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# Girls, Gifts, and Gender:

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**An Ethnography of the Materiality of Care in Rural  
Mpumalanga, South Africa**

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A thesis submitted in partial fulfilment of the requirements for the degree of  
Doctor of Philosophy School of Health and Social Studies, University of Warwick

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**In memory of William.**

**Dedicated to Nina-Marie.**

## **Declaration**

I, Annalise Marie Weckesser, declare that this thesis is my own work and that it has not been submitted for any other degree at another university.

**Date:**

**Signed:**

## **Abstract**

This thesis is based on ethnographic fieldwork carried out in Agincourt, South Africa, between 2009 and 2010. It examines social relations of care involving young people in the context of the country's AIDS epidemic and increasing economic inequality. The thesis focuses on three sets of care relations, which constitute gift exchanges involving young (orphaned and non-orphaned) people: 1) children's labour for guardian care; 2) girls' labour and sex for support from boys and men; and 3) the local manufacturing of 'orphans' for charitable gifts from tourist-philanthropists. The thesis further examines how the contested constructions of orphanhood, childhood and care are expressed through these three sets of relations. It theorises how Western and local constructions of care, childhood and orphanhood meet on the ground through orphan-targeted assistance.

Evidence derives from ethnographic fieldwork carried out with two non-profit organisations serving 'Orphans and Vulnerable Children' (OVCs) in two separate villages, as well as with 14 households connected to the OVC organisations. Ongoing, semi-structured interviews were carried out with young people and significant adult caregivers from participant households. Participatory exercises, including a photography project and a 'Girls Club,' were also carried out with young participants. Interviews with key stakeholders involved in the OVC care scene were conducted. Stakeholders included local government workers and officials, faith-based leaders and staff from private tourist game lodges conducting community development projects involving young people in Agincourt.

This thesis develops the concept of the 'materiality of care' to address the dearth of ethnographically informed theorisations of care involving young people affected by AIDS and poverty. It argues that understandings of care for and by young (orphaned) people must be placed within local, emic perspectives and practices of care, as well as within the broader, historical and political economic context shaping relations of care. Findings have implications for policies and interventions for young people affected by AIDS and poverty. The thesis contributes to the growing body of evidence that is critical of orphan-targeted interventions in sub-Saharan Africa; interventions which fail to recognise the familial context of parentless children and the broader context of poverty and hardships caused by AIDS that cut across the lives of orphaned and non-orphaned young people.

## **List of Abbreviations**

AIDS	Acquired Immunodeficiency Syndrome
ANC	African National Congress
ARV	Antiretroviral (drugs)
ART	Antiretroviral Treatment
CABA	Children Affected by AIDS
CAG	Community Advisory Group
CDF	Community Development Forum
FBO	Faith-Based Organisation
FCG	Foster Care Grant
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
HDSS	Health and Demographic Surveillance System
ILO	International Labour Organisation
MRC/Wits (Agincourt)	Medical Research Council/Wits Rural Public Health and Health Transitions Research Unit (Agincourt)
NGO	Non-Governmental Organisation
NPO	Non-Profit Organisation
OVC	Orphans and Vulnerable Children
PMTCT	Prevention of Mother-to-Child Transmission
RDP	Reconstruction and (Housing) Development Programme
SAPS	Structural Adjustment Programmes
TAC	Treatment Action Campaign
TB	Tuberculosis
UNCRC	United Nations Convention on the Rights of the Child
WRF	University of Witwatersand's Rural Facility



## Glossary

<b>Xitsonga</b>	<b>English</b>
<i>bava</i>	father
<i>bava-wana</i>	father of baby (literally: father-baby)
<i>bhuti</i>	brother
<i>hleva</i>	gossip
homestead	in a southern African context, a residence made up of cluster of several dwellings, usually occupied by a single extended family
<i>induna</i>	chief
<i>jaha</i>	male youth
<i>jikha jikha</i>	to move and roam aimlessly
<i>karhata</i>	tease, embarrass, harm or pester
<i>kokwana</i> (sing.)/ <i>vakokwana</i> (pl.)	grandparent/elderly people
<i>ku biwa</i>	to beat
<i>ku hlyisa</i>	to care
<i>ku falarhela</i>	to forsake or abandon ( <i>sukerile</i> also used)
<i>ku ganga</i>	[for a girl/woman] to accept a boy/man as her lover, to flirt, court
<i>ku gangisa</i>	[for a boy or man] to ask a girl/woman for her love, induce a girl/woman to accept him as her lover, to flirt and to court
<i>ku kombela</i>	to beg, to ask
<i>ku navela</i>	to lust after, covet, desire, wish or aim for
<i>ku phanda</i>	to survive; also denotes non-marital heterosexual relations that are survival and entrepreneurial strategies for women. Such relations often involve more than sex as women may live with and cook and clean for men, whom they may or may not marry.
<i>kurisa</i>	grow

<i>lobola</i>	bride wealth
<i>magosha</i>	prostitution ( <i>vooswi</i> also used)
<i>maki</i> (sing.)/ <i>vamaki</i> (pl.)	mother ( <i>manana</i> also used)
<i>makoti</i>	daughter-in-law
<i>mbhisa</i>	prostitute
<i>mulungu</i> (sing.)/ <i>valungu</i> (pl.)	white person(s)/outsider(s)
<i>ntombi</i>	female youth, literally virgin
<i>n'wana</i>	children
<i>rirhandzu</i>	love
<i>saseka</i>	beautiful
<i>sesi</i> <i>vasesi</i> (pl.)	sister
<i>vafana</i>	boys
<i>vanhwana</i>	girls
<i>vatukulu</i>	grandchildren
<i>vona</i>	see, and also to recognise as kin
<i>xisiwana</i> (sing.)/ <i>vusiwana</i> (pl.)	local terms used for English equivalent of 'orphan;' literal translation: someone, of any age, who has been forsaken by their kin and community and/or is in state of great poverty
<i>yingisi</i>	listen

## **Introduction**

From the time that the 'Global North' began to pay attention to the affects of HIV and AIDS on young people in sub-Saharan Africa, the 'AIDS orphan,' abandoned and alone, has arisen as the quintessential representation of such children. In these dominant, apolitical and journalistic portrayals, the nameless 'orphan child' is seen, but the ground and context underneath the child is not. Viewed in a vacuum, 'orphans' are portrayed as passive victims, in need of care.

This thesis explores and calls attention to the context of care in a region that has been drastically affected by the AIDS epidemic, the rural sub-district of Agincourt in Mpumalanga, South Africa. Through ethnographic research, three sets of care relations are examined: those involving young people and their adult carers; girls and their older boyfriends; and young ('orphaned') people and visiting tourist philanthropists. Within these divergent and overlapping networks of care, young people actively pursue and contribute to their own, and their households', livelihoods and survival strategies. However, such strategies have their limitations in the face of shifting, yet historically persistent, structural inequalities organised along lines of gender, age, class and race.

I became interested in carrying out this research while doing my Master's in Anthropology and working at Early Years Centres, which are community drop-in centres for young children and their parents and guardians, in Toronto, Canada. My work at these centres and with Toronto's multi-cultural families, in addition to my background as a budding anthropologist, made me highly attuned to the diversity of child rearing practices. It was during this time that I read Ogden, Esim and Grown's (2004) article which called for more ethnographic research on gender norms and shifting forms of child care practices in the context of the AIDS epidemic and increasing numbers of parental deaths. This article was the first to spark my interest in

carrying out research on the changing patterns of care involving children in the wake of AIDS.

While I originally set out to research shifting relations and gendered patterns of care for, and by, young people in the context of AIDS and parental death, two unanticipated realities of the field emerged that led me to include the issues of girls' sexuality and tourist-based philanthropy. Community concerns and anxieties about girls' movements, sexuality and fertility were recurrent themes that emerged during fieldwork. This thesis explores how such concerns do, and do not, intersect with local notions of orphanhood. A second unexpected reality was the number of 'community tours' and tourist-based philanthropy projects for young ('orphaned') children in the region. Exploring these transnational care relations, between tourists and locals, offered an opportunity to examine the on-the-ground consequences of the global 'preoccupation' and 'mythologising' surrounding 'the AIDS orphan' (Meintjes and Giese 2006).

Chapters One and Two locate the research contained in this thesis within existing relevant literature and provide a conceptual background to the exploration of care relations involving young people in rural South Africa. The first chapter reviews the following literatures: public health, demographic and epidemiological research on children affected by AIDS, and specifically orphanhood; new childhood studies and critical ethnographic research on orphanhood; and feminist and child-centred perspectives on care work. Chapter One concludes with a discussion of the concept of care that will be employed throughout the thesis. Chapter Two reviews the following literatures: public health studies on the intersection of orphanhood and sexual health 'vulnerability,' gender and the political economy of sex in South Africa; political economy and the anthropology of AIDS, gender and care work, and childhood; the anthropology of humanitarian and philanthropic aid; and theorisations of 'the gift.' This

chapter concludes with the research questions derived from identified gaps in the literature.

Chapter Three discusses the key issues of method, ethics and positionality encountered whilst undertaking this ethnographic work. It sets out the research design of the study, site selection rationale, the research methods that were chosen and how these methods were carried out. The chapter also details issues of ethics, access and positionality. It concludes with a description of the types of evidence collected and the ways in which it was analysed.

Chapter Four describes the Agincourt fieldwork site and contextualises the care relations involving young people affected by AIDS and poverty. It sets out the geographic, demographic and socio-historical context of Agincourt. The chapter also summarises the South African national context of AIDS and Government responses to the epidemic. It concludes with an overview of the 'Orphan and Vulnerable Children' care scene that is particular to Agincourt.

The findings chapters (Chapters Five, Six and Seven) each take up one of the three forms of care relations explored in this thesis. Chapter Five examines intergenerational relations of care between young people and their elders. It looks at how local articulations of care are intertwined with local concepts and practices of childhood and kin relations, and highlights young people's, particularly girls', perspectives on their labour contributions. The chapter then looks at local constructions of orphanhood and how this historic category of stigma meets with more global constructions of orphanhood through state and international orphan-targeted interventions. I argue that young people actively traverse these contradictory, global-local 'orphanhoods,' variously rejecting and appropriating the term 'orphan.' I further argue that there is an emerging layer of stigma surrounding orphanhood, as the category

has come to be associated with 'deviant' youth who 'do not listen' to their elders.

Chapter Six provides ethnographic evidence on how local notions of orphanhood and perspectives on girls' sexuality meet in Agincourt. It examines girls' silences on matters of sex and relations with the opposite sex, juxtaposing these silences with guardian's accusations of and concerns about girls' movements, bodily practices and sexual relations. Guardians did not frame girls' 'deviant' behaviours in relation to the status of girls as 'orphans.' However, staff from programmes that had targeted services for 'orphans' were more likely to make an association between girls' 'deviant' actions and orphanhood.

Chapter Seven explores a form of gift exchange that has arisen in Agincourt, with tourists' gifts of aid being reciprocated with the creation of 'orphans' in an area where such categories had not existed. In representations of orphanhood and child poverty for tourists, orphans become part of the (South) African landscape for tourist consumption. I also argue that young people were not passive recipients of aid in these exchanges. Rather, they actively pursued and desired encounters with tourists and the material resources associated with visitors. This active pursuit of resources, however, often served to re-inscribe the disparities between local young people and comparatively wealthy tourists. This chapter highlights a range of unintended consequences of the valuing of orphanhood through tourist-based transnational philanthropic care.

In the conclusion of this thesis, I summarise main findings, key theoretical and empirical contributions to knowledge, and limitations and ethical concerns of the research. It argues that a theoretical framework that focuses on the materiality of care enables a focus both on local perspectives of care, but also wider historical, political economic structures that shape care relations involving young people. This section also carves out future research possibilities and contributions to policies and practice in the

field of children affected by AIDS and poverty.

# **Part I: Background**

## **Chapter 1. Literature Review Part I**

This chapter locates the research contained in this thesis within the existing literature and provides a conceptual background to the exploration of care relations involving young people in rural South Africa. I review the following literatures: public health, demographic and epidemiological research on children affected by AIDS, and specifically orphanhood; new childhood studies and critical ethnographic research on orphanhood; and feminist and child-centred perspectives on care work. The chapter concludes with a discussion of the conceptualisation of care that is employed throughout the thesis; this conceptualisation of care frames the analysis of social relations of young people in a time of AIDS and increasing inequality.

### **1.1 Children Affected by HIV and AIDS**

Literature on children affected by AIDS comes predominately from public health, social demographic, and epidemiological approaches. Orphanhood has dominated the field's research agenda (Bray 2003; Meintjes and Giese 2006). In addition to enumerating orphans, priorities have included: assessing the health, psycho-social and educational impacts of parental death on young people; evaluating the psycho-social impacts of orphan care on adult guardians; and predicting the social and economic consequences of orphanhood on extended families, communities and states. This section provides a brief, critical review of this work. Within this literature is a conceptualisation of the 'global orphan' (Meintjes and Giese 2006) as 'vulnerable,' abandoned and as a burden on care resources (Abebe 2010; Bray 2003; Henderson 2006).



### ***Early Reports and Predictions of Social Upheaval***

The consequences of AIDS to households and children began to receive attention in the late 1980s in agency reports and conference presentations. Parental death and the consequence of orphaning became a major topic of discussion at the 1988 *Global Impact of AIDS* conference in London (Foster 2002). By the early 1990s, epidemiological and demographic findings were published predicting the future scale of the so-called 'AIDS orphan crisis' that would be caused by a 'care gap' due to the premature deaths of reproductively active women and men (Chin 1990; Hunter 1990; Preble 1990). These articles reflect some of the alarmist predictions of the time.

Hunter's study enumerated children orphaned by the AIDS-related deaths of their biological parents in Uganda, estimating that a total of 620,000 to 1,200,000 children were orphaned within the country as of 1990. Based on these estimates, Hunter predicted doomsday scenarios for all of sub-Saharan Africa, stating that the 'orphan burden' presented a 'window on the potential for massive social breakdown and dislocation' within the region (1990: 681). Not only were young people with deceased parents represented as 'burdens,' but they were also cast as a 'major social problem. Ignorant, deprived, poorly socialized, jobless, their opinion of society [being] so low that their ability or motivation to contribute to the rebuilding of Uganda [was] minimal or non-existent' (Hunter 1990: 683).

Preble (1990) draws on HIV seroprevalence data on women of reproductive age in 10 countries of central and eastern Africa, estimating that between 3.1 and 5.1 million children, or six to 11% of the population under the age of 15, would lose their biological mother in the 1990s. Like Hunter, Preble speculated about a looming 'crisis of care,' predicting that '[t]he sheer number of AIDS orphans will inundate both institutional and non-institutional systems of care' (1990:678). To avert this 'crisis' Preble called upon

non-government, and national and international government agencies to not only scale up HIV prevention programmes, but to begin targeted policies and programmes for orphaned children.

In 1998, 'AIDS orphans,' appeared as a new category and target of intervention, and as a priority within the wider global AIDS agenda with the release of USAID's report entitled, '*Children on the Brink.*' That year, President Bill Clinton singled out this group on World AIDS Day and committed additional US funds to expand HIV and AIDS initiatives and assist such children. In early 2001, the American magazine, *Time*, published a photo essay on AIDS in Africa; on the cover was a photo of a grandmother holding a child (see Figure 1.1). The text reads: 'This is a story about AIDS in Africa. Look at the pictures. Read the words. And then try not to care.' The decade marked a sharp proliferation of global humanitarian responses directed to orphans (Foster et al. 2005).



**Fig. 1.1.** Cover story, 'AIDS in Africa,' in *Time Magazine*, February 12, 2001.

In 2002 and 2004, reports jointly published by USAID, UNAIDS and UNICEF

focused on enumerating orphans in 93 different countries, estimating the scale of orphaning in the future, and setting out plans for intervention.<sup>1</sup> At first modelling for these estimates and future predictions typically only included children under the age of 15, but more recently includes those under the age of 18, fitting into the The United Nations Convention on the Rights of the Child (UNCRC) age-based definition of a child. The categories of orphanhood used in the final report are those used currently and widely within global public health literature: children who have lost a biological mother ('maternal orphans'), a father as ('paternal orphans,') or both parents ('double or dual orphans').

Based on this definition of orphanhood, in 2007, some 12 million children in sub-Saharan Africa were estimated to have lost one or both parents to AIDS, which represented 37% of parental loss from all causes (UNAIDS 2008). If the current trend of ineffectual prevention, care and treatment policy continued, by 2025 an estimated 27 million children would be orphaned by AIDS in Africa (UNAIDS 2005: 27). While the enumeration of 'AIDS orphans' maybe a 'rhetorically persuasive' device for advocacy work, it skews attention from the other ways AIDS affects young people's lives (Meintjes and Giese 2006: 418-419; see also Green 2005).

Within the sector, the misleading term 'AIDS orphan' has been replaced with two more inclusive categories: Orphans and Vulnerable Children (OVCs) and children affected by HIV and AIDS (CABA). A systematic review found widespread confusion in the operationalisation of the definition of 'AIDS orphan,' and a blurring of its meaning across studies (Sherr et al. 2008; see also Skinner et al. 2006). The term carries the erroneous connotation that all parental deaths are attributable to AIDS and/or that such children are themselves HIV positive. Furthermore, orphans are not the only

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<sup>1</sup> Other key reports and policy papers on orphanhood from this time include: UNICEF (2003), UNICEF and UNAIDS (1999), and USAID, UNAIDS and UNICEF (2000).

young people affected, or made 'vulnerable,' by HIV and AIDS. Recognising that non-orphans may face similar, or even worse, negative economic, social and health consequences, the term OVCs was widely adopted with development circles (UNAIDS, UNICEF and UNAIDS 2004: 6). In its use, it is generally known that the acronym refers to the context of AIDS.

Despite broadening the categories of children who are affected by HIV and AIDS, most research continues to focus on orphanhood. There are a variety of reasons for this. Orphans account for one of the more visible and easily measurable consequences of AIDS on households (Barnett and Whiteside 2002: 267). Orphanhood is more a straightforward condition to establish in comparison with abandonment or parental unemployment, and it is a state which remains permanent. Assessing general family hardships is more challenging, costly and potentially contentious (Ansell 2010: 800). Development funding for AIDS may also influence research priorities, as targeting orphans with, for example, bursaries, clothing, and food aid, are relatively simple and politically neutral initiatives. Focusing on orphans, cautions Ansell, 'represents an avoidance of more politically contentious questions around poverty and its growing prevalence in southern Africa' (2010: 800). Furthermore, this 'preoccupation' with 'global orphans' contributes to common 'myths' of abandoned, unsocialised African children, can lead to inappropriate interventions, and directs research and resources away from other forms of child marginalisation created by the epidemic (Meintjes and Giese 2006).

Reminiscent of earlier accounts by Preble (1990) and Hunter (1990), predictions of social upheaval have been made in the popular media's sensationalist representations of the 'AIDS orphan crisis.' Meintjes and Bray's (2005) analysis of South African press reporting on children affected by AIDS found orphans were represented as the

'quintessential innocent victims' of AIDS or as potential delinquents that pose dire consequences for the nation. In addition, Black South African families were portrayed as morally transgressive, failing in their responsibilities to 'properly' care for children, and discursively contrasted to normative (usually white) middle class individuals who go beyond their moral duty to respond.

Some more recent academic accounts also continue to use evocative language of a 'tidal wave' or 'crisis' of orphans, and predict scenarios of destabilised African governments with unforeseeable global consequences (e.g. Barnett and Whiteside 2002: 210; Ghosh and Kalipeni 2004; Kidman, Petrow and Heymann 2007; Oni et al. 2002). Barnett and Whiteside link the possibility of 'orphans swelling the ranks of child soldiers' with political instability (2002: 210). Another prediction of human insecurity is the potential for increased criminality among orphaned youth who have been themselves exploited and left 'vulnerable' to 'all sorts of crime, including child prostitution and drug abuse' (Oni et al. 2002: 28). Orphans are portrayed as the potential victims and perpetrators of crime. The predictions of mass 'orphan delinquency' have been shown to be empirically unfounded (Bray 2003), and the flawed logic, social panic and stereotypes underlying them critiqued (Bray 2003; Henderson 2006; Meintjes and Giese 2006).

### ***'Impacts' on Children***

HIV/AIDS health policy, social demographic and epidemiological research has focused on assessing the social, health and psychological impacts of parental death upon children (e.g. Ainsworth and Filmer 2002; Campbell et al. 2010; Cluver and Gardner 2006; Guest 2003; Hunter and Williamson 2000; Kalipeni et al. 2004). Reviews of this literature find mixed results in regards to negative outcomes of orphanhood on young

people (Williamson and Foster 2002; Sherr et al. 2008). Williamson and Foster (2000) found that while some studies report that orphans face more stigma, attend school less often, and have higher rates of malnutrition and ill health, other studies report no significant differences between orphaned children and their non-orphaned peers (ibid.). Sherr et al. (2008) found similarly conflicting outcomes, but conclude that orphans do suffer some disadvantages, especially in regards to education, and more so if they come from poorer families. Furthermore, the 'orphan effect' can vary widely across geographic region and for children that have lost a mother, father, or both parents (ibid).

The comprehensive review of evidence of the Joint Learning Initiative on Children and HIV/AIDS (JLICA) (2009) shows that many studies on orphan outcomes suffer from significant flaws in design (as does Sherr et al. 2008). There is a shortage of evidence-based gender findings on CABA (Sherr, Mueller and Varrall 2009). However, based on the best quality evidence available (i.e. nationally representative samples, rigorous evaluations such as randomized control trials, or analysis to control for other possible intervening factors to isolate more effectively the 'orphan effect'), 'in settings of widespread destitution, differences between orphans and non-orphans do not emerge or are very small compared to the deprivation, suffering, and vulnerability that all children confront' (JLICA 2009: 11).

Many studies have found that the differences between orphans and non-orphans are less significant than those between children in poor and less poor households (Green 2005; Madhavan 2004). Household poverty is shown to be a stronger quantitative correlation with child health and development indicators (Campbell et al. 2010) and school attendance (Ainsworth and Filmer 2002: 19) than parental death. These findings indicate the importance of the material context of care for the well-being of CABA. This thesis recognises this fact and contributes to understandings of the materiality of

care in a time of AIDS.

### ***'Impacts' on Carers and Extended Kin***

The overwhelming majority (95%) of children affected by AIDS, including those that have lost a parent, reside with their extended family (Hosegood 2009). Despite the media and policy attention given to 'child-headed households,' such arrangements are usually temporary and remain relatively rare in sub-Saharan Africa (Hosegood 2009; Hosegood et al. 2008) and South Africa (Meintjes et al. 2009). The living arrangements of children vary considerably between regions, and patterns of migration, marriage and adult mortality influence the living arrangements of orphans and non-orphans alike (Hosegood 2009; Hosegood et al. 2008).

In investigations of orphan care fostering responses, researchers focus on the psycho-social impacts on caregivers (Erb-Leoncavallo et al. 2004; Kuo and Operario 2011 and 2009; Schatz 2007; Sherr, et al. 1997). In Agincourt (the setting of this research), orphan care constitutes one of the multiple ways the epidemic affects elderly women (Schatz 2007). Elderly women face financial, physical and emotional hardships related to the morbidity and mortality of their adult children. And they become primary carers for grandchildren not only because of deaths, but also through the migration, (re)marriage and unemployment of adult children (ibid.). These women's care work forms part of the larger 'feminisation of AIDS,' and the disproportionate ways women are both infected and affected by the disease.

Research has focused on the socio-economic consequences of orphanhood on extended kin and communities (Heyman, et al. 2007; Madhavan 2004; Mathambo and Gibbs 2009). Studies depict extended kin networks and communities as 'stretched' beyond capacity, referred to as the 'social rupture thesis' (e.g. Drew et al. 1998; Chirwa

2002), or, in contrast, suggest there is immense resilience on the part of caregivers, kin and communities, that together form a dynamic, responsive network of care (Foster 2002; Foster et al. 1996; Kidman, Petrow and Heymann 2007; Kuo 2007). Both representations are problematic.

The social rupture thesis echoes moral panic surrounding orphanhood, with predictions of the impending collapse of communities. The resiliency thesis romanticises coping. Households do not cope; instead individuals manage to survive (Rugalema 2000). These orphan care responses and survival strategies are highly gendered, primarily relying on the unpaid labour of women of varying ages, including girl children (Baylies and Burja 2000; Upton 2003). Furthermore, as Abebe argues, these dichotomous discourses of orphan care responses as 'ruptured' or 'resilient'

are problematic both analytically and from a policy perspective. They not only overlook the diversity of orphan-fostering households and the nuanced nature of child-fostering arrangements in different cultures but also pathologise the families themselves who, despite their deprivations, continue to respond to the burden of care caused by the AIDS epidemic (2010: 467).

To move away from representations of orphan care that potentially pathologise families, researchers need to widen their analytical scope from beyond the household, to include larger historical and political influences shaping a given cultural and geographic context.

Madhavan (2004) and Abebe and Aase (2007) argue that the socio-historical and political world, within which households are situated, must be examined to understand local families' and communities' abilities to care for young people. In South Africa, contemporary 'crisis fostering' for orphans must be examined within the wider, historical context of voluntary 'traditional' child fostering patterns,<sup>2</sup> that have been a feature of

<sup>2</sup> Within Africa, child fostering is an ongoing family/household socio-economic strategy of sending children to live away with relatives. Works focused on 'traditional' fosterage include Bledsoe (1990, 1993) and Goody (1982) and the earlier works of Lambert (1964, 1970). For examples of literature on changing extended family systems and fostering patterns in relation to orphanhood, see Nyambedha et al. (2002) and Verhoef (2005).



Black family life under the apartheid state and forced migration (Madhavan 2004).

Currently, historical fostering strategies are drawn upon, but new 'cultures of relatedness' (Carstens 2000) are also being forged. These emerging networks and modes of family-ness draw upon a variety of young people's relations with their peers, kin and community.

### ***Community and Institutional Care Responses***

Studies on institutional care, in the form of orphanages and residential care homes, are few, and there is little support for such responses (JLICA 2009:58). Due to costliness and a lack of quality care the vast majority of aid agencies, states, and NGOs support a model of community and family-based care over institutional care. Meintjes et al.'s (2007) study of residential care across South Africa found that children residing in such places were not disproportionately more likely to be orphaned than the general population. Across Africa, most children living in institutions have a surviving parent or close family members, and enter orphanages due to poverty and their families' inability to provide for their material well-being (JLICA 2009: 21).

Community-based responses, such as NGO (non-government organisation) or FBO (faith based organisation) initiatives, account for very little of the actual care and support provided to children in sub-Saharan Africa. Most of these organisations seek to support children within their extended families by providing either childcare to allow caregivers to work in the paid labour market, or material support such as clothes, food and cash for school fees. Some researchers strongly advocate for such community programmes (Drew, Makufa and Foster 1998; Foster, et.al. 1996; Kidman, Petrow and Heymann 2007).

Community-based programmes are seen as cost-efficient, culturally appropriate,

and as capable of strengthening existing local care networks. Baylies (2004) warns that such research may be making a 'virtue' out of a 'necessity.' Where state resources are scarce and public welfare systems almost non-existent, social researchers have focused on how communities mobilise resources to deal with the consequences of AIDS. In advocating for community-based approaches, researchers may undermine rights-based and social-justice movements that fight for better access to, for example, health, education, and employment.

Furthermore, reified concepts of community mask internal power dynamics of gender, kinship, age and class. Such reifications gloss over how the majority of 'orphan-care' community programmes rely heavily on women's unpaid, or underpaid, labour. Romanticised notions of African community also pervade much of the literature advocating for such responses. Communitarianism, or communalism, is thought to be a defining character of 'Africanness,' and is captured in the often quoted proverb: 'I am, because we are; and since we are, therefore I am' (Mbiti 1970: 141). The centrality of community in African epistemology and ontology has arguably taken on mythic proportions (Houndonji 2002). Researchers and policy makers, therefore, must attempt to resist reified, romantic constructions of 'community' as essentially 'African,' and essentially virtuous.

### ***Children's 'Needs' and Human Rights***

This thesis does not explicitly adopt a Human Rights framework for the exploration of care relationships involving children affected by AIDS. Health and human rights approaches have been fruitful in the fight against AIDS stigma, discrimination and inequalities in access to treatment (Farmer 2003). Given the increasing convergence of AIDS and poverty in young people's lives, such an

approach is also beneficial in advocacy for equitable access to health, education and economic security. However, children's rights, as enshrined in the 1989 United Nations Convention on the Rights of the Child (UNCRC), represent a particular 'global model of childhood' (Boyden and Ennew 1997) based on Western individualism and nuclear, hetero-normative families (see, for example, Aitken et al. 2006; Burr 2000; Stephens 1995; Woodhead 1997). The global model is held up as superior and aspirational to other, delegitimised childhoods. These global discourses of childhood have been declared 'dangerous' (Pain 2004) as they have been exported through transnational vehicles (such as NGOs, donor policies and development aid) and falsely held up as universal and aspirational models.

The Convention employs the language of rights of *the child*, rather than the rights of *children* (Stephens 1995: 36). Children's collective cultural rights are only recognised when they are part of an 'indigenous and minority culture.'<sup>3</sup> Children's rights are not only individualised, but they are also placed within a naturalised family group. The preamble of the Convention describes the family as 'the fundamental group of society and the natural environment for the growth and well-being of all its members.' This renders other forms of family, such as extended kin networks, mobile kin networks, single-parent households, and gay and lesbian families, as deviant.<sup>4</sup>

The Convention also puts forth a universalist notion of children's 'needs' (Woodhead 1997). Universalised biological and psychological 'needs' are portrayed as intrinsic to children, rather than culturally specific and variable. The term 'needs,' backed by child development and psychology, conceals a 'complex of latent assumption

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<sup>3</sup> Article 30: 'In those States in which ethnic, religious or linguistic minorities or persons of indigenous origin exist, a child belonging to such a minority or who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practise his or her own religion, or to use his or her own language.'

<sup>4</sup> Note, however, that Article 5 does attempt to temper the nuclear model presented in the UNCRC preamble: 'State Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child.'

and judgements about children,' creating a false sense of authority and objectivity (ibid.: 63).

### ***Section Conclusion***

Research on children affected by AIDS has focused on orphanhood, and the 'impacts' of parental death on children, their carers, extended family and communities. Behind the measurement of 'impacts' is a presumed set of care needs. These care needs are based on ethnocentric models of childhood and family and do not account for the cultural particularities and contexts of care, nor for subjective experiences of care. Kuo and Operario (2007) argue that there is a 'detrimental disjuncture' between notions of care in interventions for orphans and local realities of care and child rearing practices. While research, policies and interventions are based on Western models of child development and psychology, and specifically 'attachment theory,' local understandings and practices of care are far more complex, dynamic, and ever-shifting in response to the epidemic.

The majority of research on (rather than with) children affected by HIV and AIDS fails to take into account how young people shape and give meaning to their experiences, whilst devising their own creative survival strategies. This thesis furthers understandings of local, and children's own, perspectives and experiences of care in the context the AIDS. There is a growing body of evidence that critiques research, policy and interventions that are based on popular myths surrounding orphanhood. This work is influenced by the interdisciplinary field of 'new childhood studies.'

## **1.2 New Childhood and Critical Orphanhood Studies**

This section first reviews anthropological, as well as sociological, contributions

to new childhood studies. It then turns to ethnographic understandings of orphanhood in Africa. Anthropological work on orphanhood is shaped by new childhood studies' theoretical and methodological approaches.

***New Childhood Studies: Originating from, and Responding to, 'Global Childhood'***

Research on children and childhoods remained largely within the domains of human biology and developmental psychology until the 'crisis in the sociology of childhood' of the 1970s. James and Prout (1997b) attribute the impetus for this crisis to pictures and stories of children from the majority world being brought to Western attention through international media. Images of starving, 'abandoned' and working children disrupted Western normative concepts of what it is to be a child and the universalist notion of the 'world's children' in need of protection, was conceived (ibid.). This disruptive imagery brought a demand for new theoretical paradigms and methodological tools in the sociology of childhood.

This 'flurry' of research activity was not confined to sociology, but also included other social sciences like anthropology, as well as human biology and developmental psychology, which remain the dominant disciplines within childhood studies (James 1998: 45). This upsurge in academic interest coincided with an unprecedented and dramatic rise in international legislation, policies and interventions, based on the UNCRC (1989), to protect and enable the 'best interests of the child.' The increased international concern for children's well-being and the flourishing multidisciplinary academic interest in childhood were responses to a perceived threat to 'modern childhood' (Stephens 1995: footnote 3). This threat was believed to be embodied in generations of children 'lost' to the contaminating concerns of the adult world, such as war, sexual exploitation, waged labour, and, more recently, AIDS and catastrophic

illnesses. What has now come to be called 'new childhood studies' both arose from, and is a response to, dominant Western notions of global childhood.

### ***Historicising a Construct: The Happy, Safe, Protected and Innocent Childhood***

Childhood is not simply a product of early biological and psychological development in the human child. Concepts of childhood are ever shifting and vary between and within societies along socio-economic lines such as gender, ethnicity and class. It is more apt to speak of childhoods, to reflect the temporal and spatial variability of the concept.

The myth of the 'walled garden' where children enjoy a 'Happy, Safe, Protected, Innocent' existence has been pervasive in the West (Holt 1975: 22-23). This contemporary concept of childhood did not exist in medieval society (Ariès 1962: 125). Based on medieval paintings depicting children and adults, Ariès argues after the dependent stage of infancy, children were seen and treated merely as 'little adults,' and this view gradually began to shift between the 15th and 18th centuries. During this time, childhood obtained a more privileged status as an ideological separation between adults and children arose. Critics of Ariès' (see, for example, DeMause 1976; Hanawalt 1993; Pollock 1983) argue that a notion of 'the child' did indeed exist in medieval Europe. Pollock contends the nature of parent-child relations remained continuous from the 1500s to 1900s. Further, both Pollock (1983) and Montgomery (2003) critique Ariès' thesis for not being attuned to issues of gender and class. Cunningham (1991) acknowledges these critiques, and agrees that a notion of childhood may exist within every society throughout human history, but contends Ariès' contribution remains: concepts of childhood are social constructs that vary both temporally and spatially (2).

Capitalist expansion had a considerable impact on ideals of childhoods (Boyden

1997; Stephens 1995). Boyden attributes the shift to the Judeo-Christian 18<sup>th</sup> and 19<sup>th</sup> century idea of the noble and innocent child whose soul must be fostered by parents, but argues that the industrial revolution and urbanisation had much more dramatic consequences for European children. In the early stages of capitalism child labour was initially exploited, especially in mines. However, with increased mechanisation and the need for skilled, 'economically useful' individuals children's place became schools where they were trained to be 'socially responsible' industrial workers (Boyden 1997: 192).

Stephens (1995) contends that Boyden's link between capitalism and modern childhood is too simplistic. The hardening of the modern binaries between child/adult, like female/male, was 'crucial to setting up the hierarchy between distinct domains of social life – the private and the public, consumption and production, objective need and subjective desire – upon which modern capitalism and the modern nation-state depended' (Stephens 1995:6). Children came to be associated with the private – a domain associated with emotion, freedom and spontaneity – thus reinforcing public space as for adults, and as a domain of constraint, rationality, work and discipline (ibid.). Therefore, children in public domains associated with adulthood, occupy liminal (Douglas 1985 [1966]) spaces and are seen as innocents 'abandoned,' or as 'delinquents' and possible threats to society.

### ***The Anthropology of Childhood***

While children have historically been present in social and cultural anthropological accounts, they have been mostly relegated to marginal positions as the 'raw materials' of socialisation processes, or as component parts in kinship systems (La Fontaine 1986). Anthropologists paid scant attention to children's

perspectives on their own lives and experiences (Caputo 1995; Van der Geest 1996). Child-rearing and rites of passage rituals were analysed for insights into how children were being shaped into 'full persons' within their communities. Holistic studies of small-scale societies, such as those by Malinowski (1922), Radcliffe-Brown (1933) and Firth (1936), acknowledge the presence of children and their roles in families, but did not acknowledge children's subjectivities.

Others, such as Fortes (1974), recognised the importance of age, gender and position in the family, exploring how firstborn children were treated differently than their younger siblings. In North America, adherents to the Culture and Personality school, including Margaret Mead (1928, 1953) and Ruth Benedict (1934), showed an interest in young people. Drawing from Freudian psychological theory they attempted to explain how a child, conceived as a 'blank slate' at birth, was formed into a cultural being. The Culture and Personality School paid particular attention to how child-rearing practices, such as weaning or discipline, influences adult personalities. These personalities were believed to make up the collective culture, or psychology, of a society. The School did not consider young people's perspectives on these processes, but instead focused on children in an instrumentalist manner, exploring how bodily and disciplinary practices hypothetically influenced personalities at an individual and national level.

From the 1970s, anthropologists began showing ethnographic, theoretical and methodological interest in children as subjects rather than objects of research (Montgomery 2010: 43). As Montgomery highlights, while American anthropologists had a tradition of studying children, it was European anthropologists and sociologists who first began to conceptualise childhood politically (ibid.). These early anthropologists, included LaFontaine (1986) and



James and Prout (1997), who began taking increasingly 'child-centred' approaches that contributed to, and drew heavily from, sociology. Some of the key sociologists in this field included Jenks (1996), Mayall (1994), and Qvortrup (1991, 1994, 2005) who moved young people from the periphery of social scientific inquiry, making them worthy of serious academic consideration. Advocating for the recognition of children as social actors and agents, they investigated how children shape and understand their own lives, seeing them as human beings rather than 'human becomings' (Qvortrup 1991; see also Hardman 1973: 85). Young people themselves were seen as the best informants of their own lives. Ethnography (James and Prout 1997: 4; James 1998) and participatory methodologies (Nieuwenhuys 2004; Thomas and O'Kane 1998) play a key role in facilitating this increased involvement.

### ***Children in 'Extremely Difficult Circumstances'***

Much of the child-centred anthropological work has specialised in children in 'extremely difficult circumstances.' These include accounts of 'street children' (e.g. Ennew 1994; Glauser 1990; Hecht 1998; Panter-Brick 2000 and 2001), refugee and displaced children (e.g. Lewando-Hundt and Chatty 2005; Olujic 1998; Hart 2002), child soldiers (e.g. Hart 2006a; Honwana 2007), child prostitutes (e.g. Montgomery 2001), and, more recently, 'orphans' (Abebe 2008; Dahl 2009a; Freidus 2010a; Henderson 2006; Hutchinson 2007; Meintjes and Giese 2006). One of the main contributions of anthropology in this area has been to counteract prevailing humanitarian and human rights approaches which depoliticise the causes of child suffering (Hart 2006b).

Panter-Brick and Smith's (2000) *Abandoned Children* provided a substantial

contribution to the anthropology of children in extremely difficult circumstances. The volume dissects and challenges the emotive language and moral discourses that have historically informed much of the Western academic, political and popular conceptions of so-called 'abandoned' children. This category of 'abandonment' lumps together foundlings, war victims, street children, refugees, child labourers, and exiles, obscuring the local realities and diversity of issues underlying such children's lives, and thus impeding appropriate action. Anthropological literature on young people in 'extremely difficult circumstances,' that challenges apolitical and emotive representations of 'abandoned' childhoods, informs the growing critical work on orphanhoods.

### ***Critical Orphanhood Studies***

Researchers note that there had been little ethnographic data available on children orphaned by AIDS and their caregivers in Africa (Ogden et.al. 2004:46; see also Lay 2001; Upton 2003). However, there is now a growing body of evidence addressing this dearth (in Uganda, see: Cheney 2010b; in Ethiopia: Abebe 2008, 2010; in Malawi: Hutchinson 2007, 2011, Freidus 2010a, Wolf 2010, and Ferguson and Freidus 2007; in South Africa: Meintjes and Giese 2006, and Henderson 2006; in Botswana: Dahl 2009a, 2009b). This work highlights local constructions, experiences and contexts of orphanhood; documents the various unintended consequences of externally-driven, orphan-targeted interventions; and challenges common stereotypes of orphans as passive victims, waiting to be 'saved.'

Literature based on work from South Africa argues that (biological) parental absence through death must be situated within a contemporary and historical norm of parental absence in young people's lives (Bray 2003: 15; Madhavan 2004; Meintjes and

Giese 2006).<sup>5</sup> Given the socio-economic and political history of apartheid, legally enforced racial segregation and migration, parents were separated for long periods of time from their children while looking for paid employment. Separation between parents and children was particularly the case in rural areas where both men and women left homesteads to find work. These patterns of migration remain. Therefore, South Africa's young people have been long involved in fluid childcare and fostering arrangements where, not only adults, but children have been mobile to pursue schooling, work, and health care opportunities, as well as political safety (Henderson 2006: 305-306). South African ethnographic research with children focuses on the mobile and fluid nature of children's lives, and their relationships with multiple carers over time (see, for example, Henderson, 1999; Ramphela, 2002; Ross, 1995).

Given the role of the extended family and historical fostering systems, an equivalent of the English word 'orphan,' and its meaning of a child whose biological parents are deceased, does not exist in many parts of Africa (Lay 2001: 23). Material poverty, socio-economic marginality and the absence of a carer are at the core of local definitions of orphanhood in Ethiopia (Abebe 2005), Malawi (Chirwa 2005; Hutchinson 2007), South Africa (Bray 2003; Henderson 2006; Meintjes and Giese 2006) and Zambia (Smørholm 2006). Children who lose their parent(s) largely remain a part of their extended kin networks and are not 'orphaned' in the African sense of the word. Most young people, and their families, reject the term 'orphan,' emphasising that the term can only be applied to children without a 'substitute' guardian and carer (Henderson 2006; Meintjes and Giese 2006; Hutchinson 2007).

The equivalent word for orphan in South African languages (such as Xhosa, Zulu, Sotho, and Xitsonga) is one that is highly stigmatised, and is tied not to a

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<sup>5</sup> Ennew (2001) also outlines the inadequacies of the ways children are defined as orphans in sub-Saharan Africa and Southeast Asia due to patterns of parental absence.

definition determined by age or biological parental morbidity, but to material destitution and social exclusion (Meintjes and Giese 2006: 423). As Henderson notes, the ‘condition of orphanhood in an African context embraces existential dimensions, and has more to do with destitution, alienation and lack of belongingness’ (2006: 307). The etymology of the Xhosa term for orphan, *inkedama*, denotes one who is rejected, cast away and downcast (McLaren 1963 in Meintjes and Giese 2006: 423). It implies someone, young or adult, that has been forsaken by their kin and community.

In QwaQwa, the Southern Sotho terms for orphan, *kgutsana* and *kgutsana ya kgudu*, mean someone who is 'poor' or 'common.' And in Limpopo, near the fieldwork site of this research, local use of the Xitsonga term for orphan, *xisiwana* (singular) and *vusiwana* (plural), were only for children who experienced social isolation or great poverty. Children are only ‘orphans’ if they are without the broadly accepted trappings of ‘parental’ care and (importantly) provision – the social rather than biological aspects of parenting (Meintjes and Giese 2006: 423). Thus a child with living parents who are unable, or unwilling, to provide for them may be called an 'orphan.' The label is not only stigmatising for children, but also to those providing care and support to the child, as it would indicate a moral failure to fulfil familial obligations to look after young kin (Hutchinson 2007).

Ethnographic accounts document the meeting of dominant global and local constructions of orphanhood through orphan-targeted charitable and development assistance (Dahl 2009a; Freidus 2010a; Hutchinson 2007; Meintjes and Geise 2006), and the unintended consequences of these interventions. Data shows that in heavily resource-deprived regions, the targeting of orphans with resources (such as food parcels, bursaries, and school uniforms) can lead to a 'meritocracy of child suffering' emerging on the ground (cf. Bob 2002). Parental death can become perversely valued over other

forms of child marginalisation because of the material assistance associated with orphanhood. Such targeting can constrain assistance reaching young people with living parents who may be facing similar, or relatively worse, hardships. Furthermore, giving aid directly to children can be perceived as usurping 'traditional' parental and elderly authority (Dahl 2009a), and can create tension and competition between other young members of shared households who are not orphaned and, therefore, do not receive aid (Freidus 2010a). Thus, the meeting of the local and global 'orphan' through aid interventions has forged a contradictory orphanhood: it is a label both coveted and stigmatized (Dahl 2009a; Ferguson and Freidus 2007; Freidus 2010a; Hutchinson 2007; Meintjes and Giese 2006).

Critical and ethnographic perspectives on orphanhood highlight how orphans are social agents who create, interact with, and respond to their social worlds, challenging simplistic conceptualisations of 'vulnerability' (Abebe 2010; Cheney 2010b; Henderson 2006; Wolf 2010; for a social psychology perspective on orphan 'resiliency,' see Skovdal and Campbell 2010).<sup>6</sup> This focus reflects one of the major tenets of new childhood studies: that children are agents. Rather than being passive recipients, young people are, like adults, both products of, and contributors to, their social, cultural and political worlds.<sup>7</sup>

An example of literature on orphanhood and agency<sup>8</sup> is Henderson's (2006) challenge of development and interventionist discourse surrounding the vulnerabilities of orphans. She argues a narrow focus on vulnerability empties children of their knowledge and abilities, and fails to recognise '[t]he ways in which [children] are often

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<sup>6</sup> For an analysis and critique of the concept of childhood 'vulnerability,' and its use in Africa, see Cheney's (2010a) editorial in the special issue of *Childhood in Africa: An Inter-Disciplinary Journal*.

<sup>7</sup> For examples of literature that contributes to the recognition of young people as active agents in the creation of their social worlds, see Stephens (1995), James and Prout (1997a) and James, Jenks and Prout (1998). For children's active participation in political life, see Cairns (1996), Coles (1986) and Reynolds (1995, 2000).

<sup>8</sup> Throughout this thesis, I employ Hart's and Tyrer's (2006) definition of agency, 'the ability to shape one's own life and to influence the lives of others.'

embedded in and commandeer their way through larger networks of social relationships that include both young people and adults' (Henderson 2006: 304). Ethnographic data from rural KwaZulu-Natal, South Africa, reveals the tremendous diversity of young people's life histories, as well as their dexterous and creative strategies in the everyday, 'continuous recreation of *both belongingness and survival*' (Das and Reynolds, 2003: 1 in Henderson 2006: 304, author's emphasis added).

### ***Section Conclusion***

Literature from new childhood and critical orphanhood studies is relevant to the topic and focus of this thesis and in particular to discussions in Chapters Five through Seven, which explore how dominant global notions of orphanhood meet with local understandings of orphanhood through orphan-targeted aid in Agincourt. This thesis contributes to research concerning the subjectivities and experiential knowledge of young people in a time of AIDS and increasing economic inequality. Young people's lived experiences are located within wider perspectives, practices and constructions of childhood, family and care in Agincourt.

### **1.3 Gender and Care Work**

Literature on the gendered nature of care work undertaken by and for young people is also relevant to this ethnographic examination of social care relations in the context of AIDS and increasing poverty. I reflect upon Western and African feminist theoretical contributions to motherhood and women's care work, and then turn to child-centred approaches to young people's domestic and care labour.

### ***Feminist Perspectives on Motherhood and Children***

The critical study of childhood stems from the work of 1970s second-wave feminist and minority scholars. This is evident in the shared focus on agency; the

common call for those once seen solely as dependents and objects of research to be recognised as active subjects worthy of study in their own right. However, there has been a historic disjuncture between women's and children's studies. Montgomery (2005) argues that this history is evident:

in the theoretical interplay between studies of women and studies of children which have, at times, appeared mutually antagonistic with children being seen either as a problematic aspect of women's gender roles, or by those interested in child-centred research, as a distinct category of people often unconnected to their carers. (2005:472)

A dominant strand of early second-wave feminism saw children as obstacles to women's liberation, arguing that the heart of women's oppression lied in their childbearing and childrearing roles. Oakley locates the origin of this 'children-as-problem' view in sociological research that unpacked assumptions about family and women:

What happened was that the deconstruction of notions of 'the family,' and the uncovering of biases in theoretical assumptions made about women, resulted in an emphasis on *women's* experiences of children rather than *children's* experiences of women (or anything else). Children came to be represented as a *problem* to women. This reflected the political concerns within the women's movement to do with freeing women from compulsory motherhood and childcare work. (1994: 22, author's emphasis, quoted in Montgomery 2005: 473)

Oakley and Montgomery critique how earlier feminist approaches to caregiving left children on the periphery of academic inquiry, treating children as research objects, and under-analysing their role in women's experiences of care work. In contrast, child-centred approaches failed to fully contextualize children's lives in relation to adult carers. As Toren states, 'one cannot understand what children are doing unless one understands the conditions produced by adults with which children have to inevitably come to grips' (1999: 29).

