, female, 54, Umlazi).

This section has demonstrated that 'the time of AIDS' exists alongside 'other' changes within the context of childhood, namely modernisation and the legislation of children's rights. For caregivers, adults, and parents, such changes are concerning. Adults lamented the loss of traditional aspects of childhood, for example respect and deference, which manifested in altering everyday practices such as clothing, hairstyles, food choices, and consumerism. The following section builds on an understanding of childhood within traditional Zulu culture, and the modern landscape of children's rights.

7.3: Children's Rights and the Zulu Family

Where previously discussed aspects of modern childhood were seen as frustrations or nuisances, the issue of children's rights, I will argue, has reached crisis levels, and has implications for the ways in which HIV/AIDS is experienced at the family level. These conceptualisations of 'crisis' lie in direct opposition to those discussed by international organisations, NGOs, and governments: it is not that children are inadequately protected, but that these very protections have corrupted children, and the very essence of a proper childhood. Such a problematic lays bare the socially structured nature of childhood, and the ways in which conceptualisations of crises are culturally and historically situated. This study demonstrates a growing chasm between the obedient childhood of yesteryear, where *hlonipha* dominated and hierarchies were rigid, and the childhood of today, where modernisation, urbanisation and capitalist culture have created a more demanding child. Nowhere is the issue of the empowered child and the disgruntled (and confused) adult more clear than in the discourse and realities of children's rights.

First, in terms of adult perceptions of rights, there were two main schools of

thought; those who felt that children's rights were wholly negative to adults, children, and society, and those who felt that 'some rights were good and others were bad.' In general, those who felt that children's rights posed some merit, tended to focus on the issue of the social welfare system which grants support to caregivers of children:

They are partly good and partly bad. They are good because the government issues money for children who don't have parents and for children who have unemployed parents. But the rest of the rights are bad because children stride in nowadays because of these rights, they have no respect (Nontanda, female, 62, Umzimkhulu).

In the Constitution, children also have a special place in section 28 of the Bill of Rights which safeguards their rights to care and protection, over and above the rights they have in common with everyone else. In the eyes of the law and government, children were seen as special members of society, and assistance only seemed to come to adults in the form of their caregiving of children. While adults are happy to receive a benefit which allowed them to care for their children, they also felt that children should not take advantage of their position. Again, the issue of respect was broached:

On the other hand, children do not care about children's rights to respect their parents. They just want to be taken care of, but they do not give anything back (Thembisile, female, 41, Umlazi).

Adults unanimously expressed concern over the imposition of rights, as they were entirely unfamiliar in terms of their own childhoods, and were seen to disrupt the very nature of appropriate Zulu childhood behaviour and relationships with adults. Again, the issue of *hlonipha*, or respect was repeated within discussions:

Children do not know how to respect... now children tell you about rights...the government is corrupting our children... Why should children have rights? Just look at how rude they are! I have a granddaughter who will not do a thing I tell her. I tell her to clean or cook and she refuses. I have tried to discipline her by hitting her and she hits me back. They are rude and disrespectful- parents should have

a right to discipline their kids (Gladys, female, 70, Ntuzuma).

Perhaps ironically, children themselves were also concerned about the corrupting power of rights and the consequences for children. Sthandwa, 12, discussed this concern, showing that children were keenly aware and had their own concerns:

...well um, we have rights but the thing is we mustn't abuse them... the thing is that most children abuse their rights. They like, lets just say ...like a child sometimes has to be spanked because they're being naughty and some children say that's abuse and I don't think its abuse cause if you do something wrong, you have to get punished for it and getting grounded its not the way cause you'll still do it...the President says its abuse... even at schools, they say that at schools you can't hit a child, cause its abuse... at some schools they do...they don't care what the President says, they'll just carry on because they say that children, they don't listen. Some children don't listen because they say 'you can't hit me because I've got rights' ...and that's abusing the rights, its not right (Ntuzuma).

Underlying the anger expressed by adults and frustration over their 'modern children' was a feeling of disempowerment. The government, through NGOs and the school curriculum, had imposed- top-down- a legal framework and ensuing discourse of children's rights in their communities. Nowhere was this felt more, and expressed more fiercely, than in the issue of banning corporal punishment, a prominent feature of traditional Zulu childhood. Many adults contested that the government had betrayed African culture, and had usurped their parental rights, leaving them with disrespectful children who no longer faced consequences:

... children are disrespectful...they challenge their parent's authority as a result (of the rights). These rights are destroying our children...they should be spanked... it builds respect. Corporal punishment helped us a lot because we were disciplined...yes, I spank them until my hands gets strained! (Nomvula, female, 40, Umzimkhulu)

Adults felt that corporal punishment was a feature of their own childhoods, and resulted in the transfer of appropriate behaviours of what was right and wrong:

I am completely against children's rights. To say that a parent can not hit her child does not make sense to me. I love children but if they do wrong I believe in corporal punishment... You fetch a stick and hit them on the legs with strokes enough to scare them. Not severely so that people can see. You do it because you want the child to see their mistakes and fear to do it again (Slindile, female, 27, Umlazi).

Many also expressed a fear that the government, through the police, would be called into their homes if they practiced corporal punishment:

I don't like that a parent can't hit their children. When we grew up, we got hit and that prevented us from doing wrong things. Nowadays we fear being arrested so we don't hit children. One has to put aside R300 for a fine if they want to hit their children. This one (child) always tells us he will arrest us if we hit him. He is very rude and talks back to us adults... most parents say you must have R300 for the fine. The police also tell parents that if they did hit the child they will be arrested. If the child makes that call, the police arrive in a very short space of time (Thoko, female, 53, Ntuzuma).

It appeared to many adults that children's knowledge of legal rights empowered them in the adult-child relationship, allowing them to threaten police action should a parent spank them. However, despite such concerns raised by parents, very few had actually been threatened, and none reported knowing a case in the community where the police had become involved over the issue of corporal punishment. My fieldnotes noted one case that my interpreter had been aware of:

Zama told me a story today of a mother and her 13-year old daughter who got into a fight in her neighbourhood in Ntuzuma, and her mother was about to start beating her, and she said that she would go to the police and report her if she did this. Her mother became so angry that she brought her to the police and said that if she was going to go to them, they should just take care of her. It has been over a year since this mother left her daughter at the station, and she has not come home. She is now living with foster parents (January, 2008).

7.4: Walking the line: Agency and Negotiation in the Time of Rights

Children today must walk a fine line in navigating the rights they learn about

in their schools and through the media, with their caregiver's evident opposition to these principles. As discussed throughout this chapter, a number of children expressed that rights were defined as those relating *not to* rights *for* children, but in actuality, *adult's* rights: "children have a right to give respect to their parents and adults in general" (Sibonelo, male, 13, Umzimkhulu). Children are consistently reprimanded for being disrespectful in the home, for sharing their opinions too forcefully, and for asking too many questions (see following chapter), that the definition of rights has come to mean something entirely different than what both enshrined in the CRC and promoted by child welfare practitioners.

Indeed, it is perhaps unsurprising that in discussions of rights with children themselves, many echoed adult concerns, and emphasised issues such as corporal punishment and respect. The majority of children tended to agree with the fundamental merits of traditional discipline as a form of respect and socialisation:

Amy: Which children's rights are good?

Nompumelelo: That they have a right to be scolded and to be hit.

Zama: But hitting a child is not legal in South Africa!

Nompumelelo: I think those should be made legal. Children should be disciplined to have some respect because children lack respect because they are not hit.

Zama: Do you know any good ones that South Africa has legalised?

Nompumelelo: Since children cannot be hit I can say there are no good ones.

Amy: When you get hit, do you feel you respect your elders more?

Nompumelelo: I am a respecting child, when I get hit for something I never do it again (Nompumelelo, female, 13, Ntuzuma).

However, upon reflection, other children discussed what they perceived to be part of the problem with adult acceptance with 'modern children's rights':

Nduduzo: I know a little about them because adults scold you when you talk about them. They say no child should be having rights, they say rights do not exist. But we are taught about them at school. We are told that children must not be hit.

Amy: Do you think most adults aren't too happy with them?

Nduduzo: Yes, I think it's because they are not well educated. They don't understand children's rights. When children tell them about the right, they think children are being disrespectful...I think they are good because if a child knows about them, the child will report any violation done to her. For instance, if a child knows her rights and she is raped, she will report that to the police. If the child doesn't know about their rights, they might not report at all (Nduduzo, male, 14, Umzimkhulu).

Inherently, a divisive debate is raging on the issue of rights within the family home, but in particular there is real concern about the 'unevenness of rights.' In a context of adult disempowerment, children are given rights and protections, but where does this leave adults? Essentially, the issue of rights had become a tug-of-war between generations. Where adults are satisfied with children's rights is in the area of children's social welfare, and their right as parents to receive grants. Additionally, it is not only a contradiction between children's rights and traditionally held beliefs about childhood which are in conflict; adults perceived a corruption of the underlying principle of rights which were now leading children down the wrong path in life. As Mayall and Zeiher argue (2003), the generational approach allows for an understanding that 'power', resources and rights are unevenly distributed between children and adults. Rights need to be ensured by adults; children do not operate outside of families and communities and can not be the insurers of their own rights. Further complicating the situation is the fact that many children seem to agree with adults about the state of their own generation, and about the incongruity of their enshrined rights with adult expectations.

A crisis is evident both in the ways adults construct modern childhood, and the ways in which such constructions impact negatively on child-adult relationships. What do these imply in the era of AIDS?

7.5: 'Eyes Wide Open': Do Rights lead to Risk?

The scale of the HIV/AIDS epidemic among young people in South Africa is significant, as they are now the highest risk group for HIV contraction.

Although awareness and knowledge about HIV and AIDS are high, this has not translated into substantial behaviour change (Kalichman and Simbayi, 2004). Adolescents receive conflicting messages about sex and sexuality and they lack the knowledge, confidence, and skills to discuss sexual issues, including contraception and prevention of infection (Hartell, 2005). Most adolescents make decisions about sex in the absence of both accurate information and access to support services from either their families or from within institutional settings.

Throughout the research, adult participants articulated an opinion that the 'modern child' tended to be disobedient, demanding, and disrespectful. Such children, devoid of the character imposed on them when they were children, were seen to face difficult challenges in the 'new' South Africa. Thus, many challenges children face were articulated as children's own doing; children had become disconnected from traditions, and through their disrespect, were facing new burdens:

Children face much worse burdens. When we grew up we didn't have incurable diseases. There were curable ones and when we were warned about them we listened. Children nowadays don't listen when they are warned about anything.... They know about the dangers out there but they put themselves in trouble with their eyes wide open (Thoko, female, 53, Ntuzuma).

Adult participants correlated a perceived disconnect with tradition, and consequences which included crime, alcohol and drug abuse, and HIV/AIDS. For example, many adults made the specific connection between rights and young people's sexual behaviour today. While it is clear that the youth of today are not the first generation to engage in premarital sex (Burman and Preston-Whyte, 1992), the cultural rituals which made it socially acceptable for young people to engage in sexual exploration were perceived to have been disregarded, much to the dismay of adults:

(Childhood is) very different, we were very disciplined, we respected adults. When a boy wanted to talk to you, he would wait for you at the

river. But today they now use cell phones to communicate and today's children show no respect ...children today are mothers, they get children prematurely...They are not disciplined, back then girls did the thigh sex, they never had penetrative sex before marriage. They don't follow instructions. Back then girls did the virginity test. (Fundiswa, female, 29, Umzimkhulu).

If adults believe that children 'do not follow instructions' and will not listen to adult wisdom and experience, they may not bother to try to engage with children at all on the topic of sex and relationships, very disconcerting considering the particular vulnerability of young people to contracting the virus, particularly young women (Dorrington et al, 2002; Hartell, 2005; Kalichman and Simbayi, 2004; Lesch and Kruger, 2004; Smith, 2002). In this study, there was very little evidence for open communication about sex education surrounding HIV/AIDS. Many adults felt that: "Its difficult because when you talk to your children, they don't listen...then again if you don't say a thing they go out there and bring death (Thokozani, male, 49). In this study, when caregivers *did* choose to discuss HIV, it was normally by teaching children how to protect themselves at school by not going near blood if someone had cut themselves, or with general sentiments that HIV was a problem in the community and dangerous. Discussions of personal choices or the risks children may face in the future were not communicated at all, despite some children stating they would like this to be discussed with their parents.

The story of Sihle, 18, characterises in part, the complicated nature of sex education and communication between adults and children. As I previously discussed in a case study of this family, the Ngemas in Chapter 5, Sihle lived with his mother, two aunts, and female cousin who were all HIV-positive and living openly within the household. Despite the level of 'impact' in this family, the women felt powerless in communicating their message. Says Camangile, Sihle's aunt: "I think youngsters are more at risk of getting the virus. They are easily influenced to not use protection...they are building

their confidence. You find that history repeats itself. Parents die of AIDS and so do their children." Sihle's mother also expressed difficulties and a feeling of futility: "what can I say? They are taught about it at school, the media talks about it- what more can I say?" Indeed, despite all this family has been through, the message was still not translating into behaviour change. Sihle, now 18, recently became the father of two babies, a few months apart in age, from two different mothers. When I asked why she thought her son was evidently not using protection, Nana thought that "they want to see what we saw. They are very stubborn and want to see for themselves what the outcome of whatever action will be." In fact, Sihle refused to test for HIV, waiting to see what happens to the mothers of his babies, and their test results. When I asked why he did not use condoms, he felt that they were not so nice and are not commonly used. He admitted to being afraid now of what might happen, but that the issue of trust between a couple is paramount: "we mislead each other as a couple. If you love someone, then what is the use of a condom or vice versa? She would accuse you of not trusting her. To prove you do, you agree not to use the condom." This story is complicated by a myriad of other factors related to peer pressure, and youth cultures associated with relationships, love, and intimacy in the time of AIDS. However, if this family, so highly affected and open, cannot dissuade the young from engaging in risky behaviours, how can other families and adults attempt to? In terms of children's rights, this study demonstrated that adults perceive rights to be part of the problem for young people's loss of self-respect, and risky behaviour, and not part of the solution.

7.6: Conclusion

When the issue of children's rights emerges in the context of HIV/AIDS, it is generally within a framework which is seen to promote and protect vulnerable children. Rights are seen as tools to minimise the impact of the epidemic by reducing children's vulnerability to infection, offering protection from discrimination, and through rights-based education (for example,

Goldstein et al, 2001; Gruskin and Tarantola, 2005; Onyango- Ouma, 2005). However, in the time of HIV/ AIDS, children's rights and modernisation have 'other' important implications for adult-child relations, and the cultural practices surrounding HIV within the family. By exploring childhood in a generational perspective, this chapter has highlighted the discontent adults feel at 'the state of childhood today,' and in particular the dissonance surrounding children's rights and a perceived loss of traditional aspects of childhood (whether these were ever present in recent generations remains to be seen). Adult frustration with children, and with the government, was evident within issues such as corporal punishment, and the disempowerment they feel in parenting capacity. While children have gained rights in some areas of life, these very rights are causing conflicts between adults and children, 'thinning' the agency that characterises children's rights discourse. It is this dissonance that is renegotiated daily through adult and child interactions, demonstrating the relational, and generational nature of children's rights in practice at the family level.

One of the inherent paradoxes of the Convention on the Rights of the Child is that they hinge on rights being enforced by others; children can not ensure their own rights, and it is the very perpetrators of children's oppression who are charged with ensuring rights. Adults in South Africa have clearly not 'bought' into the notion of children's rights, and continue to construct rights as an affront on their parental rights. Indeed, the very nature of formal children's rights is out of tune with traditional constructions of what a proper Zulu childhood should entail, and what children's roles should be within the family and society. In the era of the HIV/ AIDS epidemic, while efforts to support affected children have been imbued with rights-based discourses, children's rights themselves are at the forefront of family dissonance and are a leading cause for some of the break-down in communication between adults and children.

Ultimately, adults had constructed notions of the traditional childhood in crisis, despite many children holding on to values of respect, refraining from asking questions generally, and not insisting on the banishment of corporal punishment. Such constructions are important to understanding adult-child communication and relationships in the time of AIDS, around for example, adult willingness to educate their children about HIV and sex. Such issues may be concerning in the time of AIDS, where children may not be gaining the support they need from adult caregivers, potentially putting them at further risk of contracting HIV.

The following chapter explores generational continuity and change within communication bereavement practices in the time of HIV/AIDS.

Chapter Eight: Generational Communication and Bereavement in the Time of HIV/AIDS

You just convinced yourself it was something a child shouldn't know about (Nompumela, female, 34, Ntuzuma).

...Children must not know the life of an elder (Sthandwa, female, 12, Ntuzuma).

Children are silent participants in family matters. The principles of *hlonipha* become a major hindrance to mourning children. How can they grieve if they cannot openly display their emotions and ask questions that are important to them? (Denis, 2009:587)

Over the last decade, a number of significant issues have emerged among researchers and policy makers within the field of 'children and HIV/AIDS,' such as who will be left to care for orphaned children, the nutritional status of orphans, and concern over children having to leave school in order to take care of their ailing parents and orphaned siblings. Although these continue to receive the majority of attention across sub-Saharan Africa, an emerging field within this landscape has been the psychosocial consequences of family illness and death on children, such as stigma, depression, anxiety, and post-traumatic stress disorder (Brandt, 2005; Cluver and Gardner, 2006; 2007; Nostlinger et al, 2006; Moime, 2009; Pivnick and Villegas, 2000; Poulter, 1996; Smart, 2003; Stein, 2003; Strydom and Raath, 2005). In terms of grieving and bereavement in the context of HIV/AIDS, researchers have posited that orphaned children are often exposed to multiple stressors related to having cared for and witnessed the death of a parent with a debilitating illness, which can serve to compound and complicate the grieving process (Cluver and Gardner, 2006).

Within this research and advocacy landscape, the cultural landscape of grieving and bereavement remain absent. Indeed, as Brison and Leavitt (1995) discuss, there is considerable evidence that cultural beliefs profoundly influence the meaning of death and funerary practices, and such contexts can radically alter people's emotional reaction to bereavement. Psychological tools have been used to measure various indicators related to children's mental

health, but the experiences of grieving, the voices of children, and a generational awareness of cultural practices continue to be marginalised. The alternate approach taken in this study allowed for a flexibility which garnered a variety of data related to childhood experiences generationally. In terms of understanding continuity and change within childhood experiences in KwaZulu-Natal, the issues of communication and bereavement came to light as important to both adults and children. As this chapter explores, in the time of HIV/AIDS, a series of significant shifts in the everyday landscape of childhood have occurred; cultural practices have broken from tradition, and emerging bereavement practices have meant a renegotiation of relational and generational norms surrounding communication and death.

If we are to understand psychosocial processes and bereavement in the context of HIV/AIDS, a knowledge of such a shifting landscape is critical. This chapter explores a number of issues, illuminating the generational dimensions of communication and bereavement. The first explores the particular issue of caregiver disclosure. As discussed in the previous chapter, in a culture which tends to discourage curiosity and open communication between adults and children, how has the time of AIDS resulted in changes to these traditionally held views? The following section historically situates the realities of bereavement, before exploring the current generational and relational nature of bereavement in the time of HIV/AIDS, and issues related to attending funerals, and taking part in cultural traditions surrounding death and mourning.

8.1: Caregiver Disclosure to Children in the Time of HIV/AIDS

The HIV/AIDS epidemic has had a presence in South Africa for almost three decades. However, in recent years, the issue of caregiver disclosure has emerged, as improved rates of HIV testing have led to increasing numbers of adults living longer with the knowledge that they carry the disease. Although studies in African settings remain limited, research in the West has shown

that parental HIV disclosure holds the potential to benefit child development and is critical for preparing children for impending illness and death.

Further, evidence shows that open discussions about illness and anticipated loss can lead to more fulfilling family relationships, and less anxiety among children (Girstead et al, 2001; Brown and Powell-Cope, 1993; Clark et al, 2003; Darlega et al, 2004; Letteney and Laporte, 2004; Maman et al, 2001; Murphy et al, 2002; Norman et al, 2006).

However, in the context of HIV/AIDS in sub-Saharan Africa, the issue of caregiver disclosure has received limited attention (Norman, 2007).

References to parental disclosure often suggest that disclosure does not occur at very high rates. For example, the following discussion with a key informant at an NGO that specifically works with bereavement in families affected by HIV/AIDS in KwaZulu-Natal stated the following:

The challenge around HIV and AIDS is that there's more mystery, so people don't explain, they don't anticipate, there's much more denial, so people don't acknowledge they're gonna die, they don't talk about what it is they're dying of, they don't...so there's less disclosure to children.... Most parents are not disclosing. I mean, a number of parents are not. But most of the children we see are not living with their parents, they're living with elderly caregivers, or they're living with their auntie or so on. And often the children have, yah, the biggest issue for me, often working with caregivers is around disclosure. Um, and last week even with the people who are working with children all the time, a number of volunteers were saying that they'd rather say the father had gone away or, then say that the person had died. So...

Indeed, earlier on in the study, data garnered surrounding generational communication suggested that this would most likely be the case. Because Zulu children are meant to be obedient, respectful, and in deference of their elders, asking questions was traditionally not been tolerated. The vast majority of adults' childhood rememberings demonstrated a passive discouragement of curiosity in children:

...growing up we couldn't ask adults questions. We were afraid what

the adults would say if we asked certain questions. We respected all adults very much... things like sex and menstruation, I couldn't ask about these things, I feared I would be hit... you just convinced yourself it was something a child shouldn't know about (Nompumela, female, 34, Ntuzuma).

However, this study found that despite traditional challenges to communication surrounding disclosure, the majority of caregivers felt it was very important for children to know about the HIV positive status of a caregiver or close relative. Participants described a number of reasons for why such communication was important, or in some cases, necessary. The first revolved around the issue of safety in terms of children caring for ill parents, and the risks children could be taking if they were not aware:

Its important that they know because hiding it from them won't help, they won't learn anything...its important to tell them so that they will know that they should handle themselves with care (Fundiswa, female, 29, Umzimkhulu).

In one case, a child who had been disclosed to by her mother made a similar point about safety and children having a right to knowledge which could otherwise harm them if they were not told:

In cases whereby a person does not disclose to their family, those people might get infected trying to nurse her... it also helps the child understand that she should not share a toothbrush or earrings with an HIV-infected person (Sne, female, 15, Ntuzuma)

In practice, the complex process of disclosure was compounded by a myriad of factors including fear, and confusion over when such knowledge was appropriate for children to learn. One way around the direct fear or rejection that HIV positive adults felt in disclosing to their children was the utilisation of indirect disclosure (Norman, 2007). In such cases, adults found ways to 'disclose' to children without having a direct conversation. Cynthia, an HIV-positive mother and grandmother in Ntuzuma, explained the way she had 'disclosed' to her 11-year old granddaughter who had already been orphaned by AIDS:

That one doesn't seem to understand but I do speak about my status openly. I will be like "you took my cell phone to school." Then when I find it I don't tell them. Then they come back and ask why I didn't tell them I found it, and I go 'you know that if you have HIV you forget things, forgive me'. But I don't know if she understands me....On a serious note, I think she does know somehow. Since she lost both parents to HIV, I feel if I told her directly she would worry that I would also die and would leave her with nobody but Sne.

Perhaps unsurprisingly, in discussions of communication and disclosure with children, the vast majority stated that they would want to know if their loved ones were HIV positive, but often felt it was impossible to ask. When asked if she would ever ask her mother to be tested, Sthandwa (12, Ntuzuma) laughed: "no, cause I know my mother will just say its none of my business...no! I wouldn't ask my mom.. cause she wouldn't answer me." Indeed, children like Sthandwa reflected the traditional ideal about what children have a right to ask of their parents: "I would not like to know...because children must not know the life of an elder." However, many other children wanted the chance to show support for their parents in such cases, and felt they had a right to know:

...a child should know about a parent's life. The child can also help their parent if they know their status... they can encourage them to eat healthy and exercise. They can also advise them not to drink alcohol (Sfiso, male, 13, Umlazi).

Children expressed a desire to gain the knowledge so that they could actively participate in the care of their adult family members. Children like Sfiso saw themselves as potential caregivers, with the ability to offer information, encouragement, and support. They did not want to remain passive victims to HIV/AIDS, but to actively take care, and support their loved ones in ways they felt they were able (Norman, 2007).

Without being disclosed to, some children actively pursued the knowledge, and were unafraid to ask direct questions. For example:

My aunt has HIV...I saw her medication... there is a sign with the words written ARV HIV. Plus my aunt had something growing around her tonsils, her face was swollen. I heard people say if a person suffered from that she has the HIV virus... my parents told me about my aunt's status after I asked about her medication (Mzwandile, male, 10, Umlazi).

Here, children were not necessarily passive, waiting for their adult caregivers to disclose, but posed questions, and offered support in their own ways. For example, where parents or family members had not disclosed, some children felt the need to explain that should they ever find out their parent was HIV positive; they would be supportive, indirectly offering support:

I was talking to my mom about that last week. I told her that if she went to test I would like to know her status ...she said she was also thinking about it. She said that when she does test, she will let me know. If she is positive I will cook healthy food for her and buy her fruits. I wouldn't have any problem making her as comfortable as possible...I think she is afraid, everyone is afraid to do it the first time. They forget that even when you are HIV positive you are still a human being (Thandeka, female, 16, Umlazi).

Ultimately, many children felt that although it would be difficult to hear that their parent had HIV, they would be better off having the knowledge and being empowered to help support their parents. It is unclear whether it is the altering landscape of children's rights, children's increased education and awareness, or simply the time of AIDS which has shifted adult-child communication around the specific issue of disclosure. However, it seemed that a general consensus was reached in this study between all concerned that children should indeed be disclosed to, except in rare cases where the age of the child was deemed inappropriate. Despite the persistence of stigma, disclosure was seen as beneficial to all parties involved, and children expressed a desire to be part of the support for their caregivers. Additionally, although some level of tradition continued in regard to the difficulties surrounding generational communication, both adults and children had found creative ways of managing traditional norms. Adults utilised indirect disclosure, and children demonstrated to their loved ones that they would

hypothetically be supportive of them despite their HIV status.

8.2: Historicising Children's Place in Bereavement



Image 8.1: Children at the gravesite of an extended family member, Umlazi. (Author, 2007)

Within Zulu culture and religion, death is seen to perpetuate an impure state. Vilakazi (1965:90) explains that death is seen as immediately tainting to everyone and everything. Death “was always present and hovering, threatening over the deceased, ready to strike down another person.” In such contexts, children were considered to be especially vulnerable to harm from death ‘pollutions’ or other dangers, and as such children were not permitted near a dead body or at funerals (Daniels, 2006; Wood et al, 2006). The following anthropological work points to children’s exclusion historically:

Death is still looked upon with awe and fear, although conditions in towns have made Africans less timid. When someone is very ill, and it is feared that he/she may die, all the relatives are called to the bedside to attend the ill person before the spirit leaves the body. Children are not allowed into the room when it is known that someone is dying. (Longmore, 1959: 282).

Historically, across South Africa, there existed stark geographical divisions between death and childhood. Within this study, adult participants universally described their lack of knowledge of a family member's passing when they were children, and their inability to ask questions if they had thought someone had died. As children, many adults were simply told that their relative had gone away to Johannesburg or some other place where they were apparently working:

We were never told, we were just told that so and so is gone to Joburg and we would start wondering when we saw a lot of people home...but we were never told anything more... (when people came to the funeral) we were locked up in the room (Nomvula, female, 40, Umzimkhulu).

Because labour migration was common, this seemed an easy explanation, shielding children from the trauma of acknowledging death. Given that children were incapacitated to ask questions by cultural custom, they often only realised they had lost someone when they grew old enough to figure it out on their own. As such, children were entirely excluded from the bereavement process, and did not display any agency in their ability to gain information about their loved ones:

When someone passed away, we just say "he is dead... don't tell the children." When people died, they had to be buried the next day- die today, be buried tomorrow because there was no morgue. Children were not told anything. So what they would do is put the deceased on the floor (in the house) because the following day he would be buried because there were no mortuaries...mostly they weren't told anything, nothing, they would just see someone disappear (Miriam, female, 78, Umlazi).

Children's exclusion in terms of communication also extended to physical exclusion from grieving spaces:

We didn't go near a place where there was a dead person... we just heard about it when they talked. We were not told anything, we did not understand what death was... we could not ask questions, we were told that we could not ask adults about grown-up affairs (Buiswe, female,

53, Umlazi).

In cases where children were 'told' of a parent's death, it tended to occur in the traditional Zulu manner, where, as Slindile (female, 32, Ntuzuma) stated, "at night, an adult whispers in the child's ear and tells them the person 'so and so' is dead and they will not see that person again." Memories of 'being told' tended to be highly fluid, with rare cases of children being sat down and informed formally. For some, being informed was simply being told that the person 'had gone away' rather than stating words relating to death directly, leaving children confused:

They told us that the person was coming back. We didn't even view the person's corpse ever...I kept wondering how the person could come back after being buried in the ground...I just saw many people and the person's coffin being put into the ground...children did not ask questions from adults (Sbongile, female, 38, Umzimkhulu).

Some children were told but did not understand, as detailed explanations of what had happened were not extended. For example, Bulelani had been told that someone had passed away, but in isiZulu, the word *shona*, to pass on, literally means 'to sink,' leaving the child confused at the time:

Yes, we were told but we did not go to funerals...I remember when my uncle died and we were told about it. We were told that he has *shona* so we thought he had drowned...I didn't get it...after he was buried, I think in a few days I asked when my uncle was coming back... they just told me he had died and I still didn't understand it (male, 41, Umzimkhulu).

In other cases, children were aware that a relative had passed away by experiencing the grief first-hand, rather than being explicitly told:

We had been in the kitchen and we heard people crying. After that all the children were told to get their clothes from gran's house because they couldn't be sleeping there and the reason was because grandmother had died. There wasn't really a big explanation, then she was buried and we were not allowed to view her. The last time we saw her she was still sick. In actual fact there wasn't really anything formally done to inform us. I'm not so sure how it was done exactly but when the people cried

we figured out she had died because she had been sick (Rose, female, 61, Ntuzuma).

Unsurprisingly, children were not unwary objects of the events going in their family homes. They often suspected that someone had passed away: “we did suspect, but we couldn’t ask questions. Children used to whisper to each other...we knew, but didn’t ask” (Dorcas, female, 75, Umlazi). However, the generational hierarchies so evident within family life at the time restricted children’s agency to ask questions entirely: not a single adult could remember having posted a direct question about the loss of a family member, even many years late.

Although research has been very limited in terms of understanding the cultural processes surrounding grief, researchers in South Africa have suggested a continuation of tradition, where children are told ‘untruths’ about the whereabouts of the deceased, or in some cases the practice of an elder whispering into the sleeping child’s ear that their loved one has died has been perpetuated as the continuing norm (Marcus, 1999). Even in the long term, Killian (2004) states that relatives are inclined to take in very young children and never directly reveal their orphan status. However, the following discussion demonstrates that while some norms have persisted surrounding bereavement rituals, actual practices have been continuously altered and modified in response to changing conditions.

8.3: The Altering Landscape of Communication in the Time of Loss

Due to the vast and endemic nature of the HIV/AIDS epidemic, existing cultural practices have been fundamentally challenged, especially with respect to the nature of communication between adults and children. When we conceptualise children ‘being told’ of a parent’s death, we tend to imagine this as a sit-down discussion where adults explain what happened, the child asks questions which are then answered, and children are comforted. This research found that such pointed explanations tended to be the exception

rather than the common experience. For many children today, the death of a family member occurred in the home, where they bore witness to the death, and therefore no direct communication was necessary. For Nompumelelo, 12: "it was early in the morning and my grandmother was talking to mom. She fell silent and gran started crying, and said mom had died. She then told me to get an elder from a neighbour's house." The child was present for her mother's death, so questions were unnecessary. Sne's father also died in the home, and so she was told, or was aware in any case: "he died at home, we were all in the house. It was at night, my dad called my mom and they were talking when there was silence... mom came out and told us Dad had died" (female, Ntuzuma, 15). Qiniso's mother passed away while he was sleeping with her. His grandmother explains:

Qiniso was only twelve when he lost his mother. He used to share a bed with her and when she had last breath Qiniso was right beside her but he was asleep. I woke him up to tell him his mother had passed away. He didn't really understand what was going on but I think seeing a lot of people in the house and hearing them cry sort of informed him about what was happening (Rose, female, 61, Ntuzuma).

However, communication surrounding the passing of a loved one can also be far more direct, where children are active in discussions and given knowledge. Falakhe, (male, 14, Umlazi) explains:

Children nowadays are told about the death, the cause and are allowed to view. They go to memorial services and attend funerals... let's say the child loses a parent, the child would be called alone and told about it. Neighbours usually say a person was HIV positive and died of AIDS, so adults make sure they are the ones to tell children exactly what the cause of death was... people go around spreading news that someone is bed-ridden because of AIDS. Then you would be on the street and people would be like 'oh, Falakhe's father is dying of AIDS'...when my dad was ill he always wanted me by his side. I would help him drink water and those kinds of things. One day he told me that he was about to leave. He again asked that I stay by his side. My grandmother sent me to a neighbour's house and when I got back she was crying. She told me that my dad had already died...I was 12 years old.

In some families, the passing of a family member was expressed in a very

matter of fact way, where elders gathered children and told them. A mother in Umzimkhulu explains how her mother told her grandson about the passing of her father: "My mother told him, her exact words were 'my grandchild, you were aware that your father was ill, and so he has passed on'" (Nomvula, female, 40, Umzimkhulu).

In the absence of witnessing the death of their parent(s) or direct communication, children often have other ways of knowing. Hloniphani, a 10 year old boy from Umlazi explains:

My mother told me. But then again even if she had not told me, I would have known...in my family when someone dies, some rooms are cleared to make room for those who will help the family mourn the death. Relatives come over and every action they take indicates that someone has died. It makes it easier to see that they are preparing for a funeral.

Children today are clearly knowledgeable about the loss of family members, as opposed to their predecessors who were told simply that 'so and so has gone away,' but for many, once this knowledge was imparted, very few further questions were posed, particularly around the cause or reason for a family member's passing. Initially, I had assumed that children would display a curiosity for this knowledge, but this rarely seemed to be the case. This may have been because children assumed AIDS was the cause, and did not want to judge or stigmatise their parents. It also seemed that some children deemed this knowledge to be the domain of adults, a matter left to them and not meant to be known by children. In some cases, it seemed that such knowledge brought about a reaction of indifference- close family members had passed away and children were grieving- the cause of death was an afterthought. Nikiwe, a mother in Rietvlei, described how random causes are attributed to deaths and then communicated to children:

Nikiwe: We tell them that 'so and so is ill' ...just that she was ill, or in a car accident if s/he died as a result... We just tell them s/he died as a result of a headache or a flu.

Andiswa: Do you tell them the real cause of the illness?

Nikiwe: No.

Andiswa: And do children ask more questions?

Nikiwe: No, not a lot of questions (Nikiwe, female, 38, Umzimkhulu).

The following interview provides further illumination:

Nonkuleko: They are just told that someone has passes away.

Nomapasika:...and that she was ill, but not the cause of the illness.

Amy: Are they allowed to ask questions?

Nonkuleko: No, they never ask.

Amy: Is that part of respecting the dead?

Nonkuleko: The thought has never crossed our minds. We just tell them that so and so has passed away and they've never asked questions.

Nomapasika: They never ask about him when they know that he has passed away.

Nonkuleko:...and our children are intelligent, when you tell them know that somebody has passed away, they never talk about him afterwards.

Nomapasika: Yes, they don't (females, 38 and 78, Umzimkhulu).

For some adults, the notion of why children would not be inquisitive as to the nature of death in the family had 'not even crossed' their minds. It was a given that children would take the information that was presented to them, and the dialogue would end there. Indeed, although this mother and daughter admit that children today are very intelligent, part of this intelligence entailed children maintaining a knowledge of 'their place' within the generational order. They were intelligent if they continued to *not* pose questions, and to not speak of the person who had passed away.

Ultimately, children's awareness of death and loss was extremely complicated in terms of generational communication. In many cases, children were aware simply by their presence in the home, and further communication was not forthcoming. For others, adults felt the need to openly discuss the loss of a family member. However, more often than not, this entailed a simple discussion and no further encouragement of discussion or questions. Nonetheless, while children were often passive in their ability to communicate about death and loss, the following discussion demonstrates how children today have become active participants in the significant

grieving traditions that they had previously been excluded from.

8.4: Exploring the Shifting Nature of Cultural Practices

As has been discussed, children were historically excluded from the grieving process, both emotionally and geographically, and this included attendance at funerals. Children were passive, generally unaware, and unable to ask questions, even when they had doubts about what they had been told. However, within today's generation of children, changes were evident, and the vast majority of child participants had already attended funerals. Additionally, despite assumptions that traditions surrounding children's participation in funerals and viewings would be more intact in rural areas, this was not the case, and the prevalence of children's participation was similar across all research sites. This suggests that in part, changes in participation were not entirely recent. As participants explained, shifts had been occurring probably since the 1970s, increasing in the 1980s and 1990s, and becoming prevalent and commonplace by the 2000s in KwaZulu-Natal.

Historically, demographic shifts had changed the landscape and nature of death, making it impossible for some families and communities to exclude or separate children. Some adults attributed changes to community violence and the awareness children had themselves of death:

I would say the late 80's, 1986. You see my daughter Princess? She you used to go to funerals a lot...I think it is because nowadays school pupils start dying at a young age, so parents allowed them to attend their peer's funeral (Cynthia, female, 50, Ntuzuma)

In some cases children themselves bore witness to death, and therefore adults could no longer maintain the separation between children and death:

It started when people became violent and stabbed one another in front of children. When people started violent riots, people would witness that, so things took a turn, it was now children who told parents about a death... (Mavis, female, 70, Umlazi).

Today, this normalisation of loss is a contributing factor to children's

participation in the cultural rituals of death. Children are often present in the homes when family members pass away, particularly in the case of AIDS-related deaths where family members have been ill for a long time, and in urban areas, where large numbers of family members share small spaces. It was the high HIV prevalence in the community that seemed to be challenging the existing norm. For example, Wendy, a 16-year old girl in Ntuzuma, remembers her uncle passing away when she was 11 years old:

I was scared because he died on me. I was trying to help him drink his glucose water when he died...my grandmother said I should stay away...I was a bit sad but grandmother told me that sometimes I should accept such situations.

Children themselves are sometimes the first to know, and unafraid to share this information with their adult family members: "Its different now because children are now the ones who tell you 'so and so' died before you even know it" (Busiswe, female, 53, Umzimkhulu).

For adults who did not identify community factors as part of the reason for this shift, a variety of other reasons were given. One of the most common was a desire amongst adults today to give children the space and opportunity to attain closure:

It is good because they see the deceased with their own eyes. That way children don't wonder where the person went. Say I lose my child, right? When I cry out, if I do this a relative will be explaining to the children why I am crying. If the deceased was ill, it is explained to the child that it was because of the illness. It is also said to the children that it is better for the person to die than to live in pain (Thembi, female, 54, Umzimkhulu).

Adult participants also made a direct link between children's rights in the 'new South Africa' and their right to communication and attendance at viewings and funerals: "it's because today's children have rights. They have the right to know what is going on" (Zwelindzima, male, 29, Umzimkhulu). Connections were also made between children's rights and modernisation,

and both were seen as fostering children's participation in knowledge and rituals. There was an inevitability present, and adults were coming to terms with this: "... there is no use of thinking that it is bad because children of today have a right, they are aware of these rights, they will tell you they have the right to attend funerals" (Ibid).

As previously discussed, obedience and acceptance without questioning are long-held virtues for Zulu children. However, in recent decades, and for a variety of reasons, children began to demand knowledge, and this also occurred within the landscape of deaths in the family. Whether or not children were completely excluded in the past, or always remained obedient, today's children are active agents in the loss of loved ones. They are often present when adult family members pass away, or witness violence or deaths in their communities. Children's rights discourses have given them the discourse and the ability to ask questions, and many demand answers in the context of HIV/AIDS. Adults repeatedly brought up the issue of 'asking questions': "They are shown the parent's corpse so that they don't ask questions" (Slindile, female, 32, Ntuzuma) was a commonly held opinion on why things had changed from their own, unknowing childhoods. Underlying the issue of asking questions was the notion that children today are intelligent, better educated, and more knowledgeable than the children of yesteryear. Children today, filled with knowledge and the confidence to ask questions will do so:

We used to ask about the person and they used to tell us that he or she was gone somewhere. We weren't as intelligent as you are now, so we never asked further questions...we didn't know anything about death, so maybe they didn't want to tell us since they knew that we didn't know anything about death. (Nontanda, female, 62, Umzimkhulu).

Children themselves were not inactive participants in the evolving nature of cultural rituals and practices. In some cases they helped to make decisions, in others they did not, but many held their own opinions on their 'right' to attend funerals and ask questions. The vast majority of children expressed

the importance of their attendance at funerals. One reason for children's desire to attend was to keep the connection between themselves and their loved ones alive. Within Zulu culture, ancestral spirits are very important, as they are the ones appealed to and the ones generally prayed to (Vilakazi, 1965). Nombuso, 11, explains the significance:

Yes, children should go to funerals, to look at them for the last time. Plus you need to see their graves... if you are told to consult them- where would you go? You must know their graves so you can go to pray there (Umlazi).