While a predominant strand of early Western feminist thinking and research held an antagonistic view towards children, many African feminists have challenged this perspective, arguing that children can be a source of 'empowerment' in an African

context (Anfred 2002; Mikell 1997; Nzegwu 2006; Oyewumi 2003: 4). Mikell (1997) argues this contrasting position is due to African women's refusal to subordinate their biological roles to their other social roles, negating the private-public tension faced by Western women. Mikell states:

African women think of their responsibilities as dual: the bearing of children as a primary responsibility, and their status as 'women' depends on this, but their responsibility for maintaining the family, village and community is also crucial. (1997: 9)

Oyewumi echoes this sentiment, arguing that the special place motherhood occupies in African cultures and societies exists because 'mothers are the essential building block of social relationships, identities and indeed society' (2003: 1). Thus, when considering women's role in caring for children, it is erroneous and patronising to view this work solely as a burden, nor should it be understood through stereotypes of African patriarchal gender roles mired in an archaic past (Mikell 1997: 6; see also Patton 1997).

However, the Western-African binary in regards to women's childbearing and rearing is overstated. For example, strands of early Western feminist philosophy celebrated motherhood and argued that 'maternal thinking' could lead towards a politics of peace (see, for example, Ruddick 1989). Motherhood may be a source of 'empowerment' for women, especially in an African context, but care work becomes a burden shouldered by women in situations of extreme poverty, inequality and catastrophic illness, such as AIDS (Donaldson 1997). Western and African feminist research contributes to the politicisation of care work and motherhood. However, both perspectives fail to fully theorise children as subjects in their accounts of women's experiences of care with children. Instead, young people are objects in theoretical debates concerning women's empowerment and oppression.



### *Children's Domestic and Care Work*

Two neglected areas within children's labour literature, which are relevant to this project, are: 1) young people's domestic work, and the gendered nature of that work; and 2) the impact of AIDS on the working lives of young people, particularly orphans. These two gaps, amongst others, have also been identified in a recent literature review of children's labour in Africa and Asia (Abebe and Bessell 2011). Considering this first gap in knowledge, anthropological literature on children's labour has primarily focused on children's waged work (see, for example, Ennew 1994; Blanchet 1996; Berlan 2004). This work has sought to challenge 'Western liberal views' that seek to abolish children's waged labour through such instruments as the International Labour Organisation (ILO), arguing for a recognition of different childhoods and the 'right to the benefits' of work (see literature reviews by Nieuwenhuys (1996) and Bourdillon (2006)). While the benefits of paid work are more material in nature, and can enable children better access to food and schooling, the benefits of unpaid domestic work are more social in character (Hawamdeh and Spencer 2003).

Ethnographic accounts of the gendered nature of children's domestic labour have been few and far between (Robson 2004: 227; for notable exceptions, see Blanchet 1996; Nieuwenhuys 1994; Reynolds 1991). Early ethnographic accounts romanticised young people's labour contributions to households and their families as forms of socialisation and inter-generational reciprocity (Mead and Wolfenstein 1955; Whiting 1963). This view reflects how adults tend to associate this form of work with the activities necessary for family cohesion and the responsibilities that come with family life (Montgomery 2009). Research on intra-household dynamics also highlights how patriarchal divisions of labour have contributed to the diminished valuing of work done

by the young and by women (e.g. Folbre 1986; Jain and Banerjee 1985; Schildkrout 1980). Indeed, the lack of recognition of children's domestic labour must be understood within this broader context of the gendered division of labour and the overall devaluation of women's work within households (Abebe and Bessell 2011: 774). Niewenhuys (2005) argued such structures of inequality cannot solely be examined at a household level, but must also be understood within wider local and 'supra-local forms of exchange' that reproduce gendered and generational hierarchies. Children's domestic work remains under-researched and their economic contributions to households and national economies undervalued (Montgomery 2005: 480; Robson 2004: 228).

An additional gap in research concerns the ways in which epidemiology, especially the HIV and AIDS epidemic, and poverty interact to influence the working lives of young people. Within this area, there are a few studies concerning the labour of 'young carers' in Africa (Becker 2007; Cluver and Boyes 2011; Evans and Becker 2007; Skovdal 2010, Skovdal et al. 2009; Robson 2000; Robson et al. 2006; Robson and Ansell 2000). There is not a universal definition for young carers, often seen as a subgroup of CABA. Instead, what distinguishes their labour from other young people's domestic duties in Africa is the intensity and intimate nature of their efforts (Robson et al. 2006: 100). As carers, they 'do more domestic work and have greater responsibility for tasks like cooking, fetching water and wood than other young people, because they live in a household with a sick grandmother, parent or sibling' (ibid.). This unpaid caregiving is labour in its own right, and therefore, is work (Becker 2007). Cross-cultural research on young carers in Tanzania and the UK (Evans and Becker, 2007) found that orphans are involved in various, and often complex, forms of labour that allow them and their households to sustain daily and generational reproduction in the context of extreme material deprivation.

Research in Zimbabwe (Robson, 2000) highlights how households depended on extended family networks, and that young girls were often sent to the city to care for sick relatives. Based on research in Western Kenya, Skovdal et al. (2009) challenged depictions of young carers as victims of poverty and AIDS, arguing that these young people drew on their skills and ingenuity to actively seek support from their social networks to cope with their challenging circumstances. Skovdal (2010) looked specifically at young carers who were also orphans and challenged dominant discourses of orphans as burdens on households, communities and society at large. The study found foster households benefited from the care and support orphans provided ageing, ailing and young household members. This view was supported by evidence of care for, and by, orphans in Ethiopia (Abebe 2010). Whilst studies of orphanhood have focused on extended family's ability to care for children, little attention has been paid to how such children meaningfully contribute to the welfare of their households (Abebe and Bessell 2011: 779).

Factors influencing the nature of domestic and care work undertaken by children with deceased parents is complex. Ansell and van Blerk's (2004) study of child migration as a household coping strategy in the context of AIDS explored how a combination of interdependent factors, including the sense of familial obligation, the household's needs for resources, the capacities of the children themselves and children's own preferences influenced the reciprocal relationships between orphans and their extended families in southern Africa. In Agincourt, this project's study area, Madhavan et al. (forthcoming) found similarly complex factors underlying children's work and inter-household mobility. Madhavan's study found that maternal orphans were less likely to move if there were at least two 'prime age' female adults in the household, older children were less likely to move because of their ability to contribute labour, and

children in relatively richer households were less likely to move than those in poorer households regardless of maternal status. Studies to date (Ansell and Van Blerk 2004; Mahavan et al. forthcoming;) demonstrate that there is a web of factors shaping orphan's domestic work, but further research is necessary.

Children's work must be contextualised within local adult-child and kin relations to explore the exchange of care and labour. Unpaid caring within the family in sub-Saharan Africa is rarely conceptualised as *work* (Becker 2007). Instead, like other forms of children's domestic labour, it is seen as 'informal work', 'help' or akin to an apprenticeship (see Nieuwenhuys 1994; Punch 2003). As Becker noted, in much of Africa, '[t]he understanding that care is given free of charge is at the heart of informal caring relationships. Informal caring activities are often hidden, part of the private domain of the family, founded on love, attachment, duty and reciprocity, not on monetary exchange' (2007: 24). Understandings of care, therefore, must be grounded in concepts of mutuality, interdependence and reciprocity, rather than more Western models of independence and dependence (Mayall 2001; Morrow 1994). However, such relations should not be romanticised, as children's care work responsibilities can also be exploitative and hidden (Bourdillion 2009).

### ***Section Conclusion***

Young people affected by AIDS work interdependently as part of the livelihood strategies of their extended families, of which they are active contributing members (Abebe 2008; Abebe and Skovdal 2010; Henderson 2006). Research exploring their labour is not only necessary to recognise the value of these contributions to their own care, and to their extended families' livelihoods, but to counteract stereotypes of orphans as burdens and passive victims. This thesis makes a contribution towards addressing the gap in research on AIDS-affected young people's active roles in care networks and

contributions to their households' livelihoods. It does so by exploring young people's perspectives and experiences of the inter-generational exchange of care. Literature on the gendered domestic and care labour of young people affected by AIDS is relevant to the first section of Chapter Five and the discussion of findings on local concepts of care, orphanhood and kinship.

#### **1.4 Conceptualising Care**

Public health literature on CABA focuses on care *for* orphans, creating a discourse of the 'orphan burden' (Abebe 2010), with young people as passive recipients of adult support and provision. Literature from a new childhood studies perspective challenges this dominant representation. It draws attention not only to how young people are active participants in their own, and their households', survival strategies and support networks, but that some (i.e. 'young carers') are themselves heavily engaged in caregiving work. These more critical, child-centred approaches further highlight the socio-cultural situatedness and wider, historical and political economic contexts of care for, and by, young people. Missing from the literature is a concept of care that captures such complexities.

Abebe (2010), Madhavan (2004) and Kuo and Operario (2007) have called for new theoretical understandings of care in relation to AIDS-affected young people. Kuo and Operario (2007) argue that there is a troubling disjuncture between notions of care set out in policies and interventions, conceived of in rigid and globally-defined ways, and local realities and perspectives of care, which are more dynamic, responsive and based on culturally normative care practices. Theories of care that incorporate these locally grounded perspectives and experiences of care are required to address this gap between policy and lived realities (Kuo and Operario 2007). Similarly, Madhavan

(2004) call for new theoretical approaches to the study of child fostering to better capture the fluid character of emerging care networks that pull on historical, and create new, modes of family-ness and relatedness. Abebe (2007) argues that simplistic, one-dimensional concepts of care that place 'children only at the receiving end of the care continuum' should be replaced with a concept of care as a 'multi-dimensional phenomenon' that recognises 'children's capacity to reciprocate resources of care (economic, emotional and psychosocial) with their families' (2007:460). Considering these three arguments together, what is needed is theorisations of care that draw on emic perspectives of care but that also trace care relations beyond those of adult-to-child.

To consider emic perspectives of care, we can look to anthropological literature that emphasises how, in much of Africa, the emotions and practices of care are not as ideologically separate as in the West, broadly speaking (Brown 2010: 60-64; Dahl 2009b: 33; Durham and Klaitz 2002). In western Kenya, Brown's (2010) ethnography of hospital and home-based care for people living with HIV and AIDS found that indigenous Luo terms for care (such as love (*hero*), help (*konyo*), rear (*pidho*), and guard (*rito*)) could not be easily divided into 'those pertaining to emotion (thought of as interior to the body) and to those pertaining to practice (external to the body)' (2010: 60). Brown argues that such thinking is in contrast to the Cartesian dualism that underpins Western ideas of an exterior, material body, and an interior, immaterial mind that influences actions. The pervasiveness of this dualism is evident in how, in the West, care as labour (caring for) and care as emotion (caring about) are thought of as interactive, but separate.

Brown did not find such distinctions between care as practice and care as emotion in western Kenya, and instead found care to be understood as 'agentive emotional practice' (2010: 62). Emotions that can be glossed over as care (such as love

and affection), just like other emotions (including jealousy and sorrow), are understood, in much of Africa, as agentive.<sup>9</sup> 'In this sense, emotion/practice is less about the relationship between an interior self and the practices presented to an outside world, and more about a person's relationship with other people and the effect that emotion/practice can have on them' (Brown 2010:61). As jealousy and sorrow need to be managed because of the potent and detrimental effects they can have on others (Durham and Klaitz 2002), love (expressed through a complex mixture of actions and sentiments) has positive agentive potential, such as to heal or bring success.

Drawing on her ethnography of orphan care in Botswana with Tswana-speakers, Dahl (2009b: 33) situates emic perspectives of care within kinship relations and the expectations of reciprocal exchange of domestic labour and material resources. The activities and objects that make up this exchange often feature prominently in how family relations and the abstract sentiments of love or affection are expressed in Tswana, and many other African languages. Similar to Brown, Dahl found that emotions and activities of care are more indistinct. In Tswana, providing care (*go tlhokomela*) is a form of labour (*tiro*); 'it is a sentiment and a practice, entailed both by the work of maintaining households (cleaning, cooking, building, fetching wood and water), and by the provision of resources (food, clothing, school fees, cattle) that together comprise the basic stuff of life' (Dahl 2009b: 33; see also, Comaroff and Comaroff 2001; Klaitz 2001). Care labour and material provision from adults to children is an investment for the future, and is expected to be reciprocated when those adults become elderly and rely on their younger family members. Therefore, care is simultaneously about providing for the immediate needs of dependants and part of a

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<sup>9</sup> For examples of the agentive potential of jealousy: see Niehaus' (2001) work in Mpumalanga, South Africa, and the role of jealousy in witchcraft accusations; and Stadler (2003b) work in the same region on the role of jealousy in the spread of HIV. For an example of the agentive potential of sorrow, see Durham and Klaitz (2002) work in Botswana, and funerals as a public means to manage the possibly dangerous effects of sorrow.

continuous cycle of reciprocity. Understandings of the indivisibility of care as sentiment and care as practice, and the role of care sentiment/practice in inter-generational obligations of reciprocal exchange of care, are crucial for an enriched, and more appropriate theory of care to inform policies and interventions for young people affected by AIDS.

For a concept of care that moves beyond a one-dimensional, simplistic view of adult-to-child care relations, we can look to feminist theoretical and philosophical contributions to the 'ethics of care.' This literature first focused on the ways in which women undertook the bulk of care work for others (Graham 1983), the devaluation of this feminised labour in both informal and formal sectors (Abbott and Wallace 1990), and how gender did not determine who performed care work (i.e. men do perform care work and roles) but nevertheless involved gendering (Morgan 1996). Additionally, this approach to ethics emphasised interdependent human relations rather than autonomous individuals (Code 1995; Gilligan 1998; Sevenhuijsen 1998). This principle is useful in conceptualising care in relation to CABA in Africa.

The feminist ethic of care does not begin with an abstract model of individuated human beings, but rather 'begins with connection, theorised as primary and seen as fundamental in human life. People live in connection with one another; human lives are interwoven in a myriad of subtle and not so subtle ways' (Gilligan 1998: 342). The focus on human connectedness and the relational is put forth as an alternative to rights-based approaches to ethics that start from an abstract model of 'rational man' as autonomous from others; such autonomy, rather than being a solution, is a 'bedrock' for 'political trouble' (ibid.). This thesis is not concerned with philosophical debates between ethics of rights and ethics of care, but the emphasis on relations of care serves as a useful analytical device to the project of moving away from one-dimensional



concept of care. As Sevenhuijsen (1998) has argued, 'care takes place in all kinds of contexts, from child-rearing practices to intimate relations, to the social services, education and political deliberation' (22). Thus, care serves as a useful analytical tool to trace and explore the multitude of care relations that involve young people in Africa and the context of AIDS – from relations with family and community elders, to peers and romantic partners, to teachers and social workers, to national and transnational government and non-government bodies.

There are, however, two key weaknesses with this approach if it is applied without modification to the context of children in Africa. First, as Cockborn (2005) argues, feminist ethics of care tend to valorise carers (read: adult women) over those being cared for (read: children). This weakness can be addressed by drawing on child-centred approaches that challenge views of children as solely dependants 'in need' by highlighting children and young people's active roles in the adult-child dyad, and thus enabling a more complex view of adult-child caring interdependencies (Cockborn 2005: 83). A second drawback is that much of the feminist studies of care rely on the dialectic relationship between care as labour (caring for) and care as emotion (caring about) (e.g. Tronto 1993, 1999; Held 2006; Silk 2004). As discussed above, such dualisms are inappropriate in many African contexts. However, this drawback can be addressed by combining emic perspectives of care with an analysis of care interdependencies that span multiple sets of relations.

### ***Chapter Conclusion***

This thesis draws upon, and contributes to, ethnographic data on African concepts of care from Agincourt. Chapter Five explores young people's and adults' perspectives of care, and the inter-generational reciprocal exchange of care, especially

in relation to orphanhood and the context of AIDS and increasing material inequality. Chapters Six and Seven go on to examine two other sets of care relations involving young people, specifically romantic relations between girls and (sometimes older) boyfriends, and young recipients of aid and tourist-philanthropist donors. Rather than setting out a rigid definition of care, this thesis employs an intentionally 'slippery' theorisation of care. This looser conceptualisation allows 'care' to operate as an analytical tool to explore both emic perspectives of care, as well as intersecting social relations between young people and their elders, their romantic partners, and tourist-philanthropists. The next chapter (Chapter Two) reviews literatures most relevant to these latter two social relations.

## Chapter 2. Literature Review Part II

The literatures related to intergenerational relations of care were reviewed in the previous chapter (Chapter One). Two unanticipated themes and realities arose during fieldwork: adult carers' heightened concerns about (orphaned) girls' sexual relations with (older) boyfriends, and tourist-based philanthropy for orphans and young children led by safari-lodges. In this chapter, I review literature relevant to the exploration of these two sets of social relations, including: public health studies on the intersection of orphanhood and sexual health 'vulnerability,' gender and the political economy of sex in South Africa; political economy and the anthropology of AIDS, gender and care work, and childhood; the anthropology of humanitarian and philanthropic aid; and theorisations of 'the gift.' These literatures overlap, but are discussed separately in turn. The chapter concludes with research questions derived from identified gaps in the literature reviewed in Chapters One and Two.

### 2.1 Gender, Orphanhood and Sexual Health

#### *Hypothesized Heightened Sexual Vulnerability of (Female) Orphans*

Research on young people affected by AIDS and the sexual health stems primarily from a public health model. As with general research on CABA, this work also focuses on children with deceased parents. Prior to the availability of empirical data, some of the most influential global development organisations asserted that 'adolescent'<sup>10</sup> orphans' were more sexually vulnerable than their non-orphaned peers. The joint UNAIDS, UNICEF and USAID report, *Children on the Brink*, states that 'unwanted pregnancies, coerced sex, exploitation in commercial sex, and transmission

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<sup>10</sup> The term 'adolescent' is not employed in this thesis. It is a concept from psychology and seen as a universal developmental stage between childhood and adulthood. However, the assumed 'turmoil' believed to take place during this 'hormonal' stage is not present in all societies (Finn 2001; Mead 1928).

of sexually transmitted infections,' in particular HIV, are often heightened for orphans (read implicitly as female) (2004:18). Orphans are said to be prone to 'risk-taking behaviour linked with unsafe sexual practices and substance abuse' (ibid.). Other organisations erroneously conflate orphans' heightened sexual vulnerability with those associated with 'street youth' and 'child prostitutes' (see, for example, UNICEF 2002 and Williamson and Foster 2000).

There is now a nascent, but still inconclusive, body of public health literature on the relationship between parent survival and young people's sexual health in sub-Saharan Africa (Birdthistle et al. 2009: 1810-1811; Cluver and Operario 2008; Palermo and Peterman 2009). Within the available data, there is a striking absence of longitudinal inquiries that could explore the temporal order of parental death and young people's sexual health behaviour and vulnerability. Most studies, therefore, do not demonstrate whether a young person's increased vulnerability or risk started before they were orphaned. As studies have mostly examined cross-sectional data, the available is limited to relationships of correlation, but not causation (Cluver and Operario 2008; Palermo and Peterman 2009). This is the major limitation of the data to date.

Much of the literature focuses exclusively on girls, documenting higher probabilities of 'risks' for girls, and/or having been designed to explore 'risk factors' only attributable to girls (i.e. pregnancy) or that generally affect girls more than their male peers (i.e. transactional sex<sup>11</sup>, forced sex, etc.). Women are biologically more vulnerable to HIV infection, and young women, especially those at the economic margins, are more socially vulnerable. In some sub-Saharan African countries, a fifth of all girls under the age of 18 are living with HIV (JLICA 2009: 11). Therefore, the focus on girls is not

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<sup>11</sup> Transactional (non-marital) sexual relationships are those marked by the giving of gifts or services in exchange for sex. While such relations take place around the world, in sub-Saharan Africa, they are particularly common, especially between older men and younger women. Transactional sex is similar to, but distinct from, prostitution, as participants are constructed as 'girlfriends' and 'boyfriends,' not 'prostitutes' and 'clients' (Hunter 2002). The use of the term transactional sex in this thesis is not intended to naturalise heterosexual sex.

unjustified, but does prioritise female orphan youths' sexuality and fertility over and above their more immediate material and quotidian struggles. Furthermore, this gendered focus represents a double standard, with female orphans' sexuality perceived as a significant threat and/or at risk, whereas male orphans' sexuality is not.

Within many of these studies, a number of the indicators selected to measure sexual health are culturally loaded and value-laden, including: 'early sexual debut,' number of (concurrent) partners, 'early' marriage, and 'teenage pregnancy'<sup>12</sup> (see, for example, Gregson et al. 2005; Nyamukapa et al. 2008; Palermo and Peterman 2009). Some studies overreach from their findings, making predictions about social consequences of orphanhood on young people and society at large; predictions that appear to be based more on stereotypes than empirical evidence. For example, one study speculates that orphans are more likely to face 'limited employment prospects, early parenting, unstable relationships, social isolation, poverty, and behaviours that predispose toward poor health outcomes, including HIV infection' (Nyamukapa et al. 2008: 133).

An overview of some of the most commonly cited studies on orphanhood and HIV infection, demonstrates the nuanced, geographically diverse, and sometimes contradictory, findings. The earliest study by Gregson et al. (2005), based in eastern Zimbabwe, found female OVCs (aged 15 to 19) had higher rates of HIV infection, symptoms of sexually transmitted infections (STIs), and pregnancy than non-OVCs. Male OVCs did not have higher rates of HIV or STI symptoms. Problematically, the study did not provide an analysis of findings for 'orphaned' versus 'vulnerable' young people, instead defining OVCs as broadly and 'inclusively as being a person aged below 19 years who is an orphan, has a parent who is HIV-infected or seriously ill, or

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<sup>12</sup> For a critical analysis of the introduction and construction of 'teenage pregnancy' in South Africa see MacLeod (2003), and the racialised use of 'teen pregnancy' (MacLeod and Durrheim 2002).

lives in a household that has experienced a death in the past 12 months (Gregson et al. 2005: 787). A follow-up study in urban Zimbabwe, showed *unmarried* maternal and double orphaned females (aged 15-19) had higher levels of HIV and/or herpes than non-orphan (Birdthistle et al. 2008). Amongst married teenaged girls, rates of HIV and herpes were high regardless of orphan status, and girls who were orphaned were not more likely to be married (ibid.). An important limitation to note concerning these two studies is that whilst they draw on large population sample sizes, relatively few girls reported having sex or tested HIV positive. This makes the sample size to compare orphans and non-orphans small and greatly reduces the power of the findings. Gregson et al. (2005) found that 15 out of 472 female 'OVCs' tested HIV positive while none of the 274 non-OVC females reporting ever to have sex tested positive. The article does not provide a breakdown of how many of the 15 HIV positive cases were found in those classified as 'vulnerable' or (maternal, paternal, or dual) orphaned. Birdthistle et al. (2008) sample size for comparing HIV rates amongst orphans and non-orphans was 63.

One of the few nationally representative studies based in South Africa (Operario et al. 2007) found young (aged 15-24) female orphans, but not male orphans, were more likely than non-orphans to test HIV-positive after controlling for socio-economic factors. The study did not analyse risk associations by orphan 'type' (i.e. maternal, paternal or double) and thus the significance of findings may be overestimated, as important distinctions between them have been documented elsewhere (Kang et al. 2008; Nyirenda, McGrath and Newell 2010). The most recent, and only, two cross-national studies document the geographic variability of risk and also contradict some findings from earlier studies (Palermo and Peterman 2009; Roberston, Gregson and Garnett 2010). For example, orphans, of any type or gender, were not more likely to be HIV positive (Roberston, Gregson and Garnett 2010: 931), and female orphans were not

more likely to have ever been pregnant (Palmero and Peterman 2009) than their non-orphan peers. Roberston, Gregson and Garnett (2010) found that female maternal and double orphans were more likely to have started having sex only in countries with high HIV prevalence rates. Similarly, Palermo and Peterman (2009) found a correlation between parental death and 'early sexual debut,' but across countries, there were no consistent patterns in terms of which orphan type.

The highly nuanced and limited findings of data on potential orphan sexual vulnerability are often glossed over in policy documents and other research studies in the same area. An opening statement from a UNICEF article announcing the joint UNICEF, UNAIDS, and PEPFAR (2006) report, *Africa's Orphaned and Vulnerable Generations*, states that 'African children orphaned as a result of AIDS, especially adolescent girls and young women in the 15-24 age group, are at higher risk of HIV infection than other children' (UNICEF 2006: para 1). The report itself states, '[s]ome studies show that, as orphans grow older, they face higher risks than non-orphans of acquiring sexually transmitted diseases, including HIV' (2006: 20). For those who read on, the report qualifies that this evidence is limited to female 'adolescents' in two regional studies in Zimbabwe (Birdthistle et al. 2004; Gregson et al. 2005). However, these geographically distinct and highly limited findings are projected onto all 'orphans of Africa' in the UNICEF article, giving a false aura of certitude. Such unreflective meta-synthesizing of nuanced evidence concerning young (orphaned) people's sexual health is troubling, as it may unwittingly perpetuate pervasive global stereotypes of orphan 'vulnerability' and potential juvenile (sexual) 'deviancy' (Bray 2003).

Similar problematic synthesising is found in recent public health studies on orphan sexual health. Circular arguments are created in the referencing of earlier studies in a manner that glosses over data limitations, and presents as substantiated fact,

that all 'orphans' are more likely to be at a higher risk for HIV, to have had started sex, have multiple partners and have unprotected sex (see, for example, Roberston, Gregson and Garnett 2010). This is also the case in the few qualitative studies on perceptions orphan sexual health and behaviour (Mmari, Michaelis and Kiro 2009; Mojola 2011). Both Mmari, Michaelis and Kiro's (2009) study in Tanzania and Mojola's (2011) study in Kenya began from the premise that orphaned girls' heightened sexual vulnerability has been established, citing the articles critiqued for their limitations above (e.g. Birdthistle et al. 2008; Gregson 2005; Operario et al. 2007). The repetitive use of particular sources of evidence, that were not examined closely and critically, can result in a circular, self-perpetuating discourse that parental death causes young people, especially girls, to be at heightened risk for a host of forms of sexual exploitation and/or 'risky' behaviours. Such assertions are premature given that evidence to date is inconclusive.

Mojola (2011) and Mmari, Michaelis and Kiro (2009) found that in Kenya and Tanzania respectively local adults' discussions of orphan girls and sexuality centred on transactional sexual relationships. Many felt that girls without parents were more likely to enter such relations (typically with older men) because such girls either 'lusted' (Mojola 2011) after the money and material resources that these relations could bring as they were likely to be poor, or they entered such relations because of a lack 'parental love,' discipline and guardianship. However, such findings need to be contextualised within the wider landscape and norm of transactional sexual relations in much of sub-Saharan Africa involving orphaned and non-orphaned youth alike.

Furthermore, singling out and targeting orphan girls as at heightened sexual risk, and in need of special HIV prevention and reproductive health interventions, as some studies suggest (e.g. Roberston, Gregson and Garnett 2010), is problematic. Cluver



and Operario (2008) caution that categorising orphaned youth as a 'high-risk group' could exacerbate stigma faced by some such young people, leading to orphans being seen as causative agents of AIDS, as well as the social and economic upheaval caused by the epidemic. Additionally, the focus on *female* orphaned youth may unintentionally contribute to the 'gendering of responsibility' and blame in relation to AIDS in Africa (Faria 2008).

### ***Gender and the Political Economy of Sex in South Africa***

The increasing occurrence of transactional sexual relationships in South Africa is underpinned by the convergence of socio-economic factors, including: increased economic disparities; the advent of consumerism; the patriarchal relations that create material and social imbalances between women and men; labour migratory patterns; and the decreasing occurrence of traditional African marriages because of the difficulty for men to secure bride wealth (see, for example, Hunter 2002, 2007; LeClerc-Madlala 2003, 2008; Stadler 2003a). Transactional sexual relations, which often entail one or more con-current sexual partnerships, are more conducive to the spread of HIV than serial monogamous sexual relations (Epstein 2007; Hunter 2002; Swidler and Watkins 2006). The rise of HIV in young women is attributed to these sexual partnerships as they are more likely to enter such relations with older, employed (and, thus, relatively 'rich') men, as one part of their overall survival and livelihood strategies. While economic motives are a salient feature of transactional sexual relations, there are a wide range of reasons and a complexity of meanings behind girls' and young women's (constrained) choices to enter such partnerships. LeClerc-Madlala's (2008) review of studies on sexual relations between younger women and older men in southern Africa shows that such relations are perceived to be beneficial at a number of different levels,

including social, physical, psychological as well as economic and symbolic. In the context of increasing and gendered economic inequality, sexual relationships with older men are a means for young women to 'gain materially, affirm self-worth, achieve social goals, increase longer-term life chances and otherwise add value and enjoyment to life' (LeClerc-Madlala 2008: 17).

Of this work on transactional sex in South Africa, it is worth highlighting Stadler's (2003a) contribution because it is set in the same region as the field site. Stadler found that 'beautiful' young women are the fodder of much gossip, and that their material desires, which lead them to enter into sexual relations with older 'rich' men (whose own sexual desires are naturalised as 'uncontrollable') serve as morality tales of how they succumbed to 'the three letter word' (2003a). A young woman's beauty, and consumer desires, are said to lead to her subsequent death. Stadler (2003b) relays a particularly horrific story of 'angry villagers' threatening to track down and kill a 'beautiful young woman' who was arrested by the police for seducing men and deliberately spreading HIV . This is an extreme example of how young women can come to be stigmatised as carriers of HIV, and seen as a threat to the 'body politic' (Foucault 1988).

Foucault's (1988) definition of the 'body-politics' of sexuality, in which he refers to the policing, surveillance, and control of bodies (from the individual to the collectivity) in sexuality, reproduction and sickness, is as follows:

Sexuality must not be described as a stubborn drive... It appears rather as an especially dense transfer point for relations of power: between men and women, young people and old people, parents and off-spring, teachers and students, priests and laity, an administration and a population (Foucault 1988: 103).

This description of sexuality will be useful in explorations of young (orphaned) girls and their sexual relations in Agincourt. Exploring the projections, concerns and

interventions on (orphan) girls' sexuality will reveal a 'dense transfer point' of power relations between girls' and their guardians, girls and men, and the young and community elders. Foucauldian perspectives on power and sex have proven useful to researchers in Africa, and understandings of adult and community management, monitoring and disciplining of girls' movements, activities and interactions with boys in contexts where silence about sex is the norm (see for example, in South Africa, Henderson 1994; in Tanzania, Van den Bergh 2008:101).

### ***Section Conclusion***

Literature from this section is relevant to Chapter Six which explores adult carers' anxieties about girls' potential sexual relations with older boyfriends. Chapter Six further explores how local notions of orphanhood intersect with these concerns about girls' sexuality. I argue that orphaned girls' sexual health and relations need to be understood within the wider norm of transactional sex relations in South Africa, which operate alongside their other care networks of survival and belonging. Such ethnographic contextualising is necessary as most of the existing research on the intersection of orphanhood and female sexuality comes primarily from public health and quantitative approaches.

## **2.2 Political Economy and Anthropology of AIDS, Care and Childhood**

Anthropological literature from a political economy perspective is relevant to many of the themes that run throughout this thesis, including AIDS, gender and care work, and childhood. In regards to research on the AIDS epidemic, the discipline's most significant contribution has been the attention it provides to the links between the 'lifeworlds of sufferers' and the global political economy (Schoepf 2001: 335). HIV

runs along 'fault lines' of poverty and social inequality long in the making (Farmer 1992). Thus, many anthropologists employ, and advocate for, an analysis of structural violence to broaden understandings of the epidemic, and move towards structural solutions rather than solely relying on interventions targeting individual behaviour to curb HIV transmission (see, for example, Hunter 2007; Farmer 1992, 2003, 2004; Farmer, Connors and Simmons 1996; and Fassin 2007, 2009).

In a parallel fashion, feminist ethnographic approaches have generated richly detailed empirical data on women's lived experiences, while locating these experiences within a nexus of power relations (Visweswaran 1988). In relation to caregiving for children within contexts of extreme economic poverty, Scheper-Hughes (1992) demonstrates the strengths of this approach with her work in a Brazilian *favela* that traces how structural violence created by inter and intra-national political-economic inequality shaped the practice of mothers 'letting babies die.' Gottlieb (2004) provides a child-centred ethnographic counterpart to Scheper-Hughes' work. In her study of Beng babies' cultural and spiritual worlds in West Africa, Gottlieb shows how broad historical and political-economic factors gave rise to the conditions of high infant mortality and the meanings ascribed to these deaths that shaped caregiving practices. Gottlieb's and Scheper-Hughes' contributions highlight the material context of care, and the need to place cultural meanings ascribed to care within a wider political-economic context.

Anthropologists of childhood, while emphasising children's agentic subjectivity, also call for understandings of the temporal, spatial variability and constructedness of childhoods within a geo-political landscape (Stephens 1995). There is literature calling attention to how contemporary global processes, often articulated as late modernity and/or late capitalism, shape children's lives (e.g. Anagnost 1997; Richards 1984; Scheper-Hughes and Sargent 1998; and Stephens 1995). However, Hart

(2008) argues that new childhood researchers have neglected the ways in which neoliberalism - the global spread of capitalism, and the often enforced and sudden integration of nations into the global market – have had significant, systematic consequences upon the material conditions of young people's lives. This avoidance of the material is echoed by Prout (2005), who states that the sociology of childhood's focus on social constructionism:

grants discourse (narrative, representation, symbolisation...) a monopoly as the medium through which social life, and therefore childhood is constructed. Accounts of the socially constructed child always privilege discourse. Some versions are distinctly idealist about childhood while others are simply silent or vague about the material components of social life. At best there is an equivocal and uneasy evasiveness about materiality... (63)

Hart (2005) calls for childhoods (and specifically child poverty) to be grounded in material, or political economic, contexts to complement the theorisation of childhood as a socio-cultural construct.

New childhood studies has been concerned with capturing children's 'voices' and young people's agency, much like early feminist research was first concerned with representing women as agents and gathering women's previously neglected perspectives, experiences and knowledges (Alanen 1994). Feminist approaches have moved on to explore the interplay between ideology/discourse and material/political economic conditions in the structuring of women's lives (Hennessey 1994). A similar evolution of theory is required within new childhood studies (Hart 2008: 10).

There are two ways in which the spread of capitalism and global markets have impacted economically marginalised young people's lives that are especially relevant to this thesis. The first is that the impact of capitalist expansion has often led to young people's, especially girls', domestic/care work (De Tray 1973; Cain 1977; Katz 2004; Robson 2004; Robson and Ansell 2000). The second is that feelings of poverty amongst young poor people often become more acute in the advent of consumerist cultures and

pervasive global (and local) marketing (Katz 2004).

Feminist economists have focused on the impacts of neoliberal policies, like Structural Adjustment Programmes (SAPs), on women's increased unpaid work in the home and in communities. However, such policies impact upon children's work as well (Boyden and Levison 2000). As regions open up to market economies and services are privatised, women's workload increases, and so too do young people's, who take on more responsibilities including the care of siblings, various domestic duties, and tending to crops and animals (Cain 1977; De Tray 1973; Katz 2004). Based on their study of emerging constructions of childhood shaped by Zimbabwe's AIDS epidemic, Kesby et al. (2006: 186) argue that work-free childhoods advocated by the ILO are paradoxical to neoliberal policies pushed by other international institutions that are increasing the burden of social reproduction on the shoulders of women and children. Thus, not only does the HIV and AIDS epidemic (re)create a gendering of care for and by children, but so too do economic and political policies that entrench inequality.

Also missing from the new childhoods literature are understandings of how corporate marketing and new consumerist aspirations influence the lives of young people in extreme economic poverty (Hart 2008: 20). Katz observes:

As capital reneges on its Fordist promises in the global North, and the promissory note of 'development' is recognised as bankrupt in the South, children in both places have nevertheless been drawn into the swirl of increased consumption that makes poor children's lack of money and the limited prospects for its acquisition even more acute. The alienation, anger, and despair that ensue pock the face of social life transnationally. The disfigurement is often blamed on young people rather than on the global (and local) marketeering strategies that engender it, despite the obvious and growing vigour of those strategies. (2004: 182)

To counteract discourses of blame, the role of 'conspicuous consumption,' mass global and local marketing, and material desires in young marginalised people's lives requires investigation.

Post-apartheid South Africa opened its national borders to transnational corporations and adopted aggressive neoliberal economic policies (Bond 2000; Marias 2001). Market-led economic policies have accentuated historical social inequalities (Terreblanche 2002). While democratic South Africa has had declining poverty levels, especially with the introduction of a social welfare system, it has also had a 'disturbing' and marked rise in aggregate income inequality (Bhorat and Van der Westhuizen 2010; see also UNDP 2003: xvi). The country recently surpassed Brazil to become the most unequal society in the world (Bhorat and Van der Westhuizen 2010). Young, economically disadvantaged South Africans, in both rural and urban areas, are increasingly the targets of corporate advertisements, while the avenues for accessing marketed symbols of social status, style and success are limited to a relatively small middle class and elite. Parental and guardian material provision is valuable to children as a symbol of emotional care and kin ties in South Africa (Bray et al. 2010: 42); therefore, young people's desires for new consumer items will be crucial to understandings of intergenerational relations of care.

### ***Section Conclusion***

This thesis is attuned to political economic approaches within anthropology that place subjective experiences within wider structures of inequality. Literature from this section is relevant to all findings chapters (Chapters Five to Seven), as the various care relations involving young people affected by AIDS are understood within their material contexts. The thesis therefore addresses gaps in anthropological understandings of the materiality of childhood and care.

### 2.3 Anthropology of Humanitarianism and Philanthropy

Humanitarianism grew in global importance and influence in the 1990s. Examples of its growing prominence include the proliferation of humanitarian organisations, the awarding of the Nobel Peace Prize to *Medecins Sans Frontieres* (or Doctors Without Borders) in 1999, and the emergence of 'humanitarianism' into national political discourse (e.g. the 'humanitarian bombing' of Kosovo, and other humanitarian justifications for military interventions). Anthropologists have begun to critically examine this movement (for a review, see Minn 2007), which operates as a mode of transnational care. Many are interested in how sentiment (compassion and sympathy) comes to 'blur the boundaries between legal, political and ethical-moral orders' (Ticktin 2006: 34); exploring how humanitarianism operates both as a 'moral discourse' and a 'political resource' that enables state and/or non-government actors to take action for those 'considered exposed to a vital danger... in the name of a shared humanity' (Fassin 2010: 239). Claims of political neutrality are central to the legitimacy of humanitarian actions. Much of this literature traces how humanitarianism functions as a transnational system of governance, tied to capital and labour, often providing services in a fashion akin to a state (and sometimes even accompanying state military action), whilst at the same time purporting to be apolitical (e.g. Fassin 2010; Fischer 1997; Feldman and Ticktin 2010; Ticktin 2006).

While humanitarianism is based on ethics of a shared, universal humanity, in practice it leads to a 'hierarchy of humanity' (Fassin 2010) and a 'global meritocracy of suffering' (Bob 2002). Another common critique is that an absence of guiding political principles and practice can inadvertently lead to 'discriminatory and even violent consequences' for the recipients of aid (Ticktin 2006: 34), and thus humanitarian actions may unintentionally and paradoxically (re)create the very social-economic inequalities



and human suffering they seek to redress (e.g. Feldman and Ticktin 2010; Fischer 1997; Terry 2002). Thus much of this literature has focused on revealing the hypocrisies of humanitarianism.

Imaginations of 'Africa,' 'the African child,' and 'the AIDS orphan,' all hold special symbolic currency within international humanitarian, philanthropic and charitable movements and industries. Present day orientalist imaginations of Africa are rooted in colonial discourses of Africa as a 'dark continent,' savage, backward and dangerous, that justified Western intervention in the name of progress and reason (Brantlinger 1990; van Eeden 2006). Africa is now variously represented as an 'empowered' (read: Westernised) continent, a helpless passive victim, or a dangerous and chaotic land (Coombes 1994; Mayer 2002: 256 – 91; Mudimbe 1988.). Throughout all these 'Africas' (Mayer 2002), the West occupies a paternalist role to a child-like Africa in need of 'development,' guidance, saving, disciplining and taming. These images of Africa, and Africa as a child, are more about the values and desires of Westerners than about Africa itself.

Repo and Yrjola (2011) reflect on how celebrity humanitarians replicate hetero-normative paternalist/maternalist roles towards Africa. While Bono, Bob Geldolf and George Clooney are 'rational' men engaging in the realms of politics and economics, Audrey Hepburn, Mia Farrow, and Angelina Jolie are 'emotional' women who care for society, engaging with children and women in areas of crisis (45). The 'exhibitionist “caring”' (Gopal 2011: par. 3) of female celebrities, and the non-celebrities who follow their examples, are mockingly referred to as 'mothers without borders' (e.g. Birell 2010; Gopal 2011; Fitzpatrick 2007). The likes of Madonna and Angelina Jolie, who extend their public maternal care roles to become actual adoptive mothers, provide a source of dark humour for comedians. For example, in this image (Figure 2.1), the British comedian Sacha Baron Cohen, playing a satirically shallow, fashion-conscious and

fame-hungry character named 'Bruno,' in a 2009 film of the same name, posed for a photo shoot with a black infant that he 'traded for an i-phone' while in Africa:



**Fig. 2.1.** Photograph<sup>13</sup> 'Bruno: Sacha Baron Cohen's Latest Creation,' in *Telegraph.co.uk/Fashion*, June 12, 2009

Such satire mocks the commodification of African children into fashionable accessories, and implies that celebrity elites do not 'truly,' authentically and altruistically care. Perhaps the reason humour involving African orphaned children is so dark and controversial is because such children are seen as the AIDS epidemic's most 'innocent' and 'forgotten victims' in popular humanitarian imaginations.

Anthropologists highlight the affective power (Malkki 2010) that depoliticised and dehistoricised representations of child suffering have in humanitarian appeals (see, for example, Bornstein 2001, 2005; Burman 1994; Malkki 1995: 10-11, 1997, 2010; for examples of similar work by geographers, see Aitken 2001 and Manzo 2008). This literature shows how children serve as 'depoliticising agents' (Malkki 1997), framed as the hope of the future and as the 'embodiments of basic goodness and as symbols of world harmony: as sufferers, as seers of truth, as ambassadors of peace' (Bornstein

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<sup>13</sup> Photograph retrieved from: <http://fashion.telegraph.co.uk/galleries/TMG5515316/Bruno-Sacha-Baron-Cohens-latest-creation.html> (Last accessed 23/08/2011).

2005: 71). In regards to images of child suffering, Malkki (2010) states:

We see – or are urgently, benevolently *invited* to see – small bundles of humanity, young bodies that could belong to any of us, naked humanity. The images are affectively powerful. These small figures are charismatic in their suffering. But they exhibit a profound absence of historical, cultural and biographical specificity... [t]hese are pictures of human *children*, not photographs of specific *persons* or *people* with specific histories, however short... [W]e (adults) place them outside the complications of history, beyond the lines drawn by nationalisms, racisms, and cultural identities. They are the innocent representations of [our] common humanity... (65).

These images and discourses of children as 'bare,' 'naked humanity' have tangible consequences, and Bornstein's (2003) ethnographic research on child sponsorship and Christian evangelism in Zimbabwe provides an example. Bornstein traces how Western sponsors' gifts and money to Zimbabwean children, whom they have 'adopted,' creates tensions in their actual families and communities struggling under the weight of poverty. The Western sponsor may think of 'their' sponsored child as bare humanity and the 'world's children,' but local parents and guardians, Bornstein found, were upset that one specific child (and that child's wider social network) would be gifted aid and assistance, but others were not. Similar family and community tensions have been documented in interventions targeting orphans in Malawi (Freidus 2010a) and Botswana (Dahl 2009a).

Unintended negative consequences of charitable aid interventions can also be found for children residing in institutional care (Friedus 2010b; Richter and Norman 2010). Richter and Norman warn of the detrimental effects of the 'thriving AIDS orphan tourism industry' developing in South Africa in their research on volunteer-tourism, or voluntourism, in residential care homes. Voluntourists' desires to assist and emotionally connect with 'orphans' can lead to range of negative consequences, including: crowding out (potentially paid) positions for locals; driving the creation of residential homes or 'orphanages' to

meet the demand for this new affect-tourism experience; and causing emotional and psychological harm to (especially young) children who become attached to voluntourists who must return to their home countries. The phenomenon of 'AIDS orphan tourism' is a reflection of the 'economic valence' of 'AIDS orphans,' and how orphanhood – one of the latest forms of (depoliticised) child suffering to receive international and humanitarian attention – has become a 'globally circulated commodity' (Richter and Norman 2011).

Minn (2007) notes that missing from the anthropology of humanitarianism literature, is explorations of the convergence of international humanitarian agencies (i.e. global modes of care and giving) and local, pre-existing structures (of care and giving) that aim to relieve suffering. Tracing how local and global perspectives of care meet on the ground through charitable, humanitarian interventions to alleviate (orphan) child suffering, is a step towards addressing this gap. Furthermore, being attuned to dynamics between the 'complex agency' of local and global actors meeting through humanitarian and philanthropic activities will help foster the necessary move from simplistic images of 'duped perpetrators' and 'victims' of aid (Mosse 2005: 5-6). This thesis addresses this gap in knowledge about the meeting grounds of local and global forms of care/aid, and highlights how young people are themselves agentive actors in such processes.

### ***Section Conclusion***

Literature from this section is relevant to Chapter Seven which explores care relations between young (orphan) recipients of aid and tourist-philanthropist donors. The thesis addresses gaps in anthropological understandings of how transnational forms of care (international humanitarianism, philanthropy and charity) meet with local

practices and perspectives on care and giving. Furthermore, Chapter Seven details how young people are not passive in the process of charitable giving.

## **2.4 Theorisations of 'The Gift'**

Mauss' (1923 [1990]) ethnography of gift exchange in Melanesia in his famous book, *The Gift*, has influenced literature and theorisation on two of the social relations of care this thesis explores. The first is transactional sexual relations between (younger) girlfriends and (older) boyfriends in South Africa (e.g. Hunter 2002, 2007; LeClerc-Madlala 2003, 2008). The second is transnational philanthropic care relations between donors and recipients (e.g. Bornstein 2009, 2010; Bornstein and Redfield 2007; Fassin 2001; Silk 2004). The former is a mode of gift exchange between intimates, and the latter is between strangers.

Mauss emphasised the role of 'the gift' in maintaining social and moral order, arguing that as a collective act performed by groups, giving involves social contracts and reciprocity. Therefore, the exchange of gifts has less to do with utility and the circulation of goods than with a type of social solidarity. It is through the exchange of gifts that individuals are connected to a larger society, and hierarchy is established. Since Mauss' classic work, an extensive literature on Gift Theory has emerged, including critiques (see, for just a few examples, Derrida 1992; Parry 1986, 1994; Sykes 2005). Explorations and applications of 'the gift' are essentially concerned with understanding the interplay between the social and the material.

The interplay between the material and the social enters into the 'materiality' of sex, love and intimacy in South Africa. In considerations of transactional sex, Hunter (2007) uses Gift Theory to distinguish these now common sexual networks in South Africa from 'prostitution,' though both entail an exchange of sex for money/gifts.

Transactional sexual networks, argues Hunter, widen women's ability to make claims on resources and are not simply instrumental exchanges of sex for money:

some partners can co-habit, gifts are often enacted in terms of men's 'provider' role, claims can be made through evoking 'love,' and participants frequently discuss sexual pleasure and physical attraction. It is common to hear stories of women having material relationships—'one for money, one for food, and one for clothes'—but also common to hear about love letters and signs of affection. (2007: 687).

This interplay between the material and affective components of care echoes those found between reciprocal relations of care between young people and adults in much of Africa (Dahl 2009b). Therefore, as Hunter points out, it is important to recognise that these transactional sexual networks 'operate alongside—and not in opposition to—social networks based on kinship, friendship groups, churches, and neighbours' (2007: 687).

Contemporary transactional sexual networks, or the 'materiality of everyday sex' (Hunter 2002), is linked with historical marriage practices, which entail the exchange of women for bride wealth between families, giving husbands' access to wives' sexuality, offspring and labour. It is necessary to acknowledge that contemporary connections between sex and gifts is not new, but it is also necessary to avoid simplistic culturalist explanations that view transactional sex as part of an unchanging, 'distinct and internally coherent African system of sexuality' (Caldwell et al. 1989:187). Therefore, the link between sex and gifts needs grounding in shifting historical and material practices.