Freedom, 17, had lost both of his parents to AIDS, and expressed the significance of knowing where family members are buried:

I want to go to his graveyard but I don't know the tomb number. My grandmother says I must take her with me but I want to go there alone. I have so many problems and I want to tell him in secret...it's important to me that I tell him (male, Umlazi).

Everyday geographies of death do not end at the funeral, but continue with future celebrations of the person who has passed, as well as visits to the gravesite. For children, knowledge of these sites are critical to remaining tied to their loved ones, and for their ability to grieve.

8.5: Bereavement and the Special Case of 'Viewing'

Where the issue of rituals, children's rights and generational communication were most complicated was in the process of 'viewing the corpse.' While most children agreed that attending family funerals was important, and something they wished to do, unsurprisingly, the process of viewing elicited more uncertain emotions. In Zulu culture, when a person passes away, they are washed and prayed over in the family home, and for the night before the funeral, the family keeps a vigil over the body. On the morning of the

funeral, family and community members say their last goodbyes before the coffin is taken to the graveyard, or buried in the yard in the case of most rural families. Historically, children would have been entirely excluded from the process of viewing. However, for today's generation of children, viewings were a common occurrence.

While many children had taken part in viewings, they were rarely prepared by family members. It seemed that through participation came knowledge, rather than communication taking place prior. Sbongiseni explains what can sometimes happen: "I think that they should be prepared. Aside from hearing cries, they should be told about it" (Sbongiseni, male, 30, Ntuzuma). For adults, viewing was generally thought to be a good idea, primarily because it reiterated the point that the relative had passed away, making it clear and final in the eyes of the child.

For children, sentiments related to viewing were mixed. Some felt that it was useful, and provided closure: "It was good for me because I was able to see my father for the last time" (Sne, female, 15, Ntuzuma). Some children also felt empowered by the opportunity to view:

...we were told to come and see him... it was scary and the process was painful. My uncle loved us very much...I chose to view him. All the family members were called and asked if they wanted to view...I was not there when he died. I was happy to see him again (Nduduzo, male 14, Umzimkhulu).

However, a sense of confusion marred the experiences of others, primarily because children were not given clear explanations, and many questions remained:

...I saw her. They let me see her, then gogo told me that she was not dead, that she was sleeping, just resting. Of course she was not telling me the truth...I knew she was dead when they buried her. I saw the coffin going into the ground and I started crying. Even when somebody talked about mom I started to cry (Freedom, male, 17, Umlazi).

While some felt that viewing could be beneficial, the majority of children felt that it was a negative experience, and they wished they had not viewed. Very often, children felt that they did not have a choice of whether to participate in the viewing or not:

It was my grandmother's intention, I didn't want to but I had to... she said that it's for my own good. She wanted me to make peace with my mother...and so that I would play peacefully with other kids, my friends (Thabiso, male 18, Umzimkhulu).

It is often the case that children are simply called in to view the corpse, unsure of what they are walking into: I didn't have a choice because they just called me to come and view" (Sbonelo, male 13). Young people also agreed: "it's not right...no, it's not good...Yoh! The experience is bad... that's what adults want...it's a family law" (Mvuyisi, male 17). However, children were repeatedly told that the viewing would be beneficial for them: "Gran said we should view so that we made peace with that death. She said it would help us move on and not talk about it" (Thembile, female, 32). Indeed, generational hierarchies remained, where resisting 'family law' was seen as impossibility. Despite some of the children's desire not to view, rarely was the ultimate choice left up to them.

Beyond communication, preparation, and understanding, what further complicated the process of viewing was that children often felt they did not receive comfort alongside the experience; communication of any kind between adults and children during this time tended to be limited. In general, it was not uncommon for relatives to express that children seemed to be coping well with the death of their parents and loved ones. For example, Cynthia felt that her granddaughter Nombuso seemed fine after the death of her mother:

She seemed so carefree when her mother died. I let her view her but since her mother's teeth were sticking out she couldn't recognise her.

She just laughed and said it was not her. But when the funeral came she cried a lot but she was okay after that (female, 50).

It was unclear whether Cynthia truly believed this, or if she felt unprepared to cope with her granddaughter's grief. However, very few adults expressed concern for the psychological well-being or grieving of the children in their homes who had experienced the loss of family members. As discussed in chapter five, this may also be a symptom of a society which has experienced so much loss. However, it was clear from many of the child participants that a desire to speak of their loved ones did exist, but they rarely felt there existed an outlet within their families to do so.

Ultimately, the emotions and experiences surrounding grief and bereavement were highly personal and individualised. When speaking with four young boys in Umlazi, such differences in experience and perception were highlighted, as even at the age of 10, all had attended funerals:

Zama: How was this for you?

Hloniphani: It was very sad, when the coffin went down I knew that was the last time I would ever see my aunt.

Mzwandile: You are going to see her in photographs...

Hloniphani: Of course I will see her in pictures..

Mzwandile: When you see her in your pictures you will remember all the good things she did for you.

Zama: Should parents find out how a child feels about a funeral?

Anele: I don't like talking about it, when an aunt of mine died, my sister asked me how I felt about it. I told her I was sad and did not like talking about it.

Mzwandile: It's a good thing to talk about death. It brings back the good memories children have about the deceased.

Anele: Maybe it's good for you, but I don't like it. When someone talks about my mother I just feel sad.

It is possible that part of the sadness surrounding Anele was that it was his mother he was speaking about, rather than an extended family member.

Additionally, Anele lost his mother when he was only four years old, and from our later discussions with his grandmother, it was not clear that he had received support during this time, or as he had grown up. His grandmother

felt that it was a good thing that he viewed because “now he knows... this way the child does not ask where their parent is.” When I asked Thoko if Anele had had any questions about this mother growing up, she stated that “no, but he would say that ‘here is a car that goes with death, the car that took my mom’ whenever he saw a hearse.” When we asked Anele in an interview (in the presence of this grandmother) if he ever wanted to ask about this mother, he nodded yes, and so we asked Thoko, if now that she knew this, would she tell him more stories? Her response was the following: “If he doesn’t ask, I won’t, but I do talk about her. I usually talk about how responsible and helpful she was.” Again, communication tended to be indirect, a mention of a family member in passing, rather than direct conversations. There was still clearly much sadness surrounding Anele, and very little support in terms of grieving. Indeed, this study demonstrates that many children grieving the loss of parents do not feel adequately supported, and this may be in part due to the miscommunication between adults and children, and a culture of silence surrounding death (Daniels, 2006). This is not simply an issue of enduring traditional practice; openly communicating what may be a stigmatising loss, or a repeated loss within the family, is also clearly difficult for adults as well. And while loss and death may be prevalent in these communities, the grief surrounding such loss remains, for both adults and children.

8.6: Conclusion

The generational approach adopted in this study offered the possibility of new insights into the process of communication, HIV disclosure, bereavement, and children’s place within rituals in the present day. This chapter aimed to reconceptualise the dynamics surrounding communication and bereavement practices in the time of HIV/AIDS, and the place of children within this landscape. Traditionally and historically, children were excluded from the process of bereavement upon the death of a family member. They

would have been actively discouraged from posing questions about the whereabouts of a family member, and the possibility of disclosing an illness such as HIV would not have existed. Universally, adults reflected that children were not told of the loss of a family member, even if the deceased was a parent; they did not attend funerals, and were physically distanced from such spaces; and did not take part in the viewing of corpses, a traditional aspect of grieving and respecting the dead.

Despite prevailing assumptions about the continuity of Zulu traditions surrounding silence and the exclusion of children, this study found that children are often disclosed to by caregivers and family members, and are now active participants in funerals and the bereavement process. The vast majority of today's generation of children had already attended a funeral, as well as a viewing. Indeed, children were not passive recipients of adult decisions and assumptions, they were also actively responding, asserting and negotiating their own perspectives, and developing their own understandings of what was occurring in their lives. They expressed a variety of concerns such as the desire to provide support for HIV positive family members; they wanted to have the opportunity to respect their dead loved ones by attending funerals; and they felt it was important to gain the knowledge on where their loved ones were buried.

In terms of generational continuity, the issue of open communication remained, and children were often left with unanswered questions. Despite 'active' participation in rituals, children were often silenced in other ways. Many children described a continuity in the expectations of children's 'place' within the generational hierarchy in terms of an inability to pose questions related to HIV status, and causes of illness and death. Due to such inconsistencies, many children described a reality where they grieved on their own, despite a desire to speak of their loved ones with adult family members.

Ultimately, historical traditions had evolved in response to changing social circumstances in KwaZulu-Natal. The nature of the HIV/AIDS epidemic had forced a previously slowly occurring shift in cultural practices into the prevailing norm, despite adults being primarily unprepared for how to cope and support their children through experiences they had never witnessed as children. This chapter clearly demonstrated this shifting landscape, and the relational nature of adults and children who are navigating these new realities. Tensions remain between 'old' expectations of what children should know or be told, and what children are experiencing today. For example, while many adults expressed a desire to share their HIV positive status with their children, many utilised indirect disclosure to do so, which closed the door to further communication. Further, a number of adults were uncomfortable with children's attendance at funerals and viewings, but felt powerless to make alternative decisions, or to prepare their children for the experience. Despite 'new norms' surrounding loss and mourning, traditional aspects related to generational communication remained, leading many children to be caught in between, and without the support they require. It is important for those working within psychosocial fields both in research and practice, to be aware of such generational and historical realities.

Psychological indicators require cultural context if they are to remain meaningful, and helpful to children in the time of HIV/AIDS. Despite prevailing knowledge, children are not excluded from bereavement practices, and they are most certainly aware of a number of issues from HIV status to the reality of loss in their families. However, shifts in the generational landscape of bereavement require further action if children are to cope and remain resilient in the face of widespread HIV loss.

The following chapter is the last of this thesis, and offers final conclusions, as well as insights into how reconceptualising childhood in time of AIDS offers a significant and alternative approach to theorising childhood experiences in the Global South, as well as aid in the development of approaches to policy

and programming.

Chapter Nine: Conclusion

In the time of HIV/AIDS, dominant perceptions of children 'at risk' have engendered an immediacy for action within global research and policy agendas. Despite inherent challenges, definitions and terms such as 'AIDS orphans,' and 'orphans and vulnerable children' (OVCs) have been deemed necessary for 'operationalisation,' and enumeration critical to responding to the epidemic's impact on children and young people. This has led to a burgeoning field of research which has measured and explored 'orphan'-related indicators, outcomes, and experiences. However, conceptualisations of childhood have been marred by 'AIDS exceptionalism' at the expense of wider understandings, and discourses dominated by victimhood and 'crisis,' rather than those which acknowledge agency and the 'everyday' landscape of childhood. In approaching the landscape of childhood through a generational, childhood-centred lens, this thesis has been able to reconceptualise the ways in which we understand childhood in the time of HIV/AIDS; whether there is indeed a 'crisis' of childhood, what the context of care looks like within a historically rooted understanding, and what 'other' aspects of childhood are often ignored when we begin with particular types of discourses and understandings of children and childhood from the outset. The following chapter revisits the original research approach and questions, summarises the main research findings, and offers policy and research implications.

9.1: Reconceptualising Childhood in the Time of HIV/AIDS

James et al (1998) have argued that only through theoretically informed approaches is it possible to attend responsibly to policy-driven demands for research. As in other contexts in modern history (street children, child labourers), the 'idea' of 'childhood' and the 'AIDS generation' have been deployed strategically, attracting immense political, journalistic and public attention (Hall and Montgomery, 2000; Levine, 1999). Indeed, within the

AIDS research community, such attention illustrates an inherent paradox: the industry itself survives (thrives, and prospers) by defining the 'problem' in particular ways, and contributes to, and legitimises constructions of the 'problem'. That the epidemic puts children 'at risk' has become self-evident and self-perpetuating, with little critical reflexivity for the ways in which children (and/or childhoods) are constructed in the first place. I have argued in this thesis for an alternate approach, one that begins with the 'everyday' childhood, placed in a broader context, in *place*, in *time*, and within a generational understanding of childhood and children's experiences. While children's geographers often illuminate the 'everyday' (Benwell, 2007; Chizororo, 2008; Payne, 2008), such geographies rarely consider the importance of historical context within analyses, particularly in the case of children in the context of HIV/AIDS.

The analyses put forth in this thesis therefore began with an acute eye to historical context, which included sufficient sensitivity to social and cultural nuance, as well as change over time. As with the apartheid era, in the time of HIV/AIDS, childhood itself *matters* (Kraftl, 2010). The 'idea' of childhood and what it should entail, has been thrown into stark relief, with a constellation of discourses, constructions, and expectations hinged on the futurity of children and their ability change the course of history to reclaim their 'at risk' or 'lost' childhoods. This thesis was both a response to these discourses, as well as an offer of a new direction within childhood studies more broadly, which during periods or perceptions of 'crisis' tend to marginalise the voices of children, the agency of children, and wider landscapes of childhood experience.

As I outlined in the introductory chapter, there were three main research questions which I aimed to address in this thesis. The first was to explore the historically situated nature of childhood 'in crisis' in KwaZulu-Natal, questioning its existence, and reconceptualising the concept of 'crisis'. The second was to situate the 'crisis of care' in the time of HIV/AIDS within a

generational perspective in order to explore wider understandings and experiences of child care in KwaZulu-Natal. Finally, in approaching childhood from a generational perspective, I aimed to illuminate 'other' aspects of the 'everyday' landscape of childhood in the time of HIV/AIDS, which ultimately entailed the importance of children's rights and the cultural practices involving bereavement in the time of HIV/AIDS.

9.2: Moving from 'Crisis' toward the 'Everyday'

The first empirical chapter in this thesis attended to the notion that approaches to understanding childhood must always take into account the context of broader socio-economic and historical environments. The chapter reconceptualised the particular 'crisis'-dominated narrative within the 'children and HIV/AIDS' discourse by historicising 'crisis' within South African childhoods. The chapter found that children in KwaZulu-Natal today face a situation that is both old and new. Historically, poverty and violence under apartheid were institutionalised and systemic, affecting livelihood opportunities, the restriction of family and individual space, the disruption of families and communities, and very high levels of violence in all forms (Jewkes, 2002). Many of these aspects endure today, and are prominent features of childhood (May, 2000; Parkes, 2007; Terreblanche, 2002).

In this study, children presented a keen awareness for both the poverty their families and communities endured, as well as the violence featured in their everyday lives. Children often felt a sense of responsibility in altering the course of their family's future, hoping to one day work toward the betterment of their families. Despite inherent challenges such as the continuation of their education, children felt that they had a role to play in contributing to their families. As with poverty, children were not passive victims of violence. In some cases, knowledge was power in terms of their awareness of spaces of safety, and of particularly dangerous members in their communities. However, children also expressed fears that they could be victimised, or that

there were places they could not go during the day or night. One child herself had been the victim of a sexual assault, an issue elder generations felt had worsened in recent decades. Indeed, the landscape of violence was complex, with issues such as child rape and abuse evident within childhood histories. These discussions ultimately demonstrated both children's agency within difficult situations, as well as the fact that wider landscapes of poverty and violence, while incredibly important to both adults and children, continue to be marginalised in discussions which 'exceptionalise' HIV/AIDS above all other issues (Smith and Whiteside, 2010).

In approaching 'crisis' from an alternate, generational perspective, this thesis was able to explore, and ultimately reconceptualise notions of childhood in 'crisis.' Throughout this study, children demonstrated a keen awareness of mortality and an apparent tolerance of difficult realities, suggesting what some researchers have hypothesised- that high levels of exposure to particularly difficult contexts can lead to experiences becoming normalised (Straker et al, 1996). Indeed, adults as well as children utilised 'everyday' language to describe loss, and their own mortalities. I suggested in this chapter that this may not mean that such issues cease to be an issue of concern (Straker, 1996), but that such discourses may be a demonstration of coping within a historically enduring instability of life expectations in KwaZulu-Natal. What this discussion ultimately provides is an alternate understanding of 'crisis', and one which lies in opposition to assumptions surrounding the ways in which the epidemic has affected childhood.

9.3: The Resiliency of Families in the Context of HIV/AIDS

Chapter six began with an interrogation of the recurring discourse of a 'crisis of care.' From the 1970s onward, academics and activists were concerned with the long-term sustainability of South African families, seen to be at risk of collapse, devastation, and breakdown. Some questioned the future

existence of the very nature of social fabric as a result of the migratory labour system, and long term implications for household formation and child care. Today, despite growing research to the contrary, researchers continue to maintain that the HIV/AIDS pandemic has left millions of children without adequate care and support, further perpetuating the 'social rupture thesis' (Heymann and Kidman, 2009). However, the results of this study demonstrated a significant and continuing resiliency within the South African extended family. As with previous generations, families in this study continued to cope, children continued to be cared for within their families (and often by biological parents), and there was no evidence for a 'crisis of care' in the time of HIV/AIDS.

A number of other findings were also documented in this chapter. First, both historically and today, children have demonstrated active agency within their caring landscapes. Children are not simply dependents within the caring relationship, but take part in their own care and the care of others. Generational histories tell of children as primary caregivers, of the part-time care of their siblings while parents were working, and children as 'heads of households'. Today, children also took part in the caring of their siblings, although there were no documented cases of children having to leave school early, or of other obstacles to their development. Indeed, this landscape of caring was described as part of the 'everyday' expectations of children, and part of a greater reciprocity between family members.

Second, although the extended family provided a critical safety net in the past, the decline in migration, and the rise of the social welfare state has meant that the majority of children, 'orphaned' or not, continue to be cared for by one of their biological parents. In general, there has been a continuity in the gendering of care, with the vast majority of children cared for by either their mothers or female relatives, with high rates of male abandonment and a lack of support evident within female discourse. However, while some

authors have propagated notions that men are *careless* when it comes to the care of their children (Booyesen and Arntz, 2002), this study found that father-child relationships are dynamic in nature, with various levels of support present, and relationships altering over time. As discussed in this chapter, relationships are also mediated through maternal kin, and particularly mothers, which complicate these relationships. Rarely do studies relating to child care interrogate these gendered discourses, where a recurrent set of images relating to absenteeism, promiscuity, and irresponsibility dominate (Norman, 2006).

Lastly, in approaching the issue of care with an eye toward historical context, this study contributed significantly to knowledge regarding the spaces of care and children's migration in KwaZulu-Natal. Generations of children have experienced movements between 'stretched' families and across spaces as part of the 'everyday' landscape of childhood. This reflects research such as Ni Laoire et al's (2010) which questions the binaries of home/not-at-home and rootedness/ rootlessness which tend to dominate accounts of migration and belonging. In many cases, children reflected on agency within these processes, and were able to move between 'homes' over the course of their childhoods. Indeed, the process of caring is relational, about generational contracts, reciprocity, and children's active roles in these relationships. Significantly, this study found no evidence for 'AIDS-induced' migration, or of long-term negative implications of migration, as children adjusted relatively easily, and were often living with family prior to the death of their parents.

9.4: Rights in the Time of HIV/AIDS

Chapter seven placed childhood in the time of children's rights, and explored the resulting tensions in adult-child relationships today. I argued that while the contemporary context of the HIV/AIDS epidemic has shaped children's rights discourses; in turn, rights discourses have shaped family dynamics in

the time of AIDS. In subscribing to a discourse through the Convention on the Rights of the Child, one set of rights has been set against another; the rights of adults/caregivers against those of children, causing generational conflict. Additionally, 'traditional' constructions of appropriate Zulu childhoods lie in direct opposition to many of the principles within the CRC, and adults and children are vividly aware of these. For adults, there is an inherent 'crisis of childhood' within the contemporary landscape, and many felt that this placed children at risk for contracting HIV and other risky behaviours. Indeed, adults felt disempowered by children's rights, and helpless to offer advice or wisdom.

Chapter eight built the connection between these discourses, communication between and adults and children, and children's place in bereavement. The generational approach to this study highlighted the evolving nature of cultural practices surrounding communication, death, and bereavement. Many children had been disclosed to, and the vast majority had participated in family funerals and the viewing of the corpse. However, changes in practice were often a result of adults wanting to stop children from 'asking questions,' and genuine communication and support in grieving were often absent, reflecting findings from elsewhere in southern Africa (Daniels, 2006).

Exploring the historical evolution of children's participation in bereavement, and the now predominant experience of attending funerals and viewing of the corpse, this study found that altering patterns have not led to meaningful changes in children's experiences of bereavement and grieving. Daniels (2006) has argued that in Botswana, the cultural silence around death and children's grief means that, in effect, relatives are hiding and covering up rather than trying to heal the wounds suffered by children. Indeed, researchers engaged with psychosocial interventions have highlighted attempts to help bereaved children in Africa through culturally appropriate tools and programmes, such as story-telling (Pillay, 2003), and memory box

programmes (Denis, 2008). It is out of the realm of this thesis to suggest further psychosocial interventions as this is not my field of expertise, nor was the purpose of this study in terms of appropriate methodology. However, my findings may contribute to understanding children's experiences, and the historical evolution of such practices. It is clear that cultural practices surrounding bereavement have shifted due to the landscape of HIV/AIDS, as well as children's rights. Further, such practices are not static, and adults themselves are still adapting to the endemic nature of loss. It will take time for communities to organise ways of supporting children in ways that are deemed appropriate, and helpful to children, and this study may contribute to the dialogue for ways of doing this.