In pre-colonial South Africa, patriarchal heads of homesteads were key to sustaining the institution of marriage by allocating livestock for son's bride wealth payments for wives. This system changed drastically in the 19<sup>th</sup> century and the advent of the mineral revolution. Mining employment provided young men with a new, independent way to pay cash for bride wealth, triggering an intergenerational

conflict between young men and their fathers (Carton 2000). Miners still sought to achieve the 'traditional' markers of manhood through returning to rural homes, taking a wife and building a homestead (Hunter 2002: 106). However, the new urban economy reshaped sexual practices dramatically. Present day unemployment amongst young men, who can no longer raise the resources for bride wealth, means that non-marital sexual relationships have become an adaptive norm (Hunter 2002; 2007).

Gift Theory is often used to explore the interrelated themes of reciprocity and exploitation. Sahlins (1972 [2004]) contends that every society holds ideological norms of reciprocity that mask underlying practices and realities of exploitation, stating 'everywhere in the world the indigenous category for exploitation is "reciprocity"' (134). Questions of exploitation and reciprocity are also prominent in literature on transactional sex. Are young women, with constrained choices, simply exploited by more powerful older men? Or is this a system of mutual exploitation as some young women actively seek out such relations with men (LeClerc-Madlala 2008: 20; Stadler 2003a)? Such questions often reside on a moral division between 'need' and 'want' as drivers of women's actions; moral distinctions that can be found in some research (e.g. LeClerc-Madlala 2003) and in local perspectives on these sexual relations (e.g. Stadler 2003a).

In the fieldsite of this research, differences are drawn between such sexual relations for survival (*uku phanda*)<sup>14</sup>, which are presented as legitimate entrepreneurial exercises, and those for 'greed,' which are seen as amoral and termed prostitution (*magosha*) (Stadler 2003a: 133). LeClerc-Madlala (2003)

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<sup>14</sup> *Uku phanda* often entails more than sex as women periodically live with, and cook and clean for, men whom they may or may not go on to marry.

makes similar moral distinctions, arguing that sexual relations for survival are essentially exploitive of young women. However, as soon as material needs are met, and women who are relatively financially secure begin to engage in relations for 'consumption' and 'the pursuit of modernity' she suggests young women themselves become the exploiters. Survival and consumption are, however, as Hunter (2002) argues, intertwined. For example, the consumer gifts boyfriends buy for their girlfriends (which commonly include cell phones, nice clothes, hair extensions and beauty products) can facilitate relations with other men to meet 'needs' such as rent and food.

Whilst women do actively choose boyfriends and enter into these 'reciprocal transactions' of gifts for sex, there is a larger, underlying context of 'structured gender inequality' (Hunter 2002) and exploitation, as the transfer of resources moves towards women and the young, who are disproportionately poorer and dependent on men for material provision. Furthermore, as McFadden (1992) argues from an African feminist standpoint, the blurred lines between reproduction, pleasure and money in present day patriarchal, post-colonial and 'globalised' African societies may lead to sex becoming just one more consumer item (1992: 167). Within this context of globalisation, young female sexuality becomes promoted and exploited as another commodity itself, available for exchange (ibid.).

Explorations and critiques of 'the gift' have proved fruitful in understandings of charity, philanthropy and humanitarian aid. For example, Bornstein's (2010) ethnographic work with local Indian philanthropists in New Delhi spurred by the 'impulse' to give *dān* (religious donation, or alms) and alleviate immediate suffering, face increased regulation in light of the contemporary proliferation of NGOs that govern



who is worthy of gifts. Classically, *dān* is a non-instrumental, 'disinterested gift, a gift without expectation of return' (Bornstein 2010: 624). Bornstein draws parallels between *dān* and Derrida's (1992) critique of Mauss for his interpretation of gift giving as *always* reciprocal and entailing social obligation. Unlike Mauss' conception of the gift (1990), which requires a relationship and a return, 'pure gifts,' Derrida argues, are neither regulated by institutional rituals, nor morally obligated. Thus, a gift is not a gift – in the true sense – if it is 'bound' (Derrida 1992: 137). Bornstein does not elevate one form of the gift giving (*dān* versus NGO charities) over the other, arguing that '[t]o coerce the impulse to give into rational accountability is to obliterate its freedom; to render giving into pure impulse is to reinforce social inequality.' Bornstein concludes that both forms of philanthropy are necessary and need encouraging (2010: 643). Bornstein (2010) contributes to understandings of the driving 'impulse to give,' where anthropologists have largely focused on the consequences of philanthropy and charity. She also provides a model for exploring how historical and contemporary forms of giving intersect with form new philanthropic practices.

### ***Section Conclusion***

Literature from this section is especially relevant to Chapters Six and Seven and discussions of findings concerning gift exchange relations between girls and (older) boyfriends and between young (orphaned) people and tourist-philanthropist donors. This thesis unites theories of care with Gift Theory in its exploration of various social relations involving young people affected by AIDS and poverty in Agincourt. By doing so, I will trace similarities and differences between three sets of social relations – those between children and adults, girls and boyfriends, and (orphaned) aid recipients and (tourist) donors – that researchers have traditionally investigated separately.

## **2.5 Research Questions**

This critical review of literature pertaining to social science literature relevant to the research topic of this thesis has identified a number of gaps. These gaps have been addressed through the ethnographic study in the process of data collection and analysis.

This thesis has the following research questions:

- 1) How do local constructions of orphanhood relate to local perspectives and practices of care between young people and adults?
- 2) How do local understandings of orphanhood intersect with local perspectives on girls' sexuality?
- 3) How does conceptualising care within a materialist framework extend understandings of the intersection of local care and transnational philanthropic aid?

These research questions will be addressed in Chapters Five through Eight. The next chapter (Chapter Three) addresses the methodological choices made, and ethical issues confronted, whilst conducting ethnographic research on care relations involving young, marginalised people in Agincourt.

## **Chapter 3. Methods, Ethics and Positionality**

### ***Introduction***

Reflecting my background as an anthropologist, and desire to explore the research issues (outlined in Chapters One and Two) and research questions (detailed at the end of Chapter Two), I adopted an ethnographic approach for this study of care relations involving young people in Agincourt. This chapter details the issues of method, ethics and positionality encountered whilst undertaking this ethnographic work. The first part of this chapter sets out the research design for the study, detailing site selection rationale, the methods chosen and how these methods were carried out. The second section discusses issues of ethics and access. The third section details matters of how my social position as a white, American and new mother influenced field experiences and findings. The fourth, and last, part of the chapter describes the types of evidence collected and the ways in which it was analysed.

Below is an account, based on a field journal entry, which captures the main matters of method, ethics and social positioning confronted during the course of this research. The account depicts an out-of-the-ordinary incident. Parts of the account may reproduce all too common sensationalistic depictions of young AIDS-affected people. This is not my intention. The line between exploitation and good intentions, however, is not always clear when conducting research involving young people and communities confronting the double burdens of AIDS and poverty. The account is lengthy as it encompasses many issues to be teased out in this chapter and subsequent chapters.

### ***Zodwa and Kokwana Bena: At the Intersection***

Flora<sup>15</sup> and I were driving past the compound of Zodwa, a 15 year-old participant in the Girls' Club that we were running at the Dunkveld Drop-In.

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<sup>15</sup> Flora is a pseudonym for the fieldworker who assisted me during field work. Pseudonyms are used for all participants, as well as 'Flora.' Given the sensitive nature of some of the thesis findings, Flora's actual name is not given to protect her anonymity within the community as she continues to reside in Agincourt.

Kokwana Bena, Zodwa's elderly paternal aunt, was sitting outside in the sun, slouched up against her house. At first, we think nothing of it as she's been sick for sometime. Zodwa's been helping her uncle's wife take care of her *kokwana* (grandmother), and she also helps take care of Prince, her 12 year-old brother. Zodwa and Prince have lived with Kokwana Bena since they were very young, after their mother disappeared in Johannesburg and their father passed away shortly thereafter.

Flora and I were about to go pay greetings to Kokwana Bena when Zodwa bounded out from behind the main house and ran over to us. She tells us she is not at school today because her uncle's wife left for Johannesburg to go back to her husband. Then she quickly tells Flora in XiTsonga that Kokwana Bena was fine in the morning, but later stopped talking properly and that she has been having an odd, very heavy discharge. We ask Zodwa what she wants to do, and she replies that she doesn't know. Flora and I talk about calling 'Mama Lorraine,' the Afrikaner woman in Johannesburg who started the drop-in centre through her church, or Flenny, the centre's local Project Manager. We ask Zodwa if she would like us to contact one of them, and she responds in English, 'call Mama Lorraine.' I call Lorraine on my mobile and she advises we get Kokwana Bena to the hospital as it sounds as though her organs are shutting down.

I relay the message to Zodwa and ask her if she wants us to help her do this. She replies 'Yes, but I want to clean her.' Zodwa goes and picks Kokwana Bena up from behind. She looks like she's carrying a life sized doll as the arms and legs of Kokwana Bena's skeletal frame stick straight out. Flora gets water for the bath and I open the door to the house and move the plastic chairs so Zodwa can get Kokwana Bena on the bed. Zodwa begins to quickly strip her *kokwana*. The room is thick with the smells from piles of soiled blankets and clothes. Flora and I go outside.

As Flora and I take turns talking to various operators, trying to organise the ambulance, some neighbours eventually come to see what's going on. Before long, Flora is in a heated discussion with them about the 'disrespectful' behaviour of the daughter-in-law who left for Johannesburg and they're talking about the (actual, physical) dirty laundry as well. Later, Zodwa explains to Flora and I that she has no money for soap powder and that she does not know where she is going to get it. Flora chips in a few rand and I give her the remainder of what she needs.

Flora and I leave Zodwa and Kokwana Bena to drive 15 kilometres away to the nearest paved road and meet the ambulance. We wait at the intersection where the dirt road to Dunkveld<sup>16</sup> and the main paved, former apartheid road meet. Opposite where we wait is an orange farm that recently closed down. About 10 kilometres down the paved road sits one of Kruger National Park's main gates and the entrances to some neighbouring private luxury game lodges. Of the minority of people who have formal employment in the area,

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<sup>16</sup> I have selected an Anglo-inspired pseudonym to reflect how most 'villages' are still using the names originally given by a Scottish surveyor who divided up the land between good soil for White farmers and less arable land for Black Africans. Indigenous village names are, however, now being phased in.

most of the jobs are in the tourism and service industry. At this junction, outside my car window are signboards for private luxury game lodges, some local crèches, the drop-in I volunteer at, and a private clinic set up by some of the private lodges (see Figure 3.1). The signs for the crèches are not directed at local parents and guardians. They are for the foreign and South African tourists. The signs primarily serve as directions for the few who choose to take a detour from their regularly scheduled visits to Kruger Park and Blyde Canyon for an 'authentic rural' experience. It is high tourist season, so some of the vehicles that turn onto the dirt road toward us are safari jeeps filled with visitors on one of the 'community tours' that stop at a lodge-sponsored crèche, often interchangeably referred to incorrectly as 'orphanages.' One lodge had recently started making community tour stops at the the Dunkveld Drop-In, where I had first met Zodwa.



**Fig. 3.1** Photo, 'Intersection between Lodges and Villages' taken by author in 2009. Image blurred.

The ambulance arrives and we escort it back to Zodwa's compound. She's gotten Kokwana Bena dressed in her Sunday Best. One of the neighbours, a distant female relative, accompanies Kokwana Bena to the hospital. After the ambulance leaves, the neighbours leave, and Flora and I eventually leave too. Zodwa's left to do the laundry.

(Synthesised field journal entry from July 27, 2009)

This account introduces the key actors (young people, adult carers, OVC non-profits, and tourist lodges) in this ethnography. It also depicts both a literal intersection (where the roads to the tourist lodges and local community meet) and a metaphorical

intersection (where intimate, familial local care relations involving young people cross paths with tourism-philanthropic modes of aid). Zodwa is at once positioned as a giver of care to her grandmother and as a 'recipient' of care in the form of aid from the Dunkveld Drop-In and the tourist-led charities. I will pull on this story to discuss issues of method, ethics and positionality that arose whilst collecting data on these intersecting relations of care.

### **3.1 Methods and Research Design**

#### ***Site Rationale***

From February 2009, I carried out ethnographic fieldwork for approximately one year, with a return, follow-up two-week visit in August 2010. Fieldwork took place in Agincourt, which is the University of Witwatersand's Medical Research Council (MRC)/Wits Rural Public Health and Health Transitions Research Unit (Agincourt)<sup>17</sup> research field site, located in Bushbuckridge, a former 'homeland'<sup>18</sup> in the province of Mpumalanga (see maps in Chapter Four). An affiliation with MRC/Wits (Agincourt) facilitated initial access to this field research site. My supervisors, who have themselves carried out research in the area, negotiated this affiliation.

Agincourt is a Health and Demographic Surveillance System (HDSS) site. The HDSS provides longitudinal population-based statistics. Advantages to this affiliation included: facilitating initial access to the field site; arranging my partnership with a field assistant; providing support in setting up residence; and general support and consultation for the duration of the fieldwork. The main drawback of locating this research within Agincourt is the issue of research saturation; a large number of studies

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<sup>17</sup> I use 'MRC/Wits (Agincourt)' as a shortened version of this title.

<sup>18</sup> Former homelands are often referred to as former-*bantustans*. In the 1940s, the apartheid state coined the term banutstan (*bantu* means people in Bantu languages) and has pejorative connotations. The term is therefore not used in this thesis.

and research projects take place within the site. The consequences of this drawback, and how I dealt with it, are detailed below.

I also chose Agincourt as a field site because of the potential for generalisable research findings. The region is representative of other rural regions in southern Africa most affected by the AIDS epidemic. High HIV prevalence levels in the sub-district, act as the 'biological reflections of social fault lines' (Farmer 1999:5) evident in South Africa's socio-political history of migration, and present increasing economic inequality. The particular demographic, historical and socio-economic context of Agincourt will be discussed in the settings chapter (Chapter Four).

Initially, Agincourt was selected because of the large number of former Mozambican refugees that live in the area. Based on the assumption that non-South African citizens would have lower access to child grants, foster care grants (FCG) and pensions than South African citizens, I had intended to do a comparison of how access to these social grants influenced experiences of care for and by young people. To this end, in consultation with MRC/Wits (Agincourt) I chose to conduct participant observation as a volunteer with two OVC non-profit programmes in two 'villages'<sup>19</sup>: Dunkveld, which has a higher percentage of households of Mozambican origin and Crew, which had a much lower percentage. However, in my work with households, access to social grants in Agincourt was shown not to be determined by citizenship, but by access to material resources, social networks and identification documents (IDs). For example, Kokwana Bena identified herself as 'Mozambican,' but was able to access Foster Care Grant (FCG) on behalf of Zodwa and her brother by using the South African ID of distant shared-kin member with the same surname.<sup>20</sup> Likewise, some

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<sup>19</sup> I use the rather anachronistic term 'village' because it is the term used by locals to the area and by MRC/Wits (Agincourt). Note, however, it is be more appropriate to speak of Dunkveld and Crew as 'remotely global' (Piot 1999); while the region is rural and 'out of the way,' it is at the same time intricately and deeply linked with contemporary, larger national and global processes.

<sup>20</sup> While technically an 'illegal' practice, it is a widespread survival tactic, and one I witnessed quietly condoned by social workers whose job it is to facilitates access to these social grants.

households I worked with identified as South African citizens, but did not have the ID required to access grants.

My original plan of household comparison by grant access was not possible. However, an unexpected reality of the field was the prevalence of charitable aid coming from the tourist game lodges of neighbouring Agincourt. The village of Dunkveld, its schools and the OVC programme, received much more of this kind of assistance because it was situated closer to the lodges and many of its residents were employed at the lodges. In contrast, the village of Crew, situated in the interior of Agincourt, received considerably less of these tourist-based forms of supports. Thus fieldwork in these two villages allowed for a comparison between one with a good deal of tourist-philanthropic aid, and one without.

### ***Household and Participant Selection***

I worked with 14 households, all accessed through the two OVC programmes. (Please see Appendix # 1 for a table with relevant demographic information about these households.) Participant households were identified through the following means: consulting staff at Dunkveld Drop-In and Crew HBC, informally familiarising myself with the young people through volunteering at the OVC programmes, and through some young people actively coming and expressing an interest in talking to Flora and I. I presented the research as learning about young people's lives, with a focus on who cares for them and who they care for. I never introduced the research as being about 'orphans' or children who have lost their parents to AIDS. This partly has to do with being sensitive and refraining from the inappropriate use of the word 'orphan,' but also because of the persistent stigma of AIDS.

Twelve of the households were linked to the OVC programmes through a young



person as a service user. I also included three additional households that had links to the OVC programmes as staff or were related to staff members, but were not service users of the programmes. I included these households because two were involved in (non-orphan) fostering arrangements, where grandmothers were caring for grandchildren because mothers were away at work or school (Households #8 and 14 in Appendix # 1).<sup>21</sup> Including such households allowed for comparison between fostering arrangements involving children with and without deceased parents. The third household had (biological) parent-less children, but the household did not seek the services of the OVC programme as it was affluent enough not to need them (Household #7), allowing for a comparison of a household with orphan fostering but does not access services from one of the OVC programmes.

At the heart of this ethnographic investigation is a focus on shifting relations of care in the context of increasing numbers of young people losing parents to AIDS, TB (tuberculosis), and other forms of catastrophic illness. These emerging care survival strategies are organised primarily, though not wholly, along the bases of kin, gender and age. Therefore, the line of enquiry of this study followed both the care receiving and care giving roles of mostly, but not exclusively, *female* young people and adults.

I conducted interviews/structured conversations with young people involved in care roles for young children and/or elderly adults, and if they allowed, I also interviewed the adult identified as a significant carer (usually, but not always, from the same household). Two participant girls preferred I not speak with their significant carers (Household #9 and 12). Some interviews were also conducted with adults without a young person interviewed from the shared household. In one case this was done to get

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<sup>21</sup> The Table of Participant Households and Demographic Details (Appendix #1) was removed after the examination of this thesis to protect the anonymity of research participants. In the early stages of data ordering, households were assigned a number. Participants' household numbers remain in the body of this thesis so that the reader may see when different speakers are from a shared household.

a male carer's perspective (Household #7). The man had taken in two young girls who lived with him and his mother, after the girls' mother, and then subsequently, maternal grandmother passed away. Children were not included in these households because they did not want to partake in the research, or were quite young and not in caregiving roles themselves.

As I was following the lines of care, and targeting those who do care work, most young interviewees were female (eight in total), between the ages of 12 and 18, and adult female significant carers (11 in total) ranging from the ages of 19 years to 70 years. There were also two boys, ages 12 the other 15 years, who fell into this category, and the one adult male carer as mentioned above. The line between an 'adult' carer and a 'child' carer was not simply delineated by numerical age. For example, one participant, Sfiso (Household #13) was nineteen years old at the time I interviewed her, in her final year of high school, and did not have a child. In Agincourt, not having a child and being in school would usually mean locally that you are defined as still a 'child.' However, Sfiso said she felt she was an 'adult' because she cared for her sister as if she was a mother. In contrast, Pinkie (Household #4), who was only fourteen or fifteen years old<sup>22</sup>, had borne and was caring for a baby, but she self-categorised as a 'child.' Therefore, participants self-categorised as 'child' or 'adult.'

### ***Ethnographic Approaches***

Ethnography, a qualitative methodological approach, implies that the researcher participates in people's daily lives 'for an extended period of time, watching what happens, listening to what is said - in fact, collecting whatever data are available to throw light on the issues that are the focus of the research' (Hammersley and Atkinson

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<sup>22</sup> Princess reported being 15 years old, but her aunt said she was 14. The lack of certainty is common in Agincourt where birth certificates and records are not always kept.

1995:1). Ethnographic methods, an immersion approach which seeks to understand participants' social relationships and categories in their own terms, were best suited for this research that seeks to understand emic notions of care. Furthermore, I selected this approach because it enables young people to engage and can be engaged with the research (Jenks 2001). As James and Prout (1997) argue, ethnography allows 'children a more direct voice and participation' in the production of data 'than is usually possible through experimental or survey styles of research' (8).

Ethnography draws on a host of methods (Crang and Cook 2007:35; O'Reilly 2005:3), and is usually carried out in one or a small number of settings (Hammersley and Atkinson 1995:39), and increasingly 'multi-settings' (Marcus 1995), with a relatively small number of 'informants,' or research participants. I used the methods of participant-observation and interviewing with young people, adult carers and key stakeholders in the local 'OVC care scene.' I also used a mix of participatory techniques with young people. (See Appendix #2 for a table of which methods were used with which participants.) A discussion of the rationale for these method choices, and how these techniques were carried out, now follows.

### ***Participant Observation***

This project benefited from data gathered from the participant-observation method as it revealed the unspoken patterns and nuance of everyday life that may not be accessible through interviews. Wogan (2004) aptly refers to this method as 'deep hanging out.' I began conducting participant-observation with the Dunkveld and Crew OVC non-profits in my role as a volunteer in order to access households, like that of Zodwa's and Kokwana Bena's. In Dunkveld's Drop-In centre for 'OVCs,' I volunteered by initially running a 'Homework Club' twice a week, and later a 'Girls' Club' as well.

In Crew, I worked with a home-based care (HBC) organisation. I accompanied HBC voluntary workers on their visits to homes with children identified as 'OVCs' and assisted with food parcel distribution. At the Crew HBC office, I assisted the (full-time, paid) staff with accessing and learning how to use the internet, helping to locate sources of funding and with writing applications.

Participant-observation, however, was not confined to the two centres, but was also done with participant households. As participants came to know me, I was invited to participate in their lives more: fetching water, helping to care for small children and attending social gatherings. This however, took place largely in homes where one person could speak a bit of English and serve as interpreter. I also attended church and funeral services, school events the children invited me to, and various women's gatherings, especially prayer gatherings.

For concerns of safety, and upon the advice received from MRC/Wits (Agincourt), myself and my family resided at the University of Witswatersands' Rural Facility (WRF) located outside of the Agincourt fieldwork site. I drove the nearly hour journey along unpaved roads (one way) to Dunkveld and Crew three to five times a week. About once a week, I stayed the night at different households, primarily of OVC staff and friends. These stays allowed me both to cut down on travel time and to attend events such as night revivals and church services, where participants often spent their time at night. Taking the advice of local friends, I only stayed at households where a garage was available to cover the car. I did not want to attract attention to my hosts, making them a target of burglary, so I regularly changed where I stayed. The car, or what came to be called the '*mulungu* taxi,' was also a useful tool for data collection. Some of the most interesting conversations were had, with young and older participants, when providing lifts.

I maintained daily fieldnotes, recorded in a field journal. Note taking can be intrusive to research participants (Crang and Cook 2007: 43). I often found this to be the case and so I usually moved myself to a private place to jot down key events, conversations and interactions throughout the day. In the evenings, or the following day, I would use these notes and write down observations while they were still fresh in my memory. When time did not allow for this, I recorded observations into an audio recorded and transcribed them into my field journal.

### ***Interviews with Young People and Adult Carers***

I sought to elicit care narratives from young people and adults. These narratives were elicited through open-ended interviews, a method which allows people to speak of their experiences of care (giving and receiving) in their own terms, without the imposition of a pre-determined set of questions (Personal Narratives Group 1989). A narrative approach, as opposed to more structured interview approaches, with young marginalised people is valuable as it seeks open up what is and is not relevant in their personal stories. In research with marginalised people, it is a profound contradiction that they have an opportunity to speak, but then are expected only to speak of the things others perceive to be the primary source of their marginalisation (Gatenby and Humphries 2000). This is the case with much research on young people affected by AIDS, and specifically those that have lost a parent, who are expected to speak mostly about the loss of their parent(s) or the consequences of that loss.

Interviews with young people and adult carers were conducted in a three month window (June – August 2009) before the MRC/Wits (Agincourt) annual census began so that my work would not be confused with the census. Reflecting the

point of view of some community members, one grandmother quipped about the census takers, 'they count us like cattle.' Given this negative connotation, I thought it best to avoid starting new interviews during the census data collection time. Flora worked as a translator during these interviews. Interviews were digitally recorded with permission of participants for transcription later. Serial interviews were conducted with young people and adult carers, involving open-ended questions about their past, present and future to gather a narrative of their roles as carers and/or being cared for.

These ongoing interviews, or 'structured conversations' (Ennew and James 2010), with young people took place in locations of their choosing: privacy and comfort were the primary factors in selection. The setting of an interview is important when doing research with young people and establishing a comfortable space (Punch 2002:328), and thus as much choice was given you participants as possible. In Dunkveld, most participants chose to have interviews take place in the office of the drop-in centre's programme manager as it was the only room that could offer a quite, private space. At the Crew HBC, because there was no drop-in programme, most interviews took place at the young people's homesteads. Most of these discussions took place outside under the shade of a tree. If the participant, however, was from a household that had accessed the means to construct a larger, multi-room home, then we were often invited to come inside to sit on a sofa. Occasionally, interviews were held in my car if a private room could not be found inside the home, on the grounds of the homestead, or if the weather did not permit us all to stay outside. Young participants were also asked if they preferred to have a relative or friend present, or to hold the interviews with just Flora and myself. All chose to speak with us alone. Interviews also tended to be shorter than those with

adults, lasting thirty to forty minutes.

Ongoing structured conversations (usually two to three conversations, one hour long each) with adult significant carers took place in the compounds where they reside. As with younger participants, ongoing discussions were held mostly outside. Elder women usually sat on a long mat, often engaged in some food preparation task. Again, if the compound had a larger home, we were sometimes invited inside. Most of these interviews took place with only Flora, myself and the participant present. In the coming and going of husbands, siblings, relatives and neighbours, however, depending on the topic under discussion and taking cues from participants, conversations were either momentarily stopped or the interlopers were drawn into them. Bearing in mind adult carers' limited time, I conducted accumulative, serial interviews (Whatmore 1991). This required repeat visits to households, and allowed for trust and rapport to develop over time.

### ***Getting to the Everydayness of Care through Interviews***

At first, both young people and adults often presented themselves as alone and without any form of help or support. This, as Flora surmised, was because I was a *mulungu* and the idea was that if they told me where they received support from, then I would not give any help, financial or otherwise. This occurred often, despite an informed consent process in which we emphasised that there would be no benefits to participating in interviews. (This matter is taken up further in the section below on ethics and access). It was, of course, imperative that we mediate expectations of the project, especially the expectation of younger participants. Improved lines of questioning, however, also enabled us to work through the problem of people presenting themselves as alone and without support. One technique I employed was

starting an interview by tracing a person's previous day in terms of how they spent their time, who they interacted with, and thus, drawing out stories of support. Following a person's previous day showed my interest in the everyday experiences of care, support and survival.

Having longer-term relations and ongoing interviews also aided the process of building more complex understandings of young people's care experiences. In her work with child prostitutes in Thailand, Montgomery (2007) found long-term field work beneficial for similar reasons. Over time, she was able to sort out children's scripted responses of why they began working as prostitutes that were told to journalist, from the more complex reasons they told her, like obligations to kin (Montgomery 2007: 422).

To summarise, interviews with young people and adult carers were ongoing, structured conversations, revolving around the everyday present, as well as questions about their past and hopes for the future. I asked questions around the theme of care (what is care, who provides care, why), and perceptions of need (of children and of carers), and whether or not these needs met. If relevant, questions about interactions with the various OVC programmes and the tourist-led charitable interventions were also pursued. Pulled together, these interviews created stories and narratives of care for each participant.

### ***Participatory Methods with Young People***

Punch (2001) argues that a mixed methods approach is best with children as it facilitates multiple ways for children to choose to participate, and is thus responsive to individual personalities and preferences. Disparities in power between adult researchers and child participants are a major challenge in child-centred research (Robinson and



Kellet 2004). Therefore, I employed some participatory techniques as they seek to acknowledge children's knowledge of their own realities, thus challenging, to some degree, adult pre-set research agendas and thereby enhancing data reliability and validity (see, for example, Thomas and O’Kane 1998; Nieuwenhys 2004).

Participatory technique exercises (such as drawing maps of the village, network mapping and 'river-histories') were first introduced as (non research related) activities for the Homework Club at the Dunkveld Drop-In. During interviews, participants could choose to do personal river-histories (as used by Rassool (2004)). This technique involves participants drawing a river representing their past, present and future. The river undulates up and down according to one's negative or positive feelings towards a given key memory, experience or hope. Most young participants, however, opted 'just to talk.' For the few who did draw a river-life history, these histories often looked very similar to the example drawings done in the Homework Club. Alternately, the drawings would be left unfinished as participants began speaking and engaging in conversation. Young people's desires to 'just talk,' may have been because participants were older children who rely less on non-verbal forms of communication than younger children.

A photography project proved more popular with participants than drawing techniques. This project was first introduced in the Girls Club (details below). Photos taken by young participants during the project were used in interviews and prompted many interesting recollections and stories of care. Czymoniewicz-Klippel (2009) critiques the tendency to measure 'proper' levels of children's participation in research and the moral valuing of such research as 'good.' Based on her work in Cambodia, she found using participatory techniques were not always appropriate, desirable, nor possible. Furthermore, 'conducting more traditional research is not always morally “bad” should it work towards uncovering children’s perspectives' (Czymoniewicz-

Klippel 2009: 21). I found that some participatory techniques (especially photographs) functioned well as prompts in interviews that sought to gain young people's perspectives and experiences of care. These perspectives were gathered and weaved together along with those of other actors in the field. Thus, time was limited and not sufficient to developing a fuller participatory approach. However, photos and drawings acted as useful tools to elicit young people's perspectives, albeit perspectives communicated in a more traditional narrative form.

### ***Girls' Club***

The Girls' Club came about at the Dunkveld drop-in programme because older girls were not participating in the Homework Club. While younger children (between about the ages of eight to 12) came to me freely to read the books and do the various art and educational activities I had organised, and the teen boys came seeking assistance with their homework, the teen girls came to me less often for homework assistance. This may have been because they were less confident than their male peers about their English skills. The older girls spent much of their time in the drop-in centre in conversation with each other, braiding hair, and washing the dishes after the staff had cooked the daily meal for all drop-in participants. Boys had the duties of fetching water and firewood for the drop-in. Some of the older girls also had to go home early for other domestic duties, such as cooking for their elderly relatives or looking after their young relatives.

I approached the older girls to see if they would be interested in creating a club for us to meet and discuss topics and do activities of their choosing. They were very enthusiastic about the club and a total of 18 joined, from the ages of 12 upwards. It was a struggle, at first, to find a good time for the Girls' Club. After rushing to the drop-in after high school, a forty minute walk from the centre, to eat their late lunch at 3pm, by

the time they completed their duties doing everyone's dishes including their own, the centre was closing doors at 4pm, and the girls would have to rush off home for their own cooking or cleaning duties. Eventually, however, we found a routine and carved out an hour of the girls' time every week for three months (July – August 2009). The girls reported enjoying the sessions and we often sat outside continuing our conversations, sewing, and art projects after the centre closed.

Flora and I ran the club alongside two of the eldest girls in the group. We tried, as much as possible, to turn power of the process over to girls, with Flora and I taking the role of facilitators. The girls chose the ground rules for the club, and what topics they wanted to discuss. I tried to incorporate participatory techniques to facilitate these conversations. We did a lot of sewing projects (at the girls' request) while talking about health, sexuality, education, future dreams, and whatever else the girls wanted to discuss (see Figure 3.2). We also did a photography project. Participants were asked to take photos of people and places important to them and how they spend their time. Another exercise was a 'My Life' book, in which members were asked to write about key moments from their past, reflect upon who and what matters to them most in the present and why, and finally, their aspirations for the future (see Figure 3.3). Copies of photos and all original drawing from these exercises remained with participants. There was not a Girls' Club equivalent at the home-based care organisation in Crew, but I did the photography project with the young people from participant households from that community. I use photographs taken by participants throughout this thesis as illustrations of the people and places young people say are important to them.



**Fig. 3.2.** Photograph, 'Girls Club Sewing Project,' (2009), image blurred to protect anonymity.



**Fig.3.3.** Photograph, "My Life" Girls Club Activity,' taken by author (2009).

The Girls' Club served as a kind of 'preparatory phase,'<sup>23</sup> helping to facilitate conversations later when we held interviews with some of those who attended the club. The data collected through these group conversations and participatory techniques were not just helpful in and of themselves. This phase also helped build rapport before interviews and helped participants become more comfortable talking about themselves

<sup>23</sup> December 2008 telephone conversation with Helen Meintjes, from the University of Cape Town's Children's Institute. Based on Meintjes radio project with young people in rural South Africa, she advised that a phase of young people doing various drawing and story-eliciting activities helps prepare and make participants more comfortable with relaying their stories later.

and their stories.

### *Interviews with Key Stakeholders*

Interviews with key stakeholders, who spoke English, were conducted by myself alone. I conducted 29 single ('one-off') semi-structured interviews with relevant people involved in the 'OVC care scene,' including: social workers (three); school head teachers (two); local government officials (four); pastors from both local (i.e. Black) and mainstream (i.e. White) churches (five); OVC programme staff (eight); and tour guides and staff (seven) in charge of community outreach at the tourist game lodges. Questions centred on perceptions of care and need in relation to young people and what activities were (and were not) being carried out in the community. Most of these interviews took place at the interviewees' home or place of (volunteer or paid) work, and lasted roughly an hour to an hour and a half. Most interviews were digitally recorded. However, in some situations, for example in interviews that were also 'walking tours' of an OVC programme, it was more advantageous to take notes, and transcribe the conversation shortly after.

I conducted most of these interviews after I had established relationships with households. This turned out to be beneficial, partly because, as Gould (2004) argues, anthropologists doing ethnographies of aid run the risk of flattening out the experiences of the targets of interventions when they spend more time with those 'doing' the aid rather than the intended recipients of it. Additionally, I could recount some of the stories from young people during these interviews to provoke a more thoughtful and in-depth discussion.

### ***Return Trip to Field Site***

I returned to Agincourt for two weeks in August 2010. I held one focus group session with Dunkveld Drop-In Girls' Club members. During the focus group, we discussed my initial research findings which I sought feedback on. I also used this session to ask additional questions that arose in the process of analysing data. Additionally, I had follow-up informal conversations with some of the participating young people and adult carers in Crew and Dunkveld. Initial findings for feedback, and follow-up questions, were also taken to OVC programme staff. The Wenner-Gren Foundation, which funded the fieldwork, agreed to allow the research vehicle I used be donated to one of the OVC programmes. During this trip, the vehicle was given to Crew HBC as the Dunkveld Drop-In programme already had an organisational vehicle. I plan to disseminate final research findings in a more formal manner through the Agincourt Community Advisory Group (CAG), which is organised under MRC/Wits (Agincourt), and also through more informal means to research participants through the OVC programmes.

### **3.2 Ethics and Access**

Given the sensitive nature of working with children in marginalised communities, this research underwent a rigorous ethics review process. I obtained ethical approval for this research from the University of Warwick's Humanities and Social Sciences Ethics Sub-Committee, the University of Witswatersand's (Medical) Human Research Ethics Committee (HREC), and the Department of Health (Mpumalanga) (See Appendix #3). I also developed and followed a Child Protection Protocol that was drafted in consultation with two local Agincourt social workers, OVC programmed staff and the University of Witswatersand's (Wits) HREC (Appendix #4).

Formal research was not conducted prior to these approvals. While awaiting ethics clearance, I gained permission to undertake this research from each of the *Induna* (Chief), the Community Development Forums (CDF), and the heads of the OVC programmes in Dunkveld and Crew. Within Bushbuckridge, every village has a CDF, which is a body of elected officials, and an *Induna*, who heads a Traditional Council. I also obtained approval and feedback from the Community Advisory Group (CAG), which has representatives from each village in the Agincourt field site and advises on various research projects in the region. The LINC Office (Learning, Information dissemination, and Networking with the Community) is the community engagement wing of MRC/Wits (Agincourt). It facilitated my initial meetings with the Indunas, CDF councils, and the Dunkveld Drop-In and Crew HBC. LINC provided ongoing consultation and support throughout the fieldwork, including: assistance with the ethical clearance process; help with making key stakeholder contacts; and advice on appropriate remuneration for participant households. While waiting for formal ethics clearance, I also began volunteering at the Dunkveld Drop-In and Crew HBC, taking lessons in XiTsonga, and making contacts with key stakeholders and potential future interviewees.

### ***Informed Consent***

Both adults and children received XiTsonga informed consent and assent forms respectively to partake in interviews. Key stakeholder interviewees received informed consent forms in English. (See Appendix #5 for all information sheet and consent/assent forms.) With adult carers and young people, Flora and I read through the forms with participants (who have varying levels of literacy), answered questions about the research, and gave young and adult participants a few days to decide if they

wanted to partake. Informed consent sheets stated that there would be no benefit to participating in the research, and this was something Flora and I stressed in conversations during the consent process, in attempts to mitigate the possibility of creating false expectations. These expectations, however, were not always completely mitigated. As noted in the Young Lives Project (Morrow 2009), in regions with high government interventions, such as Agincourt, it is difficult to dissociate research with these interventions and the possibility of aid. Participants saw, over time, that there were no immediate material benefits to participating in interviews and most continued to partake in these structured conversations; continued participation was taken as a sign of consent/assent to the research.

Interviews were usually scheduled in advance. If a participant was not available at the scheduled time more than twice, this was interpreted as a sign of non-verbal dissent to the research. Participants were reminded of the voluntary nature of the research, especially if sensitive or emotional issues (?) arose during the course of an interview. If participants seemed disinterested in talking, showing this through non-verbal cues and silence (which can be the case with younger participants), we quickly wrapped up the session. Participating households received remittance as a gesture of gratitude and acknowledgement of their time in the form of a large food parcel. These parcels were given discreetly, and without participant's prior knowledge of them, in the last weeks of fieldwork.

Given that this study worked with young people accessing programmes for 'orphans' and 'vulnerable children,' some of the participants did not have a biological parent or a court-appointed legal guardian to provide consent. The Wits HSREC required that minors (i.e. those under the age of 18) could not participate in interviews without consent from a legal guardian. This was due to the absence of a legal directive



from the South African National Health Act, which governs ethical guidelines of the Wits HSREC, on the legality of conducting non-therapeutic research with children without parents or legal guardians consent. Therefore, for minors without available/living parents, only those receiving a child or foster care grant could participate. This is because such grants are only given to guardians that have been legally appointed by a court, thus functioning as proof of legal guardianship.

Following this stipulation demonstrated the sheer diversity of household situations and the social and economic reality of Bushbuckridge, which necessitates a high mobility of people and resources. Tracking down the consent of some parents and court-appointed guardians was a time consuming process as many did not reside full time in the same household as youth participants. For mothers and fathers that work outside of Bushbuckridge, consent had to be obtained on the few days they returned home. For young people without living or available parents, some had court-appointed guardians collecting grant on their behalf. In two situations, these court-appointed guardians did not reside in the same household. I therefore obtained adult consent from both the person collecting a grant and from the adult providing care in the household. Young people that had no parent living or available, nor a grant to prove legal guardianship, could only be included in the research through participant-observation.

### ***Ethics and OVC Programmes***

While working with the Dunkveld Drop-In, I sometimes felt pressure to share (without compromising confidentiality) certain types of representations of young people, largely focused on their vulnerability and suffering, to assist in the organisation's efforts to depict the lives of children for donors who 'could not be

there to see it for themselves' and raise more money for the programme. I was asked by Lorraine, the head of the Dunkveld Drop-In, to write of the 'good works' I was doing (specifically through the Girls' Club) to be posted on the organisation's websites or in newsletters for donors, patrons and sponsors. These moments were not easy to navigate: on the one hand I wanted to assist in getting 'gifts' that may meet the immediate needs of some of the young people, but on the other, I did not want to perpetuate representations I (and my academic discipline) find troubling. In such situations, I was sometimes practical and played the 'politics of pity;' at other times I simply, and quietly, never fulfilled these requests. I did not outright deny requests, however, as this could have influenced access.

In more informal ways, Lorraine also asked me to evaluate the staff at the Dunkveld Drop-In. Recall from the opening account, Lorraine is an Afrikaner woman who resides in Johannesburg and is only able to visit the programme periodically throughout the year. I was not comfortable with reporting back to Lorraine about the work of the staff, who are all local residents of Dunkveld, and I was more forthright in declining the request. The Dunkveld Drop-In had had white volunteer missionaries from abroad in the past, and also for a time while I was working there, who take on this (highly racialised) role of monitoring and managing local staff.

Crew HBC also had a PeaceCorps worker join them in the past, and had expectations that I would do similar volunteer work. As a form of reciprocity for allowing me to work with the organisation, my partner and I assisted the Crew HBC access the internet, build a website, and helped with the writing of funding and annual reports. In the highly competitive atmosphere between HBC programmes in Bushbuckridge, my presence was a symbol of access to potential funds and

assistance from abroad. This issue, wrapped up in my social position as a white American woman who was often assumed to be a development volunteer, is discussed below.

### ***Ethics, Emotion and Accessing Voices of Marginalised Young People***

The benefits and drawbacks of asking children to discuss traumatic memories and experiences for the purposes of research lie on contested grounds. Researchers must ask 'if the tears are worth' what insights are gleaned in the process (Robson 2001). In this research, I walked an ethical tightrope: a balancing act between an ethic of respect which seeks to include and recognise the ability of marginalised children to participate in research concerning them, and an ethic of no harm, which focuses on preventing (re)traumatisation of young people through the research process. As I used open-ended questions about young people's past, present and future, this meant participants could discuss what they deemed relevant, making it possible to navigate conversations away from memories or experiences they do not want to discuss.

In my interviews with young people, some wanted to talk about the deaths of loved ones and some did not. Those that did not want to did not lead the conversation in that direction or became silent if the subject did arise. Flora and I would, of course, respect that silence. Hutchinson (2011) notes that in Malawi young people are encouraged to 'forget,' and not think or speak about their deceased parents and loved ones. In Agincourt, as in Malawi, children's silences around parental death is a cultural norm, and is a reflection of 'forgetting' as a means of coping. Such silence around traumatic events go against Western models of psychological recovery that focus on memory and talking, and as evident in the popularity 'memory box'

exercises and other talk therapies that fall under the 'psycho-social' support interventions for OVCs across Africa (Hutchinson 2011).

Zodwa was one of the participating girls that did not speak much about pains from the past or present. She never spoke much about her grandmother's illness, but she did have her brother take a photograph of her lifting her frail grandmother onto a bed, depicting a very intimate moment of caring. Later, I asked her why she took the photograph and she said simply, 'because that's how I spend my time.' Having this option of photographs, therefore, was useful as some participants may not have been comfortable talking about sensitive issues, but they may still have wanted to depict their lives and how they spent their time through these non verbal means.

Other young participants seemed to seize upon the opportunity to speak of things they had not previously had the opportunity to speak of. My position as an outsider may have facilitated this, as it may be 'safer' to tell me things that were not necessarily culturally or socially sanctioned to speak of with friends and family. That said, highly emotional moments during interviews with young people and adults were few. This did not mean that other interviews did not touch on sensitive matters, but that those moments were navigated differently. This is partly because of the interview methods used and partly because my focus on the quotidian reality of care. I did not set out to find and focus on certain traumatic events, specifically that of parental death.

In total, there were three moments when young participants became emotional, these included: a girl recounting that she had been raped when she was very young;<sup>24</sup> a girl talking about her mother not being able to find a job and this preventing her family from being able to live together; and girl recounting how she

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<sup>24</sup> Note: The perpetrator had been identified and charged for the crime when it occurred. We (Flora and I) asked the participant if she would like to speak with a social worker about the incident further, but she declined, stating that she wanted 'to forget.'

learned her mother had passed away. This demonstrates the plurality of young people's concerns and sources of emotional pain. When such moments occurred, participants were reminded at appropriate times during and after the interviews that they could stop the interview or withdraw from the research project at any time. Flora and I also followed up two or three days after an interview to see how they were doing, asking how they felt about the interview. Some even reported that they felt 'happy' after getting to talk, even if there were tears, saying they had wanted to share their stories.

As stated in the Child Protection Protocol (Appendix #5), if signs of distress were observed or danger to the participant revealed during interviews, support from a social worker would be obtained. Fortunately, a social worker never had to be contacted. However, in one situation, a participant reported being beaten by her father and kicked out of her home. She was staying temporarily at her friends' residence. Flora and I consulted her, letting her know that getting a social worker involved was an option, but we expressed concerns that doing so could result in her receiving further beatings from her father in retribution. In the end, the participant moved back to her original residence and a social worker was not contacted.

When interviews became emotional, or when transcribing intimate events, such as that described in the field account that opened this chapter, I often asked myself: 'Who am I collecting these stories for and for what purpose?' and 'How is what I am doing all that different, and less exploitative and voyeuristic, than the tourists who come to "see-and-save" orphans?' Is the gift exchange between the participants and myself, in which I give remuneration (through volunteer work, informal acts of giving such as car lifts, and remuneration in the form of food parcels) for 'data' (from participants' time and stories), mutually exploitative or

reciprocal? The answers to these questions, while by no means definitive, lie in my and participants' subjective experiences. Like most anthropologists, I do hope for a generalised form of reciprocity – that the research may contribute to the larger endeavour of an improved situation over time in places such as Agincourt.

What Fine states (1994) in regards to the involvement of marginalised Maori women in research resonates with this situation, and with my concerns about exploitation:

Early in the century, 'twas noble to write of the other for purposes of creating what was considered knowledge. Perhaps it still is. But now much qualitative research is undertaken for what may be an even more terrifying aim—to 'help' them. In both contexts the effect may be othering: muted voices; 'structure' imported to local 'chaos'; others represented as extracted from their scenes of exploitation, social relationships, and meaningful communities. (Fine 1994: 79).

Within this research I seek to follow Fine's (2004) directive to counter this 'terrifying' goal by consciously 'writing against othering.' To avoiding objectifying research participants, researchers must understand voices within the on-the-ground chaos and plurality of experiences, while also placing them within larger structures exploitation and injustice.

### **3.3 Positionality and Reflexivity**

#### ***A Note on Reflexivity***

I employ a feminist understanding of reflexivity to 'reflect upon, examine critically, and explore analytically the nature of the research process' (Fonow and Cook 1991: 2). I draw upon Haraway's (1988) concept of 'situated knowledge'; a concept that does not outrightly reject claims to objectivity nor does it apologise for the partial and limited nature of knowledge produced through research. Instead, Haraway argues that such 'positioned objectivity' is more insightful, complete and

accountable than its positivist counterparts. In recounting the shifting, complex and sometimes conflicting social positions inhabited by myself and research participants, I acknowledge the limitations posed by such positions in order to provide a fuller, more responsible transcription of the events and stories that form the basis of research findings. While findings can only ever be based on partial knowledge, the recognition of this partiality increases their validity.

### *Anthropologist as Assumed 'Do-Goooder'*

My social position as a white American woman and mother informed access and data collected with all actors in variable ways. Presenting myself as someone doing research to learn more about the lives of young people and those who care for them meant that I was often understood in terms of one of the many 'voluntourists,' missionaries or development workers that come into the area.<sup>25</sup> As I was often assumed to be a voluntourist of sorts, I was often presumed to be in Agincourt to 'do good works.' The assumption of benevolence was tied both to my gender and nationality. The association between gender and 'doing good' was stated most bluntly by a local pastor. In relation to White visitors to the area, he said: 'When I see a mulungu man, I still think of apartheid days. When I see mulungu women, I think they are here to help.' I also received many comments referencing the donor relationship between my country of origin, the United States, and South Africa. Many of the myriad of interventions in the area involve White (and overwhelmingly female) South Africans, Americans, and other foreign nationals. Americans were differentiated as a particular kind of mulungu, one that is more apt to provide assistance. 'Americans,' I was often told in different ways, 'like us Blacks' and, therefore, 'want to help.' Americans of colour also fall into this

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<sup>25</sup> For work on what sometimes constitutes a blurry line between what constitutes the difference between a tourist and an anthropologist see Crick (1995), and similarly, on the tensions and similarities between development workers and anthropologists see Gould and Marcussen (2004).

mulungu category.

Foreign nationals are not seen as part of the shared violent history of apartheid. Many of the countries visitors come from supported anti-apartheid struggles through boycotts and subsequently sent large amounts of development aid to fight poverty, HIV and AIDS post-1994. Most importantly, and most immediately, however, the *valungu* (plural form of mulungu) from abroad that venture into the area usually come bearing gifts: from cash and clothes, to 'educational resources' and 'skill transfers,' to sermons and prayers, to boreholes (deep, drilled water wells) and building sponsorships. It was within this context that my gender and race were inscribed with meanings that influenced access. For example, I had intended to shadow Crew home-based care workers as they went to households with children they deemed relevant for me to work with. However, this was delayed for some time as staff kept telling me to wait as they were soon going to distribute new school uniforms and that was the best time for me to come and, as they said, 'see the orphans.' When the day finally arrived, staff were disappointed that I did not have a camera with me, as most *valungu* usually do, to document this annual ritual giving of uniforms as gifts to children. My desire to 'hang out' with young people and families connected to the Crew HBC would understandably seem odd to home-based care workers when compared with visits from past volunteers, PeaceCorps workers and missionaries from abroad.

Just as easily as I could be assumed to be in Agincourt to bring such gifts, I was also sometimes suspected of having ulterior motives. For example, seeking permission from the CDF councils was not just a matter of protocol and respect; it was also to dispel suspicions that I was there, like other *valungu* in the past, with the ulterior motives to scope out land for the expansion of neighbouring game lodges. The issue of access to OVC programmes' lists and statistics on children to obtain government



funding was another place where my motives were brought into question. These lists are crucial to an organisation's standing as transparent and are the means by which they maintain government funding. At the Dunkveld Drop-In, a staff member was discussing one of these lists and how much time he had spent on it. I took interest in it because I thought he wanted me to recognise the pride he was taking in his work. However, that interest was interpreted as over-interest. Lorraine later came to me questioning what had occurred as the staff member had told her he was worried I wanted to 'steal' the list and start my own competing OVC programme. During fieldwork, I witnessed much competing over 'orphans' and lists of 'orphans' to obtain aid from tourists, government and sources from abroad. Given my social position, and quasi-voluntourist status, I was seen as potentially part of the seedier aspects of this local 'AIDS orphan industry' (cf. Lewis 2005).

I did not wholly refrain from acts of giving in (the quite futile) attempt to be seen solely as a researcher. For example, when Zodwa needed money for washing up powder after her grandmother had been taken to the hospital, I did not refrain from giving. I did, however, attempt to keep such acts as part and parcel of the everyday, informal giving of monies that happens between neighbours, friends, and kin from those who have it to those who need it. These were intended to be acts of participation with people I knew and was friends with, rather than as acts of charity.

However, there was a scenario where my small acts of 'participatory giving' turned into more of an intervention. A young boy, aged 8, came to the Crew HBC and he was visibly in considerable poor health. He lived with his grandmother who did not have the means to pay for a taxi to the nearest clinic some 40 kilometres away. The family relied heavily on the monthly food parcel the boy received from the Crew HBC because he was an orphan. The grandmother, though a South African national, did not

have an ID to be able to access her entitled pension. I drove the boy and his grandmother to the clinic and the social grant office numerous times trying to arrange for care and access to state grants. As my relationship began partially to be one construed as sponsorship (I had begun paying for the boy's monthly taxi trips to the clinic) I did not involve the family as a 'participant' household in the research.

### ***Family and Assistants in the Field***

I began fieldwork as a new mother. My daughter, Nina, turned one on the day we moved into our house at WRF. She was at my side during most trips to Bushbuckridge, and if she was not, her whereabouts were almost always enquired about. My partner, Haseen, accompanied us too. He came specifically to take charge of Nina while I was conducting interviews or facilitating the Girls' Club. Doing the work of caring for a baby, while doing the work of collecting data on care for and by children, proved fortuitous to say the least. In Appendix #6, I explore how my position as a new mother, and Nina's presence, influenced fieldwork relations, experiences and findings.

Haseen and Nina proved to be very useful, albeit unpaid, field assistants. Haseen, being trained as a primary school teacher, volunteered to run teacher training sessions for the local schools, and acted as a connection to the schools and heads teachers, who I interviewed. He also held small resume writing seminars for (mostly) men in Crew and Dunkveld. While I was engaged in interviews or the Girls' Club, Haseen would usually be 'hanging out' nearby with friends that he had made, playing cards and watching Nina play with his friends' children. He would relay conversations to me, that usually revolved around fathering and issues of unemployment, gleaming some informal insights into the realm of fatherhood that I otherwise would not have had access to.

Nina also acted as a field assistant of sorts (Figure 3.2). While she participated in life as a young child in Agincourt, I observed. She stood out because of her status as a *xinlugwana* (little white person) and interviewees sometimes requested I bring her along for a visit. I paid special attention to Nina's interactions with other children and adults; attempting to decipher those shifting moments when she was treated like any other young child, as an 'insider,' and when she was treated differently, as an 'outsider.' Doing this made me more attuned to interactions between children of various ages and between children and adults. (See Appendix #6 for continued discussion of Nina's role during fieldwork).



**Fig. 3.4.** 'Nina and Drop-In Participants,' photo taken by author (2009). Image blurred for anonymity.

Interestingly, I never received open enquiries about her being of mixed heritage, despite my partner being originally from India. This may have been because my partner himself was often called a *mulungu*. When Haseen would protest, stating that he was not white but brown, he often got the response that he was

called a mulungu because he dressed and talked like one, and that he 'moved with' them too.

I was called Sesi (sister) Anna, Mama Anna or MakwaNina (mother of Nina) by participants depending on my age relative to theirs. Having a daughter and husband in the field meant that I was seen as a full adult by young participants, and our conversations were mediated by this reality of social positioning.<sup>26</sup> My social position as an adult, and a white woman from abroad, mediated interactions and stories told by participants (both young and adult). I make no claims to having captured young people's 'authentic' voices, and agree with Spyrou (2011) who argues that there has been a tendency within child-centred approaches to uncritically and unreflexively seek out children's 'true' and 'pure' voices.

On days I knew I would be interviewing grandmothers I tended to wear long skirts, no make-up and my hair in a pony-tail, all as signs of respect. These skirts were usually made from traditional South African *shwe shwe* cloth. One day a young, local and fashion-forward fieldworker from MRC/Wits (Agincourt) saw me in this skirt and made the rather hilarious and astute comment that I 'dressed like an anthropologist.' Indeed, with younger participants, specifically members of the Girls' Club and the local OVC staff, I had to 'smarten up' a bit, so we could mutually admire each others pretty earrings or scarves. I also avoided bringing a camera with me in attempts to differentiate myself from other visitors who often donned a large camera round their necks for much of the time.

### ***Flora's Contribution***

Flora's contribution during fieldwork included not only translation and interpretation, but she also acted as a 'cultural consultant' of sorts, advising on how to

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<sup>26</sup> There has been much written about the power imbalance in adult-child relationships within child-centred research (see, for example, Mayall, 1994; Morrow and Richards, 1996; Punch, 2002).

navigate certain sensitive conversations or situations. Flora is herself from Agincourt. She is in her thirties and lives with her two children in a village between Crew and Dunkveld. MRC/Wits (Agincourt) has found that research participants are more comfortable speaking with interviewers from a different village as this helps ensure confidentiality. Flora, in her ongoing work for MRC/Wits (Agincourt) had extensive experience interviewing people, of various ages, particularly on sensitive issues relating to health and death. In situations such as that described with Kokwana Bena and Zodwa, I was very grateful to have Flora there to consult with and decide what should, and should not, be done. Her friendship and support was invaluable in the few times interviews and events we had witnessed became emotional for us both.

Interviews were digitally recorded while Flora asked questions in XiTsonga, and paraphrased interviewees' responses back to me in English to help guide the next questions. Flora and I debriefed after each interview. We used this time to assess how the interview went and to identify and clarify any key statements or observations. Through this process we developed a flowing interview style. Flora wrote out by hand interviews in XiTsonga and then translated them into English. I typed the English handwritten transcriptions and we went through each typed transcription together to clarify statements and translations.

### **3.4 Evidence Collected and Analysis**

During fieldwork, I collected three main types of evidence:

- 1) Fieldnotes from participant observation with Dunkveld Drop-In, Crew HBC, participant households and general living in Bushbuckridge;
- 2) Transcriptions and notes from interviews with young people, adult carers and key stakeholders; and
- 3) Secondary materials, such as tourist brochures and websites, newspaper articles, and reports.

Analysis of this ethnographic evidence, as with all qualitative data, is an ongoing

process (Brewer, 2000; Crang and Cook, 2007; Taylor and Bogdan, 1984). The process of typing up fieldnotes and interviews involved reflection on their content and this then affected how and what I chose to focus on as fieldwork continued. Following key events and themes that emerged from this ethnographic data proved a useful means of analysis. Additionally, drafting and redrafting findings chapters, and presenting provisional findings at seminars and conferences, also aided in this continual analysis process.

As Crang and Cook (2007) note, the analysis of ethnographic data is usually 'an informal process of piecing things together, figuring things out, gaining focus and direction as the research unfolds. There needs to be a sense then of balance of creative and structured processes, check on interpretations yet also room to develop ideas' (Crang and Cook 2007: 132). In other words, the data analysis process is about 'moving from chaos to order, and from order to chaos' in the search for understanding and explanation (Blaxter, Hughes and Tight 2006: 195). Thus, in addition to the more creative approach of following themes and 'writing through' my ethnographic evidence, I also adopted more systematic analysis approaches as a means of bringing order and ensuring rigour.

I coded transcriptions and fieldnotes using NVivo 7 software. I first used open codes, a process of coding by reading and re-reading the data for themes, and then entered into NVivo as free nodes. In this process of reading and coding, I further sub-coded, using a network of related 'tree codes,' and also made empirical notes to contextualise coded data. When writing up I referred to both the interview and fieldnote codes, but also to the original full transcriptions and field entries so as not to lose out on the context of various quotes and events.

In addition to themes from the data, I also identified silences (what went unspoken

by participants) and 'outlier' quotes, stories and situations that deviated from dominant narratives and themes. To further ensure the validity of findings, I twice used the technique of triangulation (Marshall and Rossman 1999) as a means of cross-examining data. I identified and triangulated themes that ran through all three types of evidence collected (interviews, fieldnotes and secondary materials). Additionally, in the analysis and writing up of the thesis, I brought together (or triangulated) the perspectives of the three main actors in this ethnographic account of care and young AIDS-affected people (young people, adult carers and other key stakeholders in the OVC care scene).

In this chapter, I have laid out the issues of methods, ethics and positionality encountered while conducting an ethnographic investigation of care relations involving young people affected by AIDS and poverty in Agincourt. This chapter also begins to introduce the main actors within Agincourt's OVC care scene. In the next chapter (Chapter Four) I describe the setting within which these actors interact in exchanges of gifts, aid and care, providing a socio-historical and political economic context to these care relations.

## **Chapter 4. Settings: Contextualising Care**

## **Introduction**

This chapter describes the Agincourt fieldwork site and contextualises the care relations involving young people affected by AIDS and poverty, which are explored and analysed in subsequent chapters. Young people in Agincourt are growing up in a time of rapid change, with South Africa's new and first democratically elected government in 1994 and an AIDS epidemic that started and spread dramatically from the 1990s. Like all former homelands in north east South Africa, Agincourt was systematically underdeveloped under the apartheid state. Nearly two decades later, the region remains woefully under-resourced. It is within this context of extensive material poverty and inadequate state services and infrastructure that gifts targeted to orphans (in the form of state social care and charity from neighbouring tourist game lodges) are welcomed and highly desired.

The first section of this chapter lays out the geographic, demographic and socio-historical context of Agincourt. To understand parental death, orphanhood and residential patterns, the second section briefly summarises the South African national context of AIDS and Government responses to the epidemic. The third, and final section, provides an overview of the 'OVC' care scene particular to Agincourt.

### **4.1. Agincourt: Geographic, Demographic and Socio-Historical Setting**



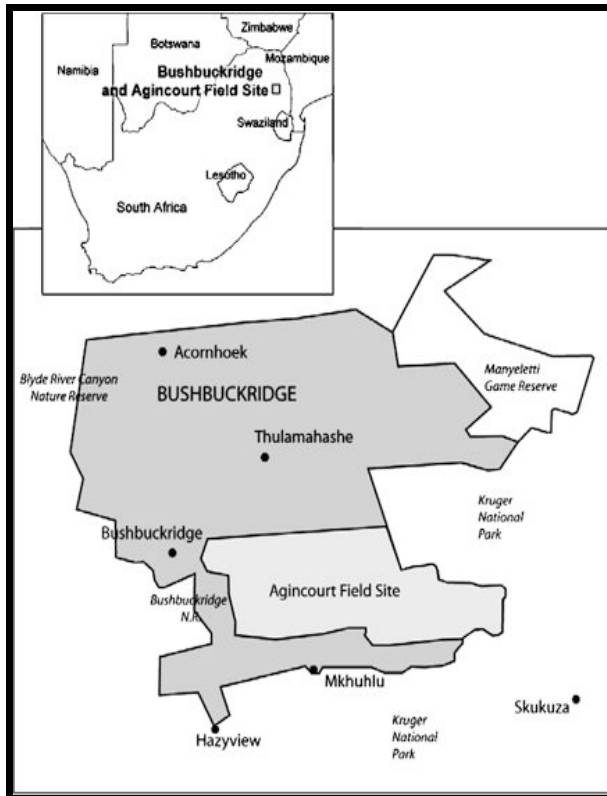


Fig. 4.1. Map<sup>27</sup>, South Africa and Agincourt Field Site, MRC/Wits (Agincourt)

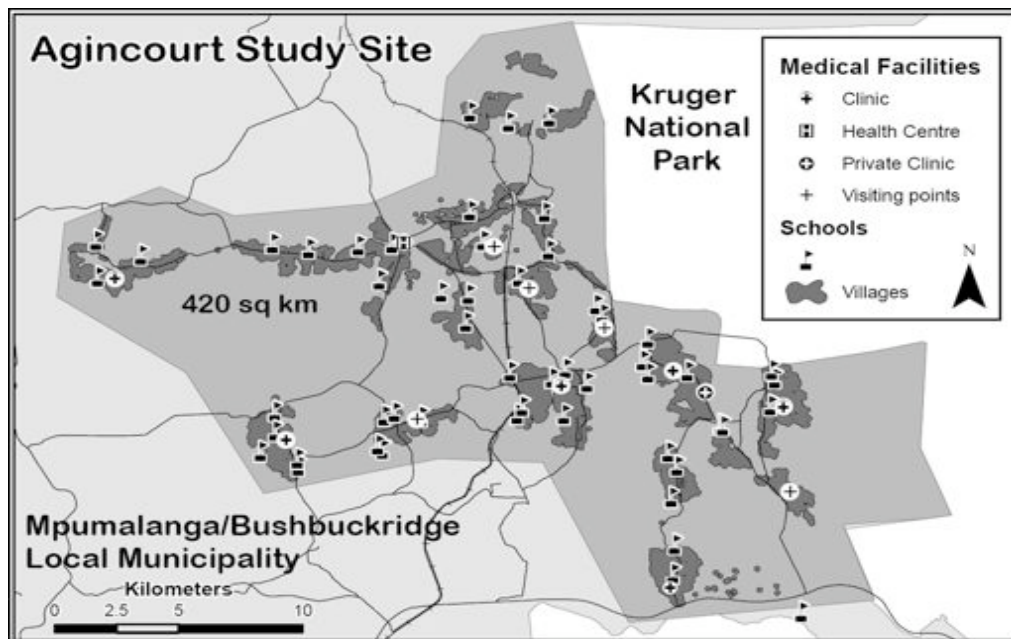
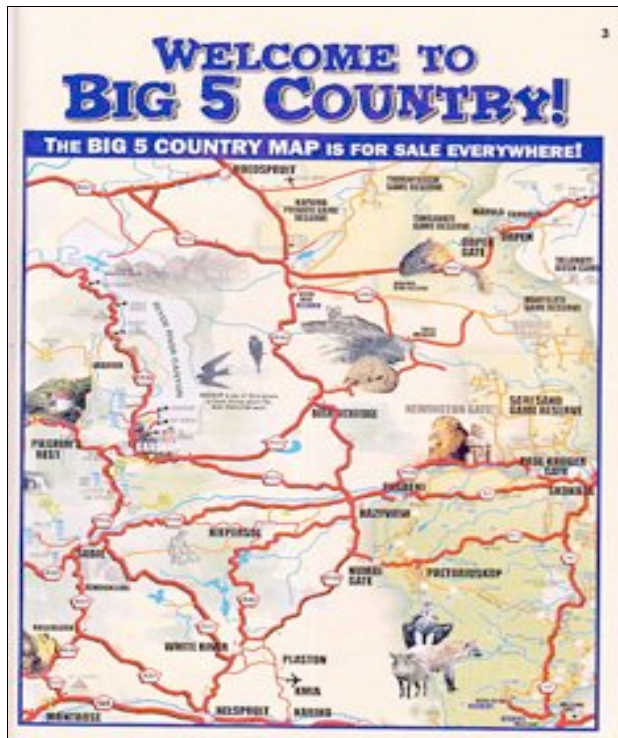


Fig. 4.2. Map, Agincourt Field Site, in MRC/Wits (Agincourt), Community 'Fact Sheets,' 2011

<sup>27</sup> Map retrieved from: <http://www.wits.ac.za/academic/health/publichealth/agincourt/10392/maps.html> (last accessed 28/08/2011)



**Fig. 4.3** Tourist map, 'Welcome to Big 5 Country!' in Brochure, 'Things to Do: Panorama Lowveld and Kruger National Park' from Big 5 Country Tourism, 2009, page 3.

Agincourt is a sub-district 500 kilometres north east of Johannesburg, adjacent to Mozambique's eastern border (see map, Figure 4.1.). It was within the former homeland of Gazankulu. The sub-district, made up of 26 villages, is situated in the municipality of Bushbuckridge, part of Limpopo province until 2006, when it was transferred to the province of Mpumalanga (Figures 4.1 and 4.2). This region, in the centre of South Africa's lowveld (low lying grasslands), sits between two of the nations' major tourist destinations: the Drakensberg mountains and Blyde River Canyon in the east, and Kruger National Park to the west (Figures 4.1 and 4.3). To the north is Hoedspruit, and the south is Hazyview, both historical White farming towns that are also now increasingly engaged in the tourism industry.

When moving through this region, features of the historical division of space along racial lines under the regime of apartheid remain evident. In 'White towns' of Hoedspruit and Hazyview, road signs are primarily those relating to various tourist sites,

hotels and restaurants. In sharp contrast, many of the road signs are advertisements for the numerous funeral homes in the 'Black towns' of Acornhoek, Bushbuckidge, and Mkhuhlu (Figure 4.1). In towns, there are national and global fast food franchises (such as Kentucky Fried Chicken and Nando's), and in Hazyview, shopping malls with national banks, grocery and clothing chains carrying desired brands (Nike and Adidas), consumer and electronic goods. Given such symbols of 'modernity,' tourists often refer to this region as 'Africa Lite.' As a result of poverty and a lack of infrastructure, areas such as Dunkveld and Crew (located some 40 kilometres away) are seen as more 'authentically' African or not seen at all, as they are off the tourist map (Figure 4.3). Villages and towns in Gazankulu were on road maps in the time of apartheid.

Agincourt is rural and remote, but heavily linked with the urban and the global. Adults and young people in villages of Agincourt travel to the towns, such as Hazyview and Mkhuhlu, for work, shopping and banking. Migration of adults to urban areas also blurs divides between the rural and urban, as they bring back gifts of goods less attainable or more expensive in Agincourt. (These range widely from mobile phones, to televisions, leather coats and purses, cosmetics and toiletries, to 'modern foods' such as cheese.) At night, young people watch national, long running soap operas, like *Generations*, on televisions in their own homes or those of neighbours, kin and friends. These soaps are based largely in Johannesburg, presenting aspirational life styles, and often used to broadcast public health messages.

Such images and symbolic items of urban 'modernity' are received by young people living in a rural and materially under-resourced Agincourt. Roads are unpaved, and in especially poor condition during winter rains. Public transportation is limited to privately owned minibus taxis, and those who cannot afford them must walk long distances to access health care and government services. Many larger villages have

health centres, but Dunkveld and Crew do not have permanent health clinics, only a monthly and often unreliable, one-day mobile clinic staffed by nurses. People must travel to the one health centre or six satellite primary health centres located in neighbouring villages (Figure 4.2). There are two district hospitals outside of Agincourt, approximately 25 and 60 kilometres away from the main health centre. There is also one private health clinic established especially through a partnership between a private luxury game lodge, a coal company and the United States government (Figure 4.2). Most people obtain health care through public and private allopathic health professionals, as well as traditional and faith healers.

Most young people attend school as attendance rates are near universal for girls and boys (Collinson 2009: 25). Dunkveld and Crew, like most villages in Agincourt, each have one primary school (Figure 4.2). Crew has a secondary school, but Dunkveld does not and students must walk almost an hour to reach their nearest school. Student to teacher ratios are very high, and matriculation rates are low. While student attendance is high, progression is not; half of 20 year olds in Agincourt are still enrolled in secondary school (Collinson 2009: 25). Young people often go to school not knowing if there will be class as teacher strikes are common and schools are routinely closed on Thursdays, the day staff attend the funeral memorials of other teachers. Families who can afford to send their children to the few private schools in and outside of Agincourt.

When not in school young people spend most of their time with each other. Boys play football and girls play netball in the school fields. Both girls and boys may be assigned to look after younger relatives, sweep the yard, fetch firewood and collect water. Older, teen girls are often involved in more care and domestic duties, such as cleaning and cooking. During the day, young people's movements are not usually

directly supervised by adults and cover relatively wide spaces. However, after dark they are expected to remain indoors, or limit their movements to church services or to neighbours' homes. This is due to threats associated with alcohol, drugs, violent and sexual assaults and robbery.

Domiciles on homesteads range from mud and thatched dwellings to brick homes with tin or tiled roofs. Some live in poor housing provided by the Governments' Reconstruction and Development Programme. Participants' housing situations reflect this range, and are detailed in Appendix #1. Electricity and telephone services have improved over the years, but many still cannot afford them. Below are images of Agincourt taken by young participants of their homes and other spaces important to them:



**Fig. 4.4.** Photograph, 'Primary School,' (2009).



**Fig. 4.5.** Photograph, 'Football Field,' (2009).



**Fig. 4.6.** Photograph, 'Family Photo' (2009).



**Fig. 4.7.** Photograph, 'Sisters' Make-Shift “Salon” at Home,' (2009).

### ***Ethnic and Linguistic Diversity***

Residents of Agincourt are primarily XiTsonga-speakers, and are often referred to as ethnically 'Shangaan' or 'Tsonga,' which are historically highly complicated terms (Harries 1994, 1989). Historically, 'Shangaan' was a term used by lowveld Whites.

Approximately a third of residents are believed to be originally from Mozambique, many of whom first sought refuge in the region during the Frelimo-Renamo civil war (1981-1992). After a formal peace agreement signed in 1992 and voluntary repatriation programmes, many chose to remain, as they share ethnic and kin ties with XiTsonga-speakers, and because of the relatively better standard of living in Agincourt than in Mozambique. Generally, those of Mozambican heritage face discrimination and stigma in Agincourt. In 2008, Tsonga and Mozambicans residing in Johannesburg were the targets of xenophobic attacks during riots. These attacks reflect how, within the wider national South African context, the two identities are thought of as one and the same, and both groups occupy marginalised positions.

Reflecting the history of ethnic and linguistic diversity in the region, Zulu, Pedi, Swazi and English terms are often mixed with XiTsonga. Private schools and public secondary schools are conducted in English. Thus, English is spoken widely by young adults and is a symbol of prosperity, as being able to speak 'good English' is linked to employment prospects. Participants identified and referred to themselves variously as 'Tsonga,' 'Sotho,' 'Black,' 'Mozambican,' 'Zulu,' and 'South African.' Young people were especially more likely than adults to embrace and lay claims to the new South African national identity that is based on a discourse and symbol of the 'rainbow nation.'<sup>28</sup>

### ***Homelands and Historicising (Foster) Care, Material Inequality and AIDS***

The establishment of homelands had radical social, political and economic consequences for Black Africans; consequences that dramatically changed the organisation of family and kin, and laid the grounds for the increased practice of child fostering, the rapid spread of HIV and AIDS, and contemporary material inequalities.

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<sup>28</sup> 'Rainbow nation' is a term coined by Archbishop Desmond Tutu, and promoted by President Nelson Mandela, to describe post-apartheid South Africa and is meant to represent peace and unity amongst diverse, historically divided racial ethnic groups.

The National Party, the ruling apartheid government of 1948 to 1994, forcibly removed and resettled the heterogeneous Black African population of Bushbuckridge onto 'homelands' divided along ethnic lines under the 1951 Bantu Authority Act. In 1973, Gazankulu became the designated 'self-governing' homeland of those identified as ethnically Tsonga (Harries 1989:105-106; Thomson 2000). Under the pre-text of a more 'enlightened' apartheid policy of 'Separate Development' and self government, these bantu policies actually removed remaining 'black spots' of land still in Black African hands from the countryside. The subsequent overpopulation of lands better suited for cattle rearing and game grazing than subsistence agriculture created a cheap labour force now dependent on cash for survival.

Men migrated to the mines of the Witwatersand or to neighbouring White-owned farms. The elderly, women and children remained in Gazankulu, dependent on remittances from their sons, husbands and fathers. Some women and children worked on farms for below subsistence wages. In the division of space along lines of race, age and gender,<sup>29</sup> women were reproducers of the future migratory productive labour force.

Literature on the effects of apartheid on Black young people's well-being highlights how the labour migration system resulted in the forced separation of families and the high mobility of children (Murray 1981; Ross 1996; Spiegel 1987). Children with fathers working on mines and living in migrant hostels were either in the care of their mothers, which was optimal for their health and welfare, or moved frequently among kin if both parents lived in hostels (Ramphela 1993). All young people were forced to adapt to the social disruption brought about by labour migration, but those with both parents residing elsewhere, that were unable to send adequate remittances

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<sup>29</sup> Labour migration and the creation of segregated homelands had profound affects on constructions and practices of masculinity and femininity. For literature on these changes see Moodie (1994) and Harries (1994) on masculinity and mine employment, and see Mager (1999) on the gendered process of homeland construction from the 1940s to 1950s. See also Carton's (2000) work on gendered and generational conflict linked to the establishment of homelands at the turn of the twentieth century.



back, were especially likely to suffer from neglect and malnutrition (Burman and Reynolds 1986). Informal fostering arrangements was a common situation for children in rural settlements, with most residing with maternal grandmothers (Van der Waal 1996). Fostered children tended to be marginalised in their foster homes, receiving less economic support, required to work more, and granted less provisions for their education (ibid.).

Madhavan (2004) distinguishes these new fostering patterns under apartheid as more akin to 'crisis fostering' than the 'voluntary fostering' practised previously. Voluntary fostering, like that practised more in Western Africa, was undertaken to build alliances, reflect kin obligations, and provide young people with opportunities for education and apprenticeships, and households with domestic labour. However, foster care in South Africa was marked by an imbalance as biological parents could not meet the financial obligations to assist in their children's welfare. Grandmothers were forced to take care of grandchildren without choice, 'resulting in heightened financial pressure and possibly increased tension with their own children' (Madhavan 2004: 1147). Such tensions and pressures were behind Thomas' and Mabusela's (1991) attacks on the apartheid state for being directly responsible for the breakdown of the Black African extended family; a breakdown that made families unable to continue to provide care for non-biological children.

Labour migration not only radically shifted the organisation of kin and family in South Africa, but it also laid the structural grounds for the rapid spread of HIV and AIDS (Fassin 2009). With parental deaths, fostering patterns established under apartheid and the creation of homelands were further pulled upon to care for the children of the deceased. Orphanhood was not new to the Gazankulu homeland, as living conditions under apartheid and the dangers of mine work shortened life

expectancies drastically. However, as discussed below, rates of parental death due to AIDS increased dramatically from the 1990s onwards. In 1994, with the ushering in of a democratic government, homelands were eliminated and racial segregation abolished, but poor living conditions created under apartheid have yet to change as rapidly as required, and inequalities between local middle class elites and poor households in Bushbuckridge are intensifying (Stadler 2003a).

### ***The Socio-Political History of Agincourt as an HDSS Site***

Agincourt is the longest established HDSS site in southern Africa. The history of the establishment of the Agincourt as a HDSS site is tied to socio-political events in South Africa over the past 30 years. After the Soweto uprisings of 1976, a large progressive movement began and sought to improve the conditions in Black townships and cities. However, this attention was not directed to South Africa's rural regions. In 1982, as a step towards addressing this urban-rural imbalance, a small team of employees (Stephen Tollman, Kathleen Kahn and John Gear) from the University of Witwatersand's Department of Community Health began the HSDU in Agincourt with the goal of documenting, measuring and monitoring the health problems, and the official and purposeful neglect, manifested under the apartheid regime (AHPU 2004: 8; Tollman 1999; Tollman et al. 1999). Inspired by the 1978 Alma-Ata conference (under the World Health Organisation and United Nations Children's Fund), and the primary health care models originating from that conference, the team also sought to improve health care systems in the region and set up Tintswalo Hospital (AHPU 2004: 8). From 1992, an annual household census of births, deaths and in/out migration began, and the organisation continues its efforts in improving local health care systems.

When first established thirty years ago, what has now become known as

MRC/Wits (Agincourt), with its initial, primarily White, team of researchers, was based largely at the University of Witwatersands' Rural Facility (WRF). At that time, during apartheid, Whites could not reside within a homeland, but Tollman and Kahn were physicians and thus allowed to live in a house on the grounds of Tintswalo hospital that is today the HDSS main office. I resided with my family at WRF, which is situated along the road to Kruger National Park's Orpen Gate entrance, just outside the boundary of Gazankulu and still in the Limpopo province (Figure 4.3). WRF sits between White-owned lands used for private tourist game reserves and just north of the Black town of Acornhoek (Figure 4.1). As explained in the previous chapter (Chapter Three), due to concerns of safety and theft, I did not reside within the Agincourt field site itself. MRC/Wits (Agincourt) plans to address the issue of visiting researchers living outside of the site, and apart from 'the researched,' by constructing small residences for researchers within Agincourt. This effort is part of the organisation's ongoing endeavours to breakdown social, spatial and racial divides between those doing research, and those made the objects of research.

### ***Agincourt: Demographic Context***

The 2008 Agincourt census recorded a population of approximately 84,000 people living in 14,700 households (Schatz, Madhavan and Williams 2011: 600), spread over 24 villages within a region of 420 square kilometres. The population density of Agincourt is relatively high, with approximately 200 people per square kilometre. The major demographic shifts from the 1990s onwards include escalating mortality rates primarily due to the AIDS epidemic, a declining birth rate, and increasing numbers of women joining the historically male temporary migrant workforce; trends consistent with those across South Africa (Kahn 2006; Kahn et al. 2007).

Settlement patterns in Agincourt, like other former homelands in north eastern South Africa, are distinct villages surrounded by bush fields (Hunter, Twine and Patterson 2007). These fields are used for rearing cattle, harvesting wild foods and gathering fuel wood. The region is semi-arid, with an annual rainfall of 550 to 700 mm, and water shortage remains a serious problem (Hunter, Twine and Patterson 2007). Water sanitation is also a problem, as it is pumped into main reservoirs without purification. From the reservoirs, water goes to communal taps in each village, which serve as points from where women and children collect and carry the water. While many homesteads have small gardens as a supplementary food source, these gardens cannot support subsistence farming; thus, food shortages, hunger and (especially child) malnutrition are common (Hunter, Twine and Patterson 2007; Kimani-Murage et al. 2011).

Agincourt's population is 'young,' reflecting the ongoing pattern of circular migration of adults between their rural homes and (semi)urban centres. In 2005, 36% of all residents were under the age of 15, and 5% were over the age of 65 (Collinson 2010: 5081). Unemployment is high; as of 2004, unemployment stood at 29% for men and 46% for women (ibid.). Thus men, and increasingly women, migrate to towns and cities for work. In 2004, 31% of adult men and 17% of all adult women were temporary (largely labour) migrants (Kahn et al. 2007: 10). Men find work mostly in coal and gold mining, construction, and security industries. While the availability of mining jobs has declined due to de-industrialisation, South Africa's private security industry has been a booming industry (Kruger 2001). Men also work for low wages on commercial agricultural and game farms near the outskirts of Agincourt. Women who migrate often work on farms or find work as domestics. Kruger National Park and neighbouring tourist game lodges have increasingly hired women for service, domestic and

administrative positions, as they are seen as a more 'dependable' and 'cheaper' workforce than men; marking a new layer to the identity of 'the Shangaan' as a 'loyal people' by Kruger National Park and its history of employing local men as gate guards, game trackers and 'police boys' in the game reserve (Bunn 2001:11).

The few local sources of employment are provided in the public sector. These include jobs in social work, teaching and policing. Within Agincourt, most people, from the young to the elderly, partake in a myriad of informal employment and survival strategies: from selling fruit, mobile air time and *dagga* (marijuana); to cooking food, rearing chickens and making traditional beer; to women's micro-credit enterprises and stockvels (rotating credit union clubs); to cattle hands and collecting firewood; to carpentry and sewing; to opening small food-selling 'tuck shops,' barber shops and beauty salons. Social grants also provide a crucial source of income, and are discussed more below. Participant households reflect this diversity of sources of income and survival strategies (see Appendix #1).

Birth rates have dropped significantly in Agincourt over the past 25 years, to the point of negative population growth (Garenne et al. 2007), which is historically atypical for rural regions of southern Africa. The influences behind this shift are numerous, and include improved access to contraceptives and birth control, higher mortality rates amongst women of reproductive age, and shifting social norms and expectations regarding family size. Despite decreasing pregnancy rates amongst all age levels (ibid.), adults in Agincourt often express concern about a perceived increase in 'teenage pregnancy.'<sup>30</sup>

Mortality rates have increased dramatically in Agincourt from the 1990s

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<sup>30</sup> Such social and moral panic is found throughout South Africa, and the South African media, and underlies a commonly stated belief that teen girls become pregnant to access state sponsored social grants (Makiwane 2010). I heard this statement often in Agincourt from both adults and children. Empirical evidence discredits this belief, as rates of pregnancy amongst teenage girls has been dropping across South Africa despite the introduction of social grants (ibid.).

onwards, primarily due to the AIDS epidemic. In 1992, only one percent of all adult deaths were attributed to AIDS, but in 2003 that figure rose rapidly to 22% (Madhavan and Schatz 2007). In 2007, over a third of pregnant women in Mpumalanga tested HIV positive, the second highest provincial rate of antenatal HIV-prevalence in the country (AVERT 2011). Infant and child mortality (birth to five years) began to increase from 1996 onwards. The leading causes of death for infants and children are HIV/TB<sup>31</sup>, diarrhoea and acute respiratory infections (Tollman et al. 2008). For young people between the ages of five and 14, accidental injuries, HIV/TB and road traffic accidents are the main causes of death (ibid.). Amongst older adults, mortality rates have increased for women between the ages of 50 and 64, who are bearing the brunt of the emerging non-communicable diseases of stroke, diabetes and hypertension (Kahn et al. 2006). After HIV/TB, the major contributors to death among those aged 15 to 49 were violent assault and road traffic accidents (ibid.).

In Agincourt, from 1995 to 2002, AIDS became the leading cause of death in all age groups (McNeill and Niehaus 2009: 21). Whereas deceased adult men were more likely to be the 'wealthier of the poor,' with jobs as teachers, taxi car drivers, and migrant workers, deceased women were more likely to be young, unemployed, single and dependent on men for income (ibid.). This gender and class difference reflects the structured gender inequality underlying and spurring on the epidemic in Agincourt and South Africa (Hunter 2002).

## **4.2 The National Context of AIDS, Orphanhood and State Social Care**

### ***HIV and AIDS: National Context***

In 2009, an estimated 5.6 million people were living with HIV and AIDS in

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<sup>31</sup> In Agincourt, TB is major cause of death, but due to the stigma of AIDS, it is common practice for AIDS-related deaths to be recorded as TB-related on death certificates.

South Africa, more than in any other country (USAID 2010). In that same year, approximately 310,000 people died due to AIDS related illnesses (ibid.). Particularly affected are women aged 25 to 29, almost a third of whom are positive, and men aged 30 to 34, over a quarter of whom are positive (ibid.). In 2003, the South African Government, under President Thabo Mbeki, who became infamous for denying the link between the HIV virus and AIDS, reluctantly began rolling out a public health programme providing free access to antiretroviral treatment (ART). Free access to ART came after legal battles and political organising led by the health activist organisation, Treatment Action Campaign (TAC). TAC formed in 1998 and won a case against the Government for failing to provide prevention of mother-to-child transmission (PMTCT) by providing antiretroviral (ARV) prophylaxis to HIV positive pregnant women. This failure to provide PMTCT violated the South African Constitutional right to health care.<sup>32</sup> In 2001, the TAC also assisted the Government's legal defence against the attempt of private pharmaceutical industries to prevent the provision of cheaper, generic ARV drugs (Heywood 2009).

South Africa now has the largest ARV programme in the world, but given the sheer number of people living with HIV and AIDS, access and uptake remains relatively low. ARV has only been accessible at the two district hospitals near Agincourt since 2005 (Kahn et al. 2007), and from the private health clinic within Agincourt. The cost of transport to the hospitals and clinic remains prohibitive to many. In 2009, only 37% of South Africans requiring treatment received it (WHO 2010). In 2010, the Government, under President Zuma, an administration with an unambiguous stance on the link between HIV and AIDS, launched a new HIV counselling and treatment campaign to address the problem of ARV access. According to the current Minister of

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<sup>32</sup> Section 27, of the Constitution of the Republic of South Africa (1966), provides that everyone has the right to access health care services. In addition, section 28 (1)(c) gives children 'the right to basic nutrition and basic health care services.'

Health, Dr. Motsoaledi, the campaign has led to an increased uptake of treatment (Motsoaledi 2011).

### ***Orphanhood and Residential Patterns***

In 2009, 4.3 million young people in South Africa under the age of 18 did not have a living biological mother, father or both; this is the equivalent of nearly a quarter (23%) of all young people in the country (Meintjes and Hall 2011).<sup>33</sup> This is an increase of one million young people from 2002; an increase attributable primarily to the epidemic. Breaking down total orphanhood figures by type of parental death shows that, in 2009, 14% of all young South Africans were paternal orphans, 5% were double orphans and 3% were maternal orphans. Thus, the vast majority (63%) of those without a parent have lost fathers. The number of paternal orphans is high because of higher mortality rates of men as well as the absence of fathers; many young people do not know the vital status of their fathers. In 2009, rates of orphanhood in Mpumalanga were slightly higher than national rates; of those under the age of 18 in the province, 14.8% (399,000) had a deceased father, 5.8% (85,000) had both a deceased mother and father, and 3.9% (57,000) had a deceased mother.

The residential patterns of young people with deceased parents must be placed within historical and contemporary norms of child-fostering and extended family arrangements. A large percentage (23%) of children, orphaned and non-orphaned, do not reside with either of their biological parents (Hall and Wright 2011). An equal percentage (23%) reside with both parents; the majority (41%) with their mother; and far fewer (3%) with their father (ibid.). Not living with ones' biological parents is a reality for many children, orphaned and non-orphaned. Children do not reside with a biological mother and/or father for a multitude of social, cultural and economic reasons,

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<sup>33</sup> Statistics presented in this paragraph are from Meintjes and Halls' (2011) report on South African childhood demographics and are based on the South African General Household Survey of 2009.



such as mothers and fathers residing elsewhere due to employment or remarriage.

Fathers often do not live with their children because of the 'unprecedented decline' in marriage caused by the simultaneous collapse of both agrarian and waged labour (Hunter 2006).

In South Africa, children who have lost a father are most likely to reside with their mother (Hall and Wright 2011). In rural areas, children who have lost their mother, or both mother and father, are more likely to reside with their mother's kin (primarily their mother's mother, sister or adult children) than that of their father's (Hill, Hosegood and Newell 2008). In Agincourt, despite the dramatic rise in AIDS related deaths, there has yet to be an increase in the number of 'fragile families,' namely skipped-generation<sup>34</sup> and child-headed households, that are sometimes associated with orphanhood (Madhavan and Schatz 2007).

From 1992 to 2003, the number of households with a child under the age of 15 that has lost a biological mother or both parents has increased from 2.8 % to 5.5% (ibid.). The number of households fostering a child with a mother residing elsewhere has also very slightly increased (14.5 to 15.4%). Despite these small increases, the number of skipped-generation households has not increased, and remain very low (around 4%), and the number of child-headed households in Agincourt remain statistically nearly non-existent (ibid.). Across South Africa, few children (approximately 0.5%) reside in child-headed households, and the number has not increased from 2002 to 2009 despite the maturing of the epidemic and the increasing number of parental deaths (Meintjes et al. 2009).

Returning to the story of Zodwa and Kokwana Bena from the previous chapter (Chapter Three), the account reflects how young people residing in child-only

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<sup>34</sup> Skipped-generation households are those shared by grandchildren and grandparents, with a missing 'middle' generation.

households are often in a temporary arrangement. Zodwa was not often left to care for Kokwana Bena on her own. Kokwana Bena's daughter-in-law usually resides in the homestead to help as well. After going to the hospital, Kokwana Bena returned home after recovering from severe dehydration and her daughter-in-law returned from Johannesburg to help care for her. After leaving Bushbuckridge, I learned that Kokwana Bena passed away a couple months after her hospital stay. I was told that the daughter-in-law was going to stay on with Zodwa and Prince while she raised her own young child, to help Zodwa take care of Prince, and to keep Zodwa from 'running off' with her boyfriend. Thus, as with the majority of households where children without parents reside in Agincourt and South Africa, Zodwa's household was not (or, at least, only temporarily) a skipped-generation or a child-headed one.

In Agincourt, many young people reside in female-headed households, matrifocal and multi-generational households with women, children and their grandchildren. In 2007, approximately 40% of all households were recorded as female-headed by the HDSS census (Schatz, Madhavan and Williams 2011: 601). While in the past, women were likely to become heads of households when their spouses migrated, they are increasingly likely to head a household when a spouse or adult (male) child dies from AIDS-related causes (Kahn 2006). Also, women often reside and/or reciprocate support with their male siblings; such relationships have become more important than relationships with husbands (Niehaus 1994). Contrary to dominant representations of female-headed households as universally dependent and vulnerable, in Agincourt, such households are highly heterogeneous as women's access to resources and supports vary greatly; children and women in households with stronger intra-household social connections fair better than those that do not (Schatz, Madhavan and Williams 2011: 604).

### ***State Social Care and Foster Child Grants for Orphans***

The post-1994, new democratic South Africa Government ushered in a strong social grant system and constitutionally enshrined the right to social security.<sup>35</sup> Due to high rates of unemployment and the lack of arable land for subsistence agriculture, communities in Agincourt are highly reliant on social grants (Case and Menedez 2007; Collinson 2010; Schatz and Ogunmefun 2007; Twine et al. 2007). Pensions for the elderly, Child Support Grants and Foster Care Grants are three forms of State-provided social care that have become crucial to the livelihoods and survival of households in Agincourt. I discuss each of these social grants, and their importance, in turn.

After 1994, the African National Congress (ANC) government introduced non-contributory, income means-tested pensions for elderly women and men that were paid at an equal rate for Black, Coloured and White South Africans. As of 2010, both men and women over the age of 60 were made eligible for this pension worth up to 1,140 South African Rand (approximately £98) per month.<sup>36</sup> Pensions are vital to livelihoods and survival in rural areas, especially for women, and are also key to the continued support of the ANC among the poor (Hunter 2006: footnote 12).

Pensions act as steady source of income, providing food and necessities to sustain an entire household (and sometimes multiple households) in rural areas that depend on the insecure and irregular remittances from migrant, working relatives (Schatz and Ogunmefun 2007). In Agincourt, the provision of pensions to elderly women has been shown to improve the well being of children, particularly girls, residing in those households (Case and Menendez 2007). Pensions, as well as other social grants, provide a stable source of income that create relations and 'opportunities

<sup>35</sup> Section 27 (1)(c) of the Constitution of the Republic of South Africa (1996) states that 'everyone has the right to have access to... social security, including, if they are unable to support themselves and their dependants, appropriate social assistance.'

<sup>36</sup> Previous to 2010, women over the age of 60 were eligible for pensions, but men were not until the age of 63 in 2008, and 65 prior to 2008.

for credit, respect and reciprocal dependence' (Schatz, Madhavan and Williams 2011: 599; see also, Schatz 2007).

In the context of the AIDS epidemic, older, as opposed to younger, female heads of households have become the 'locus of care' in Agincourt, and pensions likely play a key role in this development (Schatz, Madhavan and Williams 2011: 601). Older women are affected when their children, who might live outside the household and have young children, become infected with, need care for, or die from AIDS-related illnesses. Older female heads of households are more likely than younger heads of households to care for a sick relative, and more likely to take in or contribute to the care of the children of deceased relatives (*ibid.*). The stable income of a pension, which younger women do not have access to, likely influences decisions about where children go to live after the death of a parent.

South Africa's social safety net system also provides a Child Support Grant (CSG), widely referred to as 'Child Grants' locally. In 1998, the government implemented Child Grants following the recommendation of the Lund Commission (Lund 2008). As of 2009, the grant, worth 250 Rand (approximately £21) per month, was available to any 'primary caregiver' of a child up to the age of 14. Child Grants are administered by the South African Social Security Agency (SASSA), and eligibility is determined by a set of demographic and socio-economic criteria. CSGs are intended as a poverty alleviation grant (Meintjes et al. 2004:11), and are targeted especially towards poor and historically neglected households in rural communities. In Agincourt, the CSG, despite being a 'pro-poor' government intervention, is less accessible to the poorest households than relatively less poor households (Twine et al. 2007). Barriers to access include lack of official documentation (birth certificates and national identity documents), the distance and cost of travel to government service offices, and the

literacy and educational levels of primary caregivers (ibid.).

The Foster Child Grant (FCG), a grant currently directed to 'orphans',<sup>37</sup> is now the cornerstone of the South African Government's response to the affects of AIDS on young people (Meintjes et al. 2004, 2005). Like the CSG, the FCG is administered by SASSA, but also the Department of Social Development and the Department of Justice and Constitutional Development. Obtaining a FCG is far more complex and difficult; a process governed by two Acts: the Child Care Act No. 74 of 1983 and the Social Assistance Act No. 59 of 1992 (Meintjes et al. 2004: 12). In 2009, during the time of fieldwork, FCG was worth 590 Rand (approximately £50) a month and available to foster carers of children up to the age of 18. In 2011, this amount rose to 780 Rand, making it worth almost treble that of a CSG. Moreover, the FCG is given to a child for four years longer than a CSG (Hall and Proudlock 2011).<sup>38</sup> Thus, the FCG is a highly desired grant in Agincourt.

While the CSG has always been intended for *child poverty* alleviation, the FCG was (and legislatively remains) meant as a *child protection* measure for all children, regardless of parental mortality. However, in practice, the FCG has become conflated with the CSG as poverty alleviation tool, but one that is now directed primarily to orphans (Meintjes et al. 2004: 13; Hall and Proudlock 2011). In the past, the FCG was given to a court appointed foster carer of a child deemed to be 'in need of care' by a social worker, independent of whether the child had living or deceased parents. In later stages of the epidemic, and dramatic increases in parental deaths, the FCG became an orphan-targeted poverty alleviation measure. Today, the law remains unclear, and the Government has yet to provide guidelines, on whether young people should receive the FGC on the basis of parental death (Hall and Proudlock 2011). Thus, in practice,

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<sup>37</sup> In practice, the FCG is most often granted to maternal and double orphans (Meintjes et al. 2005).

<sup>38</sup> In 2011 the value of the CSG only rose by 20 Rand (Hall and Proudlock 2011).

magistrates implement the provision of FCG differently – some rewarding the grant to orphans already in the care of relatives, and some refusing to do so on the basis that the child is not without 'visible means of support' (ibid.: 2).

The targeting of orphans can be seen at a national level. The Department of Social Development prioritised the 'intensification' of the registration of 'orphans' for FCG in 2004 and 2005 (Meintjes et al. 2005: 239). In Agincourt, social workers granted FCG largely on the basis of dual orphanhood, and sometimes maternal orphanhood. In 2010, the Department of Social Development mandated social workers in Agincourt to meet a new FCG registration quota of five 'orphans' a month (Twine 2010).<sup>39</sup> In practice, families and children with social connections to social workers are more likely to receive, and be fast-tracked, for these grants.<sup>40</sup>

South Africa's policy makers, government officials and NGO community continue to debate the merits of using the FCG as a State response to the impact of AIDS on children and the increasing numbers of parentless children (Hall and Proudlock 2011). Paramount is the concern that some adults may exploit the system and collect multiple FCGs by 'stealing' orphans away from their extended families.<sup>41</sup> Meintjes et al. (2005) argue that given the pervasiveness of child poverty in South Africa, this use of a social security system to target children on the basis of orphanhood is a misguided, and possibly harmful, direction of crucial resources. This new use of the FCG as an 'orphan grant' creates inequities between orphaned children and other children marginalised by AIDS (such as those with ill parents); does not consider the on-the-ground context of extended family care within which most orphans reside; and finally, is not a cost-effective means of supporting the largest number of poor children

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<sup>39</sup> August 2010, personal communication with Rhian Twine, of LINC, the community engagement organisation under MRC/Wits (Agincourt).