9.5: Learning through the Research Process

Despite the inherent challenges of working with participants of varying generations in a cross-cultural setting, the methodological approach taken in this study garnered rich, diverse data, and was ultimately necessary for advancing what has often been a limited understanding of childhood in the time of HIV/AIDS. My experience in the field taught me a great deal about how as researchers, we must constantly strive to be sensitive to the needs of both our adult and child participants. In South Africa, where children are often meant to 'be seen but not heard', this entailed further challenges, including the need to remain critically reflexive, flexible, adaptive to various environments, and sensitive to the relationships already in practice.

Further, I also learned that in terms of methodological approaches, researchers rarely consider the emotional and ethical aspects of working with interpreters. I argued that this issue that deserves particular consideration in research with marginalised populations, and within difficult and sensitive situations such as in the context of poverty and HIV/AIDS exhibited in South Africa, and elsewhere in the developing world. My personal experience has

demonstrated that relationships between the interpreter and research participants do not end when the researcher leaves 'the field,' and responsibilities within these relationships may long remain. This is an issue that deserves reflexivity alongside other ethical challenges, and an awareness of one's positionality.

9.6: Implications for Policy and Programming

Despite the fact that this thesis did not directly interrogate issues related to policy and programming, a number of key themes emerged which may be useful to such discussions. First, as I and others have highlighted, a disproportionate focus on particularised childhoods and households may have unintended consequences for support for vulnerable families more generally, as such efforts are marginalised within donor agendas (Floyd et al, 2007; Richter, 2008). In a recent review of community-based interventions, Schenk (2009) found that even well-designed programmes which target particular children such as orphans may have inadvertent detrimental effects because they potentially create instances of the so-called 'lucky orphan syndrome.' This issue was also reflected in part in this study with the case study of the 'child-headed household,' as they were able to utilise (perhaps manipulate) community-based interventions based on their perceived household status. It is clear that *all* children living in poverty-stricken, HIV/AIDS-affected communities are vulnerable. Indeed, 'child-centred' development practice must not be 'child-only:' social and economic justice for poor children must be tackled in the context of families and communities. In this study, 43% of the households initially recruited were known to be 'HIV/AIDS affected.' However, I ultimately found that 78% of households were directly affected by the epidemic, and these did not include 'other' impacts related such as HIV/AIDS-related loss within the extended family network or community which are rarely interrogated because the focus remains on operational definitions of understanding. Many families were in need of support, and HIV/AIDS was rarely the determining factor for need.

This brings me to a second, related point. One of the most significant findings of this research was the emerging role of the state in alleviating poverty and supporting family-based care for children. Government grants have been shown to be highly redistributive, with those households who access grants significantly better off than comparable households (Adato et al, 2005; Agüero et al, 2007; Booysen and Van der Berg, 2005, Case and Deaton, 1998, Duflo, 2000; Koker et al., 2006; Nattrass, 2006). Indeed, making social grants available to all South Africans has been one of the most significant government initiatives in the post-apartheid era. However, the administrative and bureaucratic logistics remain major obstacles for many eligible South Africans, especially in terms of the Foster Care Grant which is the only direct form of government aid for families who are supporting orphaned children. Major barriers include the complexity of the application process, difficulty in obtaining necessary documentation and logistical support, as well as associated transport costs. Since the Taylor Report in 2002, a number of researchers in South Africa have called on the government to implement a Basic Income Grant (BIG), or what is also known as a 'citizens income' (Makino, 2004; Matisonn and Seekings, 2002; Nattrass, 2006; Taylor Committee, 2002). In contrast to conventional social assistance subject to means tests, the BIG is paid to everyone irrespective of income (Makino, 2004). Previous research and financial simulations have shown that even a modest BIG of R100 per month for all South Africans could contribute substantially to reducing poverty and inequality in South Africa, and would be relatively easily subsidised by those who are better off through the tax system (Nattrass, 2006). Although controversial in South Africa at the moment, the tide seems to be turning in favour of cash transfers on social protection agendas generally and within the context of HIV/AIDS (UNAIDS, 2009), so it may be that in the future, such support is granted, which would nullify at some level the operational concerns with targeting 'AIDS-affected households' and 'orphans.'

The final implications for policy and programming relate to the topic of children's rights in the time of HIV/AIDS. There are two important issues to highlight here. First, the findings from this study suggest that just because a government is prepared to accept legislation, it does not necessarily mean its citizens are – an obvious, but often overlooked point. If rights-based frameworks are going to have any salience for children in the time of HIV/AIDS, adults need to 'buy in.' It is clear that South Africa has already missed a critical opportunity here, but it also may not be too late. If practitioners and child advocates insist on utilising this discourse in order to support children, the insurers of these rights- parents, adults, teachers- are critical to implementation. Without such support, the theory of rights will remain just that, lacking practice on the ground, and within children's lives.

9.7: Summary

This thesis was timely in nature in terms of approaching the 'crisis' of childhood in the time of HIV/AIDS from a perspective situated within the social studies of childhood, and children's geographies. When I began this PhD over four years ago, orphan versus non-orphan indicator research dominated the landscape. I had hoped that over these years, with increasing criticism of such approaches, a change would occur. However, there still remains a desire on the part of academics and donors to measure such disparities, and thus the drive for this research continues unabated. I would highly recommend that others take a more holistic approach to the study of childhood, and not allow 'crisis' discourse to drive research agendas. There are still many areas of children's lives we know very little about, and in the majority world in particular, the 'everyday' is often marginalised at the expense of issues which are deemed to be more important or of concern. Ultimately, this thesis highlighted the temporal nature of both constructions of childhood, and children's lived realities in KwaZulu-Natal. By critically approaching the 'crisis' driven discourse which dominates the current

landscape, this thesis was able to contribute new ways of understanding children's lived realities, reconceptualising childhood in the time of HIV/AIDS.

Bibliography

Abdulla, G., Nott, V., & Hoddinott, G. (2007). *No place like home: A research study of the operations, management and care offered by registered and unregistered facilities for orphaned and vulnerable children*. Durban: Built Environment Support Group.

Adato, M., Kadiyala, S., Roopnaraine, T., Biermayr-Jenzano, P. and Norman, A. (2005) *Children in the Shadow of AIDS: Studies of Vulnerable Children and Orphans in Three Provinces in South Africa*. Washington DC: International Food Policy Research Institute.

Aguero, J., Carter, M.R., and May, J. (2007) Poverty and Inequality in the First Decade of Democracy: Evidence from KwaZulu-Natal. *Journal of African Economies*, 16 (5), 782–812.

Ainsworth, M. (1996) Economic Aspects of Child Fostering-in Cote d'Ivoire. *Research in Population Economics* (8), 25-62. Baltimore: JAI Press.

Ainsworth, M and Semali, I. (2000) *The Impact of adult deaths on Children's health in Northwestern Tanzania*. Development Research Group, World Bank, Washington D.C.

Ainsworth, M. (1989) Attachments beyond infancy. *American Psychologist*, 44, 709-716.

Aitken, S. (2000) *Geographies of young people: the morally contested spaces of identity*. London: Routledge.

Aitken, S. (2001) Global crises of childhood: rights, justice and the unchildlike child. *Area*, 33(2), 119-127.

Alanen, L. and Mayall, B. (2001) *Conceptualizing Child-Adult Relations*. London: Routledge.

Alanen, L. (2001) Explorations in generational analysis. In Alanen, L. and Mayall, B. *Conceptualizing Child-Adult Relations*. London: Routledge.

Alderson, P. and Morrow, V. (2004) *Ethics, social research and consulting with children and young people*. London: Barnardo's.

Aliber, M. (2005) *Synthesis Report of the 2005 Development Report: Overcoming Underdevelopment in South Africa's Second Economy*. New York: United Nations Development Programme (UNDP), Human Sciences Research Council (HSRC), and Development Bank of South Africa (DBSA).

Alonzo, A and Reynolds, N. (1995) Stigma, HIV and AIDS: An exploration and elaboration of a stigma trajectory. *Social Science and Medicine*, 41(3), 303-315.

Alumira, J.D., Kambewa, P.S., and Binauli LD. (2005) *Impact of HIV/AIDS on inter- and intra-generational information flows among smallholder farmers in Malawi*. Lilongwe, Malawi: ICRISAT/RENEWAL.

Amaoteng, A.Y., Richter, L., Makiwane, M. and Rama, S (2004) *Describing the structure and needs of families in South Africa: Towards the development of a national policy framework for families*. Pretoria: Child Youth and Family Development, Human Sciences Research Council.

Anderson, B.B and Heston, P.E. (2006) *Trends in the percentage of children who are orphaned in South Africa: 1995–2005*. Pretoria: Statistics South Africa.

Andrews, G. et al. (2006) Epidemiology of health and vulnerability among children orphaned and made vulnerable by HIV/AIDS in sub-Saharan Africa. *AIDS Care*, 18(3), 269-276.

Ansell, N. (2008) Childhood and the politics of scale: descaling children's geographies? *Progress in Human Geography*, 1-20.

Ansell, N and Van Blerk, L. (2005) Joining the conspiracy? Negotiating ethics and emotions in researching (around) AIDS in southern Africa. *Ethics, Place and Environment: a Journal of Philosophy and Geography*, 8(1), 61-81.

Ansell, N and Van Blerk, L. (2004) Children's migration as a household/family strategy: Coping with AIDS in Lesotho and Malawi. *Journal of Southern African Studies* 30(3), 673-690.

Ansell, N and Van Blerk, L. (2004) *HIV/AIDS and Children's Migration in Southern Africa*. Kingston, Canada: Southern African Migration Project.

Ansell, N. (2001) Producing knowledge about 'Third World women': the politics of fieldwork in a Zimbabwean secondary school. *Ethics, Place and Environment*, 4(2), 101-116.

Argenti, N. (2002) Youth in Africa: a major resource for change. In De Waal, A. and Argenti, N. (eds) *Young Africa: realising the rights of children and youth*. Trenton: Africa World Press.

Aries, P. (1962) *Centuries of Childhood: A Social History of Family Life*. New York: Random House.

Arnall, A. et al. (2004) Perceptions of informal safety nets: A case study from a South African informal settlement. *Development Southern Africa*, 21(3), 443-460.

Ashforth, A. (2005) *Witchcraft, Violence, and Democracy in South Africa*. Chicago: University of Chicago Press.

Aspaas, H.R. (1999) AIDS and orphans in Uganda: Geographical and gender interpretations of household resources. *The Social Science Journal*, 36(2), 201-226.

Ayieko, M. (1997) *From single parents to child-headed households: The case of children orphaned by AIDS in Kisumu and Siaya districts*. New York: University of Illinois.

Ayuko, D. (2004) Characteristics and personal social networks of on-the-street, off-the-street, shelter and school children in Eldoret, Kenya. *International Social Work*, 47(3), 293-311.

Balen, R., Blyth, E., Calabretto, H., Fraser, C., Horrocks, C., Manby, M., (2006) Involving Children in Health and Social Research: 'Human becomings' or 'active beings'? *Childhood*, 13(1), 29-48.

Barbarin, O et al. (2001) Exposure to Violence, Coping Resources, and Psychological Adjustment of South African Children. *American Journal of Orthopsychiatry*, 71, 1, 16-25.

Barbarin, O. and Richter, L. (2001) *Mandela's Children: Growing up in Post-Apartheid South Africa*. New York: Routledge.

Barker, J. and Smith, F. (2001) Power, Positionality and Practicality: Carrying out Fieldwork with Children. *Ethics, Place and Environment*, 4(2), 142-147.

Barnett, T. (2006) A long-wave event: HIV/AIDS, politics, governance and 'security': sundering the intergenerational bond? *International Affairs*, 82(2), 297-313.

Barnett, T. and Whiteside, A. (2006) *AIDS in the Twenty-First Century: Disease and Globalization*. 2nd edition. London: Palgrave Macmillan.

Barnett, T., Whiteside, A., and Desmond, C. (2001) The social and economic impact of HIV/AIDS in poor countries: a review of studies and lessons. *Progress in Development Studies* 1(2),151-170.

Barnett, T. and Whiteside, A. (1999) HIV/AIDS and Development: Case

Studies and a conceptual Framework. *The European Journal of Development Research*, 11(2), 200-234.

Bauman, L., Foster, G., Silver, E., Berman, R., Gamble, I., and Muchaneta, L. (2006) Children caring for their ill parents with HIV/AIDS. *Vulnerable Children and Youth Studies*, 1(1), 56-70.

Baxter, J. and Eyles, J. (1997) Evaluating qualitative research in social geography: Establishing "rigour" in interview analysis. *Transactions of the Institute of British Geographers*, 22(4), 505-25.

Baylies, C. (2002) The Impact of AIDS on Rural Households in Africa: A Shock Like Any Other? *Development and Change*, 33(4), 611-632.

Beazley, H. (2003) Voices from the margins: street children's subcultures in Indonesia. *Children's Geographies*, 1, 181-200.

Beegle, K., De Weerd, J., and Dercon, S. (2005) *Orphanhood and the long-run impact on children*. Washington, DC: The World Bank.

Bell, S. and Payne, R. (2009) Young People as Agents in Development Processes: reconsidering perspectives for development geography, *Third World Quarterly*, 30(5), 1027- 1044.

Benwell, M. (2007) *Social geographies of childhood: outdoor spaces, mobility and 'growing up' in post-apartheid suburban Cape Town, South Africa*. Unpublished PhD thesis, London: Royal Holloway, University of London.

Berman, L. (2000) Surviving on the streets of Java: homeless children's narratives of violence. *Discourse & Society*, 11(2), 149-174.

Bhargava, A. and Bigombe, B. (2003) Public policies and the orphans of AIDS in Africa. *British Medical Journal*, 326, 1387-1389.

Bicego, G., Rutstein, S., and Johnson, K. (2003) Dimensions of the emerging orphan crisis in sub-Saharan Africa. *Social Science and Medicine*, 56, 1235-1247.

Biersteker, L. and Robinson, S. (2000) Socio-economic policies: Their impact on children in South Africa. In Donald, D. et al (eds). *Addressing Childhood Adversity*. Cape Town: David Philip Publishers.

Birdthistle, I. (2004) *Understanding the Needs of Orphans and Other Children Affected by HIV and AIDS in Africa: State of the Science*. Washington DC: USAID Working Draft.

Black, D. (2008) Rescuing AIDS Orphans. *The Toronto Star* May 25 2008.

- Bolton, A., Pole, C. and Mizen, P. (2001) Picture This: Researching Child Workers. *Sociology*, 35(2), 501-518.
- Bond, P. (2003) South Africa's Frustrating Decade of Freedom: From Racial to Class Apartheid. *Monthly Review*, 10(45).
- Bond, V. (2006) Stigma when there is no other option: Understanding how poverty fuels discrimination toward people living with HIV in Zambia. In Gillespie, G. (ed). *AIDS, Poverty, and Hunger: Challenges and Responses*. Washington DC: International Food Policy Research Institute.
- Bondi, L. (2005) The place of emotions in research: from partitioning emotion and reason to the emotional dynamics of research relationships. In Davidson, J. et al. (eds) *Emotional geographies*. Aldershot: Ashgate.
- Booyesen, F. and Arntz, T. (2002) Children of the storm: HIV/AIDS and children in South Africa. *Social Dynamics*, 28(1),170- 192.
- Boyden, J. and Cooper, E. (2006) *Questioning the power of resilience: Are children up to the task of disrupting the transmission of poverty?* Paper presented at the CPRC workshop on Concepts and Method for Analysing Poverty Dynamics and Chronic Poverty, 23-25 October 2006, University of Manchester, UK.
- Boyden, J. (2003). Children under Fire: Challenging Assumptions about Children's Resilience. *Children, Youth and Environments*, 13(1).
- Boyden, J. (1997) Childhood and the Policy Makers: A Comparative Perspective on the Globalisation of Childhood. In James and Prout, A. (eds). *Constructing and Reconstructing Childhood*. London: Falmer Press.
- Bowlby, J. (1952) *Maternal care and mental health: A report prepared on behalf of the World Health Organization as a contribution to the United Nations programme for the welfare of homeless children*. Geneva: World Health Organization.
- Bozalek, V. (1999) Contextualizing Caring in Black South African Families. *Social Politics*, (Spring), 85-99.
- Brandt, R. (2005) *Maternal well-being, childcare and child adjustment in the context of HIV/AIDS: What does the psychological literature say?* Cape Town: Centre for Social Science Research, University of Cape Town.
- Bray, R. and Brandt, R. (2005a) *An ethnographic analysis of care relationships in a resource-poor community*. Cape Town: Centre for Social Science Research, University of Cape Town.

Bray, R. and Brandt, R. (2005b) *What is childcare really about? An ethnographic analysis of care relationships in a resource-poor community*. Cape Town: Centre for Social Science Research, University of Cape Town.

Bray, R. and Gooskens, I. (2005) *Ethics and the everyday: Reconsidering approaches to research involving children*. Cape Town: Centre for Social Science Research, University of Cape Town.

Bray, R. (2003a) Predicting the Social Consequences of Orphanhood in South Africa. *African Journal of AIDS Research*, 2(1), 39-55.

Bray, R. (2003b). Who does the housework? An examination of South African children's working roles. *Social Dynamics*, 29(2), 95-131.

Bray, R. (2004) 'AIDS orphans' and the future: A second look at our predictions. *AIDS Bulletin*, 13(2).

Brison, K.J. and Leavitt, S.C. (1995) Coping with Bereavement: Long-term Perspectives on Grief and Mourning. *Ethos*, 23(4), 395-400.

Brittain and Minty, (1988) *Statements from the Harare Conference: Children of Resistance: On Children, Repression and the Law in Apartheid South Africa*. London, Kluwer Books.

Brookes, H., Shisana, O., and Richter, L. (2004) *The National Household HIV Prevalence and Risk Survey of South African Children*. Cape Town: Human Sciences Research Council.

Budlender, D. Chobokoane, N., and Sandile, S. (2004) Marriage patterns in South Africa: Methodological and substantive issues. *South African Journal of Demography*, 9(11), 1-26.

Bundy, C. (1992) At war with the future? Black South African youth in the 1990s. *Southern Africa Report*, 8(1):18.

Bunge, W. (1973). The geography. *The Professional Geographer*, 25, 331-337.

Burman, E. (1996) Local, Global, or Globalized? Child development and international child rights legislation. *Childhood*, 3, 45-66.

Burman, E. (1994) Poor children: charity appeals and ideologies of childhood. *Changes: An International Journal of Psychology and Psychotherapy*, 12(1), 29-36.

Burman, S. (2003) The Best Interests of the South African Child. *International Journal of Law, Policy and the Family*, 17, 28-40.

Burman, S. (1996) Intergenerational Family Care: Legacy of the Past, Implications for the Future. *Journal of Southern African Studies*, 22(4), 585-598.

Burman, S. and Preston-Whyte, E. (1992) Assessing Illegitimacy in South Africa. In Burman, S. and Preston-Whyte, E. *Questionable Issue: Illegitimacy in South Africa*. Cape Town: Oxford University Press.

Burman, S. and Reynolds, P. (1986) *Growing up in a Divided Society*. Evanston, Illinois: Northwestern University Press.

Campbell, C., Foulis, C.A., Maimane, S., and Sibiyi, Z. (2005) "I have an evil child at my house": Stigma and HIV/AIDS management in a South African community. *American Journal of Public Health* 95(5), 808-815.

Campbell, C. (1991.) *The Family, socialization and rapid change: transforming notions of "respect" in the social identity of township youth*. In Braude, D. R. et al. *Children and families in distress: Working papers from a seminar*. Pretoria: Human Sciences Research Council, Research Program on Family and Married Life.

Case, A. and Ardington, C. (2004) *The impact of parental death on school enrollment and achievement: Longitudinal evidence from South Africa*. Working Paper 240. Princeton: Princeton University, Woodrow Wilson School of Public and International Affairs, Center for Health and Wellbeing.

Case, A., Hosegood, V., and Lund, F. (2005) The reach and impact of Child Support Grants: evidence from KwaZulu-Natal. *Development Southern Africa*, 22(4), 467-4.

Case, A., Paxton, C., and Ableidinger, J. (2004) Orphans in Africa: Parental Death, Poverty and School Enrolment. *Demography*, 41(3), 483-508.

Casteneda, C. (2001) The child as a feminist figuration: Towards a politics of privilege. *Feminist Theory*, 2(1), 29-53.

Chambers, J. (2006) The Lost Generation: Rebuilding Communities Ravaged by AIDS. *The Rotarian*, November.

Chazan, M. (2008) Seven 'deadly' assumptions: unravelling the implications of HIV/AIDS among grandmothers in South Africa and beyond. *Ageing & Society*, 28(7), 935-958.

Chigdewera, P. et al. (2008) Estimating the Lost Benefits of Antiretroviral Drug Use in South Africa. *Journal of Acquired Immune Deficiency Syndrome*, 49, 4, 410-415.

- Children in Distress Network. (2001) *How AIDS affects me- Children speak*. Durban: Children in Distress Network (CINDI).
- Chizororo, M. (2008) *The Formation, Constitution and Social Dynamics of Orphaned Child-Headed Households in Rural Zimbabwe in the Era of HIV/AIDS Pandemic*. Unpublished PhD Thesis, Department of Geography, University of Saint Andrew's, United Kingdom.
- Chopra, M. et al. (2005) Preventing HIV transmission to children: Quality of counselling of mothers in South Africa. *Acta Paediatrica*, 94, 357-363.
- Christensen, P. and James, A. (eds). (2000) *Research with children: Perspectives and practices*. London: Routledge-Falmer.
- Christensen, P. and Prout, A. (2003) Children, place, space and generation. In Mayall, B, and Zeiher, H. (Eds). *Childhood in Generational Perspective*. London: Institute of Education, University of London.
- Christensen, P. and Prout, A. (2002) Working with Ethical Symmetry in Social Research with Children. *Childhood*, 9(4), 477-497.
- Christiansen, C. et al (2006) *Navigating Youth, Generating Adulthood: social becoming in an African context*. Sweden: Elanders Gotab.
- Cichello, P. (2003) Child fostering and human capital formation in KwaZulu-Natal: An economist's perspective. *Social Dynamics*, 29(3), 177-212.
- Cluver, L and Gardner, F. (2007) Risk and protective factors for psychological well-being of children orphaned by AIDS in Cape Town: a qualitative study of children and caregivers' perspectives. *AIDS Care*, 19, 3, 318-325.
- Cluver, L and Gardner, F. (2006) The psychological well-being of children orphaned by AIDS in Cape Town, South Africa. *Annals of General Psychiatry*, 5, 8.
- Colvin, M. et al (2007) Operational effectiveness of single-dose nevirapine in preventing mother-to-child transmission of HIV. *Bulletin of the World Health Organization*, 85, 466-473.
- Cockburn, T. (2005) Children and the feminist ethic of care. *Childhood*, 12(1), 71-89.
- Cocks, A. (2006) The Ethical Maze: Finding an inclusive path towards gaining children's agreement to research participation. *Childhood*, 13(2), 247-266.
- Coetzee, E. and Streak, J. (2004) *Monitoring Child Socio-Economic Rights in South*

Africa: Achievements and Challenges. Cape Town: Idasa.

Cohen, D. (2008) *Socio-economic causes and consequences of the HIV epidemic in Southern Africa: A case study of Namibia.* New York: United Nations Development Programme (UNDP).

Cohen, S. (1972) *Folk Devils and Moral Panic.* London: Routledge.

Cole, J. and Durham, D. (2007) Introduction : Age, Regeneration and the Intimate Politics of Globalization. In Cole, J. and Durham, D. (eds). *Generations and Globalization : Youth, Age, and Family in the New World Economy.* Bloomington, IN, USA : Indiana University Press.

Corsten, M. (2003) Biographical revisions and the coherence of a generation. In Mayall, B and Zeiher, H. *Childhood in Generational Perspective.* London: Institute of Education, University of London.

Crampin, A.C., Floyd, S., Glynn, J., Madise, N., Nyondo, A., Khondowe, M., Njoka, C., Kanyongoloka, H., Ngwira, B., Zaba, B., and Fine, P.E. (2003) The long-term impact of HIV and orphanhood on the mortality and physical well being of children in Malawi. *AIDS*, 17(3), 389-397.

Croll, E.J. (2006) From the Girl Child to Girls' Rights. *Third World Quarterly*, 27(7), 1285-1297.

Daniels, M. (2006) *Hidden Wounds: orphanhood, expediency and cultural silence in Botswana.* Unpublished PhD Thesis. Norwich: University of East Anglia, Institute of Development Studies.

Dawes, A. (1994) The effects of political violence on socio-moral reasoning and conduct. In Dawes, A. and Donald, D. (eds), *Childhood and Adversity: psychological perspectives from South African research.* Cape Town: David Philip.

Derlega, V., Winstead, B.A., Greene, K., Serovich, J., and Elwood, W. (2004) Reasons for HIV disclosure/nondisclosure in close relationships: Testing a model of HIV-disclosure decision making. *Journal of Social and Clinical Psychology*, 23(6), 747-767.

Deininger, K. Garcia, M., and Subbarao, K. (2003) AIDS-induced Orphanhood as a Systemic Shock: Magnitude, Impact and Program Interventions in Africa. *World Development*, 31(7), 1201-1220.

Delor, F. and Hubert, M. (2000) Revisiting the concept of vulnerability. *Social Science and Medicine*, 50, 1557-70.

De Lennoy, A. (2008) *Exploring Concepts of Death and Subjective Life Expectancy:*

Understanding Young Adults' Perceptions of (in)-vulnerability. Working paper 230. Cape Town: Centre for Social Science Research.

Denis, P. and Ntsimane, R. (2006) Absent fathers: why do men not feature in stories of families affected by HIV/AIDS in KwaZulu-Natal? In Richter, L. and Morrell, R. *Baba: Men and Fatherhood in South Africa*. Cape Town: HSRC Press.

Denis, P. (2009) Are Zulu Children Allowed to Ask Questions: Silence, Death and Memory in the Time of AIDS. In Carton, B. et al. *Zulu Identities: Being Zulu, Past and Present*. London: Hurst & Company.

Department of Education. (2008) *A Bill of Responsibilities for the Youth of South Africa*. Department of Education, Republic of South Africa.

Department of Health. (2010) National Antenatal Sentinel HIV and Syphilis Prevalence Survey in South Africa, 2009. Pretoria: Department of Health.

Department of Health. (2005) *National HIV and Syphilis prenatal sero-prevalence survey in South Africa 2004*. Pretoria: Department of Health.

Department of Health. (2001) *National HIV and Syphilis prenatal sero-prevalences Survey in South Africa 2001*. Pretoria: Department of Health.

Desmond, C. (2009) Consequences of HIV for children: avoidable or inevitable? *AIDS Care*, 21(1), 98- 104.

Desmond, D. and Gow, C.J (eds). (2002) *Impacts and interventions: the HIV/AIDS epidemic and the children of South Africa*. Pietermaritzburg: University of Natal Press.

Desmond, C. and Kvalsvig, J. (2005) *Evaluating replacement childcare arrangements: methods and combining economic and child development outcome analyses*. Cape Town: Human Sciences Research Council.

De Waal, A. (2006) *AIDS and Power: Why There is No Political Crisis- Yet*. London: Zed Books.

De Waal, A. (2002) AIDS and Young Africans. In De Waal, A. and Argenti N., (eds)., *Young Africa: Realising the Rights of Children and Youth*. Trenton, New Jersey: Justice Africa.

De Waal, A. (2002) Realising Child Rights in Africa: Children, Young People and Leadership. In De Waal, A. and Argenti, N., (eds)., *Young Africa: Realising the Rights of Children and Youth*. Trenton, New Jersey: Justice Africa.

- Dobson, M.E. (2009) Unpacking children in migration research. *Children's Geographies*, 7(3), 355-360.
- Doherty, T., Chopra, M., Nkonki, L., Jackson, D., and Greiner, T. (2006a) *Effect of the HIV epidemic on infant feeding in South Africa: "When they see me coming with the tins they laugh at me."* Bulletin World Health Organisation, 84(2), 90-96.
- Doherty, T., Chopra, M., Nkonki, L., Jackson, D., and Persson, L.A. (2006b) A Longitudinal Qualitative Study of Infant-Feeding Decision Making and Practices among HIV-Positive Women in South Africa. *Journal of Nutrition*, 136(9), 2421-6.
- Donahue, J. (2005) *Strengthening households and Communities: the Key to Reducing the Economic Impacts of HIV/AIDS on Children and Families*. In Foster, G. et al. (eds). *A Generation at Risk: The Global Impact of HIV/AIDS on Orphans and Vulnerable Children*. Cambridge: Cambridge University Press.
- Dorrington, R. et al. (2002) *HIV/AIDS profile of the provinces of South Africa-indicators for 2002*. Centre for Actuarial Research, Medical Research Council and the Actuarial Society of South Africa.
- Duflo, E. (2000) *Grandmothers and granddaughters: Old age pension and intra-household allocation in South Africa*. Cambridge, MA: National Bureau of Economic Research, Working paper 8061.
- Du Guerny, J. (1998) *Rural Children Living in Farm Systems Affected by HIV/AIDS: Some issues for the rights of the child on the basis of FAO studies in Africa* Rome: Sustainable Development Department of the Food and Agriculture Organization (FAO).
- Durham, D. and Klaitz, F. (2002) Funerals and the Public Space of Sentiment in Botswana. *Journal of Southern African Studies*, 28(4), 777-795.
- Dyck, I. (2005) Feminist Geography, the 'everyday', and local-global relations: hidden spaces of place-making. *The Canadian Geographer*, 49, 3, 233-243.
- Eaton, L. Flishera, J. and Aarob, L.E. (2003) Unsafe sexual behaviour in South African youth. *Social Science and Medicine*, 56, 149-165.
- Elwood, S.A and Martin, D.G. (2000) "Placing" interviews: location and scales of power in qualitative research. *Professional Geographer* 52(4), 649-657.
- England, K. (1994) Getting personal: reflexivity, positionality and feminist research. *Professional Geographer*, 46(1), 80-89.

Engle, P.L., Castle, S., and Menon, P. (1996) Child Development: Vulnerability and Resilience. *Social Science and Medicine*, 43(5), 621-635.

Ennew, J. and Swart-Kruger, J. (2003). Introduction: Homes, Places and Spaces in the Construction of Street Children and Street Youth. *Children Youth and Environment*, 13(1).

Ethekwini Municipality. (2007) *Ethekwini Municipality Ward Profiles*. Durban: Ethekwini Municipality.

Evans, B. and Honeyford, E.J. (In press) 'Brighter Futures, Greener Lives': children and young people in UK sustainable development policy. In Kraftl, P. et al (eds) *Critical Geographies of Childhood and Youth: Policy and Practice*. Bristol: The Policy Press.

Evans, R. and Becker, S. (2009) *Children caring for parents with HIV and AIDS*. Bristol: The Policy Press.

Evans, R. (2006) Negotiating Social Identities: The Influence of Gender, Age and Ethnicity on Young People's 'Street' Careers' in Tanzania. *Children's Geographies*, 4(1), 109-128.

Evans, R. (2004) Tanzanian childhoods: street children's narratives of 'home.' *Journal of Contemporary African Studies*, 22(1), 69-92.

Evans, D. and Miguel, E. (2005) *Orphans and schooling in Africa: A longitudinal analysis*. Center for International and Development Economics Research. Paper C05-143. (<http://repositories.cdlib.org/iber/cider/C05-143>).

Family Health International. (2005) *Conducting a participatory situation analysis of orphans and vulnerable children affected by HIV/AIDS: Guidelines and tools*. Family Health International. (<http://www.fhi.org/en/HIVAIDS/pub/guide/ovcguide.htm>)

Fenton, B. (2006) Daily Telegraph campaign to halt 'death of childhood.' *Daily Telegraph*, September 13, 2006.

Floyd, S. Crampin, A.C., Glynn, J.R., Madise, N., Mwenebabu, M., Mnkondia, S., Ngwira, B., Zaba, B., Fine, P.E. (2007) The social and economic impact of parental HIV on children in northern Malawi: Retrospective population-based cohort study. *AIDS Care*, 19, 781-790.

Ford, K. and Hosegood, V. (2005) AIDS mortality and the mobility of children in KwaZulu Natal, South Africa. *Demography*, 42(4), 757-768.

Foster, G., Levine, C., and Williamson, J. (2005) *A Generation at Risk: The Global*

Impact of HIV/AIDS on Orphans and Vulnerable Children. Cambridge: Cambridge University Press.

Foster, G. (2005) *Bottlenecks and Drip-feeds: Channelling resources to communities responding to orphans and vulnerable children in southern Africa.* London: Save the Children.

Foster, G. (2004) Safety Nets for Children Affected by HIV/ AIDS in Southern Africa. In Pharoah, R. (ed). *A Generation at Risk? HIV/AIDS, Vulnerable Children and Security in Southern Africa.* Monograph No 109, Institute for Security Studies.

Foster, G. (2002) *Understanding Community Responses to the Situation of Children Affected by AIDS: Lessons for External Agencies.* Draft Paper for the UNRISD project for HIV/ AIDS and Development.

Foster, G. (2000) The capacity of the extended family safety net for orphans in Africa. *Psychology, Health & Medicine*, 5(1), 55-62.

Foster, G. (1997) Factors leading to the establishment of child-headed households: the case of Zimbabwe. *Health Transition Review*, 7 (suppl. 2), 155-168.

Foster, G. and Williamson, J. (2000) A review of current literature of HIV/ AIDS on children in Sub Saharan Africa. *AIDS*, 14(3), 275-284.

Frankenberg, R., Robinson, I. and Delahooke, A. (2000) Countering essentialism in behavioural social science: the example of 'the vulnerable child' ethnographically examined. *The Editorial Board of the Sociological Review*, 48(4), 586-611.

Freeman, M. (2007) Why it remains important to take children's rights seriously. *International Journal of Children's Rights*, 15, 5-23.

Freeman, M. (2000) The Future of Children's Rights. *Children & Society*, 14, 277- 293.

Frones, I. (1993) Changing Childhood. *Childhood*, 1(1), 1-2.

Garnett, G.P., Grassly, N.C., and Gregson, S. (2001) AIDS: The making of a development disaster? *Journal of International Development*, 13, 391-409.

George, S., Van Oudenhoven, N., and Wazir, E. (2003) Foster Care beyond the Crossroads: Lessons from an international comparative analysis. *Childhood*, 10(3), 343-361.

Gertler, P., Martinez, S., Levine, D., and Bertozzi, S. (2004) Lost presence and presents of parents: How parental death affects children. Preliminary Draft. Available online at: <http://weblamp.princeton.edu/chw/papers/gertler.pdf>

Gillam, J. and Reivich, K. (2004) Cultivating optimism in childhood and adolescence. *Annals of the American Academy*, 591, 146-163.

Gilbert, L. and Walker, L. (2002) Treading the path of least resistance: HIV/AIDS and social inequalities- a South African case study. *Social Science and Medicine*, 54, 1093-1110.

Gilborn, L., Nyonyintono, R., Kabumbuli, R., and Jagwe-Wadda, G. (2001) *Making a Difference for Children Affected by AIDS: Baseline Findings from Operations Research in Uganda*. Washington DC: USAID.

Gillespie, S., Norman, A., and Finley, B. (2005) *The Vulnerability of Children Affected by HIV/AIDS in Sub-Saharan Africa: What We Know and What Can Be Done*. Washington DC: International Food Policy Research Institute (IFPRI).

Gillespie, S. and Haddad, L. (2002) *Food Security as a Response to AIDS*. Annual Report Essay. Washington DC, International Food Policy Research Institute.

Gillespie, S., Haddad, L., and Jackson, R. (2001) *HIV/AIDS, Food and Nutrition Security: Impact and Actions*. Washington DC: International Food Policy Research Institute (IFPRI) and World Food Programme: 25.

Goldstein, S. Anderson, A., Usdin, S., and Japhet, G. (2001) Soul Buddyz: A Children's Rights Mass Media Campaign in South Africa. *Health and Human Rights*, 5(2), 163-173.

Greene, S. and Hogan, D. (eds) (2005) *Researching children's experience: Approaches and Methods*. London: Sage Publications.

Gregson, S. et al. (2005) HIV infection and reproductive health in teenage women orphaned and made vulnerable by AIDS in Zimbabwe. *AIDS Care*, 17(7), 785-794.

Grinstead, O. et al. (2001) Positive and negative life events after counseling and testing: The voluntary HIV-1 counselling and testing efficacy group. *AIDS*, 15, 1045-1052.

Guarcello, L. et al. (2004) *Orphanhood and child vulnerability: Malawi*. Washington DC: The World Bank.

Guest, E. (2003) *Children of AIDS: Africa's Orphan Crisis*. London, Pluto Press.

Guyer, J., 1981. Household and community in African studies. *African Studies Review* XXIV, 2/3, 87-137.

Hagestad, G.O and Uhlenberg, P. (2005) The social separation of old and young: A root of ageism, *Journal of Social Issues*, 61, 343- 360.

Hall, T. and Montgomery, H. (2000) Home and away: 'Childhood', 'youth' and young people. *Anthropology*, 16(3), 13-15.

Hallman, K. (2005) *Orphanhood, poverty, and HIV risk behaviours among adolescents in KwaZulu-Natal, South Africa*. Population Council.

Haour-Knipe, M. (2009) Families, children, migration and AIDS. *AIDS Care*, 21(1), 43- 48.

Harber, M. (1998) *Social policy implications for the care and welfare of children affected by HIV/AIDS in KwaZulu-Natal*. School of Development Studies, University of KwaZulu-Natal, Durban, Research Report No 17

Hardman, C. (2001) Can there be an Anthropology of Children? *Childhood*, 8(4), 85-99.

Hartell, C. (2005) HIV/AIDS in South Africa: A review of sexual behavior among adolescents. *Adolescence*, 40(157), 171-181.

Hawthorne, P. and Macleod, S. (1991) South Africa: the Lost Generation. *Time Magazine*, Monday, February 18.

Henderson, P.C. (2006) South African AIDS Orphans: Examining assumptions around vulnerability from the perspective of rural children and youth. *Childhood*, 13(3), 303-327.

Herman and Mattingly, D. (1999) Community, justice, and the ethics of research: negotiating reciprocal research relations. In Proctor, J.D and Smith, D. (eds). *Geography and Ethics: Journeys in a Moral Terrain*. New York: Routledge.

Herrera, E., Jones, G., and Thomas de Benitez, S. (2009) Bodies on the line: identity markers among Mexican street youth. *Children's Geographies*, 7(1), 67-81.

Higson-Smith, C. and Killian, B. (2000) Caring for Children in Fragmented Communities. In Donald, D. et al. *Addressing Childhood Adversity*. Cape Town: David Philip Publishers.

Hickson, J. and Kriegler, S. (1991) Childshock: The effects of apartheid on the mental health of South Africa's children. *International Journal for the Advancement of Counselling*, 14, 141- 154.

Hill, C., Hosegood, V., Newell, M.L. (2008) Children's care and living arrangements in a high HIV prevalence area in rural South Africa, *Vulnerable Children and Youth Studies*, 3(1), 65- 77.

Hill, M., Davis, J., Prout, A. and Tisdall, K. (2004) Moving the Participation Agenda Forward. *Children & Society*, 18, 77-96.

Hill, M. (2006) Children's Voices on Ways of having a Voice: Children's and young people's perspectives on methods used in research and consultation. *Childhood*, 13(1), 69-89.

Holloway, S. and Valentine, G. (eds). (2000) *Children's geographies: Playing, living, learning*. London: Routledge.

Holloway, S. and Valentine, G. (2000) Spatiality and the new social studies of childhood. *Sociology*, 34(4), 763-783.

Holt, L. (2004) The 'Voices' of children: De-centring empowering research relations. *Children's Geographies*, 2(1), 13-27

Holt, L. and Holloway, S. (2006) Editorial: Theorising Other Childhoods in a Globalised World. *Children's Geographies*, 4(2), 135-142.

Hopkins, P. and Pain, R. (2007) Geographies of age : thinking relationally. *Area*, 39(3), 287-294.

Horton, J. and Kraftl, P. (2006) What Else? Some Ways of Thinking and Doing Children's Geographies. *Children's Geographies*, 4(1), 69-95.

Hosegood, V. and Madhaven, S. (2010) Data availability on men's involvement in families in sub-Saharan Africa to inform family-centred programmes for children affected by HIV and AIDS. *Journal of the International AIDS Society*, 13(suppl 2),

Hosegood, V. and Timaeus, I.M. (2005) The impact of adult mortality on the living arrangements of older people in rural South Africa. *Ageing & Society*, 25, 431-444.

Hosegood, V. (2008) Demographic Evidence of Family and Household Changes in Response to the Effects of HIV/ AIDS in southern Africa: Implication for efforts to Strengthen Families. *Joint Learning Initiative on Children and HIV/AIDS*.