<sup>40</sup> August 2009 conversation with head manager Bushbuckridge's Department of Social Development.

<sup>41</sup> Currently, the number of FCGs one adult can collect is capped at six.

requiring assistance as possible (Meintjes et al. 2005). Despite these shortcomings, the targeting of the FCG to orphans remains the key State care response to AIDS and its effects on young people.

### **4.3 The OVC Care Scene in Agincourt**

Agincourt is a microcosm of the AIDS orphan industry, pooling together resources (financial, material, and human) and creating a variety of experts (from social workers, public health specialists, to researchers). The participation of private individuals and businesses through charitable ventures that are often connected to local tourism, adds an additional, less metaphorical layer to this analogy of an AIDS orphan industry. The range of initiatives for OVCs, and especially orphans, within Agincourt, and Bushbuckridge in general, makes it unlike most communities struggling with the effects of AIDS and poverty, as the majority, by and large, do not have such supports.

Initiatives in Agincourt range from large-scale, multi-year projects such as the European Commission funding of Home Based Care organisations which assist OVCs and operate under the South African government's Department of Health and Social Development; to faith-based initiatives led primarily by mainstream (White) churches sponsoring drop-in centres and home-based care organisations; to projects spearheaded by the tourist game lodges in the form of community tours and the sponsorship of crèches. Alongside these initiatives was the strong presence of foreign volunteers and development workers. Some stay for short one month trips (i.e. voluntourists) and some stay for much longer, such as PeaceCorps and VSO volunteers who commit to staying for at least one to two years.

The Department of Social Development believes there are approximately

thirty HBC programmes or Drop-In centres across Bushbuckridge.<sup>42</sup> A district, multi-sectoral OVC task force, with the administrative support from MRC/Wits (Agincourt) LINC office, was created to coordinate services and identify the needs of OVCs. In 2009, representatives from HBC programmes, the Department of Social Development, the Department of Health, the Department of Education, and SASSA, as well as from the tourist game lodges participated. The OVC Task Force identified grant access as the key issue for marginalised children and families in Agincourt.

Managers from the major luxury tour game lodges also had a monthly task force to address the competing nature of their community development and charitable initiatives to try to better coordinate their efforts. Initiatives ranged from building a school for disabled children to a private hospital in the centre of Agincourt. In relation to young children, the lodges were often involved in the building of crèches, assisting primary schools, and supporting HBC and drop-in centres primarily in villages adjacent to the private game reserves and where most local staff reside. As to be discussed further in Chapter Seven, lodges sometimes misrepresented and marketed crèches as 'orphanages,' and presented inaccurate information about the nature and context of orphanhood in Agincourt.

There are no official 'orphanages' in Agincourt or Bushbuckridge. The South African government promotes a policy that discourages institutional care for orphans, and instead uses what are termed 'residential care homes' as a last resort for young people requiring state care. Agincourt has one residential care home. In 2009, approximately 20 young people, primarily teens, resided there. The majority had a surviving parent, or both parents surviving, and lived in the care home due to abuse or because they were 'kicked out' of their homes by family.<sup>43</sup>

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<sup>42</sup> August 2009 conversation with head manager Bushbuckridge's Department of Social Development.

<sup>43</sup> August 2009 conversation with head manager Bushbuckridge's Department of Social Development.



Schools, HBC and Drop-In centres routinely maintained lists of children they categorised as orphaned and/or vulnerable. In the primary schools of Dunkveld and Crew, lists of those identified as orphaned are hang on the walls of the administrative office. Orphans receive tuition fee wavers in state schools; however, state schools in South Africa's poorest districts, like those of Dunkveld and Crew, do not charge school fees. Like other HBC programmes in the area, the Crew HBC programme primarily supported orphans with a monthly food parcel and assisted families in the process of obtaining CSG and FCG.<sup>44</sup> The Dunkveld Drop-In programme provided a daily meal, seven days a week, and was more flexible in its ability to provide for both those identified as 'orphaned' and 'vulnerable.' Donations of school uniforms, shoes and blankets came to HBC and Drop-In programmes through the Department of Social Development, and were directed to children identified as orphaned. Thus, in the context of pervasive poverty, children labelled and identified as orphans are the beneficiaries of a range of material supports: from food, to cash, to clothes.

Access to, and the types of, material gifts is influenced by access to links to external, transnational forms of tourist-based charitable care. Dunkveld Drop-In had more connections to such supports because of its location within a village located adjacent to the main road used by tourists to Kruger National Park and privately owned game reserves. More residents were also employed by Kruger Park and the tourist game lodges, providing opportunities to make connections with primarily White visitors. Dunkveld Drop-In started with the help of Lorraine, a white Afrikaner woman who had a summer-home on a nearby game-lodge, and was asked by staff to come 'help the children' in the village. Through Lorraine, Dunkveld Drop-

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<sup>44</sup> HBC programmes' provision of support to OVCs is secondary to their main intended goal of providing supplementary medical, counselling and palliative care within homes. In Agincourt, HBC 'clients' are mostly those living with HIV, AIDS and/or TB, elderly people with diabetes and heart conditions, and the physically disabled. Given the shortage of doctors and nurses in South Africa, HBC workers, who are primarily female, are a crucial component of the health care system.

In has received funding and assistance from her international evangelical Christian networks. Dunkveld Drop-In also became a stop on one of the tourist lodges' community tours, and receives donations from the lodge for its participation. In contrast, the Crew HBC programme received its funding primarily through the European Union, administered by the Department of Social Development and Department of Health. Due to its location in the interior of Agincourt, it did not receive the 'extra' supports associated with foreign tourists and tourist game lodges. In Chapter Seven, I will discuss the local competition for tourist-based charitable interventions.

### ***Conclusion***

Agincourt is a region marked by the rapid changes brought with the transition from an apartheid to democratic government, the catastrophic affects of the HIV and AIDS epidemic, increased participation in a global market and an entrenching of economic inequality. Such changes shape experiences, perspectives and practices of care for and by young people. This chapter has set the stage for the exploration and analysis of care relations involving young people affected by AIDS and poverty in Agincourt that now follows in subsequent findings chapters (Chapters Five through Seven).

## Part II: Data Analysis

### Chapter 5. Orphanhood, Care and Contradictions

#### *Introduction*

This chapter addresses the research question: How do local constructions of orphanhood relate to perspectives and practices of care between young people and adults? This question is addressed with data drawn from fieldnotes, observations with young people and OVC staff in the area, and interviews and ethnographic observations in Crew and Dunkveld. I frame the findings within the research reviewed in Chapter Two, particularly the literatures on new childhoods and critical orphanhood studies, African concepts of care, and gender and children's labour.

The chapter first examines local articulations of care, and how such constructions of care are interlinked with local concepts and practices of childhood and kin relations. This section also focuses on young peoples' perspectives and feelings about their labour contributions to intergenerational exchanges of care. In the second section, I examine constructions of orphanhood in Agincourt, arguing that, as found elsewhere sub Saharan Africa, orphanhood is a 'condition embedded with contradiction' (Meintjes and Giese 2006: 425; see also Dahl 2009a; Ferguson and Freidus 2007; Freidus 2010a; Hutchinson 2007). To be a *xisiwana* (orphan) is a condition that has historically been a position of stigma, and it remains so today. In contrast, the label of 'orphan' (in the English and global use the term) is also a category associated with a range of valuable gifts of aid (food, cash and clothes) accompanying international and national constructions of the 'global orphan.' I highlight how young people actively traverse these contradictory, global-local 'orphanhoods,' variously rejecting and appropriating the term. Such contradictions, of the simultaneous valuing and

stigmatisation of orphanhood has been established in the literature (Meintjes and Giese 2006; Friedus 2010b, Hutchinson 2007). The third, and final, section of this chapter argues that, in Agincourt, there is an additional layer of stigma surrounding orphanhood. This stigma takes the form of an emerging discursive association, though not an uncontested one, between orphanhood and youth 'deviance.'

I begin with an account from the field that I will draw upon throughout this chapter to explore local conceptions of care, the contradictions of orphanhood, and the additional layer of stigma of orphans as 'deviant youth.' This account is based on a special prayer session organised by one of Crew's Pentecostal churches. It was organised for 'Widows, Elderly, Disabled and Orphans' (written in English on the church calendar).<sup>45</sup> Sesi Betheul, a HBC volunteer at Crew HBC, invited my family and I to the event. While I knew HBC volunteers did morning prayers for their 'clients,' within general church services and women's gatherings, I had never before heard 'orphans' singled out for special prayers or made the subject of sermons. I was, therefore, keen to attend.

***'God is the Father to the Fatherless and the Husband to the Husbandless (sic)'***

On the day of the special Sunday service, Haseen, Nina and I arrive with Sesi Betheul, her two youngest daughters, both still in secondary school, and her infant granddaughter, whose mother is away in Johannesburg at University. Sesi Betheul's daughters take Nina and their baby niece to the back of the church with the rest of the young ones who make up about a third of the 70 congregates present. Haseen and I sit closer to the front with the adults who are mostly young and middle aged women. Of the elderly present, most are women and just a handful of men. Today, it is the head pastor's wife, Mama Sithole, who conducts the sermon, entitled on the programme 'God is the Father to the Fatherless and the Husband to the Husbandless.' A title and a spiritual prescription that holds special significance given the particular social history of Bushbuckridge now

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<sup>45</sup> Looking at the church's calendar posted on the wall, special prayer sessions were held once a month, most of which were dedicated to raising funds for the church and the upcoming church conference. Two days were set aside to pray for 'The Sick' and just the one for 'The Widows, Elderly, Disabled and Orphans.' Thus 'orphans' are not often targeted for special prayers.

reflected in the demographic make-up of the room.

I am very fortunate that one of the junior ministers comes to sit beside me to offer his translation services.<sup>46</sup> Mama Sithole begins by having someone read from the Book of Isaiah, after which she repeats passage 1:17, '[L]earn to do right! Seek justice, encourage the oppressed. Defend the cause of the fatherless, plead the case of the widow.' She continues<sup>47</sup>:

Remember, God is a father who is always with you. He is the best kind of father. God will never leave you [*Xikwembu axi nge pfuki xi tshikile*]. God will never forsake [*ku falarhela*] you. God will never die... [pause]... God is your father. God is your mother. He is the best kind of parent. When you think you are alone, you are not. God is there. God loves you and sees [*vona*] you.<sup>48</sup>

We are happy that we have people caring for these children [waves her arm in the direction of Sesi Betheul]. It is difficult to raise these children. Some, they don't listen to us [*a va yingisi*]. You try to talk to them, but they say, 'You are not my mother, you are not my father!' We do not want to hit them, but sometimes we must teach them. When you do not have enough in the house- they say you don't give them what you have because their mother is dead. When you don't have meat in the house, they complain that you don't give them good food because their mother is dead.

We have many children without parents, but some they are successful. They are driving nice cars because the Lord was there with them. Give to God all your cares and problems and he will do the rest... [pause]... I talked to one of these children and he said to me, 'my life is so hard and there's nothing I can do.' I told him, he was mistaken. When you feel forsaken, there is one who is always there for you. God! He is there for you! And that is the secret.

The rest, and the majority, of the sermon turns to the issue of kindness and respect for elders. Mama Sithole reminds the congregation of their duty to care for 'their parents,' and continues with the local analogies of cooking and food to express matters of love and care. She urges younger members to carry out this duty of care with love, by not just cooking for their elders, but by cooking 'good food' for them.

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<sup>46</sup> At church services, the head pastors sometimes conducted parts of the service in English, with a junior minister translating in XiTsonga for the congregation. At first, I worried that this was solely for my benefit, but was later assured by others who made jokes about pastors doing this to show off their 'good English.' At revivals I attended, not only did some pastors appropriate doctrine from the American property gospel movement, but sometimes American accents as well. Pastors, some of whom attended training in the US, were sure to demonstrate this symbol of education and prosperity.

<sup>47</sup> As translated by Betwell and simultaneously transcribed by the researcher.

<sup>48</sup> Here, the act of 'seeing' can also be understood within its local meaning as the act of paternal kin recognition of, and acceptance of a child as part of the kin group.

The congregation returns to song, and about eight food parcels are brought to the front of the hall. Receivers of the parcels had been sat in the first two rows of plastic chairs. Representing the 'Widows, Elderly, Disabled and Orphans' are ten elderly men and women, of whom one man is in a wheelchair. There are three young people: two young boys and one teenage boy, whose torn dress shirt stands out next to everyone else wearing some of their nicer attire for church. After Mama Sithole gives blessings to each recipient individually, they are given a food parcel. Among those chosen to receive a food parcel is a widow whose relatives are in work.. At the service, I also see a young woman I know; she is the mother of a severely disabled three-year-old girl and I remember her lamenting that her church does not 'help her' beyond the 'spiritual.' After the service, Mama Sithole tells me that she wishes her church could hold these special services more than once a year, but that the lack of money for food parcels makes that impossible. However, avoiding the politics likely to follow from selecting who will receive these donations may be an unintended benefit of keeping such rituals of giving to a minimum.

Later, as we walk back to Sesi Betheul's house after church, with the junior minister, Betwell, accompanying us. I learn that he had worked with Heart 2Heart.<sup>49</sup> He tells me the story of how he went to California to speak at churches about 'the problem of HIV' and 'all the orphans we have' to fund raise for Heart2Heart, but how he is no longer with the organisation because he felt 'they were teasing' him as they never gave him formal employment. Before we part ways, he asks me to direct any contacts I might have to his website for the programme he is trying to start to 'help the orphans' of Crew. As I share what organisations I know of he uses his camera phone to take my picture. I half-joke that I hope the photo does not end up on his website. After Betwell leaves, Sesi Betheul tells me how bad she feels for him, saying that he is 'really struggling.' He cannot find work despite his obvious talents and education. She makes a point of telling me he has a wife and two children, emphasizes his hardships and how he is unable to fulfil his social duty to provide as a father and as a husband.

(Synthesised field journal entry from August 30, 2009)

This field account captures the main issues explored in this chapter, including: moral ideologies of care evident in intergenerational care relations organised along lines of kinship and reciprocity, but also underpinned by hierarchies of gender and age; local constructions of orphanhood that are tied to notions of poverty and social abandonment, which meet with global notions of orphanhood associated with (trans)national aid; and

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<sup>49</sup> Heart2 Heart is a pseudonym for a large internationally funded OVC non-profit organisation started by a South African white reverend and his wife. Heart2Heart receives many American voluntarisms and PeaceCorps workers.

finally, the emerging association between orphanhood and 'deviant youth' who 'do not listen.' To explore these issues, I will weave together the perspectives of young people, adult carers and other local stakeholders with this above field account.

### **5.1 Constructions of Childhood, Care and Kin: Intergenerational Reciprocity**

Local concepts and practices of care are inextricable from those of childhood, family and kinship. Categories of age and kinship emphasise cooperation amongst agnatic kin. These categories structure relations, and allocate authority, responsibility and care work, along patriarchal and gerontocratic lines. There is no singular, essential 'Shangaan childhood.' Nonetheless, there are general and identifiable discourses and practices of childhood within Agincourt. A key aspect of childhood in the region is the dispersed care responsibility for children. While the immediate, nuclear families of young people are (increasingly) important, extended family, friends and neighbours also play diverse roles in the 'growing' (*kurisa*) of children (*n'wana*) into boys (*vafana*) and girls (*vanhwana*), and in the guidance and disciplining of boys and girls into mature, responsible male youth (*jaha*) and female youth (*ntombi*, which literally means virgin).<sup>50</sup>

Mothers are not solely responsible for the care of a child. Grandparents (*vakokwana*) and siblings play prominent roles in the day-to-day care of young children. Based on observations made by my partner, Haseen, fathers are also involved in the care (feeding, braiding of hair, and supervision) of their children when mothers and female relatives are away and siblings are in school. Some children move between households within the same village. For example, one girl named Present (aged 9), ate meals with her maternal grandmother, but slept in the nearby household with her elder sister,

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<sup>50</sup> Stages between these age categories are not distinct, but are continual processes of being and becoming. Generally, menstruation and circumcision (typically performed by the age of 18 at a hospital for XiTsonga-speakers and at initiation schools for Sotho-speakers), are the markers between being a *vanhwana* or a *ntombi* for females, and between being a *vafana* or a *jaha* for males.

mother and mother's male partner (Household # 10). Present's two brothers ate at the household of their shared mother, but slept in a separate mud thatch-roofed dwelling on the nearby homestead of their father's kin. Due to shortage of food and space, Present and her brothers relied on maternal and paternal kin for additional support. This fluid dispersion of care and the mobility of children are survival strategies that households employ in response to poverty and constrained resources.

Parents' siblings take on important disciplining roles and children are supposed to regard and respect them the same way as their biological parents. A father's brother is either a 'big father' (*bava lonkulu*) or a 'little father' (*bava lontsongo*), depending on the birth order relative to one's father. Likewise, a mother's mother is a 'big mother' (*manana lonkulu*) or a 'little mother' (*manana lontsongo*), again depending on the birth order relative to one's mother. While a mother's brother (*malume*, uncle) is not a father (*bava*), he has a special role as he is responsible for giving advice and protection to his sister's children. This dispersion of care and responsibility for children amongst extended family members aligns with those of Xitsonga-speakers in the village of Timbavati, not far from those of Dunkveld and Crew, and documented by Stadler (1994) in the early 1990s.

In Agincourt, as in much of Africa, to care (*ku hlyisa*) is expressed less in terms of abstract sentiments of love (*rirhandzu*) or affection, but more in the material terms of the labour and provision of resources (Dahl 2009b: 33; see also, Comaroff and Comaroff 2001; Klaitz 2001). To care and to love is at once a sentiment and a practice, and one 'shows love' (*ku kombisa rirhandzu*) in the domestic maintaining of a household (through such activities as cleaning, cooking, building, and fetching wood and water), and in the giving of resources (such as food, clothing, and school fees). Together, labour and provisions of care make up the basic elements of life. This is captured by



Desmund, a 12-year old boy participant, who states, 'to me, to care means life (*ku hlyisa swi vulu vutomi*), because once someone really cares for you it means that there is life behind it.'

As demonstrated in the account above from my field journal, the objects and labour signifying care are gendered. When Mama Sithole calls on the congregation to care for the elderly, she calls on them to cook 'good' food for them, and this is an implicit call to women who are responsible for cooking and cleaning. The metaphors of cooking as an expression of love is evident in how a man will refer to the woman he loves, and who loves him, as 'the woman who cooks for me' (*nsati loyi andzi swekelaka*). While boys and men do cook, they often do so in the absence of girls or women in the household and it is still a feminised act. Men, in their roles as husbands and fathers, have historically been the source of the material provisions of care (cash for food, clothes and school fees). However, as reflected in the above account, and Betwell's inability to secure employment, many men are not able to fulfil this culturally prescribed responsibility. It is a morbid irony that for Betwell, community care of the 'fatherless' through employment with NGOs targeting orphans, becomes a possible opportunity for him to fulfil his own fatherly duty of care.

Generally, children are considered to 'belong' to their father's family if their father has paid full bride wealth (*lobola*) to the child's mother's family. Bridewealth is paid over years and thus marriage is a protracted process. As it is difficult for men to secure employment and thus cannot afford bride wealth, 'full marriage' is uncommon and children are seen as 'belonging' to their mother's family. Fathers have fewer rights to their children after a mother passes away if he has not completed bride wealth payments. Within participant households, children with deceased mothers largely reside with their maternal families, with the exception of two cases (Households #11 and 12,

see Appendix #1).

In Agincourt, care labour and provision from adults to children is an investment for the future, and is thus expected to be reciprocated when those adults become elderly and rely on their younger family members. Therefore, the exchange of care is part of a continuous cycle of reciprocity. Elders are seen as deserving of care from their children and grandchildren because of their position of respect and authority, derived from their age and experience, but also because of their position of dependency due to physical frailty and illness. Cases of elder abuse are considered especially heinous, and I observed such cases to be spoken about more widely than abuse of children or women. Similarly, the head pastor's wife, Mama Sithole, spent more time speaking of the care needs of the elderly and widows than those of orphans in her sermon. Such views on the care needs of the elderly, relative to the care needs of orphaned young people, is linked to how children are discursively constructed as capable, and not solely conceived of as 'vulnerable' and in need of care.

### ***Young People and Care Work***

In Agincourt, as elsewhere in Africa, children's work is seen as vital. Childhood is not only a playful, work-free and care-receiving phase of the life course (Ansell 2005; Bass 2004; Porter 1996). Children are viewed as capable agents, who can and should contribute to the work of maintaining a household and to the care of household members. Such work is necessary for acculturation into adulthood. Historically, girls were associated with the domestic sphere, and their movements confined more to the homestead and school, while boys had more sanction of movement and, in the past, herded cattle (Stadler 1994: 6-7). Girls learned how to cook, clean, carry water and wood, and to care for younger siblings. As girls aged, their domestic duties became

heavier, and started to include cleaning the yard, washing for their parents and elder care (ibid.).

Today, very few families own cattle, and the gendered division of labour is not as stark. Boys partake in chores historically undertaken by girls. Nevertheless, relative to boys, girls continue to shoulder most of the domestic care duties. The amount of care work (for siblings, younger relatives, and the elderly) undertaken by young people is shaped by the number, gender and age of household members. In relation to the eight girls interviewed from fourteen participant households, in terms of elder care, Clementine and (Household #12) Zodwa (#11) were both engaged in care work (cooking and washing) for their elderly grandmothers, and shared this work with co-residing adult daughter-in-laws. With regard to care for young relatives, Fortunate (#9) identified herself as the prime carer of her younger brother with only her co-residing elder female cousin assisting her. Sara (# 5) only provided 'babysitting' for her elder sister's child while the sister was at work during the day. Pinkie (#4) was the primary carer for her own biological baby, and was regularly assisted by her elder male cousin and maternal aunt, who watched the infant when she was at school. Tiyani (#10), Princess (#13), and Polite (#2) were not as directly engaged in care for young or elderly relatives, but partook, as the girls listed above did, in the general domestic duties of cooking, cleaning, sweeping the yard, and fetching water and firewood. Thus, girls undertook a range of care duties for young children and elderly people, and these duties varied in terms of the time and responsibility required.



**Fig. 5.1.** Photograph, 'Sweeping the Yard,'(2009). Image blurred for anonymity.



**Fig. 5.2.** Photograph, 'Cooking,' (2009).



**Fig. 5.3.** Photograph, 'Kokwana Resting on Mat,' (2009).

Boys also sometimes partook in heavier domestic and care duties, but they were more likely to do so if there were no girls or women co-residing with them to take on such work. For example, Desmond (#1) helped his elderly grandmother by cooking for her, caring for her when she was ill, sweeping the yard of the homestead, washing dishes, fetching water and firewood, and growing and maintaining a garden on the homestead. He resided alone with his grandmother and his 14 year-old deceased sister's son (nephew), but no other female relatives. Ernest (# 10) took some of his meals at his mother's residence, but slept on his own with his younger brother in a separate dwelling on the homestead of his father's kin. Ernest was engaged in self-care and care for his brother, as he often cooked for himself and his brother, cleaned his home and

washed his own clothes and those of his brother.

Many young participants expressed pride in their abilities to perform such work, which contributes to their own, and their families', well being and livelihoods. For example, Desmond (age 12), who lives with Kokwana Marion and Simon (his 14 year old deceased sister's son) (Household #1), speaks of his assistance of his grandmother when she is ill and his work on the family's garden, with a sense of gratification. Within a household struggling with illness and poverty, he is able to make these contributions. He begins talking about how his kokwana cares for him when he indicates the ways in which he himself is also involved in the overall labour of in the household:

Desmund: [Kokwana Marion] makes sure that we get food to eat everyday. Also she bought us school uniforms. Now she is struggling to build us a house since it's not good to share the room with her. She buys food for us [Desmund and Simon]. But we are responsible for cooking. I'm responsible for washing the dishes and sweeping the yard.

Fac: You said you and Simon cook for yourselves and your kokwana. Tell me, what else do you do to care for your kokwana?

Desmund: Really we care for her. We cook for her. Sometimes when she is ill we care for her or look after her. I can say mostly, when she is not feeling well, I don't go outside to play with my friends since she will sometimes need something, or so that she can send me somewhere.... [in the past] I have had to go tell my neighbours or other relatives to come and help us when she needs to go to the hospital.

Kokwana Marion's purchasing of food and school uniforms with her pension, and Desmond's domestic duties (cooking, cleaning and sweeping) reflect the intergenerational exchange of adult material provisions of care and young people's labour. Desmond also speaks of his work on the family garden as a contribution to their small household:

Fac: Brother (*bhuti*), you have taken many of photos of your garden. Can you tell me why?

Desmund: Really I like the garden...What is planted in the garden will help us one day. I helped [my kokwana] plant it and also when it comes to watering, I'm the one who is responsible for that. Also, I liked putting the manure on it, and I did that.

Fac: So you all work on the garden? Is that right?

Desmund: Yes, I work on it and Simon works on it. Sometimes, when my kokwana is feeling well she also helps us. Since my arm is broken [broke it in a football accident] my kokwana works on it now too.



**Fig. 5.4.** Photo, 'Desmund's and Kokwana Marion's Garden' (2009).

Desmund speaks positively of his efforts to assist his kokwana and his work on the garden, which supplements his households' access to food. Drawing on the story of Zodwa and Kokwana Bena's care relationship, first introduced in Chapter Three, Zodwa similarly frames her labour as part and parcel of the mutual dependency and expected reciprocity of care that characterises relations between young people and their elders. Zodwa (age 15), who resides with Kokwana Bena (her paternal grandmother) and Prince (her 12 year old brother), as well as her aunt and aunt's baby (Household #11), recounts how she spent a Saturday caring for her kokwana:

Zodwa: [In the morning] I washed the dishes and after that I prepared water and I gave it to my kokwana to wash herself. Then I gave her tea.... [In the afternoon] I cooked her pap because she was not feeling well. Then I washed myself and came to the [Dunkveld] Drop-In

centre [to eat and spend time with friends]... Then, I cooked for the evening and gave my kokwana water to bathe.

Fac: You cook for Kokwana Bena a lot. Tell me, how do you feel about that?

Zodwa: I really feel great about cooking for her since she cooked for me a lot when I was young.

Fac: Does Prince help you care for your kokwana?

Zodwa: No... Prince is a boy. I don't think that he has that responsibility to take care our kokwana.

Fac: Please, can you tell me, why do boys not have that responsibility?

Zodwa: Mostly the boys and men, they don't have love like women. They get easily tired caring for someone. I don't think that men can extend their hearts like women. That is why I am used to caring for my kokwana... I can say that women are the ones that feel pity for others, but men, they don't [pause] or [pause] it is because women are the soft-hearted ones.

Like Desmond, Zodwa expresses positive feelings about caring for her kokwana, stating that she 'feels great' about cooking for Kokwana Bena. To explain why her brother, who is just three years younger to her and the same age as Desmond, does not assist her in this work, she aligns her care responsibilities and abilities with those of 'women' who can 'extend their hearts' more than men. I often heard this same sentiment, that women are 'naturally' able to 'extend their hearts,' from HBC workers to explain why most home care volunteers were female. This gendered division of labour also reflects how if a girl or woman is present in the household, boys are less likely to be called upon to undertake such care duties.

Young people involved in care work did not uniformly perceive their labour as part of a mutually beneficial exchange between family members. For example, Fortunate (age 16), who resides with her two brothers, Bongi (aged 9) and Kamo (in his twenties) and Thiza (her female 19 year-old cousin), and the cousin's baby (Household # 9), perceived that she was required to undertake more work than other household



members. Fortunate's mother is deceased, and her father unknown. Fortunate states:

When I arrived from school yesterday, I cooked for my family and dished the food out for them... I cook for everyone and it takes me about an hour and a half... [Fac: Does anyone help you?] No one helps me. I feel bad for Bongi. So I just cook for them all because I feel bad when Bongi is hungry.

According to Fortunate, Bongi is still too young to help with the housework. Fortunate is his primary, day-to-day carer and thus makes sure he eats, bathes and she also washes his clothes. Her cousin, Thiza, she says, mainly looks after her own baby and only helps Fortunate with the cooking when Fortunate is busy with cleaning or another chore. Kamo, her elder brother, 'is doing nothing,' he 'left school and now, if he brings in any money, he is only thinking about drinking [alcohol].' Unlike Zodwa, Fortunate does not fully accept that boys and men cannot do work usually done by girls and women, stating '[s]ome, they say it is for women to do everything, but men do help each other cook when they need to, and they can prepare [sweep] the yard.'

Not only does Fortunate feel that she is required to do more of the housework than other family members, but she also feels that she is sometimes treated differently to Thiza by her maternal aunt who works as a traditional healer in Johannesburg and is the main provider of income. Fortunate recounts a story of feeling 'separated out' from Thiza:

My *manana lonkulu* [aunt], I regard her as a very good *maki* (mother), she really takes care of us, but she is unable to meet all our needs. She is the one who buys food and clothes for us. At school when we need money, for example, when we took a school trip, she pays for us when she has the money. If she doesn't have it she will let us know that she doesn't. I remember there was a time that she made a mistake when I asked for something and she said, 'I don't have money,' but when my *sesi* [sister, Thiza] asked her for it, she gave her money. [Fortunate tears up] I remember when I asked for school shoes and [my aunt] said she didn't have any money to buy them, but when Thiza asked, she bought them for her. So, at that time I started suspecting that [my aunt] separates us... She separates us when it comes to shoes and clothes, but when it comes to food, she gives us the same amount of food.

Fortunate states that her aunt sometimes shows favour towards Thiza, who is her aunts'

own biological daughter, when it comes to the provision of money for clothing and shoes. Thus, in the exchange of domestic labour for material provisions, Fortunate perceives herself to perform more tasks than her cousin, but also receive less of the material symbols of care, love and belonging that the clothes and shoes represent.

Those with deceased parents were not the only ones to report feelings and experiences of exploitation. Tiyani (age 18) and her brother Ernest (age 15) (Household #10), whose mother and father are living and divorced, both reported being treated poorly in the past by their father's distant kin who temporarily fostered them while their mother worked on a farm outside of Hazyview. Tiyani worked as a domestic for the family and Ernest as a cattle herder. They were given less food than the non-fostered children of the household and often missed school because of their work.

Tiyani's and Ernest's experience resembles those documented by Van der Waal (1996) in other rural South African settlements in the recent past, where fostered children tended to be marginalised in their foster homes, received less economic support, were made to work more, and granted less provisions for their education. In this particular example, young people with living parents (Tiyani and Ernest) were relatively more exploited than a young person whose biological parents were deceased (Fortunate). While Fortunate only felt she was treated differently to Thiza (the non-fostered girl of the house) when it came the purchase of school uniforms, Tiyani and Ernest were given less food than non-fostered children and were made to miss school. Therefore, the labour of young people with deceased parents must be understood within the wider context and practice of child fostering and the exploitation of fostered children's (and particularly girl-children's) work.

Recognising young people's labour contributions to their households challenges the dominate public health discourse of 'the orphan burden' (Abebe 2010), which

emphasises the needs of AIDS-affected young people over the ways in which such children also contribute to their own care, and to the well being and livelihoods of their families. The social history of apartheid, forced separation and labour migration, coupled with the rapid spread of AIDS from the 1990s onwards, created structural conditions that shape the domestic labour of young people are required to undertake. However, young people's labour is also a reflection of the intergenerational exchange of care between kin members. Locally and culturally, sentiments of care (affection and love) are expressed in the labour and material provisions of care. Therefore, young people's care work is also taken as a symbol of respect for elders and of belonging to a household. Together, emic notions of care and the historical and political economic structural underpinnings of care labour, constitute the materiality of care in Agincourt.

## **5.2 Local Constructions and Contradictions of Orphanhood**

There is no exact equivalent for the English word 'orphan' in XiTsonga. The term employed in Agincourt for orphans is *xisiwana* (*vusiwana*, plural). The term *xisiwana* is tied not to a definition determined by age or biological parental morbidity, but to material destitution and social exclusion. Participants often used the terms *falarhela* and *sukerile*, both meaning to be forsaken or abandoned, to explain the meaning of *xisiwana* to me. Like other words for orphan in the South African languages of Xhosa, Zulu and Sotho, it is a highly stigmatised term for anyone, young or old, that is in a state of great poverty and/or has been rejected by kin and community (Meintjes and Giese 2006: 423). Thus, local constructions of orphanhood and care sit oppositionally. As with other African constructions of orphanhood, the term *xisiwana* has existential connotations, and is used to symbolise a 'condition of destitution, alienation, and lack of belongingness' (Henderson 2006: 307).

In Mama Sithole's sermon for 'The Widows, Elderly, Disabled and Orphan' she refrains from using the English word orphan or the term xisiwana as these are stigmatised terms. She evokes the connotations of rejection that being a xisiwana carries when she states, 'God will never leave you [*Xikwembu axi nge pfuki xi tshikile*]. God will never forsake [*ku falarhela*] you. God will never die...!' Here, Mama Sithole groups together parents that have passed away and parents that have ceased to be physically present and/or who have cut off relations with their children. This reflects the complexity of the terms for orphanhood as they are applied locally. Many HBC volunteers, social workers and health professionals would identify 'real' orphans as those with two deceased biological parents, whereas others may identify orphans as those with one deceased parent and/or with physically absent parents.

While local understandings of orphanhood carry stigma, there is also a contradictory valuing of orphanhood as (trans)national forms of care that target out orphans (in the English sense of the term) arrive in Agincourt. Orphans now become associated with Foster Care Grant (FCT) (that are worth almost treble other standard child grants that families commonly access) and with donations of clothes and food from HBC and Drop-In Centres. The perverse valuing of orphanhood is also evident in the employment opportunities posed for locals like Betwell, the junior minister, who hoped to be employed by Heart2Heart, in his work with 'the orphans.' I turn now to the story of Sara to explore how young people actively traverse these contradictory local-global orphanhoods.

### ***Orphanhood, Care and Forgetting: Sara's Story***

Sara, age 14, lives with her maternal grandmother and grandfather, two of her younger siblings, and a cousin (whose mother is also deceased) (Household #5). Her

older sister, employed on road works, and older brother, unemployed, live in the house their mother built in the neighbouring village. After school, Sara helps take care of her older sister's baby, but says this never interferes with her school work<sup>51</sup>, and she is one of the top performing students in her class. She is keen to hold our conversations in English for practice, but when she stops to reflect after a question, she reverts back to XiTsonga to give her thoughtful replies.

Sara says she had heard the English word 'orphan' at the HBC office and at her school when they were assigned a book to read about a girl whose parents had both died. Other young participants similarly reported only hearing the term from social workers, teachers and HBC workers. I asked Sara what she thought about the book, and she stated: 'I liked the story because it's what I'm experiencing in life, but even if it's not all the same with mine. It was interesting because I share the very same thing with [the girl in the book], I lost my parents too.' When comparing her own experiences to the story, she says that like the protagonist, she lived in Johannesburg. Unlike the book, however, she only ever lived with her mother as she never knew her father, and she moved to live with her grandmother in Crew before her mother's passing. While she identifies the girl in the story as an 'orphan' and says, like her, she also does not have parents, she rejects using the label to describe herself, saying, 'I'm not an orphan because there is someone who cares for me.'

Like Sara, other young participants interviewed rejected the term 'orphan' and 'xisiwana' to describe themselves. For example, Zodwa states, 'I think that [the word orphan] is about discrimination and once someone calls me an orphan, I don't think I will forget the past. Once they call me an orphan I will remember my parents.'

Desmund adopts a more pragmatic view on the label, stating, 'I would only allow the

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<sup>51</sup> In interviews, other girls also said that their care duties rarely interfered with their school work. This is partially because they rarely had homework and because when they did, they could negotiate with others to take on some of their chores when they needed to study.

social workers and the home based care workers to call me [an orphan] because I know they work with the *vusiwana* [orphans]. It's ok, because they are helping them. But I won't allow just an ordinary person call me that.' Young people, therefore, acknowledge that their status as 'orphans' (in the sense of having a deceased parent or parents) may help them access the assistance of social workers and other government workers and professionals.

The complex meanings behind orphanhood are evident in Sara's response to my questions about what being an 'orphan' means:

Aaahh...I don't know how I can say it...[pause] Orphan is a child who has lost both parents. [pause] I can say some of them though, they think they don't have anything in the future. They also try to runaway from school since they think it is the end of their life. One other thing is they think that they've been forsaken [*sukeriwile*] since they've lost their parents. Some, they also help taxi drivers clean their cars, not caring about school. They are moving up and down [*jikha jikha*] without knowing where to go. [Fac: Do you know any children like this?] No, I'm just talking about the orphans' behaviour and the meaning of it.

Sara speaks of the meaning of orphans introduced to her in school, as children with deceased parents, but then goes on to express more local connotations of orphanhood.

Echoing Mama Sithole, she speaks of young people who believe themselves to be 'forsaken,' and therefore fail to go to school, and 'move up and down' without purpose.

While *xisiwana* is a term that has historically been used to refer to someone abandoned by kin and community, Sara and Mama Sithole reflect a more internalised definition of orphanhood that I often heard expressed in Agincourt. This definition is exemplified by 19 year-old Sfiso, a young woman whose parents are both deceased, when she states, 'to lose your parents means you are not supposed to forsake yourself. For me, it is a great challenge that I must not get involved with bad things.' She identifies these 'bad things' as not attending school, having sexual relations with men and becoming pregnant.

At the church service, Mama Sithole sermonised that young people without

parents can still be 'successful' and 'drive a nice car,' if they 'turn their cares to God,' and accept 'God as their father.' Young people hear similar messages from school. Polite (girl, age 16) reports her teacher taught her that 'even if you are from a poor family don't worry because one day you can be rich. Even if your parents have died you can still make it in their absence.' As in the sermon, teachers speak of children from poor households and children with deceased parents interchangeably. The merging of poor children and biologically orphaned children reflects local articulations of orphanhood, where a child is not an orphan if they have family members that care for them, and where orphanhood has connotations of material deprivation and social exclusion. Thus, young people receive messages from their church and schools that, despite their poverty or the deaths of parents, they must not feel, nor act 'forsaken.' In other words, young people are told that 'while you may be a xiswana, you should not act like a xisiwana.' They are encouraged to be actively involved in their own self-care and self-discipline, by going to school, staying away from 'bad things' and following the ways of the church.

In addition to being involved in their own care, young people must also 'take' (*teka*), or accept, their adult carers as their parents. If a child says, or is rumoured to have said, that a kokwana, aunt or uncle is not their 'real mother' or 'real father,' they may be beaten or forced to leave the home. Young people are also encouraged by elders not to remember, think or talk about their deceased parents as a means of coping with the loss. Hutchinson (2011) also found that children in Malawi are encouraged to 'forget,' and not think or speak about their deceased parents and loved ones. Such 'forgetting' is reflected in the following conversation with Sara as she speaks of her Kokwana Poisetso. Sara indicates how good the care is that she receives from her kokwana by stating that she does not think of her biological mother when she is with

her kokwana:

Sara: I don't remember [my mother] when I'm with my kokwana, but when I am alone, then sometimes I think of her. I think of her when I remember all that she did for us. Also, when I see a child with her mother, then I think of her and it pains me... I remember that my mother was a lovely mother. She was always struggling a lot to get us everything we wanted. When she was working, she bought food and clothes for us. She paid school fees at the time when we still had to pay for them.

Fac: Who does these things now?

Sara: Kokwana Poisetso.

Fac: Ah, she does things like your mother did?

Sara: Yes, but I can say that she is more than my mother. [laughs]

Fac: What do you mean, she is more than your mother? [laughter]

Sara: I can say that she is a good kokwana who always shows love to us. Also I can say she never teases [*karhata*] us. She really tries to show or teach us the difference between doing bad things and good things. Suppose I did something which is bad, she calls me into order. But when I do good things, she appreciates it. She always teaches us the good way of living in order to become successful in the future.

Fac: You said she shows you love. How does she do this?

Sara: To show that she loves us she buys us everything we ask for. When it comes to food, she buys a lot of food, not just a small amount of food.

Fac: Please tell me, why does giving food show love?

Sara: The way she gives us food, it really indicates that she love us because when she doesn't give us food it will show that she never welcomes us as her grandchildren. Giving food also shows that she wishes to stay with us, even in the future.

It is crucial to note that while local notions of orphanhood are intertwined with being 'forsaken,' young people never spoke of their deceased parents as forsaking or abandoning them. Instead, when young people spoke of their deceased parents they, like Sara, spoke of the love and care their parents had shown them by 'struggling' and



working to provide them both with the items they needed (food, school fees and uniforms) as well as those things they wanted ('good,' expensive food like cheese, mobile phones, and nice clothes).

The discipline, love and care Sara receives from her kokwana, who is 'more than her mother,' serves to reinforce how much she is not a *xisiwana*. This acceptance of Kokwana Poisetso as 'more than her mother,' and the forgetting of her own biological mother in her presence, aligns with what is socially expected of Sara. She sees her kokwana's love and acceptance through the plentiful food Kokwana Poisetso buys for her, signifying their strong and enduring ties of kinship. The love she received from her mother in the past, and her grandmother in the present, is reflected in their attempts to buy her and her siblings 'whatever they want,' and with new consumer items available, these wants are changing. These new desires are linked to how young people can come to be labelled, or 'othered,' as an orphan. Such othering is exemplified in this incident involving Sara, Kokwana Poisetso and HBC workers from my field journal:

Sara came to the HBC office with about 20 children the Crew HBC centre selected for their 'good behaviour' to attend a festival at a football stadium in a town about an hour's drive away. The festival was for all school children in Bushbuckridge, but the municipality wanted to ensure 'OVCs' also had an opportunity to attend and asked a few of the HBC centres to select children to attend. Sara, along with the rest of the children, stayed in high spirits even though the bus coming to fetch them was over two hours late.... Upon their return late in the day, she reported having a great time and listed all the foods she got to enjoy while there....

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Almost two weeks after seeing Sara enjoy this trip because of her model behaviour, I hear that one of the HBC workers talking with the other volunteers about how she had to go counsel Sara and Kokwana Poisetso. Sara had bought a new duvet for her bed on credit from a local shop, telling the store keeper that she would pay for it once she received money from her FCG, but failed to seek her kokwana's permission first. Kokwana Poisetso was, therefore, surprised when on her trip to the shop, the store keeper asked her for the owed money. Another HBC volunteer says, in reference to Sara 'you see, this is the problem we are having with the orphans... They just go do what they like.'

(Synthesised field journal entries from September 3<sup>rd</sup> and 16<sup>th</sup> 2009)

Like Sara, the HBC volunteer associated bad behaviour with orphanhood. Sara's transgression, of course, is a minor one compared to the orphans that act as if they are 'forsaken,' playing truant and 'moving up and down' aimlessly. While Sara rejects the label of orphan in the construction of her own identity, she knows, pragmatically, that being like other children without parents makes certain resources available to her, including a trip to a festival, a monthly food parcel for her family, and the FCG with which she planned to pay for the duvet. However, the act of her secretly buying something she desired without her carer's permission, a universal transgression in most consumer societies, becomes labelled as a particular problem of orphans by the HBC worker.

The adults around Sara perceived her act of purchasing a duvet without permission as a challenge to elder authority and control over the allocation of resources to juniors. In interviews, social workers reported that such tensions between young recipients of the FCG and the adults who collect the grant are widespread. One social worker stated, 'the judge will even say to the child, when they are there sitting in the court... the judge will say, "Now life will be good for you. Now you will have a foster grant." And then the children, they think that the grant is for them only.' Young people demanding access to FCG and then spending the grant without the guidance of adults are perceived by locals as acts of deviance. Thus 'orphans' come to be stigmatised as those who 'do not listen' to parental authority.

### **5.3 The Othering of Orphans as Youths 'Who Do Not Listen'**

The term *xisiwana* carries stigma because of its connotations of poverty and social alienation. An additional layer of stigma surrounding orphanhood is emerging in

Agincourt as the *vusiwana* (orphans) are differentiated, or othered, as the young people who are, as Mama Sithole stated in her sermon, 'difficult' because 'they do not listen.' This sentiment, of orphans as deviant, was one I recorded in everyday adult gossip. An example of such gossip comes from an exchange I heard while paying a visit to Kokwana Mina (Household #2). A neighbour woman stopped by and began talking with Kokwana Mina about the passing of a mutual friend. The woman, another kokwana, left behind her grandchildren whom she had been caring for. Kokwana Mina and the neighbour were discussing which family members would be coming from Johannesburg to potentially take charge of the children. The neighbour said, 'if someone asks you to take the *vusiwana* [orphans] do not take them. I would not take them,' and proceeds to speak of their disobedient and disrespectful behaviour. The neighbour made this comment in front of Kokwana Mina, who herself cares for her teenaged grandchildren who are 'orphaned,' in the sense that their biological parents are deceased. However, the neighbour was able to make such statements without offending Kokwana Mina. The statement is not offensive because young parentless people residing within homes are not spoken of as 'the disobedient *vusiwana*,' but those residing outside of the household may be associated with deviant behaviour. Two case studies based on interviews with two adult carers, Jobe and Prudence, demonstrate this contradiction.

### ***Case Study I: Jobe***

Jobe, a man in his late 30s who works as a manager (Household #7), never told me about the two young girls who moved into his house until three months after the fact. I saw him regularly, but only found out about the children moving in with him when he was buying sweets for them at the corner store. He had taken the girls in after his *manana lontsongo* (mother's younger sister) passed away. His *manana lontsongo* had been caring for the girls (her granddaughters) after her own daughter's death. During an interview, Jobe spoke of how happy he and his elderly mother were to have the girls in their house as it had just been the two of them living alone for quite some time. Jobe, as the last born son, inherited his father's house. He

has been married in the past, but is now divorced and pays child support for his two biological children.

Jobe enrolled the youngest girl (age 3) in crèche and the older sister (age 8) in grade two, and registered both girls for FCGs. When the girls return from school, they eat food prepared by a female neighbour Jobe pays to cook, clean and wash clothes. The rest of the day-to-day care work for the girls, such as bathing, is done either by Jobe's mother or by the eldest girl. He talks of how much he and his mother enjoy having the girls in the house. Jobe says they provide company and a welcome distraction for his mother, who he says has been suffering from 'depression' and poor health caused by grief from the recent deaths of her two sisters and a daughter. Far from a 'burden' he recounts the anecdotes of funny things the girls do and say, and how helpful they are to his mother, as not only do they keep her company, but run small errands for her.

The ease with which Jobe portrays the transition of bringing these young girls into his house sits in jarring opposition to how he speaks about his deceased sister's son. The conversations about his nineteen-year-old nephew need no solicitation through interviews. Instead, his concerns are raised repeatedly in casual chats. Jobe talks adamantly about his concerns with his nephew, who Jobe tries, but fails to 'call into order' (*ku va komba ndlela*). Instead of going to school and completing his matriculation, the nephew is said to be 'off gambling, smoking, and what-what.'

When I ask Jobe why he thinks his nephew behaves this way, he offers by way of explanation, the proverb: 'when the chicken dies, the eggs spoil' (*loko mutswari anga hari kona vana va sala va xaniseka*). Jobe talks at length about how much his nephew's behaviour plagues and worries him daily. When I ask him if there is no one to help shoulder this burden he explains that it is his responsibility as he is the boy's *malume* (maternal uncle). Even if his sister was alive, he explained, he still would have the obligation of disciplining and counselling the boy as this is the role of the *malume*.

While Jobe was relatively silent about the young girls who moved into his home, he discussed the problems he had with his nephew, whose disobedience Jobe attributes to the boy 'spoiling' after his mother's death, more openly and without solicitation. The contrasting ways Jobe speaks of his nephew and the young girls is echoed in the following case study involving Prudence, who 'helps the orphans' both inside and outside her home.

## *Case Study II: Prudence*

Prudence is a HBC worker and her training, and the terminology she has learned, shapes the way she speaks of herself and her family during our conversations (Household #6). Now, in her early thirties, she says she herself is an 'orphan' as her mother passed away ten years ago. Prudence inherited her mother's home, where she now resides with four young people: two biological children (a 12-year old son and a four year old daughter) and two non-biologically related young people (a 19-year old cousin whose mother resides elsewhere, and a 15 year-old nephew whose parents are deceased). She labels her own children and her niece as 'the vulnerable'<sup>52</sup> ones,' and her nephew, Ellmon as an 'orphan,' and also calls Ellmon's older siblings who reside elsewhere as 'orphans.' Prudence collects the FCGs of Ellmon and his siblings.

Ellmon was an infant when his mother died and Prudence became 'responsible for growing' him from his infancy and when she was 16. As Ellmon's siblings were older, it was decided they would reside with Prudence's brother. Prudence says Ellmon is more respectful and does more work than her biological son, who she describes as 'lazy.' The way she speaks of Ellmon contrasts with the way she speaks of Ellmon's older siblings and the children she supports in her work as a HBC worker.