- Hosegood, V., Vanneste, A.M., and Timaeus, I. (2004) Levels and causes of adult mortality in rural Africa: the impact of AIDS. *AIDS*, 18, 663-671.
- Howard, B., Phillips, C.C., Matinhure, N., Goodman, K.J., McCurdy, S.A. and Johnson, C.A. (2006) Barriers and incentives to orphan care in a time of AIDS and economic crisis: a cross-sectional survey of caregivers in rural Zimbabwe. *Public Health*, 6(27).
- Hunter, S. and Williamson, J. (2000) *Children on the brink: executive summary: updated estimates and recommendations for intervention*. USAID: Washington, DC.
- Hurley, J. and Underwood, M. (2002) Children's Understandings of Their Research Rights before and after Debriefing: Informed Assent, Confidentiality, and Stopping Participation. *Child Development*, 73(1), 132-143.
- James, A. and Prout, A. (eds). (1997) *Constructing and Reconstructing Childhood*. London: Falmer Press.
- James, A., Jenks, C., and Prout, A. (1998) *Theorizing Childhood*. Cambridge: Polity Press.
- James, A. (1998) From the child's point of view: issues in the social construction of childhood. In Panter-Brick, C. (ed). *Biosocial Perspectives on Children*. Cambridge: Cambridge University Press.
- Jewkes, R., Penn-Kekana, L., Rose-Junius, H. (2005) "If they rape me, I can't blame them": Reflections on gender in the social context of child rape in South Africa and Namibia. *Social Science and Medicine* 61, 1809-20.
- Jewkes, R. and Abrahams, N. (2002) The epidemiology of rape and sexual coercion in South Africa: an overview. *Social Science & Medicine*, 55, 153-166.
- Jones, G.A., Herrera, E., and Thomas De Benitez, S. (2007) Tears, trauma and suicide: everyday violence among street youth in Puebla, Mexico. *Bulletin of Latin American Research*, 26(4), 462-479.
- Jones, G.A. (2005) Children and development: globalisation, rights and poverty, *Progress in Development Studies*, 5(4), 336-342.
- Jones, O. (2001) 'Before the Dark of Reason': Some Ethical and Epistemological Considerations on the Otherness of Children. *Ethics, Place and Environment*, 4(2), 173-178.
- Jones, S. (1993) *Assaulting Childhood: Children's Experiences of Migrancy and*

Hostel Life in South Africa. Johannesburg: Wits University Press.

Kahn, K. et al (2007) Mortality Trends in a new South Africa: Hard to make a fresh start. *Scandinavian Journal of Public Health*, 35(Suppl 69), 26-34.

Kahn, L. (2004) *Experiences of HIV/AIDS diagnosis, disclosure, and stigma in an urban informal settlement in the cape peninsula: A qualitative exploration*. Centre for Social Science Research, University of Cape Town.

Kaleeba. (2004) Excerpt from we miss you all: AIDS in the family. In J.R. Oppong & J. Ghosh (Eds.), *HIV and AIDS in Africa: Beyond epidemiology* (pp. 259-278). Malden: Blackwell.

Kalichman, S. and Simbayi, L. (2004) Sexual assault history and risk for sexually transmitted infections among women in an African township in Cape Town, South Africa. *AIDS CARE*, 16(6), 681-89.

Kalule-Sabiti, I., Palamuleni, M., Makiwane, M., and Amoateng, A.Y. (2007) Family formation and dissolution patterns. In: Amoateng, A.Y and Heaton, T.B. (eds). *Families and households in post-apartheid South Africa: socio-demographic perspectives*. Cape Town: HSRC Press. 89-112.

Kamali, A., Seeley, J., Nunn, A., Kengeya-Kayonda, J., Ruberantwari, A. and Mulder, D. (1996) The orphan problem: experience of a sub-Saharan African rural population in the AIDS epidemic. *AIDS Care*, 8(5), 509-515.

Kang, M. (2008) Maternal versus paternal orphans and HIV/STI risk among adolescent girls in Zimbabwe, *AIDS Care*, 20(2), 214- 217.

Karim, S. (2000) Rising to the challenge of the AIDS epidemic. *South African Journal of Science*, 96(6), 262.

Karsten, L. (2005) It all used to be better? Different generations on continuity and change in urban children's daily use of space. *Children's Geographies*, 3(3), 275-290.

Katz, C. (2008) Cultural Geographies lecture: childhood as spectacle: relays of anxiety and the reconfiguration of the child, *Cultural Geographies*, 15, 5-17.

Katz, C. (2004) *Growing up global: Economic restructuring and children's everyday lives*. Minneapolis: University of Minnesota Press.

Katz, C. (1994) Playing the field: questions of fieldwork in geography. *The Professional Geographer*, 46(1), 67-72.

Katz, C. and Monk, J. (eds) (1993) *Full Circles: Geographies of Women over the*

Life Course. London.

Katz, C. (1991). Sow what you know: The struggle for social reproduction in rural Sudan. *Annals of the Association of American Geographers*, 81(3), 488-514.

Kaufman, C. and Stavrou, S.S. (2004) 'Bus fare please': the economics of sex and gifts among young people in urban South Africa. *Culture, Health & Sexuality*, 6(5). 377- 391.

Kaufman, C. et al. (2004) Communities, opportunities, and adolescents' sexual behaviour in KwaZulu-Natal, South Africa, *Studies in Family Planning*, 35(4), 261-274.

Kellett, M. (2005) *Children as active researchers: a new research paradigm for the 21st century?* ESRC National Centre for Research Methods.

Kennedy, A. (2010) Children and the notion of risk: the many state? In Kassem, D. ET AL. *Key Issues in Childhood and Youth Studies*. London: Routledge.

Kent, A.A. (2004) Living life on the edge: Examining space and sexualities within a township high school in greater Durban, in the context of the HIV epidemic. *Transformation*, 54, 59-75.

Kesby, M. et al. (2006) Theorising *other*, 'other childhood': Issues emerging from work on HIV in urban and rural Zimbabwe. *Children's Geographies*, 4(2), 185-202.

Killian, B. (2005) *Risk and Resilience*. In Pharoah, R. (Ed). *A Generation at Risk? HIV/AIDS, Vulnerable Children and Security in Southern Africa*. Monograph No 109, Institute for Security Studies.

Kindon, S. (2003) Participatory video in geographic research: a feminist practice of looking? *Area*, 35(2), 142-153.

Klocker, N. (2007) An example of 'thin agency': Child domestic workers in Tanzania. In Panelli, R., et al (Eds) *Global Perspectives on Rural Childhood and Youth: Young Rural Lives*, London: Routledge.

Kobayashi, S. (1994) Coloring the Field: Gender, "Race," and the Politics of Fieldwork, *Professional Geographer*, 46(1), 73-80.

Kraftl, P. (2010) Events of hope and events of crisis: young people and hope in the UK, in Leaman, J. and Woersching, M. (eds.) *Youth in Contemporary Europe*. London: Routledge, pp.103-118.

Kraftl, P. (2008) Young people, hope and childhood-hope, *Space and Culture*,

11, 81-92.

Kuo, C. and Operario, D. (2009) Caring for AIDS-orphaned children: A systematic review of studies on caregivers. *Vulnerable Children and Youth Studies*, 4(1), 1-12.

Kurzinger, M.L., Pagnier, J., Kahn, J.G., Hampshire, R., Wakabi, T., and Dye, T.D.V. (2008) Education status among orphans and non-orphans in communities affected by AIDS in Tanzania and Burkina Faso. *AIDS Care*, 20(6), 726- 732

Langevang, T. (2008) 'We are managing!' Uncertain paths to respectable adulthoods in Accra, Ghana. *Geoforum*, 39(6), 2039-2047.

Laurier, E. and Parr, H. (2000) Emotions and interviewing in health and disability research. *Ethics, Place and Environment* 3, 98-102.

Leatt, A. (2006) *Child poverty- its meaning and extent*. In The South African Child Guage. Cape Town: Children's Institute, University of Cape Town.

Leclerc-Madlala, S. (2002) Youth, HIV/ AIDS and the Importance of Sexual Culture and Context. Cape Town: Centre for Social Science Research.

Legido-Quicgly, H. (2003) *The South Africa old age pension: Exploring the role on poverty alleviation in households affected by HIV/AIDS*. Antwerp: International Social Security Association.

Levine, A. (ed). (2001) *Orphans and other vulnerable children: What role for social protection?* Social Protection Unity, Human Development Network, The World Bank.

Levine, C., Foster, G. and Williamson, J. (2005) Introduction: HIV/ AIDS and Its Long-Term Impact on Children. In Foster, G. et al (eds) *A Generation at Risk: The Global Impact of HIV/AIDS on Orphans and Vulnerable Children*. Cambridge: Cambridge University Press.

Levine, S. (1999) Bittersweet Harvest: Children, work and the global march against child labour in the post-apartheid state. *Critique of Anthropology*, 19(2), 139-155.

Lesch, E. and Kruger, L. (2004) Reflections on the sexual agency of young women in a low-income rural South African community. *South African Journal of Psychology*, 34(3), 464-486.

Letteney, S. and Laporte, H. (2004) Deconstructing stigma: Perceptions of HIV-seropositive mothers and their disclosure to children. *Social Work in*

Health Care 38(3), 105-123.

Liddell, C., Kvalsvig, J., Qotyana, P., and Shabalala, A. (1994) Community violence and young South African children's involvement in aggression. *International Journal of Behavioral Development*, 17, 4, 613-628.

Liddell, C., Kvalsvig, J., Shabalala, A., and Masilela, P. (1991) Historical perspectives on South African childhood. *International Journal of Behavioral Development*, 14(1), 1-19.

Limb, M. and Dwyer, C. (2001) *Qualitative Methodologies for Geographers: Issues and Debates*. Arnold, London.

Lindblade, K., Odhiambo, F., Rosen, D.H., and DeCock, K.M. (2003) Health and nutritional status of orphans <6 years old cared for by relatives in western Kenya. *Tropical Medicine and International Health*, 8(1), 67-72.

Lockhat, R. and Van Niekerk, A. (2000) South Africa Children: A history of adversity, violence and trauma. *Ethnicity & Health*, 5, 3 & 4, 291-302.

Loening, W.E.K. (1981) Child Abuse among the Zulus: A People in Cultural Transition. *Child Abuse and Neglect*, 5(3), 3-7.

Longmore, L. (1959) *The Dispossessed: A Study of the Sex-Life of Bantu Women in and around Johannesburg*. London: Jonathan Cape.

Lundberg, M. and Over, M. (2000) Sources of financial assistance for households suffering an adult death in Kagera, Tanzania. *The South African Journal of Economics*, 68(5), 1-39.

Mackie, P. (2007) *Children in informal trading: Cusco, Peru*. Unpublished PhD Thesis. Department of Geography, University of Wales, Swansea.

MacLellan, M. (2005) *Child Headed Households: Dilemmas of Definition and Livelihood Rights*. Paper presented at the 4th World Congress on Family Law and Children's Rights, Cape Town, March 2005.

Madhavan, S. (2004) Fosterage patterns in the age of AIDS: continuity and change. *Social Science and Medicine*, 58, 1443-1454.

Madge, C. (1992) Boundary disputes: comments on Sidaway (1992). *Area*, 25(3), 294-299.

Makino, K. (2004) *Social Security Policy Reform in Post-Apartheid South Africa: A Focus on the Basic Income Grant*. Durban: Centre for Civil Society Research Report No. 11

- Maman, S., Mbwambo, J., Hogan, N.M., Kilonzo, G.P., and Sweat, M. (2001) Women's barriers to HIV-1 testing and disclosure: Challenges for HIV-1 voluntary counselling and testing. *AIDS CARE* 13(5), 595-603.
- Mann, G. and Tolfree, D. (2003) *Children's Participation in Research: Reflections from the Care and Protection of separated children in Emergencies Project*. Save the Children Sweden.
- Mathambo, V. and Gibbs, A. (2009) Extended family childcare arrangements in a context of AIDS: collapse or adaptation. *AIDS Care*, 21(1), 22- 27
- Matisonn, H. and Seekings, J. (2002) *Welfare in Wonderland? The Politics of Basic Income Grant in South Africa, 1996-2002*. Paper presented at the 9th International Congress. Geneva, September 12th-14th, 2002.
- Matthews, H. and Limb, M. (1999) Defining an agenda for the geography of children: Review and prospect. *Progress in Human Geography* 23(1), 61-90.
- Max, G. (1991) The Politics of Education: South Africa's Lost Generation. *American Enterprise*, 2(3), 12-15.
- May, J. (ed). (2000) *Poverty and Inequality in South Africa: Meeting the Challenge*. London, Zed Books Ltd.
- Mayall, B. (2000) Conversations with Children: Working with Generational Issues. In Christensen, P. and James, A. (eds). *Research with children: Perspectives and practices*. London: Routledge-Falmer.
- Mayall, B. and Zeiher, H. (2003) *Childhood in Generational Perspective*. London: Institute of Education, University of London.
- Maylam, P. and Edwards, I. (eds.) (1996) *The People's City: African Life in Twentieth-Century Durban*. Ietermaritzberg, University of Natal Press.
- Mcadam-Crisp, J. (2006) Factors that can enhance and limit resilience for children of war. *Childhood*, 13(4), 459-477.
- McConnell-Gladstone, B. et al (2006) Recasting research into children's experiences of paternal mental illness: Beyond risk and resilience. *Social Science and Medicine*, 63, 2540-50.
- Mcdowell, L. (1992b) Doing Gender: Feminism, Feminists and Research Methods in Human Geography. *Transactions of the Institute of British Geographers*, (17), 4, 399-416.

Mcdowell, L. (1992b) Feminism, Feminists and Research Methods in Human Geography. *Transactions of the Institute of British Geographers*, 17(4), 399-416.

Mcdowell, L. (1992c) Multiple Voices: Speaking from inside and outside 'the project'. *Antipode*, 24(1), 56-72.

Mcilwaine, C. and Datta, K. (2004) Endangered Youth? Youth, gender and sexualities in urban Botswana. *Gender, Place & Culture*, 11(4), 483- 512.

McKendrick, B. and Hoffman, W. (1990) *People and violence in South Africa*. Cape Town: Oxford University Press.

McLachlan, F. (1986) Children in Prison. In Burman, S. and Reynolds, P. *Growing up in a Divided Society*. Evanston, Illinois: Northwestern University Press.

McNee, L. (2004) The Languages of Childhood: The Discursive Construction of Childhood and Colonial Policy in French West Africa. *African Studies Quarterly*, 7(4).

Meintjes, H. and Hall, K. (2009) Demography of South Africa's Children. In Pendlebury, S. et al (eds) *South African Child Gauge 2008/2009*. Cape Town: Children's Institute, University of Cape Town.

Meintjes, H. and Bray, R. (2005) 'But where are our moral heroes?' *An analysis of South African press reporting on children affected by HIV/AIDS*. Cape Town: The Children's Institute and the Centre for Social Science Research, University of Cape Town.

Meintjes, H. and Giese, S. (2006) Spinning the Epidemic: The making of mythologies of orphanhood in the context of AIDS. *Childhood*, 13(3), 407-430.

Meintjes, H., Budlender, D., Giese, S., and Johnson, L. (2004) Social security for children in the context of AIDS: Questioning the state's response. *AIDS Bulletin* 13(2).

Meth, C. (2005) *Reflections on the difficulties of identifying and protecting vulnerable children and orphans*. Unpublished paper prepared for Save the Children UK, School of Development Studies, University of KwaZulu-Natal. June 2005.

Mohamed, Sayed-Iqbal. (2002) *The Four Townships Survey: Chesterville, KwaMashu, Phonexi and Umlazi*. The Organisation of Civil Rights.

Moime, M.W. (2009) *The Effect of Orphanhood on the Psychosocial Development of Pre-primary and Primary School Learners*. Unpublished PhD Dissertation,

Department of Education, University of South Africa.

Molteno, C., Kibel, M. and Roberts, M. (1986) *Childhood Health in South Africa*. In Burman, S. and Reynolds, P. *Growing up in a Divided Society*. Evanston, Illinois: Northwestern University Press.

Monasch, R. and Boerma, J. (2004) Orphanhood and childcare patterns in sub-Saharan Africa: An analysis of national surveys from 40 countries. *AIDS*, 18, 55-65.

Monk, I. (2000) *Orphans of the HIV/AIDS Pandemic: a study of orphaned children and their households in Luwero District, Uganda*. Research report submitted to AFXB. Abstract published in "AFXB Orphan Alert"; released at the 13th international Conference on HIV/AIDS, Durban.

Montgomery, C. et al. (2006) Men's involvement in the South African family: Engendering change in the AIDS era. *Social Science and Medicine*, 62, 2411-2419.

Montgomery, H. (2010) *The rights of the child: Rightfully mine!* In Kassem, D. et al. *Key Issues in Childhood and Youth Studies*. London: Routledge.

Moosa, A. (1984) The Health of children in South Africa: Some food for Thought. *The Lancet*, April 7.

Morrow, V. (1999) Conceptualising social capital in relation to the well-being of children and young people: a critical review. *The Editorial Board of the Sociological Review*, 744-765.

Morrow, V. (2003) *The Ethics of social research with children*. Paper presented at CRED, University of Western England, 20th March 2003.

Murphy, D. et al. (2002) A Longitudinal Study of the Impact on Young Children of Maternal HIV Serostatus Disclosure. *Clinical Child Psychology and Psychiatry*, 7(1), 55-70.

Murray, C. (1980) Migrant Labour and Changing Family Structure in the Rural Periphery of Southern Africa. *Journal of Southern African Studies*, 6(2), 139-156.

Muscroft, S. (ed). (1999) *Children's Rights: Reality or Rhetoric?* London: International Save the Children Alliance.

Mushunje, M.T. (2006) Challenges and opportunities for promoting the girl child's rights in the face of HIV/AIDS. *Gender & Development*, 14(1), 115-125.

- Nampanya-Serpell, N. (2000) *Social and economic risk factors for HIV/AIDS affected families in Zambia*. Paper presented at the AIDS and Economics Symposium, Durban South Africa, July 7-8.
- Nast, H.J. (1994) Opening Remarks on "Women in the Field." *Professional Geographer*, 46(1), 54-66.
- Nattrass, N. (2006) Trading off income and health?: AIDS and the disability grant in South Africa. *Journal of Social Policy*, 35, 1: 3-19.
- Ndebele, N. (1995) *Recovering Childhood: Children in South African national reconstruction*. In Stephens, S. (ed). *Children and the politics of culture*. Princeton: Princeton University Press.
- Ndolvu, D. and Ngweny, S. (2001) *Establishment of options for orphans: the Bushbuckridge Professional Foster Care Project*. Paper presented to AIDS in Context Conference, Johannesburg, 4-7 April.
- New York Times. (2003) Millions of AIDS Orphans strain Southern Africa. *New York Times*. December 24, 2003.
- Nielsen, A., Coleman, P.K., Quinn, M., and Robb, C. (2004) Length of Institutionalization, contact with relatives and previous hospitalizations as predictors of social and emotional behavior in young Ugandan orphans. *Childhood*, 11(1), 94-116.
- Ni Laoire, C. et al. I (2010) Introduction: Childhood and migration- mobilities, homes and belonging. *Childhood*, 17(2), 155-162.
- Niewenhuys, O. (2008) Editorial: The ethics of children's rights. *Childhood*, 15(1), 4-11.
- Norman, A. (2006) *HIV/AIDS-affected Households in South Africa: Understanding the Dynamics of Response*. Unpublished Master's Dissertation. University of Calgary, Canada.
- Norman, A., Chopra, M., and Kadiyala, S. (2007) What is needed to increase HIV disclosure in South Africa? A qualitative study of factors related to HIV disclosure in two South African communities. *American Journal of Public Health*, 97(10), 1775-1781.
- Nostlinger, C. Bartoli, G., Gordillo, V., Roberfroid, D., and Colebunders, R. (2006) Children and adolescents living with HIV positive parents: Emotional and behavioural problems. *Vulnerable Children and Youth Studies*. 1(1), 29-43.
- Ntozi, F., Ahimbisibwe, F.E., Odwee, J.O., Ayiga, N., Okurut, F.N. (1999)

- Orphan care: the role of the extended family in northern Uganda. *Health Transition Review*, 8, 225-236.
- Nyamukapa, C., Foster, G., and Gregson, S. (2003) Orphans' household circumstances and access to education in a maturing HIV epidemic in eastern Zimbabwe. *Journal of Social Development in Africa*, 18(2), 7-32.
- Nyambedha, E.O., Wandibba, S., and Aagaard-Hansen, J. (2003a) Changing patterns of orphan care due to the HIV epidemic in western Kenya. *Social Science and Medicine*, 57, 301-311.
- Nyambedha, E.O., Wandibba, S., and Aagaard-Hansen, J. (2003b) "Retirement lost" -the new role of the elderly as caretakers for orphans in western Kenya. *Journal of Cross-Cultural Gerontology*, 18, 33-52.
- Nyangara, F. (2003) *Sub-National Distribution and Situation of Orphans*. Washington D.C: USAID.
- O'Kane, C. (2000) The Development of Participatory Techniques: Facilitating Children's Views about Decisions which Affect Them. In Christensen, P and James, A., (eds). 2000. *Research with children: Perspectives and practices*. London: Routledge-Falmer.
- Oleke, C. (2006) The varying vulnerability of African Orphans: The case of Langi, northern Uganda. *Childhood*, 13(2): 267-284.
- Olsson, C.A., Bond, L., Burns, J.M., Vella-Brodrick, D.A., and Sawyer, S.M. (2003) Adolescent resilience: a concept analysis. *Journal of Adolescence*, 26, 1-11.
- Onyango-Ouma, W., Aargaard-Hansen, J., and Jensen, B.B. (2005) The potential of schoolchildren as health agents in rural western Kenya. *Social Science and Medicine*, 61, 1711-1722.
- Outwater, A., Abrahams, N., and Campbell, J.C. (2005) Violence in South Africa: Intentional violence and HIV/AIDS Intersections and Prevention. *Journal of Black Studies* 35(4), 135-154.
- Page, S. (2001) Promoting the survival of rural mothers with HIV/AIDS: A development strategy for southern Africa. *Development* 44(4), 40-46.
- Pain, R. and Francis, P. (2003) Reflections on participatory research. *Area*, 35(1), 46-54.
- Pain, R. (2004) Introduction: Children at Risk? *Children's Geographies*, 2(1), 65-67.