In her role as a HBC worker, she says she 'helps the orphans' first by helping them get FCGs and counselling the family on how the money should be spent. Further, she says that counsels the 'orphans' that, even though 'your parents are late it doesn't mean that you are free to do whatever you like. Please respect your caregiver because they are the one who is supposed to show you the right way of living.' And to help in her work, she prays for her '[ill] clients and also the orphans. Asking almighty God to help me mostly when it comes to handling the orphans, because really they don't understand or listen.'

Prudence speaks of Ellmon's older biological sister, Loriecke, in the same way as the orphans she helps in her HBC work:

I think it is the problem with these orphans... [Loriecke] is sick<sup>53</sup> and she doesn't take her medication properly...she doesn't want to listen to anyone... She had three children and she lost the first child when she first started having children. This is a problem that really makes me feel the pain [*ku vava*] because she sometimes takes these children and drops them at their fathers' house and runs away from them. As I'm talking, last week, I've heard that she dumped

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<sup>52</sup> In public health and development lingo 'vulnerable' children are non-orphaned children that are affected by AIDS, such as those living with an ill parent. However, locally the label 'vulnerable' has been taken and given a different meaning: that of children of unemployed parents. This appropriation of the term 'vulnerable,' reflects the local reality and prioritising of poverty as the most significant challenge facing young people, but also the local normative silence around AIDS.

<sup>53</sup> Prudence does not state the type of illness Loriecke has directly, but it is commonly inferred that if a young woman is said to be ill and on medication, that she is on ARV treatment, and thus HIV positive.

[*chukumeta*] the third born child at [nearby village] in the home of the father. After that, I got a letter from the social worker accusing her of dumping that child. When I tried to find her, I heard that she is no longer in the RDP house [raises her arms, sighs]. She is in Johannesburg!

After Prudence speaks of orphans and Loriecke as those who 'don't want to listen,' I point out the contradiction with her description of Ellmon as a respectful, obedient boy. She responds, 'No, not all of them [orphans] are like that, but I think it is Ellmon who listens to me. But the others, they don't... Really he is like my own child, he calls me *maki* [mother]. I have been raising him from when he was a baby.'

Neither Jobe nor Prudence spoke of the young children residing with them, and whose biological parents are deceased, as 'orphans.' Instead, Jobe expressed fondness for the two girls and talked about the comfort they bring to his elderly mother, and Prudence reflected warmly of the intimate mother-son bond she has with Ellmon. Similarly, many grandparents expressed relief and gratitude for having their grandchildren in their lives after the deaths of their adult children. As Kokwana Poisetso (Household # 5) states, after her daughter's passing, 'at least I had these *vatukulu* [grandchildren],' whom she says helped ease her grief.

The reasons for such silence lies in the moral obligation of family members, particularly elder women, to take (*teka*) the children of their deceased adult children or siblings as 'their own' sons and daughters. Families that are seen to provide inadequate care for orphaned children are the subject of community gossip and judgement.<sup>54</sup> Thus, identifying and differentiating a child out as an orphan contradicts this familial responsibility and duty. However, adult carers must also identify children as 'orphans' to obtain the FCG and other benefits targeted to this group. This is a reflection of the

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<sup>54</sup> Community scorn of families perceived not to care for orphans is also found in Botswana (Dahl 2009a, 2009b) and in Malawi (Hutchinson 2007). Dahl (2009b) found that locals cited a 'failure of Tswana culture,' blaming Westernisation and increased greed and individualist thinking for extended families' neglect of orphaned children. In Agincourt, some stated that an absence of '*ubuntu*,' the southern African ethic of mutual dependency and interrelatedness, and the rise of 'modern ways' made people less caring and giving towards orphaned relatives and towards extended family members in general. Culture comes to be blamed for the increasingly stretched material resources of households unable to care 'properly' for orphans.

contradictory status of orphanhood, a condition associated with both stigma and value.

The additional layer of stigma surrounding orphans as deviant youths is evident in the way Jobe and Prudence speak of the young people who reside outside of their homes. Jobe and Prudence both lament that their attempts to discipline and guide their respective nephew and niece are in vain because they 'do not listen.' Just as HBC workers labelled Sara an 'orphan' when she was seen as transgressing the moral order of parental control over resources, so too do Jobe and Prudence distinguish their niece and nephews as 'orphans' when they are perceived as disrespectful and flouting the authority of their elders. However, the association between orphanhood and youth deviance is not a wholly uncontested one. For example, when I asked a social worker whether she, like HBC workers, found that orphaned children are more likely than non-orphaned children 'not to listen,' she responded, 'Some children don't listen and they are orphans, some children don't listen and they have parents.' Furthermore, as demonstrated in the stories from Sara, Zodwa, Fortunate and Desmond above, young (orphaned) people themselves indirectly challenge such notions in their constructions of themselves as moral beings who care for, and respect, their elders. This aside, in everyday gossip and discourse surrounding orphanhood, there exists an association between behaviour deemed morally transgressive and the orphan label.

In the field account from the beginning of this chapter, Mama Sithole stated, 'When you do not have enough in the house - [orphans] say you don't give them what you have because their mother is dead. When you don't have meat in the house, they complain that you don't give them good food because their mother is dead.' Thus, the othering of orphans as disobedient youth, who make demands on the limited and constrained resources of households, constitutes a form of scapegoating; a blaming of youths for moral transgressions that are perceived as affronts to adult authority.

## ***Conclusion***

This chapter responds to the research question: How do local constructions of orphanhood relate to perspectives and practices of care between young people and adults? Local perspectives and practices of care entail an intergenerational exchange of the material provisions and labour of care; an exchange that constitutes the lines and bonds of kinship, affection and belongingness. Young people with deceased parents, are to be taken, morally and ideologically, into families as their 'full children,' and young people themselves are to accept adult relatives as their 'full parents.' Young people with carers do not identify as orphans (*vusiwana*), and this is expressed by Sara when she states, 'I'm not an orphan because there is someone who cares for me.' However, they also must claim the status of orphan (in the English sense of deceased parent) to access FCGs, food parcels and other forms of assistance. Thus, in Agincourt, as found elsewhere sub Saharan Africa, orphanhood is a 'condition embedded with contradiction' (Meintjes and Giese 2006: 425; see also, Dahl 2009a; Ferguson and Freidus 2007; Freidus 2010a; Hutchinson 2007). Local notions of orphanhood are rooted in material poverty and social exclusion and thus is a position of stigma. In Agincourt, an additional layer of stigma is emerging in the form of associations between orphanhood and 'deviant youth' whom are perceived to disrupt the moral order of elder authority.



## **Chapter 6. Orphanhood and Sexuality: Girls, Gifts and Gossip**

### ***Introduction***

This chapter addresses the following question: How do local understandings of orphanhood intersect with local perspectives on girls' sexuality? It draws on data collected through fieldnotes, observations at the two OVC programmes in Crew and Dunkveld, and interviews and observations with young people, adult carers and staff in the two villages. This data is informed by literature on the political economy of sex and gender in South Africa reviewed in Chapter Two, and on transactional sex (the exchange of gifts and material support for sex) in Chapter Three. As highlighted in Chapter Three, research on orphanhood and sexual and reproductive health sits largely within a public health framework and is based on quantitative studies. This chapter provides ethnographic data on how local notions of orphanhood and perspectives on girls' sexuality meet in Agincourt.

The first section examines girls' silences on matters of sex and relations with the opposite sex, and the role of friends and fear of girls' gossip in the construction of moral selves (that is, 'good girls' who complete their educations before having sexual relationships with boys and men). For those who do have boyfriends, these relationships are continuous with the transactional sexual relationships found throughout South Africa. Girls see boyfriends' gifts and material supports as expressions of their love and affection. For some girls, boyfriends become part of their larger networks of care, survival and belonging. The second section juxtaposes girls' relative discursive silences next to guardian's accusations of and concerns about their movements, bodily practices and relations with the opposite sex. In their roles as 'good mothers' (and grandmothers and aunts) guardians are to monitor and manage the

movements of their daughters, and in these situations, care operates as a mode of containment of female youth sexuality. Guardians, with few exceptions, did not articulate the 'problem' of girls 'moving with boys' as one linked to girls' status as 'orphans' (i.e. those with deceased parents). Rather, they saw it as a problem of 'all girls' and with 'disobedient' youth in general. In the third section of this chapter, I argue that staff from the Crew HBC programme, a programme which targeted 'orphans,' were more likely to make an association between girls' 'deviant' actions and orphanhood than staff from Dunkveld Drop-In, an organisation that assisted both 'orphans' and those labelled as 'vulnerable.' Staff from both organisations took part in gossip about girls' movements and relations with boys, and both, like adults from other institutions serving young people in Agincourt (including schools and health clinics), failed to provide youth with information about sexual and reproductive health and access to contraceptives.

### ***Case Study: Pinkie and Harriet***

Within this chapter, I draw upon a case study involving Pinkie, a girl who was sexually assaulted in the past and who had a baby at the age of fifteen. No other young female participants interviewed had given birth.<sup>55</sup> Many faced unwanted sexual advances and attempts of sexual abuse. My focus on Pinkie's story risks sensationalism. However, not including such a story would risk sanitising the reality of sexual violence, and the threat of rape and abuse, experienced by young people in Agincourt.

Pinkie lived with Harriet<sup>56</sup> for about six years, while Pinkie's mother worked in Johannesburg. Harriet brought Pinkie to live with her after the girl was

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<sup>55</sup> Of the fourteen participant households, there was one other new young mother who was 21 years old, from a relatively more affluent family, and therefore able to continue attending university whilst her biological mother looked after her child (Household #8). Additionally, one attendee of the Girls Club had a two-year-old child, and while in her final year of high school, she was 24 years old and residing with the child's employed father.

<sup>56</sup> Harriet and Pinkie are distantly related.

assaulted by a male relative.<sup>57</sup> Pinkie first stayed with Harriet while she received medical treatment. The young girl, aged just six at the time, remained with Harriet after the girl's family took up Harriet's offer to care for her and send her to the local private school.

Harriet, in her mid-forties, lives on her own and is seen as a very successful self-made entrepreneur and has one of the nicest houses in the village. When her husband divorced her because she could not have children, she trained as a seamstress, and built up a business sewing clothes. Harriet describes the time when Pinkie lived with her, saying, 'Pinkie was fine then,' speaking in reference to her 'good' and 'respectful' behaviour. Harriet talks about how she could see from the way Pinkie's 'face was acting' that sometimes she was 'having problems' when she thought 'about what happened,' in reference to the violent assault. At those times, Harriet said she tried to comfort her by making 'a good life' for her with nice clothes, and good food, and giving Pinkie her very own bedroom. Harriet states, 'So [Pinkie] was fine, and....[pause] and I even told myself that I have a baby now, because I was staying with her.'

Pinkie speaks of Harriet as the 'one who made sure I had everything' during the time her mother lived away. Of her biological mother, Pinkie states:

It was not as difficult as now, because [Pinkie's mother] was working for us. She used to send money and sometimes she came home with different kinds of food... She started to be ill in 'Joburg' and then she came home ill... I don't know what kind of illness she had, but the family thinks it was HIV/AIDS.<sup>58</sup>

When Pinkie's mother returned, Pinkie left the material comforts of Harriet's place to live with her. Harriet did not know Pinkie was moving out, and links the reasons behind Pinkie's departure to prior events:

So things changed when [Pinkie] started to be in love with those boys because she was growing faster and too big and she was looking so smart by then. So the problem happened when I took her to visit her mother in [city near Johannesburg]. She went there for a whole day. When she came back, her mother bought her a cell phone and so she started to *jika jika* [moving up and down] and *jolling* [partying]. So I took the cell phone. This is where my relationship with her broke. Because she wanted that cell phone to call her boyfriend and do 'what-what' [English]...

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<sup>57</sup> I first learned of the traumatic event from Pinkie herself. She did not want to speak further about it with a social worker.

<sup>58</sup> Pinkie is repeating the way teachers speaks of HIV and AIDS in school, as 'HIV/AIDS.' In Bushbuckridge, people do not usually speak openly about causes of death, and instead speak indirectly through the vehicles of gossip and innuendo (Stadler 2003b). However, residents often speak openly and directly with researchers because they are outsiders (McNeil and Niehaus 2009: 97). See McNeil's (2009) excellent piece on how such discursive practices in rural South Africa are not, contrary to popular belief, simply a matter of stigma. Instead, not directly speaking of the intimate details of a person's death (AIDS-related or otherwise) is a means of separating oneself from that death so as not to be implicated in causing it.

So [Pinkie] left here when her mother was still sick. She took her luggage and threw them through the fence... [Pinkie's kokwana] was very happy about it then because she was entertaining [Pinkie] and telling her she is so *saseka* [beautiful] now. And [Pinkie] becomes so excited, thinking 'oh, I'm so beautiful.'

...Then, she used to tell me that I'm not her real mother, she just came here to have the boarding house... Sometimes, I was thinking of her as my child in the future. [pause] Even now, I think like that. Because she doesn't have a mother and I was loving her mother so much. Her mother was like my sister...

Pinkie's mother passed a few months after she returned. Pinkie remained on her mother's homestead, which is where she lived when I met her. She resided with ten people (Household #4) who share a self-built two-room concrete house and a RDP house. The intimate happenings within the homestead, including the family's compounding struggles with unemployment, alcoholism, violence, illness and death, are the fodder of community gossip and pity.

Pinkie is 15, in grade seven and now has a three-month old son. Her boyfriend, the babies' father, is in his twenties,<sup>59</sup> and works as security guard in a semi-urban settlement some 300 kilometres away. Of the baby's father, Pinkie says, he's a 'good' boyfriend and father because he gives money and gifts for the baby and for herself. She travels with the baby periodically to stay with the baby's father and his family. Pinkie enjoys her time there because the baby's grandmother is very kind to her and the baby, and appreciates Pinkie's help with the cooking and cleaning.

Pinkie does not want to marry her boyfriend in the near future. 'I'm too young,' she says, 'I want to finish my education.' However, finishing will be difficult as Pinkie missed school often, either when her baby was sick, when she could not find someone to care for him, or when she made trips to visit the baby's father. After not seeing Pinkie for some time, a HBC volunteer quipped 'She's off again playing *makoti* [daughter-in-law] with her *bava-wana* [slang for father of the baby, literally: father-baby].'

Tracing Pinkie's supports reveals the multiplicity of networks that she draws upon in attempts to mitigate the instability caused by poverty, unemployment, sickness and death. In addition to the baby's father, she receives supports from members of her own family as well as her friends. Her *manana lontsongo* ['little mother,' mother's younger sister], Thuliel, taught her how to breastfeed, bathe and care for her baby. Thulile, having just given birth herself, was very frail and thin at the time, suffering, the HBC volunteers said, from 'TB.' A month after giving birth, Thulile passed away. Linah, another aunt, left her job on the farm to come care for Thulile's newborn and take responsibility for Pinkie. While Pinkie and her

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<sup>59</sup> Note: Under the South African Sexual Offences and Related Matters Amendment Act, No. 32 (2007) it is illegal for adults to have consensual sex with children ages 12 to 16.

family were mourning the loss of Thulile, the household was also dealing with further financial strains from the loss of Linah's remittances.

When out of school, and finished with her chores, Pinkie spends time with her four closest friends and brings her baby son with her. Pinkie states:

I know that my friends love me. They never *hleva* [gossip] about me... They also don't have enough money either, so we help each other. We really show each other love. Sometimes, they give me clothes and food. If they have it, they give it.

### **6.1. Girls' Silences, Friends and Fear of Gossip**

While I had actively sought to understand local concepts of 'orphanhood,' 'care' and 'childhood' in Agincourt, as well as how young people experience their multiple roles as receivers, givers and pursuers of care, the specific issue of girls' sexuality was not 'on my radar' *per se*. The issue of girls' sexuality was, therefore, an unexpected theme that arose often and without solicitation from adult guardians and OVC staff. These concerns arose in the accusations of adults and gossip of OVC staff, as demonstrated in the above story involving Pinkie, with OVC staff jokes of Pinkie as playing at being a 'daughter-in-law,' and Harriet's concerns that she was 'moving up and down' with boys. The issues of care, and girls' relations with boys and men, are very much linked. Not only does a young person's gender influence, but not determine, the kind of care duties she or he undertakes, but also the kind of relations (e.g. girls' romantic relations with boys and men) that can be formed in their continuous pursuit of '*belongingness* and survival' (Das and Reynolds, 2003: 1, cited in Henderson 2006, author's emphasis).

In a XiTsonga-speaking village near Dunkveld and Crew, Stadler (1994) also documented the double standard of a heightened concern with girls' sexuality in relation to boys. Fifteen years ago he found adult concerns over 'promiscuous daughters' were vocalized more often than those about 'wild *jaha*' (male youth). Male youth were,

historically, expected to stay out of the homestead, moving 'up and down' until ready to settle, gain employment, marry and start their own homesteads. Female youth, associated with the domestic sphere, were expected to spend much of their time working (cooking and cleaning) on the homestead, and to attend school.

Today, talk of female promiscuity has taken on more intense and heightened social meanings in the wake of AIDS and a widening economic gap between the formally employed and unemployed in Agincourt. Stadler (2003a) documented gossip about how (largely unemployed) young 'beautiful women' were said to 'buy their own coffins' (code for an AIDS related death) when they had sexual relations with employed men to acquire wealth and/or resources for survival. Women's actions are blamed on their 'greed' or pitied when seen to be out of need (ibid.). In comparison, the actions of wealthy and older men are seen as driven by their uncontrollable (read: biologically natural) sexual desires. During fieldwork, I found similar double standards and heightened concerns about girls' and young women's sexuality. Talk of young 'beautiful' girls, like Pinkie, who 'move up and down,' disobeying their elders, was also a prevalent concern often heard.

Adults' projections, which come through in (the regulating) verbalized accusations, gossip, worries, and anxieties sit in sharp contrast to girls' (and boys') locally normative 'respectful' silence on matters of sex.<sup>60</sup> Silence and secrecy about sex exists because of generational codes of respect, but also because of fear of potential banishment and beatings by guardians. Within a context where there is an alarming absence of 'knowledge transfer' regarding sex in the era of AIDS, and a failure of adult institutions (schools, clinics, and OVC programmes) to provide this knowledge or access to contraceptives, girls must navigate an increasingly protracted and tumultuous

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<sup>60</sup> Boys are also supposed to display this 'respectful' silence about sexual matters with their elders. Similar generational codes of silence around sex exist in South Africa's urban areas; see Henderson's (1994) article based in the township of New Crossroads, Cape Town.

path into adulthood.

This path is made increasingly challenging with the breakdown of historical modes of sexual knowledge transfer between grandparents and grandchildren. Historically, young people did not speak with their own biological parents on matters of sex. Instead, grandparents were the source of sexual education and counsel, often through the vehicle of jokes (Stadler 1994: 5). Young people's sexual experimentation was under more communal regulation, also guided by elder siblings who informed them in the ways of penetrative and non-penetrative sex to avoid unwanted pregnancies.<sup>61</sup> Such practices became less common with the increasing influence of Christianity through missionaries and missionary schools that were built in the 1960s and 70s during the establishment of the Gazankulu homeland that is now the region of Agincourt. The rise of African Pentecostal churches, of which the majority of South Africans are members, has also contributed to the popularity of puritanical views of sex.

As Van den Bergh (2008) notes, these historical, traditional forms of sex education should not be romanticised as what information was shared would not have necessarily protected people against sexually transmitted diseases, including HIV. In Agincourt, some parents, other adults and young people are actively breaking these silences in the era of AIDS, especially those trained as HIV peer counsellors and employed in various AIDS intervention programmes. However, those who were vocal and forthright with their own children about matters of sex made a point of informing me that they were going against the grain by doing so. Furthermore, the girls I worked with, save for a few exceptions, said they did not speak with even their closest friends about boyfriends or sex for fear of gossip.

Girls' paths into adulthood are not only made more challenging because of the

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<sup>61</sup> Similar historical practices of sexual education of children by grandparents and elder siblings have been documented elsewhere in South Africa (see, for example, Henderson 1994 and Shilumani 2010) and in Africa generally (see, for example, Van den Bergh 2008).

breakdown in historical modes of sex education, but this liminal stage is also an increasingly lengthy one. In Agincourt, menstruation, matriculation, motherhood and marriage are the markers along the path from girlhood to womanhood. The times when such events occur are shifting. Compared to previous generations, the age of girls' menses is said to be beginning sooner, and the age of school completion and motherhood later (Zwang 2004). Marriage also comes later in life, if at all (ibid.). During this protracted path to adulthood, an injunction exists for girls to refrain from sexual relationships with boys prior to marriage and/or completion of their education. However, this injunction sits in opposition to the reality of girls' and women's lives. Conforming to the birth of children solely within the sanctions of marriage or upon matriculation is an impractical aspiration for most, as marriage in South Africa is increasingly restricted to the minority middle class and elite (Hunter 2007:695).

Pinkie's experience reflects the threats of rape, sexual assault and abuse, and unwanted sexual advances faced by many girls and women. For example, one participant reported escaping a sexual attack by her uncle. During a Girls' Club meeting at Dunkveld Drop-In, girls said of both boys and older men, that they 'must stop making proposals [*ku gangisa*] of love,' referring to the unwanted sexual advances, that were said to come from male teachers, taxi drivers and male youth in general. So while girls feared being accused of having relationships with boys/men, and had to remain silent about such relationships if they were in one, they also feared men's unwanted sexual advances and violent attacks.

### ***Friends, 'Good Girls' and Gossip***





**Fig.6.1.** Photograph, 'Friends,' (2009).

Like Pinkie, girls reported valuing friends who did not spread gossip (*hleva*) about them. This is evident in the following discussion with Fortunate who ends her ties to a girl that gossiped about her. Fortunate is 16 years old and identifies her (deceased) mother's sister as her significant carer (Household #9). She states that having friendships with boys is sometimes preferable to girls who 'don't keep quiet':

Fortunate: Some boys are better than girls because the girls don't keep quiet... If you share your problems [with girls] you can hear them spread throughout the whole village. Girls like gossiping. But some boys are good because they keep your problems in their hearts.

Fac: Can you tell me about a time girls gossiped about you?

Fortunate: I remember the time when [some girls] gossiped about me. They told [my aunt that I said] she is not my real mother. They told [my aunt that] I won't listen to her, but I will listen to the boys and I don't respect her.

Fac: What happened after your aunt heard that?

Fortunate: She *biwa* [beat] me. I asked her who told her and she never told me. I pleaded with her, 'Who told you?' because I wanted to ask that person...I don't understand what happened, why they told her that. Up to so far [my aunt] told me just one of [the girls' names]. After she told me about her I have stopped talking with [that

girl] because I was feeling very angry.

Polite, aged 16 and who identified her grandmother as her significant carer (Household #2) also spoke of her friendships with boys, and how accusations that she has a boyfriend results in fighting with her grandmother:

Some boys, I am used to them, I share the same grade with them. When I move with them, people think [one] is my boyfriend. Meanwhile, I am just used to them... When it comes to my [grandmother] they tell her bad things about me... My [grandmother] argues a lot about it when I come back home.

Just like Polite and Fortunate, girls reported that their guardians fought with, physically punished, and/or forced them out of their homes for two primary reasons: the first, being accused or proven to have relationships with boys or men; the second, stating that a female guardian (usually a maternal grandmother or an aunt) was not their 'real' mother. Thus, both failing to accept (and obey) one's 'stand-in' mother as a 'real mother,' and associating with boys are seen as acts of disrespect that are punishable by beatings and banishment. Girls, therefore, must be silent not only about their deceased parents, but also their relations with the opposite sex.

Zodwa, aged 15, who was caring for her Kokwana Bena (Household #11), also makes this link between respect for elders and respect for oneself by refraining from having relationships with boys. She says she has one 'good friend,' and that she is a good friend because:

We give each other advice, and we teach each other that we need to respect the elder people, and regard every elder person as our parent since we can get help from them in the future. Also, we tell each other that to have a better future, you need to get a good education. We also advise each other that let's make sure we don't start having relationships with the boys because once you introduce yourself [to such relationships] you will end up not having a good future because sometimes you will 'fall' pregnant while in school, and who will take care of your child?... I know that once I have a boyfriend I won't be able to concentrate on school, I have to spend lots of my time with him. So I think it is good for me to stay away from [boys].

Zodwa, like other girls, spoke of their friends as a means of representing their moral selves, who associate with other 'good girls' who also refrain from relations with boys and respect their elders. This is echoed by Polite when she reported ending friendships with girls involved in 'bad things':

I had a lot of friends at school, but I decided to stay away from some of them because they were doing bad things. Then I chose the one [friend] because we understand each other. [Fac: What were the bad things your friends were doing?] I stopped liking them after they started talking about going to the initiation school ['traditional' schools that some boys (and to a much lesser extent, girls) attend to as rite of passage to adulthood].

Honestly, I don't like the initiation school, that is why I ran away from them. They are teaching bad things at the initiation schools... Once you attend the initiation school, when you come back, you start behaving like a *mbhisa* [prostitute]. The initiation school teaches you bad things and you start having relationships with boys.

Pinkie identifies herself as a 'good girl' through her dissociation with friends said to be involved with 'bad things' because of their relationship with boys; relations that are a result of their attendance at initiation schools.

Shilumani (2010) in research on teens and changing modes of sex education amongst 'the Shangaan,' or XiTsonga speakers, in Dzumeri, South Africa, also found that young people have come to distrust initiation schools run by 'uneducated' women. Instead, young people believe public schools are the ideal places where reproductive and sexual health should be taught. In Dunkveld and Crew, initiation schools were often said to be only attended by those considered ethnically as Sothos. None of the girls from participant houses had been to an initiation school, and only two girls from the Dunkveld Drop-In had attended and were teased for doing so.

Initiation schools for boys have a historical presence in Agincourt and are much more numerous than those for girls. Girls' initiation schools are said to be a recent phenomenon. They are not seen as 'authentic' or 'traditional,' and are instead said to be set up by those only seeking to profit, and teach the girls about sex, which in turn, is

said to encourage sex. Young people often 'run off' to initiation schools and are not always sent by their families. Once at the school, a child's family must give money and *mielie-meal* (ground maize) for the child to be able to return home. Upon their return home, young people are given new clothes and perform dances in celebration of completing the often very grueling rites of the initiation school.

Pinkie, as demonstrated in the opening case study, spoke to me directly about her boyfriend and the time she spent with his family. However, other participants, reflecting the normative silences around such matters, never directly told me whether they were in relationships with boys and men. As Pinkie had a baby, and was visiting her boyfriend's family regularly, she did not have to hide the relationship. I, like others, usually only learned of a girl having a regular boyfriend through the gossip of other girls, OVC staff and the accusations of their guardians. For example, Zodwa, above spoke of refraining from relations with boys because it would interfere with her education and prevent her from having a 'good future,' but later spoke to me openly about her older boyfriend, a university student in Johannesburg. She only spoke with me about the relationship after staff from the Dunkveld Drop-In centre had a special meeting with her to counsel her to end it. The staff learned about the relationship after Zodwa's grandmother told them that she was sneaking out of the house at night. In Agincourt, as elsewhere in South Africa, there was an established intergenerational pattern of girls secretly leaving their homes at night to visit boyfriends (Henderson 1994: 15; Stadler 1994:14). Such patterns reflect how girls' verbal silences are not simply passive acts of submission to parental authority. Some girls, (silently) claimed sexual agency - defying injunctions on their movements - and some sought out contraceptives and sexual health information when and where possible.

### *The Materiality of Care, Love and Sex*

Pinkie, as highlighted in the case study above, stated that her boyfriend is 'good' because he gives her money and gifts for the baby as well as for herself. Zodwa, when we did briefly<sup>62</sup> speak about her boyfriend, similarly expresses her feelings for her boyfriend, and his for her, through his acts of giving. She said, 'I love him... When he comes back [from Johannesburg] he brings me things. Sometimes, he also helps me with money.'

Zodwa's and Pinkie's boyfriends are both older than them and have access to employment and resources. Their relationships reflect contemporary courtship in Agincourt, which involves boys and men proposing (*ku gangisa*) to a girl. To *gangisa* means to induce a girl to accept you as her lover through flirting (which is often done through texts for those who have mobile phones) and the giving of gifts (from fruit, to beauty products and toiletries, to money and clothing). Girls are not passive in this process as they must decide whether to accept (*ku ganga*) boys'/men's advances and gifts. However, once gifts are accepted it is more difficult to decline sexual advances. As highlighted in Chapter Two, and the literature on gender and the political economy of sex, such 'transactional' sexual relationships, or the exchange of sex for resources, is commonplace in South Africa (Hunter 2002, 2007; LeClerc-Madlala 2003, 2008; Stadler 2003a).

An exchange between members of the Dunkveld Girls Club during a focus group reveals how discussions of orphanhood overlap with those of girls' sexual relations:

Participant 1: The girls without parents, they will involve themselves with men. Even if they don't want to, they must do it. Because their parents are dead and they don't have food in the house.

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<sup>62</sup> Zodwa was still shy to speak openly with me about her boyfriend, and so I only enquired once about him.

Fac: Do others agree?

Participant 2: No, some of those girls have mothers. Even those with mothers, may [have relationships with men]. Their mothers will even encourage them. They will tell them to go find a man and they can go find the ones with jobs. So then the girl can get money and now she can help her family too.

Participant 3: Yes, it's true, some of the mothers, they do that. Even some mothers know the girls are [having relationships with men], but really they only pretend they aren't knowing about it.

In this exchange, Girls Club members debated whether girls without parents were more likely to begin relations with men out of need. Participants were referring to the practice of *ku phanda*, meaning to survive, which entails girls and young women taking up sexual relations with men out of need for food and cash, for themselves and/or their households. While one participant said girls without parents were more likely to have to take on relations with men out of necessity, others disagreed, arguing that girls with (living and present) mothers sometimes must also engage in *phanda*. All, however, cited poverty as the main driver of such relationships and not solely the death of parents.

Girls drew a moral boundary between sex for survival and sex for commodities. *Ku phanda* is a common practice that is not seen as amoral. However, those that enter relations with men out of 'greed' for luxury items (mobile phones, hair extensions, beauty products, and fashionable clothes) are perceived as amoral and such actions are likened to prostitution (*magosha*). Girls that engage in these activities are said to wear 'trousers' (English word used) instead of skirts, spend much time making themselves 'beautiful,' and 'move up and down' while 'looking' for relations with boys and men. They are stylish and rebellious, but also stigmatised as promiscuous. Boys who take many girlfriends are called 'playboys' (English word), and while girls said that such

boys are to be avoided, boys' multiple relationships with girls are markers of success amongst their male peers.

In Agincourt, wealthy men with jobs in Johannesburg and the young women who enter relationships with them are associated with the spread of HIV. Thus young people have a paradoxical relationship to distant urban spaces. As demonstrated by Pinkie's link to Johannesburg through her mother, urban spaces provide both the resources for the material components of care (which symbolise and cement familial connects) but are also associated with the illnesses that lead to deaths and loss of parents and parental care.

Girls' articulations of love and support from their boyfriends were continuous with young people's articulations of love and care from their guardians explored in Chapter Five. Sentiments of affection and love are expressed through the objects and resources given by either boyfriends or elder guardians. In exchange for these material resources from boyfriends, girls reciprocate with sex, and sometimes labour in boyfriends' households. While girls are not passive in these exchanges, the issue of exploitation remains. Those who are young, female and poor have more constrained choices and become more dependent on such relationships.<sup>63</sup> For some girls, relationships with boys and men become an additional part of their active and ongoing pursuit of care, belonging and survival. Guardians often expressed concerns over such relationships as they were seen as acts of rebellion and disrespect.

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<sup>63</sup> Bray et al. 2010, based on research with young people in Cape Town, found that girls from a cross-section of class and racial backgrounds expected gifts in exchange for sex. However, in this mixing of sex and consumerism, those who did not have parents to buy them the markers of style and success, were more dependent on their boyfriends for such items. Such dependencies were associated with a greater likelihood of brutality and violence.

## 6.2. Good Mothers, Families and Daughters: Care as Containment<sup>64</sup>

The opening case study of Pinkie and Harriet reveals how guardians' roles as 'good' mothers and guardians is tied to their ability to contain and protect girls' sexuality and fertility. The relationship between Harriet and Pinkie is indicative of the diversity and fluidity with which kin members act as surrogates or stand-ins for deceased and absent parents. Harriet sought to take in Pinkie as a surrogate child because she could not have children of her own. Pinkie had a range of carers, both during her biological mother's time in Johannesburg, and after her mother's return and death. These carers and sources of support included her 'little mothers', her 'real' brother and his wife, her grandmother, and her boyfriend and his family.

Harriet associates Pinkie's growing, less innocent, 'too big' body, with her more active pursuit of the opposite sex (calling boys with her mobile phone, 'moving up and down'). The mobile phone given to Pinkie by her biological mother was seen to facilitate new relationships with boys, but, as Harriet states, 'broke' the relationship between herself and Pinkie. Harriet, able to protect and care for Pinkie when she was younger, sought to continue to protect, and now contain Pinkie's sexuality by taking the mobile phone away. When Pinkie's mother passed away, Harriet expressed her ongoing hope and desire to one day to return to that mother-child like relationship she believed they once had. From Harriet's perspective, Pinkie's leaving had to do with Pinkie's wish to leave a more disciplined household. Harriet implies that Kokwana Nerrie's care is more lenient and indulgent, as the grandmother tells Pinkie that she is 'beautiful' and thus encourages her involvement with boys.

In Agincourt, 'good families' (*ndyangu wa kanle*) are believed to be those with mothers (including grandmothers and aunts) who regulate the movements of the

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<sup>64</sup> I thank Katherine Hall for her reading of an early draft of this chapter and her insight that guardian's care acts as a form of containment of girls' sexuality, fertility and movements.



younger women in their homesteads. Pinkie's Kokwana Nerrie, when speaking of the girl's pregnancy, said she did not know how Pinkie 'fell' pregnant, giving the explanation that Pinkie 'slept with [her] every night,' to indicate that she was not an 'unfit' guardian. In a more affluent participant household (#8), a 21 year old daughter had a baby while enrolled at university but still unmarried. To console the mother of the daughter, a friend said, 'but she [the daughter] was not starting a relationship while she was [in your home]. She only started it when she went to the tertiary level [university]. She started there because [in your home] she was not allowed to go out.' The friend sought to assure the mother that she was not an 'unfit' parent because her daughter had become pregnant. Households with constrained resources, such as Pinkie's, are judged for not providing proper care and guardianship over their daughters, while girls in such households may be more likely to be spurred on by financial hardships to engage in such relationships.

Unlike some guardians, Harriet did not force Pinkie out of the house upon suspecting she had relationships with boys. However, like other guardians, Harriet's knowledge of such relationships came through the actions of girls. When guardians accused girls in their care of being in relationships, the proof given would not be from the girls' direct admission, but based on the girls' movements and habits. Guardians stated the follow as 'proof': the gossip of others, girls 'moving up and down' during the day unaccounted for, girls' absences from their homes during the night, or girls spending too much time on their appearance.

Kokwana Mina accused her granddaughter, Polite, of 'looking for' a boyfriend. As stated above in this chapter, Polite had expressed frustration with her grandmother for fighting with her about this. Kokwana Mina told me that Polite had never admitted to having a boyfriend, 'No, she will just sit, not talking if you ask her.' She talked of

Polite spending too much time 'looking in the mirror,' doing her hair and 'making herself beautiful.' During another conversation with Kokwana Mina, she said of Polite 'she likes clothes (*u rhandza una nguvu*),' which is local slang referring to girls and women who are accused of dressing to attract men and an inference of their 'promiscuous' behaviour.

Guardians generally expressed their concerns about girls' relationships with boys as worries that a girl may become pregnant, which would bring shame on a house. Only one woman, Harriet who fostered Pinkie, directly stated that she was worried about HIV. Guardians' concerns were reflected in more community wide anxieties about the increasing prevalence of 'teenage pregnancy,' which I often heard from community members, including OVC staff, ministers and social workers.<sup>65</sup> In 2008, 31 of 244 (13%) girls aged 15 to 19 gave birth in Crew, and 9 of 194 (almost 5 %) of girls aged 15 to 19 gave birth in Dunkveld. In 2009, fertility rates dropped from 110 to 100 births per 1000 girls in this age bracket across Agincourt.<sup>66</sup> Garenne et al. (2007) found that the number of pregnancies amongst teenaged girls<sup>67</sup> in Agincourt has continued to decline since 2001, alongside drops in fertility rates in other age brackets, and attribute this reduction to better access to contraception. Despite these decreasing fertility rates, at a community level, talk of the 'problem of teenage pregnancy'<sup>68</sup> is common.

Concerns with teenage pregnancy may be a means of indirectly expressing concerns about HIV transmission. For example, Kokwana Mina, said that her granddaughter, Polite, began 'moving up and down' after the death of Polite's biological

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<sup>65</sup> Rhian Twine, noted in conversation with me that 'teenage pregnancy' is a commonly expressed concern of the LINC Community Advisory Group.

<sup>66</sup> Data on 2008 and 2009 fertility trends are based on Agincourt HDSS community summaries, provided via email with Rhian Twine of Wits (MRC) Agincourt LINC programme. Community summaries cannot be cited directly as this would reveal the names of villages and compromise participant anonymity.

<sup>67</sup> Garenne et al. (2007) defined this stage as 'adolescence' who are between the ages of 12 to 16. Fertility trends in the next age bracket, 17 to 21 years, also showed a decreasing fertility rate.

<sup>68</sup> See MacLeod and Durrheim (2002) for the introduction of the term 'teenage pregnancy,' an American concept, into South Africa and the racialised deployment of the term.

mother. She stated, that Polite, 'behaves just like her mother.' In a separate conversation, Kokwana Mina said she believed Polite's mother became 'ill' after multiple relations with men. Thus, while Kokwana Mina does not directly state that she is concerned about her granddaughter contracting HIV and passing away like her mother, she implies it by drawing attention to her granddaughter's and daughter's similar behaviour. More evidence, however, is necessary to support this possibility that concerns regarding relationships with the opposite sex, and pregnancy are metaphors for worries about HIV infection.

Guardians generally did not express the 'problems' of girls, and their movements with boys, as being linked to girls' status as 'orphans' or children without a biological mother or father. Instead, guardians' explanations for young people's 'disobedient' behaviour often rested on them believing themselves to have 'rights.'<sup>69</sup> Harriet, speaking of Pinkie's behaviour, stated 'the ANC has told [young people] they have rights, and that we can no longer beat them for staying out at night.'<sup>70</sup> Adults also blamed foods newly introduced to Agincourt, like cheese and pizza, which young people desired, for making causing 'too much heat in the body,' and thus causing young people to act out in 'disrespectful' behaviour. Additionally, young people's desires for the latest fashionable clothes and mobile phones were said to cause youths to engage in inappropriate acts in order to obtain them: girls sleeping with older boys and men, boys gambling or stealing, and both girls and boys placing improper demands on elders to buy these items for them. Thus, girls' relationships with boys were seen as part of a larger problem of disobedient youth. Adults associated youth disobedience and disrespect with a decay in 'traditional values' and with young people's new claims for 'rights' and desires for 'modern' foods and commodities.

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<sup>69</sup> Stadler (2003b: 360) similarly found elders blamed youth disobedience on new 'rights' ushered in under the ANC government.

<sup>70</sup> This was a sentiment I heard often from other adults, including head teachers of schools and ministers.

One exception to guardians not citing orphanhood as the cause of girls' 'disrespectful' behaviour came from Prudence. As highlighted in Chapter Five, Prudence is the maternal aunt of, and assumed a guardian role towards, her deceased sister's children (Household #6). She speaks of the nephew she raised from birth as more obedient than her own biological son. In contrast, Prudence spoke of her niece, Loriecke, who resides outside of her home, and the 'orphans' she assists to care for in her role as a HBC volunteer, as orphans (*vusiwana*) 'who do not listen.' Prudence prefaced the story of her niece, who was not taking her medication and having children despite knowledge of her HIV status<sup>71</sup>, as a 'problem with these orphans.' Prudence recalled a fight between herself and Loriecke when she learned her niece was pregnant with her third child:

I asked her, "Why do you keep on bearing children, meanwhile you are ill?" And she said [adopts mockingly defiant voice] "I want to die and leave these children behind like my mother [*Ndzi lava ku fa ndzi siya vana lava tani hi manana*]. She did it, so can I. This is not your problem, I will keep on doing it. Don't worry. It is not your problem to worry about." ... [Fac: Why do you think Loriecke said this?] I don't know, but I used to tell her that I don't think your mother was bearing you with the purpose of dying and leaving you behind. It was her time to give birth and also she was not ill when she gave birth to you.

When Prudence confronts Loriecke for 'bearing children' despite knowledge of her HIV status, Prudence perceives Loriecke as believing that her mother has 'left her behind' by prematurely dying. Prudence, however, drew a distinction between Loriecke's behaviour and those of Loriecke's mother. In her attempt to provide words of comfort, she tells Loriecke that her mother did not 'purposely' give birth whilst knowing that she would die. In contrast, Prudence regards Loriecke's actions as intentional and as deviant. Unlike other guardians, Prudence aligns such behaviour with 'the problem of

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<sup>71</sup> See Long's (2009) work for more on stigma and mothers living with HIV and AIDS in South Africa. In Agincourt, PMTCT is available in hospitals, where most women give birth, and thus Loriecke can have children who are not HIV positive. Further, if she is able to access and maintain her ARV treatment, she can live longer and not 'leave behind' her children.

these orphans.' Her labelling of Loriecke's actions as emblematic of orphans' deviant behaviour is linked to her position as a HBC volunteer and her work with the Crew HBC programme which provides targeted support to children identified as 'orphans.'

### **6.3. OVC Organisations: Gossip, Orphans and Projections of 'Promiscuous' Girls**

Guardians sought to regulate and contain daughters' movements, fertility and sexuality through accusations and punishment of their alleged or proven relationships with the opposite sex. Girls' movements, actions and bodies were also the fodder of gossip by Crew HBC and Dunkveld Drop-In staff, and the community at large; such gossip was a form of discourse directed toward disciplining girls' behaviors. Staff at Dunkveld Drop-In did not attribute the perceived deviance and 'promiscuity' of girls as actions orphans were more likely to do. In contrast, staff from the Crew HBC programme, which provided more targeted services to young people labelled 'orphan,' were more likely to make an association between girls' 'disrespectful' behavior with their status as orphans. Prudence's explanation of her troubles with Loriecke as a 'problem of the orphans' is one example of this association. I now turn to additional examples from field observations involving Crew HBC staff.

#### ***Crew HBC Staff***

In conversations, Crew HBC staff would sometimes isolate out Pinkie as an example of the problem of youth 'who do not listen' in general, and of girls who become pregnant at an early age in particular. Pinkie's unique status as a young mother made her a highly visible 'target' for staff projections and gossip. As highlighted in the opening case study, a HBC worker quipped that Pinkie was off 'playing daughter-in-law' when she was truant from school and visiting her boyfriend and his family. The jibe

demonstrates how Pinkie, because she is still seen as a 'child' despite her status as a mother,<sup>72</sup> is said to be merely 'playing' at being a daughter-in-law, as she is too young to be take on the role of a 'proper' one. Pinkie's relationship is also seen a mockery of (romanticised) traditional marriage practices. Yet, these idealised practices are, for adults themselves, challenging to actualise.

An additional example comes from my attempt to follow up with Sara upon my return visit to Agincourt in mid-August of 2010. Sara, whose story was highlighted in the previous chapter (Chapter Five), was fourteen and residing with her maternal grandmother, Kokwana Poisetso, after her mother passed away in Johannesburg (Household #5). Sara rejected the label 'orphan,' because she had her Kokwana Poisetso, who was 'more than a mother.' While HBC volunteers selected Sara to go on a trip to a festival because of her 'model' behavior, when Sara later purchased a duvet without the permission of her grandmother, HBC volunteers labelled her as an 'orphan' who, like the others, 'do not listen.' On my return visit to Agincourt, a HBC volunteer told me that Sara was no longer living with Kokwana Poisetso, but had moved to live with her elder sister in the neighboring village:

'Sara's gone. She left to stay at her sister's place,' said the HBC volunteer.

'Really? Do you know why?' I asked, surprised.

'Sara started giving her kokwana too much trouble' said the volunteer, drawing out the 'too' and adding a disapproving head shake. She talked about how Sara had stopped coming to greet her during home visits [an act of disrespect], how Sara had now begun 'moving up and down' starting relationships with boys, and how Sara's grandmother had tried, but failed to 'call her into order.' That was when, according to the HBC volunteer, Sara left to live with her elder sister, so that she did not have to mind her kokwana any longer.

I never got to see Sara, but did visit Kokwana Poisetso, who was vague

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<sup>72</sup> As noted previously, historically in Agincourt, motherhood was the marker of attaining full womanhood. However, completing one's education and matriculating is increasingly what distinguishes childhood from adulthood.

about the reasons behind Sara's departure, and visibly saddened by it. I am not sure whether Sara decided to leave or was kicked out, but it was likely somewhere in between.

(Synthesised field notes 16 August, 2010)

The HBC worker spoke of Sara's reasons for leaving her grandmother's home as part of her continuing 'disrespectful' conduct, that she had escalated to including relationships with boys. Like Pinkie, Sara was seen to have left the confines of a home where her movements and actions would be more supervised, to a less disciplined household where she no longer would be 'called into order,' and would have more autonomy and freedom from elders. On these occasions, when HBC workers spoke of Pinkie and Sara, they did not directly link the two girls' 'disrespectful' (read: 'promiscuous') behavior to their status as orphans. However, in the following examples from two conversations, HBC staff made associations between girls' sexual 'deviance' and orphanhood.

One day, I arrived at the Crew HBC centre, one team of HBC volunteers were sitting quietly in a corner of the building's verandah, talking seriously amongst themselves. I enquired with the leader of the team to find out what had happened, she responded, in English, 'We think there may be the problem of prostitution' at one of the 'client households.'<sup>73</sup> This is one of the problems we are having with the orphans.' In Dunkveld and Crew, prostitution is said to take place elsewhere, in villages along the R40 highway that is a major thoroughfare for truck drivers. The HBC staff were acting as guardians of the morality of the village and as protectors from diseases, namely AIDS, that were often associated with sex workers. When I sought to follow up about this suspected case of 'prostitution' later in the week, the HBC volunteer leader quietly dismissed my enquiry, indicating she did not wish to speak about it further. I do not

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<sup>73</sup> HBC volunteers and staff used the professional terms 'clients' and 'households' to refer to the people and families they supported.

know if this is because the accusation of prostitution proved to be unfounded, or because it was confirmed..

During my return field trip to Agincourt, on a visit to the Crew HBC centre, in a conversation with a head staff member about girls whose parents had deceased, the staff member said, 'The girls become jealous of those who have nice things. Because they don't have parents to buy them what they want, then they start having relationships [with men].' The staff member said such girls, 'lust' (*ku navela*, meaning to desire, wish or covet) after stylish clothes, nice food and other consumer items that they do not have living parents to purchase for them. Similar to the perspectives of Girls' Club participants discussed above, the HBC staff member identified the reasons behind the girls' relationships with men as driven by a poverty caused by parental death. However, unlike Girls' Club members, the staff member's tone was more judgemental: girls were said to be 'jealous' and to 'lust' after luxury items more than objects of need, like food.

As stated above, in Bushbuckridge, there is a moral distinction between women engaging in sex for survival (*ku phanda*) and sex for 'greed,' which is likened to prostitution. Thus, the HBC staff member linked orphaned girls (those without parents) to behaviour deemed sexually deviant. Chapter Five established that there is an emerging association between orphanhood and deviant youth in Agincourt. In this context, HBC volunteers' gossip about girls, such as Pinkie and Sara, and the links made between 'orphans' and prostitution during conversations, reflects the possibility of a growing and troubling association between (female) orphanhood and sexual deviancy.

### ***Dunkveld Drop-In Staff***

At the Dunkveld Drop-In, while staff also gossiped about girls who were known to have boyfriends, they, like guardians, explained this as a 'problem' of girls and youth



in general, and not of 'orphans' in particular. This was likely because the Dunkveld Drop-In did not simply target 'orphans' exclusively, but also children identified as 'vulnerable,' which staff defined as children from the poorest households in the village. Furthermore, the Dunkveld Drop-In staff saw girls on a daily basis, and had closer ties to the Drop-In participants through family and kin relations, as well as through friendships that had developed.<sup>74</sup> Staff pulled on the trope of family often to describe their relationship towards child participants, with female staff as the *vamaki* (mothers) and *vasesi* (sisters), and the one head male staff as the *bava* (father) of the children. In interviews, young participants themselves also described their relationship to the drop-in as an extension of their family. Thus, there was less of a professional barrier between staff and child drop-in participants than at Crew HBC centre, where staff spoke of the children and families they worked with as 'clients' and 'households.'