- Panelli, R., Punch, S., and Robson, L. (2007) (eds) *Global Perspectives on Rural Childhood and Youth: young rural lives*. London: Routledge.
- Pendlebury, S., Lake, L. and Smith, C. (eds) (2009) *South African Child Gauge 2008/2009*. Cape Town: Children's Institute, University of Cape Town.
- Panpanich, R. Brabin, B., Gonani, A., and Graham, S. (1999) Are orphans at increased risk of malnutrition in Malawi? *Annals of Tropical Paediatrics*, 19(3), 279-285.
- Panter-Brick, C. (ed) (2000) *Biosocial Perspectives on Children*. Cambridge: Cambridge University Press.
- Parkes, J. (2007) The Multiple Meanings of Violence: Children's talk about life in a South African neighbourhood. *Childhood*, 14(4), 401-414.
- Parkhurst, J. and Lush, L. (2004) The political environment of HIV: Lessons from a comparison of Uganda and South Africa. *Social Science and Medicine*, 59, 1913-1924.
- Payne, R. (2009) *Confronting the realities of child-headed households in Zambia: re-considering policy and practice*. Paper presented at the 3rd European Conference on African Studies, Leipzig, 4-7 June.
- Payne, R. (2008) *Child-headed households in Zambia: From concepts to Realities*. Unpublished PhD Thesis. Department of Geography, Royal Holloway, University of London.
- Pearce, F. (2003) A Lost Generation in South Africa as AIDS Decimates South Africa's Population, Grandmothers Should Family Burdens. *The Boston Globe*, January 7.
- Penketh, A. (2006) AIDS and a lost generation: Children raising children. *The Independent*, Tuesday May 16.
- Piot, P. and Pinstrip-Anderson, P. (2002) *AIDS: The new challenge to food security*. Annual Report Essay. Washington DC, International Food Policy Research Institute.
- Pitte, J.R. (2004) A short cultural geography of death and the dead. *Geojournal*, 60, 345-351.
- Pivnick, A. and Velegas, N. (2000) Resilience and Risk: Childhood and Uncertainty in the AIDS Epidemic. *Culture, Medicine and Psychiatry*, 24, 101-136.

Piwoz, E. and Preble, E. (2000) *HIV/AIDS and nutrition: A review of the literature and recommendations for nutritional care and support in sub-Saharan Africa*. Washington DC, Support for Analysis and Research in Africa (SARA) Project: 19.

Platzky, L. and Walker, C. (1985) *The surplus people: forced removals in South Africa*, Johannesburg, Ravan Press.

Posel, D. (2001) How do households work? Migration, the household and remittance behaviour in South Africa, *Social Dynamics*, 27(1), 165-189

Poulter, C. (1996) *Vulnerable children: A psychological Perspective*. The Nordic Africa Institute, AIDS Orphans of Africa Project.

Preble, E.A. (1990) Impact of HIV/AIDS on African Children. *Social Science and Medicine* 31(6), 671-680.

Preston-Whyte, E. and Zondi, M. (1992) African teenage pregnancy: whose problem? In Burman, S. and Preston-Whyte, E. *Questionable Issue: Illegitimacy in South Africa*. Cape Town: Oxford University Press.

Proudlock, P., Dutschke, M., Jamieson, L., Monson, J., and Smith, C. (2008) *South African Child Gauge*. Cape Town: Children's Institute, University of Cape Town.

Punch, S. (2009). Moving for a better life: To stay or to go? in Kassem, D., Murphy, L. and Taylor, E. (Eds) *Key Issues in Childhood and Youth Studies*, London: Routledge, pp.202-215.

Punch, S. (2007) Negotiating migrant identities: Young people in Bolivia and Argentina. *Children's Geographies*, 5, 95-112.

Punch, S. (2003) Childhoods in the Majority World: Miniature Adults or Tribal Children? *Sociology*, 37(3), 277-295.

Punch, S. (2002) Research with Children: The same or different from research with adults? *Childhood*, 9(3), 321-341.

Punch, S. (2001) Negotiating autonomy: childhoods in rural Bolivia. In Alanene, L. and Mayall, B. *Conceptualizing Child-Adult Relations*. London: Routledge.

Pupavac, V. (2001) Misanthropy without borders: The international children's rights regime. *Disasters*, 25(2), 95-112.

Ramphela, M. and Richter, L. (2006) *Migrancy, family dissolution and fatherhood*. In BABA: Men and fatherhood in South Africa. Richter, L. and Morrell, R. (eds). Cape Town: HSRC Press. 73-81.

Ramphela, M. (2002) *Steering by the Stars: Being young in South Africa*. Cape Town: Tafelberg Publishers.

Ramphela, M. (1993) *A Bed Called Home: Life in the Migrant Labour Hostels of Cape Town*. Cape Town: David Philip.

Reynolds, P., Niewenhuys, O., and Hanson, K. (2006) Refraction of children's rights in development practice: A view from anthropology- Introduction. *Childhood*, 13(3), 291-302.

Ribbens-McCarthy, J. (2007) 'They all look as if they're coping, but I'm not': the relational power/lessness of 'youth' in responding to experiences of bereavement. *Journal of Youth Studies*, 10(3), pp. 285-303.

Ribbens McCarthy, J. and Jessop, J. 2005 *Young People, Bereavement and Loss: Disruptive Transitions?* London: Joseph Rowntree Foundation/National Children's Bureau.

Richter, L. and Norman, A. (2010). AIDS orphan tourism: A threat to young children in residential care, *Vulnerable Children and Youth Studies* 5(3): 217- 229.

Richter, L. (2008) *No small issue: Children and families*. *Universal Action Now*. Plenary Presentation at the XVIIth International AIDS Conference "Universal Action Now", Mexico City, Mexico, 6 August 2008.

Richter, L. and Desmond, C. (2008) Targeting AIDS orphans and child-headed households? A perspective from national surveys in South Africa, 1995-2005. *AIDS Care*, 20(9),1019-1028

Richter, L. (2004) The Impact of HIV/AIDS on the Development of Children. In Pharoah, R. (ed). *A Generation at Risk? HIV/AIDS, Vulnerable Children and Security in Southern Africa*. Monograph No 109, Institute for Security Studies.

Richter, L.M and Swart-Kruger, J. (1995) AIDS-risk among street children and youth: implications for intervention. *South African Journal of Psychology*, 25(1), 31-38.

Rivers, J. Silvestre, E., and Mason, J. (2004) *Nutrition and Food Security Status of Orphans and Vulnerable Children*. IFPRI, Washington DC.

Robins, S. (2004) "Long live Zackie, long live:" AIDS activism, science and citizenship after Apartheid. *Journal of Southern African Studies* 30, 3, 651-672.

- Robsinon, G.M (1998) *Methods and Techniques in Human Geography*. Chichester: Jon Wiley & Sons.
- Robson, E. et al. (2007) Conceptualizing agency in the lives and actions of rural young people. In Panelli, R., et al. (Eds) *Global Perspectives on Rural Childhood and Youth: Young Rural Lives*, London: Routledge.
- Robson, E. (2001) Interviews worth tears? Exploring Dilemmas of Research with Young Carers in Zimbabwe. *Ethics, Place and Environment*, 4(1), 135-142.
- Robson, E. (2004) Children at work in rural northern Nigeria: patterns of age, space and gender. *Journal of Rural Studies*, 20, 193-210.
- Robson, E. Ansell, N., Huber, U. S., Gould, W.T.S., and Young, L. (2006) Young Caregivers in the Context of the HIV/AIDS Pandemic in sub-Saharan Africa. *Population, Space and Place*, 12, 93-111.
- Rose, G. (1997) Situating knowledges: positionality, reflexivities and other tactics. *Progress in Human Geography*, 21, 305-320.
- Ruddick, S. (2003) The Politics of Aging: Globalization and the Restructuring of Youth and Childhood. *Antipode*, 35(2), 334-362.
- Rugalema, G. (1998) *One life time, twice orphan: AIDS and the rural elderly in Africa*. International Conference on AIDS, 12, 252
- Samson, M. et al. (2004) *The social and economic impact of South Africa's social security system*. Economic Policy Research Institute.
- Sauerborn, R., Adams, A., and Hien, M. (1996) Household strategies to cope with the economic costs of illness. *Social Science and Medicine* 43(3), 291-301.
- Save The Children. (2006) *Missing Mothers: Meeting the needs of children affected by AIDS*. London: Save the Children.
- Schenk, K., Ndhlovu, L., Tembo, S., Nsune, A., Nkhata, B., Walusiku, B., and Watts, C. (2008) Supporting orphans and vulnerable children affected by AIDS: using community-generated definitions to explore patterns of children's vulnerability in Zambia. *AIDS Care*, 20(8), 894- 903.
- Scheper-Hughes, N. (1994) Children without childhoods: A lost generation of thugs and hooligans? Or anti-apartheid soldiers who have not received their due? *New Internationalist*, 265.
- Schneider, H. (2001) Implementing AIDS policy in post-apartheid Africa.

Social Science and Medicine, 52, 723-731.

Schneider, M. and Moodie, M. (2002) *The Destabilizing Impacts of HIV/AIDS: First Wave Hits Eastern and Southern Africa; Second Wave Threatens India, China, Russia, Ethiopia, Nigeria*. Washington DC: Center for Strategic and International Studies.

Scott, S. et al. (1998) Swings and Roundabouts: Risk Anxiety and the Everyday Worlds of Children. *Sociology*, 32(4), 689-705.

Scranton, P. (1997) *Childhood in Crisis*. London: UCL Press.

Seedat, M., Van Niekerk, A., Jewkes, R., Suffla, S., and Ratele, K. (2009) Violence and injuries in South Africa: prioritising an agenda for prevention. *The Lancet*, 374, 1011-1022.

Seekings, J. (1996) The 'Lost Generation': South Africa's 'Youth Problem' in the early 1990s. *Transformation*, 29, 103-125.

Sharp, J.S. and Spiegel, D. (1985) Vulnerability to Impoverishment in South Africa Rural Areas: The Erosion of Kinship and Neighbourhood as Social Resources. *Africa*, 55(2), 133-152.

Sherr, L., Varrall, R., Mueller, J., JLICA Working Group Members, Richter, L., Wakhweya, A., Adato, M., Belsey, M., Chandan, U., Drimie, S., Haour-Knipe, M., Hosegood, V., Kimou, J., Madhaven, S., Mathambo, V., and Desmond, C. (2008) A systematic review on the meaning of the concept 'AIDS Orphan': confusion over definitions and implications for care', *AIDS Care*, 20(5), 527-536

Shisana, O., Rehle, T., Simbayi, L.C., Parker, W., Zuma, K., Bhana, A., Connolly, C., Jooste, S., Pillay, V. (2009) *South African national HIV prevalence, incidence, behaviour and communication survey 2008: A turning tide among teenagers?* Cape Town: HSRC Press.

Sibisi, H. (1977) Migrants and Women who wait: How African Women Cope with Migrant Labour in South Africa. *Signs*, 3(1), 167-177.

Skelton, T. (2007) Children, Young People, UNICEF and Participation. *Children's Geographies*, 5(1), 165-181.

Skinner, D. and Davids, A. (2006) *Multiple vulnerabilities: Qualitative data for the study of orphans and vulnerable children in South Africa*. Cape Town: Human Sciences Research Council.

Skweyiya, Z (2006). *Opening Address by the Minister of Social Development to the*

- Conference on orphans and other children made vulnerable by HIV and AIDS. Gallagher Estate, Midrand, South Africa, 12 July 2006.
- Slabbert, V.F., Malan, C., Marais, H., Olivier, J. and Riordan, R. (eds) (1994) *Youth in the New South Africa: towards policy formulation*, Pretoria: HSRC.
- Smart, R. (2003) *Children Affected by HIV/AIDS in South Africa. A Rapid Appraisal of Priorities, Policies and Practices*. Save the Children, in collaboration with the Department of Social Development.
- Smith, C. and Carlson, B.E. (1997) Stress, Coping, and Resilience in Children and Youth. *Social Service Review*, 71, 231-256.
- Smith, M.K. (2002) Gender, poverty, and intergenerational vulnerability to HIV/AIDS. *Gender and Development* 10(3): 7.
- Smith, J.H and Whiteside, A. (2010) The history of AIDS exceptionalism. *Journal of the International AIDS Society*, 13(47), 1-8.
- Soneson, U. (2005) *Ending Corporal Punishment of Children in South Africa*. Pretoria: Save the Children Sweden.
- South African Department of Treasury. (2005) *Provincial budgets and expenditure review: 2001/02-2007/08*. Pretoria: South African Department of Treasury (September).
- South African Government (2005) *Gaffney's Local Government in South Africa 2004-2006 Official Yearbook*. Pat Gaffney: Department of Provincial and Local Government South Africa and South African Local Government Association.
- Spiegel, A. (1986) The fluidity of household composition in matatiele, Transkei: a methodological problem, *African Studies*, 45,1-35.
- Spiegel, A. (1996) Introduction: Domestic fluidity in South Africa, *Social Dynamics*, 22(1), 5-6.
- Spiegel, A., Watson, V., and Wilkinson, P. (1996) Domestic diversity and fluidity among some African households in Greater Cape Town, *Social Dynamics*, 22(1), 7-30.
- Statistics South Africa. (2009) *Mid-year Population Estimates*. Pretoria: Statistics South Africa.
- Statistics South Africa. (2005) *Census 2001: Stages in the life cycle of South Africans*. Pretoria: Statistics South Africa.

Stein, J. (2003) *Sorrow makes children of us all: A literature review on the psychosocial impact of HIV/AIDS on children*. Cape Town: Centre for Social Science Research, Working Paper No. 47.

Steinberg, M., Johnson, S., Schierhout, G. and Ndegwa, D. (2002) *Hitting home: How households cope with the impact of the HIV/AIDS epidemic: A survey of households affected by HIV/AIDS in South Africa*. Henry Kaiser Family Foundation and the Health Systems Trust.

Stephen Lewis Foundation. (2006) Grandmothers to Grandmothers Campaign. Media press clippings, Stephen Lewis Foundation, Toronto, Ontario, Canada.

Stephens, S. (1995) *Children and the politics of culture*. Princeton: Princeton University Press.

Stokes, S. (2002) *Measuring Impacts of HIV/AIDS on Rural Livelihoods and Food Security*. Rome: Population and Development Service, Food and Agriculture Organization (FAO).

Straker, G., Mendelsohn, M., Moosa, F., and Tudin, P. (1996) Violent political contexts and the emotional concerns of township youth. *Child Development*, 67, 46-54.

Streak, J. and Poggenpoel, S. (2005) *Towards social welfare services for all vulnerable children in South Africa: A review of policy development, budgeting and service delivery*. Children's Budget Unit.

Strydom, H. and Raath, H. (2005) The psychosocial needs of adolescents affected by HIV/AIDS: A South African study. *International Social Work*, 48(5), 569-580.

Stock, R. (1995) *Africa South of the Sahara: A Geographical Interpretation*. New York, The Guilford Press.

Strauss, A. and Corbin, J. (1994) Grounded Theory methodology: An overview. In Denzin, N.K and Lincoln, Y.S (eds). *Handbook of Qualitative Research*. London: Sage Publications.

Strode, A. and Grant, B.K. (2001) *The role of stigma and discrimination in increasing the vulnerability of children and youth infected with and affected by HIV/AIDS- Research Report*. Arcadia, South Africa: Save the Children (UK) South Africa Programme.

Subbarao, K., Mattimore, A., and Plangemann, K. (2001) *Social Protection of Africa's Orphans and Other Vulnerable Children: Issues and Good Practice Program*

Options. Washington D.C: The World Bank.

Subbarao, K. and Coury, D. (2004) *Reaching Out to Africa's Orphans. A Framework for Public Action*. Africa Region Human Development Series. Washington DC: World Bank.

Swanson, K. (2005) *Begging for dollars in Gringopampa: Geographies of gender, race, ethnicity and childhood in the Ecuadorian Andes*. Unpublished PhD Thesis. Geography Department, University of Toronto, Canada.

Swartz, J. (1990) *Malunde: The Street Children of Hillbrow*. Johannesburg: The Witwaterstrand Press.

Swart-Kruger, J. and Richter, R. (1997) AIDS-Related Knowledge, Attitudes and Behaviour Among South African Street Youth: Reflections on Power, Sexuality and the Autonomous Self. *Social Science and Medicine*, 45(6), 957-966.

Swartz, L. and Levett, A. (1989) Political Repression and Children in South Africa: The Social Construction of Damaging Effects. *Social Science and Medicine*, 28(7), 741-750.

Taha, T.E., Graham, S.M., Kumwenda, N.I., Broadhead, R.L., Hoover, D.R., Markakis, D., Hoeven, L.V., Liomba, G.N., Chipangwi, J.D., and Miotti, P.G. (2000) Morbidity among human immunodeficiency virus-1-infected and uninfected African children. *Pediatrics*, 106(6).

Taracena, E. (2003) A Schooling Model for Working Children in Mexico: the case of children of Indian origin working as agricultural workers during the harvest. *Childhood*, 10(3): 301-318.

Tarantola, A. and Gruskin, S. (1998) Children confronting HIV/ AIDS: Charting the Confluence of Rights and Health. *Health and Human Rights*, 3(1), 61-86.

Taylor Committee. (2002) *Transforming the present: protecting the future. Report of the Committee of Inquiry into a Comprehensive System of Social Security for South Africa*, RP/53/2002, Government Printer, Pretoria.

Terreblanche, S. (2002) *A History of Inequality in South Africa 1652-2002*. Pietermaritzberg: University of Natal Press.

Themabela, L.P. (2002) *An Investigation of Zulu mothers' and Caregivers' views of childhood and behaviour problems in Africa, zulu-speaking children under the age of 5*. Unpublished Master's Dissertation. University of Natal, Pietermaritzberg.

The Zimbabwe Independent. (2009) God's Lost Generation. *The Zimbabwe*

Independent, December 3 2009.

Thomas, A. (1990) Children in Detention in South Africa: The Response of a Child Care Organisation, *Southern African Journal of Child and Adolescent Psychiatry*, 2(1), 1-6.

Thomas, N. and O’Kane, C. The Ethics of Participatory Research with Children. *Children & Society* 12, 336-348.

Thompson, L. (2001) *A History of South Africa*. New Haven: Yale University Press.

Tibaijuka, A. (1997) AIDS and economic welfare in peasant agriculture: Case studies from Kagabiro village, Kagera region, Tanzania. *World Development* 25(6): 963-975.

Topouzis, D. (1994) *Uganda-The socio-economic impact of HIV/AIDS on rural families with an emphasis on youth*. Rome, Food and Agriculture Organization (FAO).

Tortensson, G. (2010) Childhood in the context of HIV/ AIDS: the death of Childhood. in Kassem, D., Murphy, L. and Taylor, E. (Eds) *Key Issues in Childhood and Youth Studies*, London: Routledge, pp.188-202.

Tucker, C. (2006) The Journey from Telling to Being: Narrative Ways of Understanding Applied to South African Children's Hero Stories. *International Journal for the Advancement of Counselling*, 28(3), 241-255.

Tutu, D. (2005) Foreword. In FOSTER, G., ET AL. (eds)., 2005. *A Generation at Risk: The Global Impact of HIV/AIDS on Orphans and Vulnerable Children*. Cambridge: Cambridge University Press.

Twum-Danso, A. (2008) A cultural bridge, not an imposition? Legitimizing children’s rights in the eyes of local communities. *Journal of the History of Childhood and Youth*, 13, 391- 413.

Umzimkhulu Local Municipality. (2010) Integrated Development Plan 2007-2011. Umzimkhulu Local Municipality.

UN. (2000) *United Nations Millennium Declaration*. New York: United Nations.

UNAIDS. (2010) *Report on the global HIV/AIDS epidemic 2010*. Geneva: Joint United Nations Programme on HIV/ AIDS (UNAIDS).

UNAIDS. (2009) *Report on the global HIV/AIDS epidemic 2009*. Geneva: Joint United Nations Programme on HIV/ AIDS (UNAIDS).

UNAIDS/UNICEF (2004) *The framework for protection, care and support of orphans and vulnerable children living in a world with HIV/AIDS*. Geneva: United Nations Programme on HIV/AIDS (UNAIDS).

UNAIDS/UNICEF/USAID. (2002) *Children on the Brink 2002: A Joint Report on Orphan Estimates and Program Strategies*. New York: UNAIDS/UNICEF/USAID.

UNAIDS/UNICEF/USAID. (2004) *Children on the Brink 2004: A Joint Report of new orphan estimates and a framework for action*. UNAIDS/UNICEF/USAID.

UNDP. (2010) *Human Development Report*. New York: UNDP.

UNICEF. (2006) *Children Protection Information Sheet: Violence against Children*. New York: UNICEF.

UNICEF. (2003) *Africa's Orphaned Generations*. New York: UNICEF

UNICEF. (2005) *Children: the missing face of AIDS*. New York: UNICEF.

UNICEF. (2006a) *Africa's orphaned and vulnerable generations: Children affected by AIDS*. New York: UNICEF.

UNICEF. (2006b) *Child protection and children affected by AIDS: A companion paper to the framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS*. New York: UNICEF.

Urassa, M., Boerma, J.T., Isingo, R., Ngalula, J., Ng'weshemi, J., Mwaluko, G., and Zaba, B. (1997) Orphanhood, child fostering and the AIDS epidemic in rural Tanzania. *Health Transition Review*, 7(suppl. 2), 141-153.

Valentine, G. (2004) *Public Space and the Culture of Childhood*. England: Ashgate Publishing Limited.

Valentine, G. Butler, R., and Skelton, T. (2001) The Ethical and Methodological Complexities of Doing Research with 'Vulnerable' Young People. *Ethics, Place and Environment*, 4, 119-125.

Valentine, G. (2000) Exploring children and young peoples narratives of identity. *Geoforum*, 21, 2, 257-276.

Valentine, G. (1996) Angels and devils: moral landscapes of childhood. *Environment and Planning D: Society and Space*, 14, 581-599.

Van Blerk, L., Ansell, N., Robson, E., Hadju, F., and Chipeta, L. (2008) Youth, AIDS and Rural Livelihoods in Southern Africa. *Geography Compass*, 2, 3, 709-727.

- Van Blerk, L. and Ansell, N. (2006a) Children's experiences of migration: moving in the wake of AIDS in southern Africa. *Environment and Planning D: Society and Space* 24, 449-471.
- Van Blerk, L. and Ansell, N. (2006b) Alternative Care Giving in the context of AIDS in Southern Africa: Complex Strategies for Care. *Journal of International Development*, vol. 19, 7, pp. 865-844.
- Vanderbeck, R.M. (2007) Intergenerational Geographies: Age Relations, Segregation, and Reengagements. *Geography Compass*, 1/2, 200-211.
- Van Der Vliet, V. (1991) Traditional Husbands, modern Wives? Constructing marriages in a South African Township. *African Studies*, 50, 219-241.
- Van Der Waal, C.S. (1996) Rural children and residential instability in the northern province of South Africa. *Social Dynamics*, 22(1), 35-54
- Verhoef, H. (2005) 'A Child has many mothers': Views of Child Fostering in northwestern Cameroon. *Childhood*, 12(3), 369-390.
- Walzer, M. (1978) *Just and Unjust Wars*. London: Allen Lane.
- Wax, E. (2003) A Generation orphaned by AIDS: Kenyan children struggle to survive as relatives shun them or take advantage. *The Washington Post*, August 13.
- Webb, D. (1997) *HIV and AIDS in Africa*. London: Pluto Press.
- Welz, T., Hosegood, V., Jaffar, S., Batzing-Feigenbaum, J., Herbst, K., and Newell, M.L. (2007) Continued very high prevalence of HIV infection in rural KwaZulu-Natal, South Africa: a population-based longitudinal study. *AIDS*, 21, 1467-1472.
- Werner, E. (1992) The children of Kauai: Resiliency and recovery in adolescence and adulthood. *Journal of Adolescent Health*, 13, 262-268.
- White, S. (2002) Being, becoming and relationship: Conceptual challenges of a child rights approach in development. *Journal of International Development*, 14, 1095-1104.
- WHO (World Health Organization). (2002) *World Report on Violence and Health*. Geneva: WHO.
- Widdowfield, R. (2000) The Place of Emotions in Academic Research. *Area*, 32(2), 199-208.

- Willan, S. (2004) Briefing: Recent changes in the South African government's HIV/AIDS policy and its implementation. *African Affairs* 103, 109-117.
- Williamson, J., Cox, A., and Johnston, B. (2004) *Conducting a Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS*. Washington D.C: USAID, Bureau for Africa, Office of Sustainable Development.
- Williamson, E., Goodenough, T., Kent, J., and Ashcroft, R. (2005) Conducting Research with Children: The Limits of Confidentiality and Child Protection Protocols. *Children & Society*, 19, 397-409.
- Wittenberg, M. and Collinson, M. (2007) Household transitions in rural South Africa, 1996–2003. *Scandinavian Journal of Public Health*, 35, suppl 69, 130-137.
- Wood, K., Chase, E., and Aggleton, P. (2006) 'Telling the truth is the best thing': Teenage orphans' experiences of parental AIDS-related illness and bereavement in Zimbabwe. *Social Science and Medicine* 63, 1923-1933.
- Woodhead, M. (1997) Psychology and the cultural construction of children's needs. In James, A. and Prout, A. (eds). *Constructing and Reconstructing Childhood*. London: Falmer Press.
- Woolard, I. (2002) *An overview of poverty and inequality in South Africa*. Working paper for Department for International Development (DFID).
- Woolard, I. (2003) *Impact of government programmes using administrative data sets: Social assistance grants*. Project 6.2 of the Ten Year Review Research Team.
- Yamano, T. and Jayne, T.S. (2005) Working-age adult mortality and primary school attendance in rural Kenya. *Economic Development and Cultural Change*,
- Young, L. and Ansell, N. (2003) Fluid households, complex families: children's migration as a response to HIV/AIDS in southern Africa. *Professional Geographer*, 55, 464-479.
- Young, L. and Parrett, H. (2001) Adapting visual methods: action research with Kampala street children. *Area*, 33(2), 141-152.
- Yow, V.R. (1994) *Recording Oral History: A Practical Guide for Social Scientists*. London: Sage Publications.
- Zamisa, S. (2003) *An Investigation into the Understanding of Childhood Problems in Black isiZulu Speakers*. Unpublished Master's Dissertation. School of Psychology, University of KwaZulu-Natal, Pietermaritzberg.

Appendix A: Information Sheet for Adult Participants

YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET

Project Title: Growing up in South Africa: A study of Children and families

We would like to invite you to participate in this research project. You should only participate if you want to; choosing not to take part will not disadvantage you in any way. Your decision will not affect your access to treatment or services. It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form.

Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is this study about?

The study aims are to explore the experiences of children and families in KwaZulu-Natal province. We are interested in understanding children's experiences throughout recent history, so older community members are being asked to speak about their childhoods, as well as children today. Many families in two communities in South Africa are participating in the study. Unfortunately, there will be no financial compensation for this study, but it is hoped that the information you provide help the government understand the challenges facing children and families today.

Would my participation in this study be kept confidential?

Your personal information will be kept confidential. To help protect your confidentiality, the researchers will be using identification codes to and all personal information will be protected by a password on personal computer. Only the principal researcher will have access to the identification key. If we write a report or article about this research project, your identity will be protected through the use of anonymous names.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the researcher and the government learn more about the challenges facing children and families today.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose

not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by Amy Norman at Queen Mary, University London in collaboration with the University of the Western Cape. If you have any questions about the research study itself, please contact Amy at 076 869 3138

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department
Dean of the Faculty of Community and Health Sciences
University of the Western Cape
Private Bag X17
Bellville 7535

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

Appendix B: Information Sheet for Children

Growing up in South Africa: A study of Children and families

I would like to invite you to participate in a study about what it is like to grow up in South Africa. If you would not like to participate, that is absolutely fine. If you would like to participate in only some of the activities, that is also fine. Basically, you can decide how you would like to get involved. Before you decide whether you want to join in the study, it is important for you to understand why the research is being done and what kinds of things we will be doing over the course of this year. Please take time to read the following information and discuss it with your parents or teacher if you want to. Please ask me if there is anything you don't understand. It is also important for you to know that anything you say to me will be kept a secret. But, if you tell me that you are being harmed in any way, we can discuss this and I will help you find someone who you can talk to, so that you can find help.

What is this project about?

The researcher would like to know what it is like for children to grow up in KwaZulu-Natal today. Many families in South Africa are participating in the study, as well as schoolchildren from another primary school in KwaZulu-Natal. I would like to know about what kinds of things you do at home and school, who you turn to when you need to talk to someone, and what kinds of hopes you have for the future. These are the kinds of things we are going to discuss over the next few months.

If you have any questions or concerns, please ask your family to contact me, or ask me yourself!

Appendix C: Household and Livelihood Profile

Research Site: Household

Community Name:

Household Number/code:

Date of Interview:

Observations:

Member ID Number	First Name	Last Name	Sex:	Age in Years	Name of mother of child	Relationship to head of Household	Currently enrolled in school? Standard?	Highest standard passed in school	Primary occupation	Recipient of grant?	Tested for HIV?
1											
2											

*Deceased members of the family over the last five years

Household Livelihood Profile

1. Income

1. Are you currently employed? How long have you had this job?
2. What other jobs have you had in the last five years? *(both questions to be asked to all adults in the household, or asked of adults if children have held employment in the last five years)*

2. State Support / Social Grants

Let's discuss any grants or government assistance you or your family receive or take part in: *(We already know which grants they receive from the demographic chart. Make sure non have been left out, ask about any other state assistance.)*

- Child Foster Grants (to foster parent in legal system)
- Old Age Pension (women over 60, men over 65)
- Disability Grants
- Care dependency (to caregiver of disabled child)
- Child support grant (to care givers of under age 14)
- Primary school nutrition program

1. When did you first access these grants?
2. How did you find out about these?
3. When you were trying to get the grants, what steps did you take? What were the barriers to gaining access?
4. How important are these (grants or other assistance) to your household? *(financially, in terms of your stability)*

3. Extended family Support

I am now interested in discussing how your household is supported by your extended family and friends *(Probe about the different types of support and frequency)*

1. What role does your extended family and friends play in supporting you and your family? *(financially, materially, emotionally, socially)*
2. Does anyone send you money (i.e. remittances from migrant work)? How often?
3. Do you ever borrow money from each other? Tell me about it.
4. Do you borrow or share assets? Tell me about it.
5. Do you have any labour sharing arrangements?
6. Does anyone lend support when you or a family member is sick? Can you describe how they help?
7. Who do you look to for emotional support when things are difficult? *(i.e. visit each other, lend advice?)*

4. Community-level support

Now I want to ask about other types of support or associations/organisations located within the community that you or other household members belong to, participate in, or rely on such as: (*Probe for more examples, details on how their involvement began and what role these play in their day-to-day lives*)

- Credit associations
- Community gardens
- Women's groups
- Grocery groups
- Church groups
- Burial Society
- Home Based Care
- Stokvel (micro credit)
- Informal Savings Clubs
- Youth Group (i.e. Love Life, sports group, etc..)
- NGO programmes
- Counselling services

Ask specifically about how these organisations have helped in the care of children.

If the participant is not a member of any organisations, ask if they are aware of any community, and if so, why they are not participating in these? If they are not aware of any, ask if they think some of these would be helpful to them and their family, and why.

5: Care and support of children

1. Does anyone help take care of your children during the day?

2. Does your family care for any children *from another family*?

If yes, get the history of this child.

- How long has the child been staying with you?
- How is the child related?
- Why is the child staying with you?
- Who made the decision to take the child in? as opposed to elsewhere?
- Who takes care of the child? Who supports this child?

3. Are any of *your children* living with another family?

If yes, probe on the following:

- With whom is the child living? Why?

- How long has she/he been living with that household?
- Who made the decision to send the child out?
- Does the child go to school?
- Does the child work?
- Is the child a recipient of any grant? If yes, which?
- If yes, who in the household receives the grant on behalf of the child?
- Does the sending household contribute any resources to support the child in the foster household?
- Does the child ever visit the household? How often?
- Is there a plan for the child to return to the household of origin at any point?

Appendix D: Childhood Histories for Adults

1. Biographical Information

Birth, birthplace

Father's name; mother's maiden name

Father's work, mother's work

Siblings (how many and where they are in the birth order)

2. Introductory Question

1. Can you describe your childhood? (earliest childhood memory?)

3. Child care

1. Who took care of you when you were younger?
2. What role did your grandparents play?
3. Did you ever have to move and receive care from someone else?
4. Who took care of you when you were sick?
5. Did you take care of anyone?

4. Education

1. When did you first go to school?
2. For how long?
3. What do you remember about going to school?
4. What kinds of things did you learn about?
5. When did you stop attending, do you know why?
6. Were all the children in your family educated? Up to what level?
7. As a child in school, what did you want to be when you grew up?

4. Chores/Responsibilities

1. What chores did you do as a child?
2. Were there different jobs for boys and girls?
3. Can you tell me a story related to the kinds of chores you used to do?
4. How are these responsibilities different from what is expected of children today?

5. Sibling Relationships

1. What do you remember about your siblings?
2. How did you get along?
3. Were your siblings supportive of you?

6. Migration

1. Have you always grown up here?
2. What do you remember about moving?
3. Was it common for children in your school/community to move frequently/infrequently?
4. Was this difficult for you?
5. How was it to adjust when you moved?
6. Did your parents ever move? How was this experience for you? Did they visit you? Would you say this was often?

7. Crime

1. Do you remember any crime or violence in the community when you were growing up? Can you tell me any memories you have of community violence?
2. Did you feel safe growing up?
3. How do you think apartheid affected your childhood?

9. Culture and Communication

1. As a child, when someone died, what kinds of things were you told?
2. Do you have a memory of the loss of a family member that you can tell me about when you were a child?
3. Can you describe the first funeral you went to?
4. When was the first time you viewed a corpse?
5. When does a child (girl or boy) become an adult in South African society?

10. Reflections on Childhood Today

1. How do you think children's experiences today are different from your own?
2. Do you think children face the same burdens as you did as a child?
3. Do you think that you had children's rights when you were growing up? In what ways?
4. What do you think about children's rights today?
5. Who do you think are the most vulnerable children in your community?
6. How do you think HIV/AIDS is affecting childhood today?
7. Is the practice of fostering children different from family expectations in the past?
8. Who do you think should care for orphans?
9. What do you think are the biggest challenges that children face today?
10. What are your greatest challenges as a caregiver?

11. How do you think adults can help ensure that children grow to be happy, healthy adults?
12. What are your hopes for the future of your family?

Appendix E: Adult Interview for HIV-Positive Interviews

1. Discovering your status

1. Can you tell me about when you found out your status?
2. What was this experience like?
3. Were you given counselling and support?
4. What have you been told about access to treatment?
5. What did you think about HIV/AIDS before you were tested, and how have your views changed?
6. Do you know other people in your community who are positive? Do you speak with them?

2. Disclosure

1. Who did you first disclose to? What was this experience like?
2. How many other people know of your status?
3. Have you disclosed to any of your children? Do you plan to? Why/why not?
4. Can you tell me about the process of disclosure, and what you told your children?
5. How did you know the time was right to disclose?
6. What age do you think it is appropriate for disclosure?
7. Have you received any counselling on disclosing to children?
8. Do you think it is possible that they knew/know that is something is wrong?
9. Do you think that other mothers/fathers disclose their status?
10. Looking back, how do you feel about your disclosure decisions?

3. Care and support

1. Who takes care of you when you are sick?
2. If on treatment, do you have a 'buddy'?
3. Who do you speak with when you are feeling sad?
4. Who has been your greatest support during this difficult time?
5. Do you feel you need more support? In what ways?

4. Children's experiences

1. How do you think your illness has affected your children? Or other children in the house? (schooling, increased chores in the household, depression).
2. If you had to choose someone else to care for your children, who would it be? Do you think they would be able to look after them?

3. What is your biggest challenge to caring for children?

5. Stigma

1. Have you ever experienced discrimination in the community?
2. Do you think your children have? Have you ever spoken to them about this?
3. Do you think stigma is getting better or worse in your community?
4. What do you think could be done to change things?

6. Planning

1. What are your plans for the future? In regards to your children?
2. How did you come to make these decisions?
3. What are your worries for the future?
4. What are you most looking forward to?
5. On the whole, are you optimistic about your family's future?
6. If you could tell the government/community anything about your situation, what would it be?

Appendix F: Photobiography and Interview Guide for Children

Explain to the child that we are very interested in children's lives in the community, and we are interviewing 'expert' children. At the introductory interview, give children cameras, and ask them to take photographs of things, people, and places that are important to them. Explain that they will get to explain to us why they took these photos, and that they will be able to keep them once they are developed. Upon returning with the photographs, go through each one and have the child explain why they took the photo, and the significance of the person/place/thing in their life. If this interview does not take too long, go through the following interview guide, or return to do this on another visit.

1. Biographical Information

1. Birth, birthplace
2. Can you tell me about your family? Your mother, father?

2. Caregiving

1. Can you tell me about the people that care for you? What kinds of things do they do?
2. Has there ever been a time where you needed someone to help you, but they weren't there for you?
3. Can you tell me about your Grandparents, or other family members?
4. Do you take care of anyone?

3. Chores/Responsibilities

5. What chores do you do? Do you think they are fair? Do you think you do enough around the home for your family?
6. Are there different jobs for boys and girls in your family?
7. Can you tell me a story related to the kinds of chores you do?

4. Sibling Relationships

4. Can you tell me a little bit about your brothers and sisters?
5. How do you get along?
6. Are your siblings supportive of you? In what kinds of ways?

5. Migration

1. Have you always grown up here?
2. What do you remember about moving?

3. Was it common for children in your school/community to move frequently/infrequently?
4. Was this difficult for you?
5. How was it to adjust when you moved?
6. Did your parents ever move? How was this experience for you? Did they visit you? Was this often?

6. Education

1. Can you name the different schools you have attended?
2. Have you ever had to leave school for a long period of time? Why? What was this like for you?
3. What do you like about school? Dislike?
4. Do you learn about HIV in school? What do you learn about it? Do you talk about it with your friends at all?
5. What do you think about HIV/AIDS?

7. Illness in the family

1. Have there been times when someone was sick in your family?
2. Who took care of them?
3. What do you remember about this?
4. What role did you play in when this person was sick? How did you feel about this?
5. Did you understand what was going on? Did you ask any questions about this?
6. Have you ever been to a funeral? Who was it? How did you feel about it? Did you understand what was going on?
7. Have you ever viewed a corpse? Whose? Can you tell me about this experience? Did you ask any questions about it?
8. After the person passed away, did you talk to your family about this person? What kinds of things did you/they mention?

8. Crime

1. What do you think about crime in your community?
2. Have you ever witnessed a crime? What happened? Have any of your friends? What did you do/they do?
3. Do you trust the police?

9. Children's Rights

1. What do you think of children's rights?
2. Where have you learned about these?
3. Can you give me some examples of children's rights?
4. What do you think adults think about these?
5. Are there rights that you think children should have?

10. Cultural Practice

1. Can you tell me about the kinds of things that you and your friends do?
2. How do you like to spend your time after school?
3. Can you tell me about different celebrations, or traditions in your community?
4. Can you tell me about what the differences between an adult and a child?
5. What kinds of things do adults get to do that children don't? And what about things that children get to do that adults don't?

11. Community Perspectives

1. What do you think are the biggest problems that children in your community face?
2. Who do you think the most vulnerable children are in your community?
3. If you could ask the government one thing to help you, your family, or your community, what would it be?
4. How do you think HIV affects children?
5. Do you think parents should tell children if they are HIV-positive?
6. Do you think children can live on their own without parents?

12. Growing up?

1. What do you think the best part about being a child is?
2. What do you want to be when you grow up?
3. Do you think there are any obstacles for you to reach your dreams?
4. What do you think is the best part about being a grown up? What about the worst part?