Dunkveld Drop-In staff members' roles as additional guardians in young people's lives is evident in an example from a day when two female staff members joined the Girls' Club.<sup>75</sup> The staff used the opportunity to tell the girls a story, a morality tale of sorts, of a girl who used to attend the drop-in. She said the girl left school to go off to be with a man that had promised to love her and provide for her, and she followed him to the farms where he was working. Once she joined the man on the farm, the girl discovered he was a 'playboy' (English term used), and he had lots of other girlfriends with whom he even had children. Further, he did not have a good house for her to stay in as he had promised. He was a drunkard and he beat her. The story ended with the girl returning home pregnant and unable to return to school because her family

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<sup>74</sup> Indeed, those children staff selected to attend and eat daily meals at the drop-in were often rumoured to be from families favoured by staff members because of their shared kinship ties or friendships.

<sup>75</sup> Generally, I tried to hold Girls' Club meetings with only the young members and Flora, the field assistant, in order to create an atmosphere where girls felt more comfortable speaking more openly. On some occasions this was not possible, and Drop-In staff joined to help girls with their sewing techniques and assist with other art projects. However, such occasions provided additional forms of data on intergenerational relations.

would not take her back in, or help her care for her child. This morality tale of the 'fallen girl' who used to attend the Drop-In is an example of how gossip about girls functioned as a way to warn and protect girls, but also as a means to instil a self-disciplining of their behaviour.

Like most guardians, the Dunkveld Drop-In staff did not provide young people with the means nor the education to protect themselves from unwanted pregnancies nor sexually transmitted diseases, including HIV. The programme did not provide, nor facilitate access to condoms,<sup>76</sup> birth control, nor any sex health education. Staff and other girls gossiped about those who had made the hour and a half journey to the health clinic to access birth control, possibly deterring others from following their lead, and closing down opportunities to discuss condom use and negotiating the use of them with male partners. The only form of sex or reproductive health education carried out at the Drop-In was a seminar for girls that taught them how much it cost to raise a baby, which had the specific aim of demonstrating to the girls that a Child Support Grant (CSG)<sup>77</sup> was not enough to raise a child on. This seminar was based on the pervasive belief, amongst young people and adults, that girls become pregnant in order to access the Child Support Grant.

During Girls' Club sessions, when Drop-In staff were absent, we held workshops on sex and reproductive health. Some girls expressed a desire to have contraceptives available at school, as the clinics were far away. Further, they reported that nurses at clinics would sometimes deny them access to contraceptives, telling them they were too

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<sup>76</sup> The Crew HBC programme had one container of condoms. During the course of fieldwork, I only saw one young man come to obtain condoms from the container, and the staff pointed him out to me and praised him for taking the condoms. The majority of the time, the container remained in a closet. Thus the container appeared to be more for show than an actual source of accessible, affordable condoms.

<sup>77</sup> This seminar was designed on the pervasive belief that 'teenage pregnancy' is on the rise because girls want to access the CSG. I often heard this sentiment from young and old alike across Agincourt, and it is a belief held across communities in South Africa. However, empirical evidence contradicts such beliefs, as Makiwana (2010) found that 'teenage pregnancy' has decreased across the country after the introduction of the CSG.

young, or break confidentiality by telling family members that they had come to the clinic for condoms and/or birth control.<sup>78</sup> The girls also reported that their teachers at school did not teach them 'beyond the ABCs.' The ABC programme, which stands for Abstain, Be Faithful and Condomise, has been the cornerstone of the South African Department of Education's curriculum on sex education. The programme has been criticised as an inappropriate and inadequate approach given patriarchal structures that make negotiating condom use, and women's dependence on men for financial support, difficult (see for example, MacCleod 2009 and Nkosi 2010). Thus, the Drop-In, in addition to other adult institutions (namely schools and health clinics) in Agincourt, fail to provide access to contraceptives and sex health education. In this context, gossip functions as the primary means of regulating young people's sexuality and girls' fertility.

Examples of such gossip came during my return visit in mid-August 2010. I learned that three of the former teen girls attending the Drop-In Centre were no longer coming to the programme. When I enquired with staff why this was so, they said that each of the girls' had 'run off' and found boyfriends, and one said, while laughing, 'they don't have to come here now, they've found [boyfriends] who will give them better food.'<sup>79</sup> I was able to follow up with the girls, who said the staff members had been spreading lies about them. One girl said a certain staff member had a longstanding personal grudge against her family. Whether the girls had boyfriends was not my interest. The girls' counter-accusations show that they may not have 'run off' from the Drop-In, but that they had actually been 'run out' by the gossip of staff. Furthermore, each of the girls reported wanting to return to the programme so they could access the

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<sup>78</sup> Nurses actions violated girls' rights to access health care and to confidentiality under South Africa's Patients Rights Charter, set out under the Constitution of the Republic of South Africa (Act No. 108 of 1996).

<sup>79</sup> Young participants of the Drop-In, and community members of Dunkveld, dropped hints that the staff were keeping meat for themselves and reselling it, rather than serving it to child participants. If the girls were seen to be part of the group making such accusations, this could have been behind staff members' counter-accusations that the girls had 'run off' to find boyfriends.

daily meals again. In the past, girls had also been shunned by staff and pressured to leave the programme after becoming pregnant. The Drop-In, therefore, acts as extensions of girls' households, where girls are banished for perceived transgressions. The Drop-In, meant to support young people, failed to do so when girls arguably needed support the most.

### ***Conclusions***

This chapter addresses the research question: How do local understandings of orphanhood intersect with perspectives on girls' sexuality? It argues that there is a normative discursive silence on the part of girls around issues of sex and their relations with boys and men. However, girls are not passive in the face of injunctions on their relationships with the opposite sex. Girls that defied these injunctions, by sneaking out at night and taking a boyfriend, spoke of their boyfriends' 'goodness' and 'love' through the gifts and material support boyfriends provided. Thus, boyfriends, for some girls, become part of their wider network of care, survival and belonging. Girls' Club participants reported that girls are more likely to take on sexual relations with men for survival (*ku phanda*) if their parents are deceased and thus not able to provide financially for them, or if a girls' parent (specifically mother) encourages them to do so and/or turns a blind eye to such relationships.

'Good mothers' (and grandmothers and aunts) are those who are able to monitor and contain their daughters' movements, sexuality and fertility. Guardians' accusations of daughters' alleged or proven relationships with boys and men reflected their concerns that girls may become pregnant at a young age, and indirectly, their concern that girls may contract HIV. Unlike staff at OVC organisations that target supports to 'orphans,' guardians did not frame the 'problem of girls' relationships with boys' as one associated

with the girls' status as orphans.

Staff at the Dunkveld Drop-In and Crew HBC Centre both engaged in gossip about girls that they supported through their organisations. While concerns about girls' (and not boys') movements and relations with the opposite sex were routinely expressed, neither organisation provided access to contraceptives or sex education for young participants. Thus, gossip served as a means of regulating and disciplining girls' behaviour. However, it is especially troubling that girls' actions are focused upon. While they are agents who make choices about whether to take on relations with boys and men, they are also the ones with the least power in local patriarchal and gerontocratic social structures, and whose choices, therefore, are the most constrained.

Chapter Five established that there is an emerging stigma of orphans as 'deviant youths' who do not listen. This chapter reveals a gendering of such perceived deviance, with a singular focus on girls' sexuality. Staff at Dunkveld Drop-In did not make associations between girls' transgressive behaviour and their status as orphans. This could be because the Drop-In served both those identified as 'orphaned' and those who were identified as 'poor' and 'vulnerable' (terms used interchangeably by staff). In contrast, staff from the Crew HBC Centre, albeit in fleeting moments of conversation, were more likely to make associations between orphanhood and girls' 'sexual deviancy,' namely in the form of orphans being said to be partaking in prostitution and prostitute-like behaviour. These findings have implications for the policies that target orphans from other marginalised children, which will be discussed in the concluding chapter of this thesis (Chapter Eight).

## **Chapter 7. Tourist Philanthropic Care and the Commodification of Orphans**

The world only has one role for Africa – as a destiny for other people's expeditions.

(Hall 1995: 198)

If they want to see lions, you find lions. If they want orphans, you find orphans.

(Samuel, former 'Community Tour' guide, 2009)

This chapter addresses the following research question, 'How does conceptualising care within a materialist framework extend understandings of the intersection of local care and transnational philanthropic aid?' This question is addressed with data drawn from fieldnotes, observations of tourists and OVC programme staff in the area, and interviews and ethnographic observations in Crew and Dunkveld. Findings in this chapter are framed within critical childhoods and orphanhood studies in general (reviewed in Chapter One), and within anthropological literature on humanitarianism and philanthropy in particular (reviewed in Chapter Two).

The two previous findings chapters (Chapters Five and Six) explored care relations of a relatively more horizontal nature: between kin members and between girls and boys/men. This chapter explores a form of care organised along more vertical lines: with (largely foreign) tourists as givers of gifts and locals, specifically young children and especially 'orphans,' as idealised recipients of charity. In contrast to previously explored care relations, this form of giving takes place largely between strangers, connected through structured ties of socio-economic inequality, rather than between intimates and familiars.

This chapter is divided into two parts. The first part explores how within Agincourt a form of gift exchange has arisen with tourists' gifts of aid being

reciprocated with the creation of 'orphans' in an area where such categories had not existed and where the categories remain highly stigmatised. In representations of orphanhood and child poverty for tourists, orphans become part of the (South) African landscape for tourist consumption. These are sanitized landscapes, erased of the histories of violence and inequalities that created the present circumstances of poverty and the rapid spread of HIV and AIDS. The second part of this chapter argues that young people were not passive recipients of aid in these exchanges. Rather, they actively sought encounters with tourists and the material resources associated with visitors. This active pursuit of resources, however, often served to re-inscribe the disparities between local young people and comparatively wealthy tourists. In this section, I also highlight a range of unintended consequences of the valuing of orphanhood through tourist-based charity. These negative consequences included the physical punishment of young people who obtained objects from tourists directly (and thus outside the sanction of parental authority) and in one case, the separation of a young person from his extended family by a local 'entrepreneur' in order to access the resources associated with orphanhood.

### **7.1. The Commodification of Orphanhood**

Historically, Christian missions were the most prevalent form of humanitarian aid in colonial rural Africa and apartheid rural South Africa. Today, there is a similar phenomenon between local and non-local actors involving humanitarian care, and a desire for connection, and for encounters, between locals and visiting tourists. Private game lodges and tour operators undertaking charitable activities for local children, as a form of corporate social responsibility, constitute one particular 'mode of philanthropic power' (Malkki 2010:78). While these interactions and forms of charity through

tourism are understood as progressive, they do (unintentionally) lead to negative consequences on the ground and (re)create paternalistic and neo-orientalist colonial imaginings of Africa.

The section begins with a fieldwork account from inside the fence dividing a nature reserve that is now shared with Kruger National Park, on which the private game lodges reside, from the local community. This fence acts as a metaphorical, literal and socio-racial historical<sup>80</sup> divide between tourists, the potential givers of charitable gifts, and locals, the potential recipients. This divide is historical and ongoing, but progressively less racialised and more class-based as more Black South Africans take up managerial and higher waged positions in Kruger National Park and private game lodges. Taking part in 'community tours' with tourists was discouraged by the staff who organised them. These mediators of gifts also acted as gatekeepers, who made it difficult for me to request interviews from tourists staying at the lodges or on the community tours. However, as the thesis aims to privilege local and young people's perspectives on these transnational care and charitable acts, it is not a major drawback that tourists' perspectives were not captured.

### *A View From Inside the Fence*

To offer a sense of how luxury game lodges present their community outreach programmes to tourists, I draw upon a story that was part of the participant observation I undertook with my family when my mother was visiting, and in which we were positioned as tourists:

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<sup>80</sup> For more on the history of the creation of nature reserves in the region, see Bunn's (2001) article on Kruger National Park from the 1930s to 1950s, and the creation of bounded spatial domains which served to not only 'preserve animals,' but also to maintain a racialised labour order, with local 'Shangaans' (XiTsonga speakers) serving as a cheap source of labour. See also Carruthers (1995) social and political history of Kruger National Park, which documents the removal of local populations from the reserve, and the Kruger administration's subsequent demonisation and criminalisation of those who crossed into the reserve to hunt, forage and use plots of land for subsistence agriculture.



It was my first and only trip to Rhango, one of the private luxury tourist game lodges that shared a large game reserve that was adjacent to Kruger National Park. Unless you were a paying guest, it was very difficult to access. The long drive in reflected the exclusivity and inaccessibility. To 'get away from it all' most guests are flown directly in by private plane or helicopter, bypassing the two-hour drive on dusty, bumpy unpaved back roads through the villages. I drove in with my family to treat my visiting mother to lunch. The lunch was arranged by the coordinator of Open Hands, Rhango's charitable non-profit organisation, who I had interviewed. Otherwise we would not be allowed in as we were not guests.

Rhango was made up of a series of large rondavels (westernised version of an African-style hut) connected by rope bridges, along a *koopie* (hill) rising up from the flat veld. We were escorted to the hill-top restaurant, which was designed as a lavish dark wood tree-fort, decorated with animal skins, tusks, and other objects to evoke 'tribal' Africa. In promotional material, guests were told that 'Shangaan warriors' once occupied this spot because of its superb position as a look-out point. The expansive vista took in the watering hole located just below the lodge and stretched all the way to the Drakensberg mountains far in the distance. From this height, the villages below could not be seen. The tranquility achieved from gazing upon this view was marketed as the main attraction of the hill-top lodge (Figure 7.1).



**Fig. 7.1.** Photograph, 'View from "Rhango"' (Private Luxury Game Lodge) taken by author (2009).

Evidence of Rhango's 'ethical tourism' credentials were displayed prominently in brochures, the descriptions of tours on offer and the gift shop. The lodge has a Facebook page and blog that documents the various charitable endeavours including building homes for 'orphans.' In the gift shop, along with other locally made 'traditional' wares, and Rhango-branded mementos, guests may purchase a few items that raise money for the lodges' charity. There was a calendar of drawings made by students from the nearby primary school which is sponsored by Rhango. On the calendar's

back cover was a photo of some of the young students wearing t-shirts with the Open Hands' and Rhango's logos. There was also a DVD documenting an American celebrity's 'safari' and 'community tour.' The cover was a photo of the famous actor in stylish sunglasses, a t-shirt and blue jeans. He was holding his blonde son in one arm and his other arm was around a young boy from the village. They, along with five other local children were standing next to the safari jeep they drove in on.

In the restaurant lounge was a folder displaying the different tours on offer. Along with the safari tours, and opportunities for 'close encounters' with elephants, and a 'cultural tour' showcasing tribal dance and Shangaan food, was something that promised to be 'special' from the ordinary tourist experience: community tours to see and learn about Open Hands' projects first-hand. Guests were promised experiences tailored to their interests and each tour has a stop at the primary school where they will 'be welcomed with a song' by young school children.

In one of the advertising brochures, tourists were told they will experience 'authentic South African hospitality' because the majority of the staff are locals. When we sit down for lunch, we are waited on by Mercy, who was the embodiment of this local hospitality. Mercy is from Dunkveld and we share names of common acquaintances. Coincidentally, the crèche her son goes to was sponsored by another private game lodge and was one stop on the lodge's twice weekly community tour. In my past observations of these tour stops at the Dunkveld crèche, guests have been told, in vague terms by the tour guide that many of the 80 children, one of whom is Mercy's son, were 'orphans.'

(Synthesised field journal entry, March 28, 2009)

The above account reflects the sanitised landscapes presented to tourists. The violent history of the forced removal of Black Africans from the land in the making of nature reserves is glossed over and (re)presented romantically in the lodge's promotional material, which only states that 'Shangaan warriors' formally used the hilltop on which the lodge sits now, as a vantage point. The contemporary struggles of residents in the villages below also do not blight the tranquil vista.

However, in acknowledgement of the struggles 'down below' tourists are offered the opportunity to contribute, through charitable acts, to the various projects under Rhango's Open Hands non-profit organisation. For those who wanted a 'special' and extra-ordinary (read non-touristy) experience, they were invited to visit the projects first

hand. One such project, which the Open Hands coordinator took me to visit, was the building of homes for children with deceased parents and some of their extended families who resided with them. These homes were painted in similar colours to the Open Hands logo colour scheme. Further, the Open Hands logo was painted on the sides of the homes, along with the multi-coloured hand-prints of the various Rhango 'guests' that had helped paint the homes. As such, the homes operated as an extension of the lodge itself, which guests could go and visit, and meet the children who resided in them.

Tourists are rightly demanding more ethical tourism, characterised by practices that are responsible and respectful of local communities. However, there is also an increased demand for what a *Time Magazine* article dubbed 'the Brangelina experience,' where tourists may have their own personal experiences with (poor, orphaned) children like the celebrities (Fitzpatrick 2007). Such encounters, for tourists, contribute to the making of cosmopolitan and caring identities. Not all visitors to Rhango desired to go on these 'community tours.' The Open Hands coordinator said that only about ten percent of all the lodges' visitors came into the village. Of those that do, the coordinator recounted stories of tourists, often moved by guilt from their own wealth in comparison to local poverty, who donated an array of gifts, from the inappropriate designer clothes and DVD players, to the much needed monies for a new local health clinic.

### ***Crossing the Fence: Community Tours and the Demand for 'Orphans'***

In Hart's work on the global political economy of childhood poverty, he notes that:

While the world's poor may be connected through the impact of the globalising economy, so too are the rich. Indeed, the connections here may be more literal given the ease of mobility enjoyed by the wealthy (in sharp contrast to the constraints on the poor resulting from even more stringent

border controls and immigration policies) (2008:2).

International tourists' abilities to travel to locations such as rural South Africa, and to quite literally connect with impoverished children through encounters with them, is a reflection of such mobility and wealth. In contrast, locals were not able to cross the heavily secured fences into the nature reserves apart from in the position as staff.<sup>81</sup> Thus, 'crossing the fence' into local villages on 'community tours' are acts that are educational, alternative and charitable, but are at the same time acts that reinforce tourists' relative elite status in relation to the communities.

Samuel, a former tour guide and now head of community outreach for one of the private game lodges, stated that he was the first to start 'community tours' in Bushbuckridge some six years ago. He recounted the story of convincing his bosses that it would be 'safe' to take tourists to see the various community projects he helped start in his village. His goal was to break the 'tourist bubble' that visitors experienced when they flew into private lodges from Johannesburg. Samuel states that the tourist 'come and stay' at the lodges, go on safari and 'see some animals, and then they return home and say "We have seen South Africa," but they have not seen South Africa!' In addition to showing tourists a slice of 'real South Africa,' the goal of the tours was to highlight the various community 'empowerment'<sup>82</sup> schemes and allow tourists to contribute financially to the projects. He bemoaned the 'copy cat' tours that have proliferated over the years in the region, and how they were ill thought out and absent of the self-help and 'sustainable development' spirit, and worse, some were simply 'scams' as few of the proceeds made it to the community projects.

This relatively recent phenomenon of tourists 'crossing the fence' through

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<sup>81</sup> While locals have discounted access to Kruger National Park, the private luxury lodges, which cost up to \$2,000 US a night, a far beyond the reach of even local elites. Of course, these fences keep large game animals in the reserve and out of the community. However, here I am more interested in the management of space, and restriction of movement of locals into these private spaces.

<sup>82</sup> Samuel did a course on 'community development' and learned about the goals and guiding mantras of 'empowerment' and 'sustainability.'

community tours was often understood as a progressive act. Samuel, and many other locals, articulated these tours in terms of a sign of the end of apartheid and forced racial separation that the fences symbolised. Local adults also saw these tours in relation to the new freedoms of movement and new economic opportunities. Within the global tourism industry, community tours are part of the increasing demand for 'alternative' tourist experiences (Stronza 2001). Eco-tourism dominates this new niche form of tourism, and this was certainly the case in Kruger National Park and its surrounds, where most 'responsible' tourism revolves around nature conservation. However, more social concerns, with calls for practices that were responsible to local communities and that foster local employment and development were also increasingly prevalent in the area. One of the key stake holders interviewed was a Canadian woman, who ran a self-drive tour company in the area, and had opened a pre-primary school that tourists make routine stops at. She reported that her clients had started to demand these 'authentic rural experiences.' The marketing of community tours as 'different' and 'alternative' to the standard tourist experience is evident in how Rhango's promotional material described the outings as something unique, as not the typical animal safari, and as 'more authentic' than the 'staged' cultural tours of tribal dance. In the heavy competition for tourist dollars, tour operators and private lodges had to start their own corporate social responsibility programmes and showcase this work to attract visitors.

### ***Tourists' Focus on Young Children and Locals' Focus on Youth***

Community tours took on a variety of forms, and often included stops to visit local HBC programmes, traditional healers and 'witch doctors,' indunas (chiefs), artisans, and dancers. However, the most popular stops were those to visit young children at primary schools and pre-primary schools, some of which were advertised as

supporting 'early learning.' Indeed, many private game lodges and tour operators sponsored local pre-primary schools. Pre-primary schools were interchangeably referred to as crèches and sometimes erroneously as orphanages<sup>83</sup> (see Figure 7.3. and 7.5).

The focus on young children was evident in Rhango's main projects: the building and staffing of a crèche for 'early educational development;' support for local primary schools; the building of a (failed and expensive) bore hole (well) for the school; and the sponsorship of 50 'orphans and vulnerable children.' Another private lodge offered a community tour which included a stop at their sponsored crèche. As part of the tour, they encouraged all visitors to go to the crèche. Interviews with lodge staff heading the programme indicated that this focus on young children was not primarily driven by the community asking for assistance for this age group, but rather by tourists' desires to meet young children. One lodge had tried to include high schools and projects geared to teenagers, but said their 'guests' were not interested. To this, the lodge staffer remarked that for the tourists, 'the younger the better. And who can blame them. The little kiddies are so cute.' This focus on young children is also indicative of their role within humanitarianism as powerful symbols of 'innocents' and 'bare humanity' (Malkk 2010).

This external focus and interest in assisting young children, often framed as supporting 'early years' programming and education, contrasts with local adults' focus on youth. As demonstrated in Chapters Five and Six, when locals spoke of 'orphans' and the 'problems of orphans' their concerns were more with older young people who were seen to act out and 'not listen' to adult authority. In Agincourt, early childhood is a

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<sup>83</sup> As noted in the settings chapter (Chapter Four), there are no 'orphanages' within Agincourt. The South African government's policy is to discourage institutional care and instead supports residential care homes or 'places of safety.' In Agincourt, there was one 'place of safety.' However, most of its residents were not young people with deceased parents, but predominately youth who had been abandoned or banished from their families' homes.

time of informal education through socialisation with many family members, and often with other young siblings and relatives. While adults expressed concerns about providing young children with food, clothes and medical attention when necessary, this age group was not constructed as one in need of particular attention.

Private sponsorship of pre-primary and primary schools is an example of how the tourist industry, non-profit sector and states services intersect in Bushbuckridge. Historically, the state did not provide pre-primary school services. In the 1990s, the early ANC government prioritised resources and decided to cease funding for pre-primary schools.<sup>84</sup> This has since changed to a subsidy system, where registered pre-primary schools can now apply for state funding for each child attending. However, funding remains very limited, and typically only covers the cost of one meal per child a day. As funding does not provide teachers and staff a living wage, or cover the costs of materials, infrastructure, or teacher training, pre-primary schools are highly dependent on charitable contributions across South Africa. In under-resourced rural areas, such as Agincourt, private game lodges' and tour operators' sponsorship of pre-primary and primary schools addressed a need not being met by the state.<sup>85</sup> However, only a select few pre-primary and primary schools, usually located in the villages proximate to the private lodges or tourist-frequented roads, were fortunate enough to have such assistance.

Samuel, the former community tour guide, believed lodges focused on pre-primary schools 'because it's easier.' Based on his experience, he found lodges were

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<sup>84</sup> Information on the history of state funding for pre-primary schools provided by Maria Stuttaford, via email communication. Dr. Stuttaford has worked with the voluntary sector and pre-primary schools in South Africa.

<sup>85</sup> While the need for pre-primary education may not be a locally stressed concern, there is a need for improved quality and access to childcare facilities, especially as more women migrate and seek employment. Research in Agincourt by Collinson (2009) showed that young children with biological mothers working away for low wages had higher risks of mortality than children with deceased mothers. Quality childcare, that also provided services to health care and access to meals, could act as a buffer against such increased risks.

attracted to such projects because they were relatively simple compared to 'empowerment schemes' involving youth and adults. Lodges could help paint or construct buildings for a school, hire a few staff, and donate some toys and clothes from time to time. Further, in Agincourt there was still confusion over which government department was responsible for pre-primary education, the Department of Education or the Department of Social Development. Samuel argued that because of this confusion lodges could bypass the bureaucracies of either departments and open or sponsor schools independently. Thus, while private game lodges may respond to a need for supports for pre-primary education, such charitable initiatives are also beneficial to lodges as tourists tend to prefer programmes that assist young children, and the sponsorship and building of schools is seen as relatively straight-forward in comparison to other forms of community development.

### ***Other Forms of Tourist-Based Philanthropy for Young Children***

Private game lodges were not the only tourist-based charitable initiatives for schools and crèches within Agincourt. There was a pre-primary school that visitors made stops to as part of their self-drive tour of Kruger National Park and Drakensberg mountains near the Blyde River Canyon (see tourist map Figure 4.3 in Chapter Four). During my period of fieldwork, I also recorded two 'community' or 'cultural tours' started by independent local entrepreneurs, who operated out of the nearby tourist town of Hazyview. A local Black South African started one of these tours (see Figure 7.2), and a local White South African woman started the other (Figure 7.3). White staff at the private Hazyview Tourist Centre were sure to impress upon me that the one headed by the White woman was more 'legitimate' than the one started by the Black man, saying proceeds were more likely to go to locals if I went on her tour.





Fig. 7.2. Photograph, 'A Lot of Orphans Live Here... Can you Help Them?' taken by author (2009).



trustworthiness and legitimacy that commonly played out in these charitable initiatives. For example, the (White) Canadian tour operator said she often told clients that they did not have to give money directly to local (Black) staff, but to her if they were concerned about how funds were used. Giving money to local staff was often discouraged and even forbidden on some community tours. Local Black social entrepreneurs were aware of the currency of whiteness, and were sure to display photos of White patrons prominently in promotional materials to add legitimacy to their projects.

In addition to private game lodges, tour operators and local entrepreneurs, local non-profit organisations also sought to attract tourists to their centres to seek their charitable support. The Dunkveld Drop-In became a stop on a lodge community tour at the very end of my fieldwork stay. As it was near the end of my fieldwork, I did not have the opportunity to observe tourist stops to the Drop-In nor young people's reactions to these encounters. Further, in the early days of the new tours, visitors were brought to the Drop-In during morning school hours and so did not see most of the children. The Drop-In local project manager wanted to reschedule the tour to coincide with the time of day children came to take their meals. This pressure for tourists to 'see' the children 'with their own eyes' in order to secure charitable aid resulted in a practice that reminded me of the way Kruger National Park constructed watering holes near roadsides to ensure tourists would see the animals.

During the course of fieldwork, I also recorded two local non-profit organisations that actively sought visits and charitable aid from tourists by posting signs advertising the organisations' assistance of 'orphans.' I did not find any such signs within the interior of Bushbuckridge or off the normally frequented tourist paths. The first of these organisations was a home-based care initiative that had just been set-up and was looking for funds. The woman managing the project said she would never refer

to the children they served as 'orphans' as it was a derogatory term, but had posted the sign in attempts to attract some of the tourists who routinely visited the pre-primary school next to her organisation.



**Fig.7.4.** Photograph, 'Feeding Scheme for Orphans,' taken by author, on highway to Kruger National Park entrance (2009).

The second organisation was attached to a large Pentecostal church. The woman running the centre, a local retired nurse, ran what was advertised on a road sign for as a 'feeding scheme for orphans' (Figure 7.4.). The project received daily visits from tourists enquiring about the programme as well as making donations of cash, books, food and clothing. When interviewing the retired nurse, I learned that the programme was not directed solely to those the project had labelled 'orphans.' Rather, the majority of children involved fell into the category of 'vulnerable.' In public health and development lingo, 'vulnerable' children are non-orphaned children who are affected by AIDS, such as young people living with an ill parent. However, in Agincourt, the label 'vulnerable' has been taken and given a different meaning: that of children of unemployed parents. This appropriation of the term 'vulnerable' recognises economic hardship as grounds of need and not solely parental death. It also, however, may be local code for the public

health definition of the term: children of parents who are living with HIV. Due to stigma, one would not identify a child as one who has an HIV-positive parent.

The retired nurse and woman running the home-based care centre were not trying to 'trick' tourists by displaying the word 'orphans' on their organisations' signboards. Rather the projects were simply trying to meet a perceived demand, to be able to raise much needed funds and resources. On the subject of what kinds of children were accessing the meal programme, the retired nurse said 'aren't vulnerable children just as good as orphans?' The nurse's quip reflects the perverse valuing of orphanhood in Agincourt.

The retired nurse was able to attain resources in the name of 'orphans' and disperse them based on locally perceived need. However, not all local charities were able to do this. One local White pastor that oversaw a 'place of safety'<sup>86</sup> for children, some of whom had deceased parents, found that while he could attract donations for orphaned children, he found it more challenging to find resources for children in the neighbouring house, who he had also sought to help. The neighbouring children lived with their parents who were unemployed. He said, 'You should have seen this place at Christmas. Everyone wants to donate to my ['orphaned'] kids here. We got a soccer net, more toys than you could count... and they all got new outfits. But next door, those kids got nothing.' Unlike the retired nurse, the pastor was unable to redistribute donations that donors had intended for children without parents. According to the pastor, the parents next door often struggled to provide food for their children. In contrast, the children in the place of safety each had their own individual beds, went to the local private school, and had regular daily meals. Thus, the direction of gifts to 'orphans' exclusively can lead to other marginalised, impoverished children being excluded from

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<sup>86</sup> This centre was located outside of Agincourt, and I came to learn about it through a young participant who had spent time there before returning to live with his grandmother in Crew.

such assistance.

### ***Fostering Competition and Rumour***

The above description of the interactions between the local tourism industry and local non-profit organisations, primary schools and crèches serving young children reflects how such initiatives took place largely within areas bordering private lodges and roads frequented by tourists. For example, Rhango had a policy of assisting only in the village just outside its own gates, where most employees resided. The lodge was also rumoured to be directing assistance towards a village that it wanted to lease land from and build additional accommodation for tourists on. Rumours of ulterior motives underlying these community development projects were commonplace, and often centred on concerns of land acquisition because of the history of White appropriation of land from Black Africans.

The Crew HBC programme staff often lamented their inability to access resources associated with tourists and the private game lodges. The HBC centre was located within the interior of Agincourt and, thus, off the tourist path and a far distance from the nature reserve. In contrast, in Dunkveld, not only had the Drop-In begun receiving stops from community tours, but also within the village the crèche neighbouring the Drop-In received sponsorship from a private lodge, and the village's primary school also received supports from many lodges. Dunkveld not only bordered a nature reserve where many of the lodges are located, but many of the Dunkveld residents worked in the lodges and thus were in positions to ask and encourage their employers and tourists to come and assist the village. In the context of high unemployment and inequality, such a concentration of tourist supports led to envy on the part of the villages, crèches and non-profit organisations not able to access these

resources.<sup>87</sup>

### *The Blurred Lines between Tourism and Children's Charities*

How are tourist-based philanthropic initiatives different from more traditional charities for children? The lines between tourism (associated with profit and money) and charity (associated with altruism) are blurred. The lodge's community development programmes were often registered formally as non-profit organisations.<sup>88</sup> The projects themselves were also akin to ones pursued by many non-profit organisations. The projects ranged from schemes for sponsoring individual children to the sponsorship of entire buildings. Also attached to the schools and crèches were gardens and other community projects aimed at promoting 'sustainability' and self-sufficiency. Gifts ranged from toys and books, to school supplies, mattresses, school uniforms and clothes to food and computers. In addition to cash donations, there were donations of time through 'voluntourism,' with tourists volunteering in schools and crèches for a few days up to a few months. Often voluntourists were used as a means of surveillance on, and to 'improve practices' of, local staff, reflecting the paternalist relations between those in positions of 'giving' care, and those local recipients of care.

The most marked way more traditional and general children's charities differed from tourist-based projects is the element of commercialism and marketing, although this 'vulgarity' of trade and commerce must be obscured in advertisements to tourists.

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<sup>87</sup> Such concentration of charitable efforts also led to competition between tour operators and the 'duplication' of projects, such as one crèche or primary school receiving much support, and similar kinds of resources, from multiple donors. To address this competition and duplication of efforts, an employee from Kruger National Park organised a forum for the private game lodges to coordinate efforts. Kruger National Park did not run such tours. According to the employee, Kruger administration did not want to 'sell our [South Africa's] poverty.' Instead, Kruger National Park's social responsibility efforts focused on local employment, free entrance for local residents, organising tours for schools and football tournaments for young people.

<sup>88</sup> NPO registration numbers are highly prized in Agincourt as only organisations with networks and staff with proficiency in English are able to attain them. Thus those working in the tourism industry were seen to have an advantage over local community members who could not as easily access tourists.

The downplaying of the exchange of money is evident in an advertisement for a private game lodge (Figure 7.5):



**Fig. 7.5.** Magazine Ad, 'More than a Guest,' in *Seasons in Africa Magazine*, Volume 1 (2008:10).

At first glance, the images above appear as they could be from any international children's charity, and resemble the familiar global images of orphanhood, which depict orphans as the ultimate innocent bystanders and victims of AIDS. The bottom photograph is emblematic of representations of the quintessential 'lone,' and 'abandoned' child. The top photograph is of children on their own, divorced from the context of family and community.

These two images, however, are part of an advertisement for one of the private game lodges in the area. The lodge is marketing its social responsibility to prospective



tourists. The magazine ad details how not only does the lodge employ locals, but also lists its acts of charity as signs of its unique 'personal relationship with the neighbouring communities.' These acts included building a crèche, supplying food to a local 'orphanage,' raising \$30,000 US for the crèche and 80 children at the 'orphanage,' and facilitating a donation of 25 computers to the local primary school. All of these endeavours are, of course, laudable. However, the advertisement is also misleading on two counts. First, as noted above, there were no orphanages in Bushbuckridge. What is advertised as an 'orphanage' is actually a series of homes built for children with deceased and absent biological parents, as well as their extended family members who co-reside with them. Second, this lodge oversold its involvement in these initiatives. Another private game lodge built the homes and the crèche. Such misrepresentations of children as 'orphans' and the extent to which the lodge assists them reflect the highly competitive market, and use of 'orphans,' young children and 'good doings' to attract tourists.

On the advertisement, the words 'More than a Guest' are written over these decontextualised, and now commodified, images of local children. The ad ends:

So while it's possible to experience the African bush at any other safari lodge, there are few places where you feel that you are *more than a paying guest*. At [advertising safari lodge] you will feel part of a family and of a community, and of course, a part of the bush. It's undoubtedly an experience never to forget.

(emphasis mine, *Seasons in Africa Magazine* 2008:10)

These words serve to attempt to obscure the vulgarities of money and economics of tourism. Staff from lodges often corrected me if I called a patron a 'tourist' by stressing the word 'guest.' Tourist and tourism have derogatory connotations both in that tourism is fundamentally about money and that tourists are now seeking 'non-touristy' extraordinary, adventurous and alternative experiences.

This safari lodge goes further and promises that one can be even 'more than a guest' by choosing their lodge. By demonstrating that one is a caring human being by selecting this lodge, which has a 'personal' and caring relationship with the community, 'guests' are told that they will be part of the 'family,' 'community' and 'bush.' Tourists are not simply naïve to the artifice and strategic use of such terms as 'guest' and tropes of 'family' and 'community.' However, when deciding which lodge to attend, there is a desire for their dollars to also benefit the local community, and therefore lodges market their social responsibility credentials.

Caring for the community comes to be associated with a more 'authentic' travel experiences. In Western notions of care, the sentimental aspects of care, as opposed to the material elements of care, are stressed. Thus, acts of corporate and charitable care must obscure the economic and monetary elements of tourism, which have no place in 'authentic' acts of care.

### ***Misrepresentations and the Commodification of Orphans***

The misrepresentation of crèches as orphanages and children as orphans were routine. These 'slips' were evident both in the signboards of local non-profit organisations seeking to attract tourist donations and in lodge advertisements to attract patrons. Such misrepresentations, according to Samuel, the former community tour guide, were also commonplace in tours. As to why this was so, he stated, 'If [tourists] want to see lions, you find lions. If they want orphans, you find orphans.' It is not a coincidence that Samuel chose the animal 'lion' in his analogy with orphans. Lions are the animal that tourists most want to see amongst the 'Big Five' large game animals in the safari parks. According to Meintjes and Giese (2006), in the 'global preoccupation' with and 'mythologising' around orphanhood 'orphans' become the category of child

tourists most want to connect with and assist. Orphans, like lions, become part of the commodified landscape, available for tourist consumption. Samuel's statement also implicitly comments on the dehumanising representations of young (orphaned) children in circulation in Agincourt.

Orphans, and child poverty in general, become part of a naturalised terrain of South Africa, which in effect dehistoricizes and depoliticizes the structural causes underlying such inequalities and the parental deaths that cause orphanhood. While orphanhood caused by AIDS is a relatively contemporary phenomenon, representations and images of orphans become part of the timeless, unchanging landscape of (South) African poverty and hardships. Hall states that, 'The world only has one role for Africa – as a destiny for other people's expeditions' (1995: 198). Orphans become the objects in expeditions of care, and of the continued white saviour fantasies the West seeks to act out on the continent.

## **7.2. Young People's Social Agency, Perspectives and Performances**

Young people are not passive recipients of gifts. Rather, they actively bring these opportunities for material assistance into their wider network of supports. While they are active in these exchanges, these actions are ultimately counter-hegemonic as they reinforce the dominate mode of children (and Africa) as victims in need of saving. This creates, as Cheney (2010b) argues, a contradictory state of agentive vulnerability, or active performances of victimhood.

Young peoples' and their families' responses to acts of charitable care in the form of humanitarian aid often take on a performative aspect (Cheney 2010a: 7). This is evident in how young people themselves may come to take on and identify with various categories of vulnerability, like 'orphan', to claim entitlements, or 'tap' into the 'market' for aid, targeted to such categories (ibid.:6). In Bushbuckridge, some young people

may publicly state their status as 'orphans' to claim resources, even though doing so is seen as a source of shame. Such contradictory valuing and stigmatization of orphanhood in these performances and creations of orphan identities has been found in regions across sub-Saharan Africa (Ferguson and Freidus 2007; Hutchinson 2007; Meintjes and Giese 2006). In the context of charitable care through tourism-linked aid, this phenomenon of social agency through performance takes on heightened meanings. As young people (and adults) perform 'Shangaan-' or 'Tsonga-ness' for tourists, through displaying traditional dance and songs, some young people also perform orphanhood. Such dual performances are evident in the following fieldwork account.

### ***Performing Orphanhood***

A member of the Dunkveld Drop-In Girls' Club was reading a 'good news' article from the nearby town's community newspaper with some of the other girls before a meeting. The article was about a Dunkveld couple assisting orphans by teaching them 'traditional dance.'<sup>89</sup> She said,

I know the girls who dance there. You can see them practice there [she points in the direction of where dances take place]. They dance sometimes for the *valungu* [whites, outsiders, tourists]... But they're not the orphans. No, I know them. They also come here to the drop-in.

Another girl added that the children dancing are related to the couple in the article, and that the couple were 'tricking' the tourists. The Drop-In project manager was unhappy about the article and the attention it gave to the couple. He says this has happened before: others claiming to help 'orphans,' when 'our project is the only one in Dunkveld for the children.'

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On a separate day, outside the Drop-In compound, I spoke to two of the girls who were part of the dances. The girls were sisters. Their mother was deceased, and the older one lived with their biological father, while the younger lived nearby with their mother's sister. Other Girls' Club participants had said they were 'not orphans' because they had a living biological father.

The girls' maternal uncle organised the dances for tourists. The older

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<sup>89</sup> The article is not included in this thesis as it contains too many identifying details.

sister says she liked learning the dances and that she was happy when she received some nice clothes donated from some tourists. The younger sister says she was promised shoes, but was upset with her uncle because she never received them.

The elder sister was later beaten and kicked out of her home by her father as a result of obtaining these gifts. He burnt her clothes, including the ones she had gotten from the tourists. She said her father was angry that she was 'begging' [*ku kombela*] as 'we're not poor.' Others rumoured that she was kicked out because she had a boyfriend, and had started 'moving up and down,' disobeying her father after she had received the new clothes, that made her begin 'thinking she was so beautiful.'

(Synthesised field journal entries September 1<sup>st</sup> and 4<sup>th</sup> 2009)

The two sisters who trained in 'traditional dance' and performed for tourists did so in the hopes of being compensated with donations of clothing. The sisters, along with other children in the small 'cultural tour' project, performed not only as 'traditional dancers' but as 'orphans.' An advertisement for the project, posted at a tourist information centre in the closest town 50 kilometres away, stated that the project not only kept the 'Tsonga culture alive' but also kept 'orphans away from problems' (Figure 7.2). The sign tells tourists that there were 'many orphans' in villages not far away who were in need of 'food, clothing and material' and invited tourist to 'help them' and see these dances. The girls' maternal uncle, in a show of entrepreneurship, created the project, tapping into the perception that tourists desired both these 'cultural' encounters but also to assist 'orphans.'

The girls, however, saw it as an opportunity not only to dance, which they said they enjoyed doing and took pride in their abilities and talent, but also as one more possible source for material support. The view of tourists as a source of resources was evident in how young people categorized and navigated space. One day, while with the younger sister, who was walking my then one-and-a-half year old daughter around the

village in an effort to help her learn how to walk on her own,<sup>90</sup> we passed a small community building that said it was a Rotary funded community project. I asked the girl if she knew what the building was. She replied that it was another place 'where the valungu [whites] sometimes come with clothes.' I asked her if there were any other places like these in Dunveld and she referred to the drop-in centre and the place where she dances. When visitors came and events of giving occurred at such spaces, children and young people spread the word amongst their young friends and family to be there. Thus, 'cultural tours' and 'children's projects' were not how young people labelled these spaces, but rather categorised them in terms of what they hoped to get there.

When the notion of performance arises, questions of 'authenticity' shortly follow. As argued earlier in this chapter, one of the major selling points of community tours is that they are more 'real' and 'authentic' experiences of rural Africa. There are, however, performative and ritual aspects on these tours. Furthermore, these 'genuine' rural experiences are highly mediated, as tourists are guided through by either staff from the lodge or staff from the schools, crèches and non-profit organisations. These tours become heavily scripted, routinised and take on a stage-like performance.

Elements of performance by children in these 'authentic' cultural experiences are also found in young people's singing of greetings to visitors. In the community tour that visited the crèche next to the Dunkveld Drop-In centre on a weekly basis, when the safari jeep pulled up, the young pre-school aged children knew to leave the play area outside and go into the building to begin their song of welcome for the visitors. This was a respectful, innocent form of welcoming, but also a kind of early training in affective norms towards outsiders (mostly white) who are potential benefactors.

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<sup>90</sup> Compared to other children in the area, my daughter walked on her own at a later age. I was told this was because mothers are not able to teach their own children to walk and that she would learn more quickly if someone else taught her. Therefore, young girls at the Drop-In often took turns holding my daughter's hands up and helping her walk around the centre and the village.

A more subtle performance of such affection was evident in my first days at the Dunkveld Drop-In, when I began doing some informal drawing with participants. A handful of children drew pictures with hearts and flowers, making them into cards with the sentiments such as 'I love you Mama Anna' and 'Bless you Mama Anna' and gave them to me. While genuine human recognition and caring between outsiders and local children is possible, even in fleeting moments, these cards were not expressions of such connections. I had met the children only a few days prior. Their drawings were partly the courting of 'teacher's favour,' but it was also a trained affect towards visitors. Children at the drop-in were accustomed to volunteers from abroad coming for various lengths of times, and on the drop-in walls there were similar cards drawn for 'Mama Lorraine,' the woman who started the programme, but never for the local 'sisters' who worked at the drop-in. Dahl (2009a), in her doctoral research on international 'orphan care' organisations in Botswana, also documented such 'trained' affection with children drawing and writing similar sentiments for volunteers from abroad within the first days of the volunteers' visit. While singing, dancing and 'begging' from tourists is seen as more degrading, such drawings are perceived as wholly benign and endearing, but they are on a similar continuum of young people learning various (affective) performances for charitable gifts.

The issue of 'authenticity' was also raised by some of the participants at the Girls' Club in the assertion that the young people dancing were not 'really' orphans. They questioned this because the young people were said to have a living biological parent, and they accused the project of false representation for the purpose of 'tricking' tourists into giving donations. As highlighted in Chapter Five, the notion of 'orphan' is ambiguous, contradictory and contested in Agincourt. This ambiguity leads to possibilities of 'slips' and misrepresentations, and for locals to be able to 'find orphans' if

they believe tourists want to see orphans. The ambiguity surrounding categories of vulnerability and orphanhood are mobilised by children, young people, guardians, donors and state agencies wishing to further their own agendas (Cheney 2010b: 9).

Young people who were able to speak some English and were familiar with the term 'orphan' may strategically draw on the term to solicit assistance in a variety of forms. This periodically happened to me, with young people I did not know, and was reported to me by other visitors to the area. Such solicitations went beyond only pulling on the term 'orphan,' as those who have connections to 'valungu' have possibilities of employment, sponsorships, and scholarships. However, those with deceased parents, and who were familiar with the term and its value sometimes drew upon it. I also found older teenagers and young adults, who did not fit the global perception and focus on young children, were most likely to identify themselves as 'orphans' and ask for supports based on this status. Young people showed a desire to connect with, or have contact with, visitors in the hopes of bringing them into their wider networks of belonging and survival. Some expressed envy of their peers who could speak English and thus were able to speak with visitors, and open up the possibility of social and economic mobility that such connections entailed.

During interviews, when asked directly about why they believed tourists were coming into the area, young people mostly responded by saying that either they did not know why, or that they believed visitors were coming to help children like themselves. Unlike adults with memories of apartheid, young people did not view these new ventures as signs of the end of imposed racial separation. However, these perspectives were not without ambivalence. For example, during a conversation Fortunate first expressed the common belief that tourists wanted 'to come help,' but then recounted a story of walking home from high school with her friends. A van was parked on the road



nearby with tourists inside. She said 'they called to [me and my friends], and so we went over. But then they only gave us some sweets... as if we were young children.' Fortunate continued, echoing a sentiment I had also heard from other young and adult participants: 'some [tourists] come and take our photos,' and then return to their home countries to raise money from the photos, 'but then they don't send the money back to us.' Another young boy, Prince, stated that some tourists had stopped to visit his homestead. They took a photo with him in front of his home. He had thought they were going to help him and his family build an additional room on the small dwelling, but 'they just gave us a bag of sugar and some mielie only.' Thus, young people were also aware of the possibility of the exploitation of their poverty. For some, their expectations of what tourists would offer in these encounters and exchanges were also not met. Such encounters also reinstated young people's positions as 'poor,' and as 'in need' relative to the visiting tourists.

Gifts given directly to children also challenged generational hierarchies and parental authority over resource distribution to their children. This is illustrated in how the eldest sister who danced for the tourists was later beaten by her father after she received some 'nice' clothes. It was not uncommon to hear adults complaining of young people 'acting big' because they received these gifts outside of the sanction of parental control. As highlighted in Chapter Five, in intergenerational reciprocal exchanges of care, the provision of the resources of care is fundamental in the creation of bonds between family and kin members. The direction of resources of food, clothing and other gifts directly to children may undercut such ties.<sup>91</sup> Furthermore, children who are seen to 'act out' after receiving 'nice clothes,' may be more likely to be stigmatised and othered as 'orphans' who 'do not listen.'

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<sup>91</sup> Note, some adult family members actively encouraged young people to go to the Drop-In and other places associated with gifts from visitors, precisely so that the young people could access these gifts.

An additional form of harm that may potentially occur in the valuing of orphanhood through these transnational forms of charitable care is the very serious consequence of children being separated from their extended families. This is illustrated in the case of Desmond, a boy of the age of 12, who spent time in an unregistered residential care home. Shortly after Desmond's mother passed away, a woman that he was not related to, whom he called 'Mama Claudia,' approached his Kokwana Marion (Household #1). Mama Claudia, according to Kokwana Marion, said that she would take care of Desmond and his two brothers because the kokwana was too poor to look after them and Mama Claudia promised she could look after them better and would send them to a good school. Desmond and his brothers moved into the informal residential home in Sabie, a town approximately 70 kilometres away.<sup>92</sup> At the home, Desmond said a series of young female volunteers from abroad had come to stay, 'They use to play with us, give us some sweets. Sometimes they liked singing with us and teaching us how to read.' He said he liked staying there because he had his own bed, got to eat meat every day, and went to the local private school.

After a year of living in the home, it was closed down by social workers. The social workers determined that the 'place of safety' was illegal as it had not been properly registered with the Department of Social Development. The social worker involved in the case said that Mama Claudia was 'collecting children' to obtain the Foster Care Grant (FCG) for each young person staying in the home, and was not looking after them properly, leaving them unsupervised for long stretches of time while she was at work, and residing herself in a home separate from the children. The residential home had received 'voluntourists' over the year to sometimes live with the children, and also donations of food, clothing and cash from the local Rotary

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<sup>92</sup> Details of this story are woven together from interviews with Desmond himself, his Kokwana, and the social worker involved in the case who I had previously scheduled to interview prior to my knowledge of Desmond's time in an unregistered 'place of safety.'

International Club, as well as from other visitors from abroad.

After the home was closed down, Desmond<sup>93</sup> returned to Crew to live with his Kokwana Marion in a very small one-room concrete-block dwelling, with only the Kokwana's pension grant to support them. Of the home, Desmond said, 'I think life was good, we were eating and had everything we needed,' but that he would not like to return there as he prefers living with his kokwana, because 'I regard her as my parent. She is the one who cares for me.' Desmond's story of his time in the residential care speaks to how both the state targeting of 'orphans' through the FCG, and tourists' desires to donate time and resources exclusively to 'orphans,' may be exploited and mobilised by some and potentially lead to the consequence of young people being separated from their extended families.

### ***Conclusion***

This chapter addressed the following research question: 'How does conceptualising care within a materialist framework extend understandings of the intersection of local care and transnational philanthropic aid?' It drew on the case of the proliferation of 'community tours' to Agincourt from neighbouring private game lodges and tour operators, and the common misrepresentation of children as 'orphans' and as residing in 'orphanages.' Such misrepresentations reflect the 'thriving AIDS orphan tourism industry in South Africa,' and the 'economic valence' of orphanhood, which has become a 'globally circulated commodity' (Richter and Norman 2011). The chapter demonstrates that both tourists and young people desire to connect with one another in these transnational, charitable modes of care, in efforts to redress the material inequalities between them. However, such acts can serve to re-inscribe those inequalities, as they affirm tourists' positions as 'givers' and local young people as (passive) recipients of aid.

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<sup>93</sup> Desmond's brothers were older and chose to live with their eldest sister.

In exchange for tourists' charitable gifts, there was a local manufacturing of 'orphans' in a region where such categories had not previously existed, and where the most proximate XiTsonga term was a highly stigmatised position. Orphans (and child poverty) became part of a commodified (South) African landscape for tourist consumption, a landscape on which to act out expeditions of care. A materialist framework, focused on the political economy of childhood, demonstrates how orphans, and 'poor African children,' became part of the naturalised terrain of South Africa, dehistoricising and depoliticising the structural causes underlying such inequalities and the parental deaths that cause orphanhood. Furthermore, young people were not passive in this exchange, and some themselves appropriated the term 'orphan' to lay claims to benefits associated with the term. However, the active pursuit of gifts from tourists does not lead to a transgression of the socio-economic disparities between young people and visiting patrons, but reinstates these disparities. Young people learned to perform affect, poverty, 'Shangaan-ness' and orphanhood for tourists' support.

The targeting of children labelled as orphans, in resource poor areas, can lead to a perverse valuing of this category. Such valuing has a host of unintended consequences on the ground. Two highlighted in this chapter included the punishment, beating and stigmatisation of young people who received gifts directly from tourists and outside the sanction of parental control, and, in severe cases, the possible separation of young people from their extended families by local entrepreneurs attempting to collect benefits accompanying orphans. Chapter Five demonstrated that in emic notions of care in Agincourt, the provision of resources and labour of care are integral in establishing bonds of family and kin. Given the materiality of care in Agincourt, donations directed to children (and orphans) outside hierarchical, intergenerational exchanges of care may be seen to challenge parental authority over resources.

## **Conclusion: Towards an Anthropology of the Materiality of Care**

### ***Topic and Research Questions***

This thesis explored the materiality of care relations involving young people in Agincourt in the context of AIDS and increasing economic inequality. It explored three sets of care relations: those between young people and adults; girls and their boyfriends; and (tourist) donors and (young and 'orphaned') recipients of aid. It posed and responded to the following research questions:

- 4) How do local constructions of orphanhood relate to local perspectives and practices of care between young people and adults?
- 5) How do local understandings of orphanhood intersect with local perspectives on girls' sexuality?
- 6) How does conceptualising care within a materialist framework extend understandings of the intersection of local care and transnational philanthropic aid?

Chapter Five examined local constructions of orphanhood in the context of local notions and practices of childhood, care and kinship. The chapter highlighted the intergenerational exchange of care in Agincourt, and the active contributions of young people (especially girls) living in a variety of household arrangements. Most of these young people had lost one biological parent or both biological parents. Young people expressed pride at their abilities to contribute to their own and their families' livelihoods and survival strategies. However, some expressed feelings of exploitation, and felt they were asked to carry out more domestic work, and given less than other young relatives in the home. Such experiences were expressed both by children with and without living biological parents.

As documented elsewhere in southern and sub Saharan Africa, local notions of orphans (*vusiwana*) are tied up with meanings of social rejection and material poverty. This highly stigmatised term meets on the ground in Agincourt with more global notions

of orphanhood (i.e. a child whose biological parents are deceased). The English and development category of 'orphan' is associated with a host of benefits, from Foster Care Grants (FCG), to food parcels, to gifts from visiting tourists. Thus, orphanhood comes to be a condition of contradiction; a category of value and stigma. The chapter identified an additional layer of stigma in the emerging association of orphanhood with youth 'deviance.'

Chapter Six built on findings from Chapter Five, exploring how these local perceptions of 'youth deviance' are gendered, and come to focus on sexuality and fertility when concerns about girls' behaviours and movements come into focus. I argue that staff at orphan-targeted organisations came to link girls' 'deviant behaviours' with the girls' status as 'orphans.' The chapter highlights how girls' (sexual) relations with boys and men need to be placed within the wider context of the 'materiality of sex' (Hunter 2002) in South Africa and the common practice of 'transactional sexual relationships,' or the exchange of sex for material supports. While girls maintain a normative discursive silence around such relations, some actively chose to enter into such relationships and bring older boys and men into their wider network of care, survival and belonging.

Chapter Seven explores tourists' 'impulse of philanthropy' (Bornstein 2009) to address the disparity between themselves and local communities, and the unintended consequences that may occur with this form of charitable care. Orphans are valued as the ideal recipients of tourists' gifts of aid. In exchange for tourists' desires to assist and have encounters with orphans, there is a manufacturing of this category in a region where it had not previously existed. Orphans became commodified in this exchange for tourists' patronage. Young people are not passive in this exchange, and actively pursue the material resources and supports associated with visitors to the area. These

exchanges, rather than addressing and transgressing the disparities between local children and foreign tourists, often serve to re-inscribe these social and economic inequalities.

***Theoretical Contribution: The Materiality of Care***

This thesis makes an original theoretical contribution to knowledge as it argues for an anthropology of the materiality of care. This contribution builds on Brown's (2010) call for an anthropology of care. Brown argues that care is a:

particularly useful analytical tool for anthropology because practices of care take place across different domains of social life, cutting across boundaries that have formed the traditional focus of anthropological study. Studying practices of care illuminates the production of bounded domains of social life whilst simultaneously drawing attention to the similarities of practices across different domains (2010:8).

Brown uses care as an analytical tool to understand the complex social landscape that has developed in Western Kenya and considers how practices of care within Luo networks of kinship and relatedness intersect with governmental interventions to manage HIV and AIDS. This thesis also employs care as an analytical tool, but specifically to explore care in divergent and intersecting social relations between young people affected by AIDS, their adult guardians, boyfriends and tourist philanthropists. Further, it examines care not as medical care for people living with HIV/AIDS, but instead care (work) for and by young people. It builds on Brown's call for an anthropology of care, extending this approach to consider the material elements, and political economic context, of care.

The thesis also drew on and extends understandings of gift exchange to explore care relations involving 'orphaned' and 'vulnerable' young people in Agincourt. It explores three forms of gift exchange in care relations: 1) young people's labour for guardian carers; 2) girls' labour and sex for support from boys and men; and 3) the local

manufacturing of 'orphans' for charitable gifts from tourist-philanthropists. The thesis further examines how the contested constructions of orphanhood, childhood and care are expressed through these relations. It investigates how Western and local constructions of care, childhood and orphanhood meet on the ground through orphan-targeted assistance.

This thesis develops the concept of the 'materiality of care' to address the dearth of ethnographically informed theorisations of care to shape policies and practice in transnational responses to children affected by AIDS and poverty, and specifically responses to orphanhood. The 'materiality of care' has been divided into two interrelated aspects: emic notions of care, and the political economy of care. The first speaks to how (South) African notions of care, affection, love, kinship and connectedness are expressed in material terms, where the sentimental and material elements of care are less ideologically separate than in the West. Chapter Five and Six explored the indivisibility of care as sentiment, labour and provision of resources in local understandings and practices of sociality. Understanding this indivisibility of care is crucial to an enriched and more culturally appropriate theory of care to inform policies and interventions for young people affected by AIDS and poverty.

In Chapter Five, young people expressed feelings of love and belonging to kin and friends through the sharing and provision of care (food, clothes, and money) and the labour of care (cooking, fetching wood, cleaning). This care work is gendered and it is older girls who are primarily involved in the day-to-day labour involved in caring for young children and elders (cooking, washing, and cleaning). Further, it is primarily women who act as adult carers for young people.

Chapter Six focused on how some participant girls extended their networks of belonging and survival to include relations with boys and men. Just as care is expressed



in material terms between children and adults, so too is love expressed in material terms in these relations, with the giving of money, mobile phones, and other gifts and supports in these 'transactional' sexual relations. Therefore, this thesis extends understandings of the similarities and differences between parent-child relations and heterosexual, transactional sexual relations.

These gendered gift exchange relations demonstrate how local ideologies and practices of love and care are expressed through material elements. Focusing on the materiality of care speaks to how these care exchange relations are shaped by underlying local and global political economy and hierarchies of age, gender and class. The ability of extended families to care for children with deceased biological parents is influenced by increasing economic inequality within the region. Further, the historical and contemporary fostering patterns that orphan care responses draw upon are shaped by gendered migratory labour patterns of the past and present. The phenomenon of 'transactional sex' has arisen along similar lines of migration and the local context of gendered economic inequality (Hunter 2002).

Chapter Seven on transnational philanthropic tourism and care brings the economic disparities between the givers and recipients of aid and care to the forefront. This chapter speaks less to the gendered nature of care relations than previous chapters. However, it is important to note that these relations are indeed gendered, as it is a feminised venture to perform philanthropic care expeditions for children and to seek out experiences echoing those of the cosmopolitan and celebrity ranks of 'mothers without borders' like Madonna and Angelina Jolie (Repo and Yrjola 2011). These philanthropic responses are welcomed and coveted in this rural region where the state does not provide adequate schooling, health care, and employment opportunities.

In these transnational care relations a different form of gift exchange is in

operation than those between relatives, friends, romantic partners, and community members. In exchange relations between young people and adults and between girls and male romantic partners, there is an expectation of reciprocity. In contrast, in charitable gift giving from interlopers, 'true gifts' are altruistic, without the obligation of recognition or reciprocity. The thesis makes a contribution to theories of gift exchange used in explorations of global humanitarian aid through its attempt to conceptualise the commodification of 'orphans' (e.g. Bornstein 2009, 2010; Bornstein and Redfield 2007; Fassin 2001; Silk 2004).

By focusing on the materiality of care in transnational philanthropic gift exchange, we see how the label 'orphan' becomes an object of value. This valuing of orphanhood occurs both at a local and transnational level. At a local level, the state provision of FCGs, which are increasingly directed to children with deceased parents, can lead to the privileging of this form of child marginalisation over other forms. The original FCG programme was intended to be directed to children in need of care, regardless of the status of their parents as living or deceased (Hall and Proudlock 2011; Meintjes et al. 2004; Meintjes et al. 2005). FCGs have inadvertently led to a perverse valuing of orphanhood in resource deprived areas.

This inadvertent valuing of orphanhood is also evident in the marketing strategies of game lodges bordering Agincourt. Young people, families, local communities, entrepreneurs, private businesses and tourist-philanthropists may all partake in the exploitation of the global 'orphan,' and 'AIDS orphan industry' to further their own perceived needs, desires and agendas. In much of Africa, the term for international resources being directed to HIV and AIDS treatment and prevention, and the associated prospering of those who are seen to unfairly benefit (for example, through the employment of a few local elites) has come to be called 'fat AIDS.' As

documented by Dahl (2010) in Botswana, there is now a local idiom of 'fat orphans' to describe how some children are seen to benefit, and 'grow fat,' while other marginalised, impoverished children cannot access orphan-targeted resources because their parents are not deceased. The manufacturing of 'orphans' in a region where such a category had not previously existed may be seen as a result of a similar direction of resources.

Employing care as an analytical tool captures how young people are engaged and embedded in a multitude of local and translocal care relations. This thesis explored young people's relations with their adult guardians, girls' with older boyfriends, and local children with tourist philanthropists. It highlighted how young people, within these networks of social relations, were not passive recipients, but were active pursuers and providers of care. However, such agency has its limitations in the context of historically shifting but nonetheless persistent structures of patriarchy, gerontocracy and trans-national political economic inequality that shape these networks.

### ***Empirical Contribution***

This thesis makes an original empirical contribution to knowledge based on ethnographic field data. It provides additional evidence of the contradictory valuing and stigmatising of orphanhood found in orphan-targeted interventions in Botswana (Dahl 2009a), Malawi (Hutchinson 2007; Ferguson and Freidus 2007; Freidus 2010a) and South Africa (Meintjes and Giese 2006). It contributes further to these findings, arguing that an additional layer of stigma exists in the form of labelling orphans as youth 'who do not listen' (read: disobedient) and orphan girls as girls who 'move up and down' (read: promiscuous), and demonstrates how this additional layer of stigma is highly gendered.

This thesis has extended understandings of how orphanhood does, and does not, matter in these relations and in the everyday lives of young people with deceased

biological parents in Agincourt, South Africa. Most young people rejected the label 'orphan,' as their grandmothers, aunts or other family member had 'taken' (accepted) them as their children, and young people reciprocated by 'taking' these elders as their 'parents.' Such acceptance does not negate the pain some young people expressed feeling at the loss their loved ones. This simultaneous rejection of the orphan label and subjective experience of loss is exemplified in two poems by Sara. Sara is an aspiring poet and writer and shared these poems with me. She wrote the poems in English and gave me permission to share them:

### **Who I Am**

Ask me who I am.  
 Ask me where do I come from.  
 Ask me where do I live.  
 Ask me and I will tell you.

I am a girl.  
 I come from a place which is far away.  
 I live in South Africa.  
 I am a person who is:

smart,  
 beautiful,  
 amazing,  
 making boys crazy,  
 making girls jealous.

I am a person who loves music.  
 I am a person who loves dancing.  
 I am a person who loves to laugh.  
 I am not a hot gossip.

I am a person who doesn't smoke.  
 I am a person who loves to read and write.

I am a famous writing poem person.  
 I am a talented person.

### **Mom**

My heart.  
 My life.  
 My future.  
 My mom.

How great you are.  
 How important you are.  
 How amazing you are.

You have decided to have a baby.  
 You have stayed nine months,  
 you carried me.  
 Because you really wanted me.

Now I'm a big, growing girl.  
 You showed me many different things.  
 You also told me that you loved me.  
 You told me that I was too expensive.<sup>94</sup>

So you buy me things because you saw that I'm beautiful. I wish you were here,  
 to see me growing,  
 to see my future,  
 and to see my life.

To show me the right direction,  
 to show me how to take an easier [word blurred].  
 But now I know that wherever you are,  
 you miss me, but I miss you more.

<sup>94</sup> To tell a young person that they are 'too expensive' is tease them in an affection manner about their requests and desires for (costly) items.

As mentioned in Chapter Five, Sara was age 14 when I first met her and living with her maternal grandparents after the death of her biological mother. She was also a star pupil at her school and selected for her 'model behaviour' by Crew HBC staff to go on a festival. She was later labelled as one of the 'orphans' who 'do not listen,' by HBC staff when her behaviour was perceived to transgress the moral order: first the order of elder authority of control over household resources, and then of girls' remaining close to home, and refraining from 'moving up and down' and having relations with the opposite sex.

Sara's first poem, 'Who I Am,' can be read as a rejection of externally imposed, narrow (and dehumanising) definitions of her as an 'orphan' or victim due to the death of her mother. It vividly portrays her multi-faceted identity, her many talents, and, above all, her complexity and humanity. Such a portrayal sits in opposition to dominant global depictions of orphans that reduce young peoples' experiences to the narrow and clinical sounding term 'parental death.' At the same time, her poem, 'Mom,' to her deceased mother, poignantly describes all that she loves and misses about her mother. It also speaks to how the global response to orphanhood must be part of the larger political and advocacy campaign for both ARV access and action to reduce the transmission of HIV, and cannot solely be reduced to charitable and development interventions targeted to young children.

While locals were relatively silent about young children as 'orphans,' they were more likely to identify deviant behaviour by youth with 'orphans.' In contrast, externally-driven interventions for 'orphans' tended to focus on young children. This is explained by differing notions of childhood and family. In Agincourt, young children are more easily absorbed into extended family networks and until they are seen to become 'disobedient' youth and occupy a space of liminality between childhood and

adulthood. In contrast, in the West, orphanhood is a liminal space because it indicates a child outside the norms of a nuclear family. A further explanation for the focus on young children is the relative position of innocence and vulnerability they are seen to hold in relation to youths, and thus occupy positions as the ideal recipients of gifts of aid.

### ***Limitations***

Additional evidence pertaining to young people's perspectives on sexuality would have been beneficial. So too would have further evidence on whether adult carers' expressed concerns about girls' pregnancy was also a means of metaphorically expressing concerns about HIV transmission. When I first began my fieldwork, I intended to focus on girls' care work. Girls' sexuality was an unexpected theme that arose almost immediately. Indeed, in the narratives of adult carers, the movements and sexual lives of girls emerged as dominant themes. However, as I did not set out to study local perspectives on young people's, and specifically girls' and orphans' sexuality, my interviews with young girls, adult carers and key stakeholders did not focus on these subjects. Moreover, such data would have been difficult to access from young people through interviews given the local norms of silence around sex.

I was limited to interviewing only minors with legal, court-appointed adult guardians. The University of Witwatersand's (Medical) Human Research Ethics Committee required that if a young participant did not have a biological parent to provide consent, then only a 'proven' legal guardian could provide consent. Proof was in the form of a young person's access to grant as the court would have appointed a legal guardian to obtain the grant on his or her behalf. Therefore, interviews with young people without biological parents or grant were not possible. However, such children

still participated in the participant observation and some of the participatory exercises (such as the Girls' Club) at the two OVC non-profit organisations in Dunkveld and Crew, the villages where I carried out research.

In terms of theoretical tools, this thesis could have also adopted a geography of care approach, and explored the spatial elements of care in Agincourt. However, my focus was on relations of care rather than how those relations played out in different spaces. Therefore, I chose to use 'care' as a loose analytical tool to both explore emic notions, perspectives and relations of care, as well as to situate understandings of these care relations within wider, historical socio-economic and political structures.

### ***Ethical Concerns***

Working with young marginalised children, and conducting interviews where potentially sensitive issues may arise, raised numerous ethical concerns. I worked closely with social workers and followed a Child Protection Protocol (Appendix Four) when issues arose. Knowing when and when not to exchange in 'gift giving' myself also posed dilemmas, as partaking in such exchanges was part of participating in life in Agincourt and creating bonds of friendship. However, I also did not want participants to feel induced to partake in the research to access assistance. These issues, and how I addressed them, have been addressed in further detail in Chapter Three.

Protecting the anonymity and confidentiality of participants is also a major ethical concern. Given the detail of some stories, and the sensitivity of some findings, a few participants may be identifiable to people in the community that may read this thesis now or in the future. In addition to employing pseudonyms for participants and the villages where research was carried out, I have also submitted an abridged final version of this thesis, and removed the table containing participant household

demographic details (Appendix #1) to ensure and safe guard participant anonymity.

### ***Future Research and Contributions to Policy and Practice***

This thesis has identified a gap in qualitative research in relation to the intersection between young people's sexual health and orphanhood. To date, the predominant paradigm for understanding of this intersection is a quantitative, public health approach (see Chapter Two, section 2.1 on the Gender, Orphanhood and Sexual Health literature). This thesis demonstrates how anthropological understandings would also be beneficial and how young people's own perspectives need to be elicited. Currently, it is commonly asserted by global development institutions, such as UNICEF and UNAIDS, that orphaned girls are more likely to contract HIV and/or undertake 'risky sexual behaviours' than their non-orphaned peers, despite a lack of empirical evidence to support such claims. In Agincourt, staff at organisations carrying out orphan-targeted initiatives were more likely to make associations between orphanhood and girls' 'sexually deviant' behaviours.

These assumptions are based on the premise that an absence of (biological) parental 'love' and care makes girls more likely to take on sexual relations with men both for material objects of need and desire, but also for a sense of belonging. To better understand the intersection of orphanhood and sexual health in Agincourt, further research into transactional sex and the materiality of love, care and sex would be beneficial. Also missing from academic understandings are young people's perspectives themselves, which this thesis has explored somewhat, but not fully. In the future, I would hope to explore how orphanhood does, and does not, inform these transactional sexual relations and how such relations are continuous and divergent from young people's care relations with adult relatives.



As found elsewhere, targeting orphans for material support both leads to a stigmatising and perverse valuing of an identity that is based on vulnerability. It has been proposed that orphans, especially girls, be targeted for HIV prevention based on their hypothesised increased sexual risk (see, for example, Robertson et al. 2010). However, others have warned that this could compound stigma faced by orphans and girls as other 'target groups' (such as truck drivers and sex workers) of HIV prevention programmes have been stigmatised in the past (Cluver and Operario 2008). My thesis provides empirical evidence that suggests such stigma could be intensified if orphan-targeted prevention schemes were put into practice.

This thesis contributes to understandings and efforts to evaluate policies and practices involving children affected by HIV and poverty. It provides further evidence that orphan-targeted assistance is problematic in practice. Recognising local notions of care, and how bonds of belonging are created through the intergenerational exchange of labour and material provisions, highlights how interventions that single out parentless children from their wider family networks can disrupt these ties. Local community and extended families networks are fluid and ingenious in their responses to the increasing numbers children experiencing parental death (Madhavan 2004). This thesis demonstrates that young people are also active in this process of creating and seeking care supports. Policies and practices should foster and enable these responses and build on young people's resilience.

To foster these fluid care networks, and as recommended by the 2009 Joint Learning Initiative for Children Affected by AIDS (JLICA) report, I recommend the following: young people must be supported to and through their 'families,' with families defined in a broad sense to reflect the diversity of extended-kin relations; community supports to families and not solely 'orphans' should be strengthened, as should state

responses (e.g. income transfers), which reduce child and family poverty; and lastly, further investments should be made in state services for the education, health and social welfare for all young people and their families affected by AIDS and poverty.<sup>95</sup> Such policies recognise the context of care and offer long-term solutions over short-sited interventions targeting certain categories of child marginality, like orphanhood.

Within the present global economic climate, and increasingly strained state coffers, the communities' reliance on humanitarian and philanthropic forms of aid will be increasing. In the competition for such monies, certain kinds of representations of children, such as the lone, innocent victim orphaned child, will likely be strategically deployed to rally funds and action. These funds and action are, of course, urgently required. However, researchers must continue to examine and critique the consequences of trading in such representations.

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<sup>95</sup> See Richter et al. (2009) for a full discussion of the main policy recommendations of the JLICA report and the role of the state in supporting young people and families affected by AIDS and poverty.

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## Appendices

### Appendix 1. Table of Participant Households and Demographic Details (2009)

[Note: This table was originally included in the thesis for the purpose of examination. Post-examination, the table was removed to protect the anonymity of research participants.]

### Appendix 2. Table of Methods and Participants

**Table A.2. Methods and Participants (2009)**

Participants	Methods
<p><b>Young People</b></p> <p>18 participants in Girls Club</p> <p>10 participated in interviews:</p> <ul style="list-style-type: none"> <li>- 8 female, 2 male</li> <li>- ages 12 to 18 years</li> <li>- 6 from Dunkveld and 4 from Crew</li> </ul>	<p>Participant Observation</p> <p>Serial Interviews/Structured Conversations</p> <p>Participatory Methods (including: Photography project, 'My Life' book exercise, river-life drawings, and network mapping)</p> <p>Focus Group with Girls Club</p>
<p><b>Adult Significant Carers</b></p> <p>12 participated in interviews:</p> <ul style="list-style-type: none"> <li>- 11 female, 1 male</li> <li>- ages 19 years to 70s</li> <li>- 4 from Dunkveld, and 8 from Crew</li> </ul>	<p>Participant Observation</p> <p>Serial, Semi-Structured Interviews</p>
<p><b>Key Stakeholders in 'OVC Care Scene'</b></p> <p>29 interviewees in total:</p> <ul style="list-style-type: none"> <li>- 8 OVC programme staff</li> <li>- 3 social workers</li> <li>- 2 school head teachers</li> <li>- 4 local government officials</li> <li>- 5 faith-based leaders</li> <li>- 7 tourist lodge-staff/ 'community workers' linked to tourism industry</li> </ul>	<p>Participant Observation</p> <p>Single (i.e. 'One Time'), Semi-Structured Interviews</p>

### Appendix 3. Ethical Clearance

- 7) University of Warwick's Humanities and Social Science Research Ethics Sub-Committee
- 8) University of Witswatersand's Human Research Ethics Committee (Medical)
- 9) Department of Health, Mpumalanga Province

### University of Warwick's Humanities and Social Science Research Ethics Sub-Committee



**University of Witwatersrand's Human Research Ethics Committee (Medical)**

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

**HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)**

814/09 Ms Annelise Wachsvet

**CLEARANCE CERTIFICATE**

Protocol M090118

**PROJECT**

School of Public Health  
"Modalities of Care" and the AIDS Epidemic:  
An Ethnography of Mozambique and South  
African Households

**INVESTIGATORS**

Ms Annelise Wachsvet.

**DEPARTMENT**

School of Health (Wits School of Public Health)

**DATE CONSIDERED**

09.01.10

**DECISION OF THE COMMITTEE:**

Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

**DATE** 09.01.10

**CHAIRPERSON**



(Professor P.E. Chasman Amos)

\*Guidelines for written "informed consent" attached where applicable

cc: Supervisor: Dr K Kulu

**DECLARATION OF INVESTIGATOR(S)**

To be completed in duplicate and ONE COPY returned to the Secretary at Room 10904, 10th Floor, Senate House, University.

I/We fully endorse the conditions under which I/we are authorized to carry out the above-mentioned research and I/we guarantee to ensure compliance with these conditions. Should any departure be contemplated from the research procedure as approved I/we undertake to resubmit the proposal to the Committee. **[SIGN TO A COMPLETE A FULLY APPROVED RESEARCH]**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

02/07/2009 10:00 0137063470 DEPT HEALTH SOCIAL S PAGE 02/02

 **health**  
Department:  
Health  
MPUMALANGA PROVINCE

No. 7 Government Boulevard  
Riverside Park  
extension 2  
NELSPRUIT  
1200

Private Bag X 11285  
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LESiLo LelaMphahlele SiniMnyango WinaMaphahlele Department van Geondheid

**Equities: Molefe Mochaba 027 756 3409 Kato Mofhe 2182**

**6 July 2009**

**Mrs Annalise Marie Weckesser**  
Wiba Rural Facility  
PO Box 2  
Acornhoek  
1200  
Acornhoek

Dear Mrs Annalise Marie Weckesser

**APPLICATION FOR RESEARCH & ETHICS APPROVAL - PHASE IV : 'MODALITIES OF CARE' & THE AIDS EPIDEMIC : AN ETHNOGRAPHY OF SOUTH AFRICAN & MOZAMBIKAN HOUSEHOLDS**

The Provincial Research Ethics Committee has approved your research proposal in the latest format that you sent. No issues of ethical consideration were identified.

Kindly ensure that you provide us with the report once your research has been completed.

Kind regards,

  
Molefe Mochaba  
Research and Epidemiology

  
Mpumalanga PRERC  
Chairperson: Dr Mose Moshabela

12-07-09  
Date

2009/07/17

**MPUMALANGA PROVINCE**  
DEPARTMENT OF HEALTH  
TRAINING & INFORMATION

2009-07-17

PRIVATE BAG X 11285  
NELSPRUIT 1200





## Appendix 4. Child Protection Protocol

### Child Protection Protocol

**Guiding Protocol for:** Modalities of Care' and the AIDS Epidemic: An Ethnography of South African and Mozambican Households

**Principal Investigator:** Annalise Weckesser, PhD Student, School of Health and Social Studies, University of Warwick

#### **GUIDING PRINCIPLES:**

The protection of children is central to all stages of this PhD research. This research seeks to ensure the marginalized views of orphaned and vulnerable children are listened to and taken into account at all times. This PhD research subscribes to the UN Convention on the Rights of the Child. This protocol also draws on the National Children's Bureau's Guidelines for Research. The following principles will be upheld at all stages of the research:

All children have the right to be protected;

All children should be listened to and their views taken seriously;

Children's needs should be looked at holistically and should not be defined only in terms of their vulnerability or abuse;

All interventions must be child-centred;

To effectively protect children the principal investigator must identify and work with safe and protective adults within children's families and communities;

The principal investigator must always be aware of how issues of race, gender, disability, culture, sexuality and age impact on an individual child's life experiences;

The principal investigator must always be aware of how issues of race, gender, disability, culture, sexuality and age impact on their understanding of and response to keeping children safe;

The principal investigator must work with local Orphans and Vulnerable Children's programs, Home-Based Care programs, and social workers to ensure the protection of participant children.

#### **PROCEDURES**

The following procedures have been created based on the above principles:

- 10) **Preventing Distress:** Informed consent forms will be obtained from children AND their guardians. Informed consent forms will be discussed in detail and all questions answered. The children and guardians will then be given time (a couple of days) to decide if they want to participate. All participating children will be asked if they would like to talk alone with the principal investigator and her interpreter, or if they would like their caregiver, a sibling or home-based carer to be present as well. Participants will be asked to talk about their daily lives in the past and the present, and their hopes for the future. Participants will not be asked probing questions about difficult, sensitive or traumatic events. If

a participant chooses to speak about a sensitive issue and becomes distressed, the participant will be reminded that he/she does not have to continue if he/she does not want to.

- 11) **Emotional Distress:** Should the principal investigator suspect the research has caused a participating child emotional distress, the principal investigator will remain with the participant until they are united with their adult caregiver (and/or guardian) or home-based carer. Should a caregiver not be present, the principal investigator will take the participant to a home-based carer. Should the caregiver (and/or guardian) be present, the principal investigator will inform the caregiver and child that their home-based care worker will follow up with the child to provide counselling.
  - 12) **Monitoring Distress:** The principal investigator will follow-up with every participant two days after an interview. Should distress be detected, the child's home-based carer will be brought in to provide support. With the expertise of the home-based carer, it will be decided if a social worker should be contacted for additional support.
  - 13) **Danger:** Should the principal investigator suspect a participating child is in danger, their home-based carer will be contacted immediately. With the expertise of the home-based carer, it will be decided if a social worker should be contacted to intervene.
  - 14) **Confidentiality:** Participants will be informed before consenting to participate in the research that confidentiality may be broken if the investigator suspects danger. Audio recorded interviews will be retained and destroyed in accordance with the Health Professions Council of South Africa (HPCSA).
-

## Appendix 5: Information Sheet and Assent/Consent Forms

- 15) Children's Information Sheet (English and XiTsonga), and Assent Form
- 16) Guardian Information Sheet (English and XiTsonga), and Consent Form
- 17) Caregiver Information Sheet (English and XiTsonga), and Consent Form
- 18) Stakeholder Information Sheet (English and XiTsonga), and Consent Form



THE UNIVERSITY OF  
**WARWICK**

### **Children's Information Sheet (English)**



Greetings, my name is Annalise Weckesser.

I work with Wits (Agincourt). I am a student from England doing a study. I am inviting you to take part in my study about children and the people who care for them.

I want to understand what everyday life is like for children and for the adults who take care of children.

I would like you to agree to help me, but you don't have to. It won't be a problem if you decide not to talk to me.

The information I get from talking to you will be put together with talks from other children and adults. This will be used to write a paper for my studies. A report from the study will also go to different organisations in Agincourt.

Talking to me will not make things better for you now. I will not be able to give you anything for being in this study. The information you give me will be kept safe and secure and I will not discuss it with anyone.

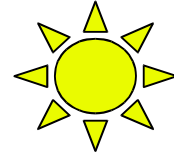
If you decide now or later, that you do NOT want to take part in this study, that is okay. Just tell me or your adult family member and it won't be a problem.

I can answer any questions you have now or any time during the study. Please talk to your guardian about this project. Then, you or your guardian can let me know if you are happy to be in the study.

You can contact me if you have questions: 079-804-5943. You can also call Rhian Twine: 083-279-7573

Thank you!

## Children's Information Sheet (XiTsonga)



Avuxeni hi mina Annalise Weckesser.

Ndzi huma eka Agincourt ka Wits. Ndzi endla ndzavisiso hi vana vo tani hi wena munhu loyi anyikaka nhlaysiso hi wena.

Xikongomelo nkulu iku tsake ku twisisa kuri iyini vutomi bya siku rin' wana na n'wana bya n'wana wo tani hi wena.

Xin'wana ndzi rhandz ku tiva kuri hi wini nhlaysiso kumbe nseketelo lowu uwu niyikiwanaka eka n'wana loyi.

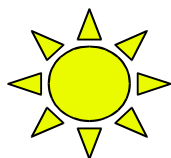
Loko ndzi tava ndzi burisanile na munhu loyi anyikaka nhlaysiso eka wena, uta ndzi byela loko uri na ku tsakela ku teka xiphemu eka ndzavisiso lowu. Vuxokoxoko lebyi ungata ndzi nyika byona byi ta nyikiwa mihlangano yo hambana hambana yo nhlaysiso na mfumo.

Leswi swita endla kuri mfumo wu tiva kuri iyini lexi xi laviwaba hi vana vo tani hi wena. Ndzi ku tshembisa xihundla naswona vuxokoxoko lebyi byita hlayisiwa swinene.

Loko unga hlayisekangi kumbe uri nghozini ndzi tivise ndzi fanele ku tivisa va social worker. Loko ungani naku tsakela ku nghenelela eka ndzavisiso lowu ndzi byeli kumbe u byela muhlayisi wa wena.

Loko uri na swivilelo kumbe swivutiso hi ndzavisiso lowu fonela: 079-804-5943. Kumbe fonela Rhian Twine 083-279-7573.

**INKOMU!**







## **Guardian Information Sheet (English)**

Greetings. My name is Annalise Weckesser.

I work with WITs (Agincourt) and I am a doctoral student from Warwick University in England. I am doing a study about children and those who care for them. I am inviting your child to take part in this study.

I will go through this information sheet with you now. You can take this form away and discuss it with your family and friends to decide if you want to your child want to participate.

The aim of the study is to understand the experiences of children and the adults who take care of them. If you and your child agree to take part in this study, I will ask you to complete the consent forms. I will then meet with your child a few times to talk about what their everyday life is like.

The information your child gives will be confidential and recorded in a way that completely protects their identity. Your child's name and the name of the village will not appear in the study. The information from our talks will be put together with information from other talks with children and adults. This will be used to write my PhD thesis, and a report for different organisations in Agincourt.

There are no benefits to you or your child for participating in this study. You or your child can decide to stop being in the study at any time. Just tell me and it will not be a problem at all. You and your child will not be treated any differently.

You can contact me if you have questions about this study: 079-804-5943. If I am not able to answer all your questions or if you have a complaint, please contact, Rhian Twine: 083-279-7573

Thank you.



## **Guardian Information Sheet (XiTsonga)**

Avuxeni vito ra mina ndzi Annalise Weckesser.

Ndzi huma e Agincourt ka Wits, ndzi endla ndzavisiso hi vana lava vanga loverlwa hi vatswari n'a ku lava ku tiva nhlayiso lowu va wu kumaka endzhaku ko siyiwa hi vatswari. Ndzi rhamba unwana na u n'wana loyi a hlawuriweke ku teka xiphemu eka ndzavisiso lowu.

Tsundzunkani leswi iswa nkoka ku va utekile xiphemu eka ndzavisiso lowu, hikuva Gavhumende u lava ku kuma kumbe ku tiva nhlayiso lowu wu kumiwaka hi van lava endzhaku ko sukeriwa hi vatswari.

Vuxokoxoko lebyi mi nga tandzi nyika byona I bya nkoka swinene naswona byi ta ndzi pfuna ku endla PhD. Ndzi ta kombela ku sayineriwa tifomo to komba ntwanano exikarhi ka mina na muhlayisi wa n'wana hinga si sungula ku vutisa swivutiso.

Ndzi ta kombela ku mi rhekhonda eka tape ya mina ku endlela ku tsundzuka hikwaswo leswi hi ngata vula vula hi swona. Ku teka xiphemu eka ndzavisiso lowu imahala naswona ndzi mi tshembisa xihundla eka leswi hi ngata vulavula swona. Munhu anga boheleriwi kuteka xiphemu loko u hleketa ku yima ku hlamula swivutiso leswi unga yima.

Mita phonela nomboro leyi loko miri na swivutiso: 079-804-5943  
Ioko mi lava ku tiva swo tala kumbe ku swisolo hi mina fonela Rhian Twine:  
083-279-7573

Inkomu.



## Guardian Consent Form

THE UNIVERSITY OF  
WARWICK

**Researcher:** Annalise Weckesser  
**Study:** Children and Care in Agincourt  
**Institution:** University of Warwick, England & WITS Agincourt

**Day & Evening**  
**Phone Number:** 079-804-5943

---

### Permission to Record Interviews:

I would like to record some of my conversations with your child so that I can listen to them again later. Recorded conversations will be kept safe and secure. Only I and the translator will listen to recordings. Your child can still participate in the study even if you do not want their interviews recorded.

### Please check the boxes if you agree:

I understand that my child does not have to take part in this study, and that he/she can stop being in the study at any time.	<input type="checkbox"/>
I understand the information sheet. I have had time to think about it.	<input type="checkbox"/>
All my questions have been answered.	<input type="checkbox"/>
My child's interviews can be recorded.	<input type="checkbox"/>
I agree to my child taking part in the study.	<input type="checkbox"/>

### Please sign or put a cross:

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Guardian's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature or Cross

\_\_\_\_\_  
Researcher's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Translator's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature





## **Caregiver Information Sheet (English)**

Greetings. My name is Annalise Weckesser.

I work with WITs (Agincourt) and I am a doctoral student from Warwick University in England. I am inviting you to participate in my study. I would like to talk to you about your experience of taking care of children.

I am inviting you to take part in this study, but you do not have to. It won't be a problem if you decide not to talk to me. I will go through this information sheet about the study with you now. You can take this form away and discuss it with your family and friends to decide if you want to participate.

The aim of the study is to understand the experiences of children and the adults who take care of them. If you agree to take part in this study, I will ask you to complete the consent forms. I will then meet with you to talk about what your everyday life is like. The information you give me will be confidential and recorded in a way that completely protects your identity. Your name and the name of the village will not appear.

The information from this talk will be put together with information from other talks. This will be used to write my PhD thesis, and a report for different organisations in Agincourt.

There are no benefits to participating in this study. You can decide to stop being in the study at any time. Just tell me and it will not be a problem at all. You and your child will not be treated any differently.

You can contact me if you have questions about this study: 079-804-5943. If I am not able to answer all your questions or if you have a complaint, please contact, Rhian Twine: 083-279-7573

Thank you.

## Caregiver Information Sheet (XiTsonga)

Avuxeni vito ra mina ndzi Annalise Weckesser.

Ndzi huma e Agincourt ka Wits, ndzi endla ndzavisiso, no tsakela ku tiva ntokokoto lowu minga na wona hiku, hlayisa vana lava vanga loverlwa hi vatswari. Na kambe ndzi tsakela ku tiva ku hiwhi nseketelo lowu mi wu kumaka tani hi muhlayisi wa n'wana (vana).

Ndzi tsakela ku rhamba un'wana na un'wana loyi a hlawuriweke ku teka xiphemu eka ndzavisiso lowu, hikuva iswa nkoka swinene kuva. Gavhamende a tiva ku tikeriwa loko mihlanganaka na kono eka ku hlayisa vana lava.

Vuxokoxoko lebyi mi nga tandzi nyika byona I bya nkoka swinene naswona byi ta ndzi pfuna ku endla PhD. Ku tiyisisa ntwanano exikarhi ka mina na wena ndzi kombela ku sayineriwa formo yo mi rhekhonda eka tape na yo komba ntwanano.

Ndzi mi tshembisa xihundla eka leswi hinga ta swi vula vula. Munhu anga boheleriwi ku teka xiphemu eka ndzavisiso naswona imahala. Loko ungani naku tsakela ku vulavula no mina wo vula.

Mita phonela nomboro leyi loko miri na swivutiso: 079-804-5943  
Ioko mi lava ku tiva swo tala kumbe ku swisolo hi mina fonela Rhian Twine:  
083-279-7573

Inkomu.



## Caregiver Consent Form

**Researcher:** Annalise Weckesser  
**Study:** Children and Care in Agincourt  
**Institution:** University of Warwick, England & WITS Agincourt

**Day & Evening  
 Phone Number:** 079-804-5943

**Permission to Record Interviews:**

I would like to record some of our conversations so that I can listen to them again later. Recorded conversations will be kept safe and secure. Only I and the translator will listen to recordings. You can still participate in the study even if you do not want our conversations recorded.

**Please check the boxes if you agree:**

I understand that I do not have to take part in this study, and that I can stop being in the study at any time.	<input type="checkbox"/>
I understand the information sheet. I have had time to think about it.	<input type="checkbox"/>
All my questions have been answered.	<input type="checkbox"/>
Our conversations can be recorded.	<input type="checkbox"/>
I agree to take part in this study.	<input type="checkbox"/>

**Please sign or put a cross:**

Your Name	Date	Signature or Cross
-----------	------	--------------------

Researcher's Name	Date	Signature
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Translator's Name	Date	Signature
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## **Stakeholder Information Sheet (English)**

Greetings, my name is Annalise Weckesser.

I work with WITs (Agincourt) and I am a doctoral student from Warwick University in England. I am doing a study about children and those who care for them, and specifically on those children referred to as orphans and vulnerable children. I am inviting you, as a key stakeholder in the community, to participate in this study.

If you choose to participate in the study, please complete the attached consent form. I will then interview you for about one hour. The information you give will be confidential and recorded in a way that completely protects your identity. The information from this interview will be put together with information from other interviews. This will be used to write my PhD thesis and a report that will go to various non-government organisations, and government agencies in Agincourt.

There are no benefits to participating in this study. You do not have to participate in this study, and you can stop the interview at anytime without penalty.

You can contact me if you have questions about this study: 079-804-5943. If I am not able to answer all your questions or if you have a complaint, please contact, Rhian Twine: 083-279-7573

Thank you.



## **Stakeholder Information Sheet (XiTsonga)**

Avuxeni hi mina Annalise Weckesser.

Ndzi huma eka Agincourt ka Wits. Ndzi endla ndzavisiso hi vana lava vanga xaloveriwa kumbe ku sukeriwa hi vatswariva vona. Ndzi tsakela ku rhamba u n'wana na un'wana loyi anga hlawuriwa ku teka xiphemu eka ndzavisiso lowu. Ndzithlela ndzi tsakela ku rhamba na n'wina tani hi xiphemu xa vufambisi xa muganga kuva nghenelela eka ndzavisiso lowu.

Xikongomelo nkulu iku tsakela ku tiva kuri hi wihi nhlayiso kumbe nseketelo lowu wu nyikiwaka eka vana lava. Xi'n'wana no tsakela ku langutisa kuri hi tihi tindlela leti ti nga antswisaka xiyimo xa vana lava. Leswi swita pfuna kumbe ku nyika switsunzuxo eka mihlangano yo hambana hambana ya nhlayiso xikan'we na mfumo – eka tisa tindlela to antswisa xiyimo xa nhlayiso eka vana lava.

Swi ta thlela swi ndzi pfuna ku hetisa tidyondzo ta mina ta PhD. Ndzi mi tshembisa xihundla eka leswi hi ngata vulavula hi swona. Tsundzukani munhu anga boheleriwi ku teka xiphemu eka ndzavisiso lowu naswona I mahala.

Mita phonela nomboro leyi loko miri na swivutiso: 079-804-5943.  
Ioko mi lava ku tiva swo tala kumbe ku swisolo hi mina fonela Rhian Twine:  
083-279-7573.

Inkomu.



## Stakeholder Consent Form

**Researcher:** Annalise Weckesser  
**Study:** Children and Care in Agincourt  
**Institution:** University of Warwick, England & WITS Agincourt

**Day & Evening**  
**Phone Number:** 079-804-5943

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### Permission to Record Interviews:

I would like to record our interviews so that I can listen to our conversations again later. Recorded interviews will be kept safe and secure. Only I and the translator will listen to recordings. You can still participate in the study even if you do not want your interviews recorded.

### Please check the boxes if you agree:

I understand that I can stop the interview or the recording at anytime without penalty, and that I can stop participating in the study at any time.	<input type="checkbox"/>
I understand the information sheet and all of my questions have been answered.	<input type="checkbox"/>
I agree to let my interviews be recorded.	<input type="checkbox"/>
I agree to take part in this study.	<input type="checkbox"/>

### Please sign or put a cross:

_____ Your Name	_____ Date	_____ Signature or Cross
_____ Researcher's Name	_____ Date	_____ Signature
_____ Translator's Name (If required)	_____ Date	_____ Signature

## **Appendix 6. Writing Family into the Ethnographic Narrative**

In this appendix, I explore how Nina's presence, and my position as a new mother, shaped the fieldwork encounter: shaped how I saw and was seen, what conversations were had and, ultimately, what knowledge generated. Writing my daughter into this ethnographic account is not meant to be an auto-biographical indulgence. Rather, it is part and parcel of a researcher's reflexive duty, especially one whose research centres on gender, kinship and care relationships.

Anthropologists have written themselves as social categories into the ethnographic narrative, acknowledging and critically examining how a fieldworkers' gender, race, class, nationality and/or age can inform what data is sought, accessed and included in final texts. The positions of fieldworkers within their own kin and care relations, however, has been explored to a much lesser extent. Sutton and Fernandez (1998) point to this (seemingly) paradoxical occurrence: 'given the centrality of kinship to the development of anthropology as a discipline, that anthropologists have reflected so little on the interplay of their own kin relations with their field projects' (Sutton and Fernandez 1998: 111). The authors suggest that perhaps the explanation for this contradiction lies in the temporary decline of kinship studies coinciding with the rise of reflexivity within the discipline (ibid.). While this may be the case, it seems a less paradoxical occurrence if one considers the link between a researcher's way of knowing and way of being in this world. Given the historically male (and colonial) anthropologist gaze, which largely negated the life worlds of women and young people, those most directly involved in private side of kinship- the work of giving and receiving care, it is not surprising that the field researchers' own roles within familial and care relationships were also deemed unworthy of academic reflection. Gottlieb (2004) recounts, in her ongoing research with the Beng community of Côte d'Ivoire, that it was when she became a mother herself that she gained a scholarly curiosity about the experiences of women as mothers and the cultural lives of children. She states, '[u]ndoubtedly my lack of direct experience on this [mother-child] front had crippled my ethnographic imagination... Moreover... the discipline of anthropology had not encouraged me along these lines' (Gottlieb 2004: 8). Gottlieb goes on to detail how being an 'anthropologist as mother,' brought forth new research questions, and how having her young son in the field, interacting with children and adults, refined her understandings of Beng intergenerational relationships.

### ***Anthropologist as (New) Mother***

Through becoming a mother, I became intimately aware of the day to day, repetitive and somatic work required to care for an infant. I gained an experiential knowledge of that bodily, private and taken-for-granted work. While I had an academic (and political) interest in the

gendered nature of care relations prior to having a child, new research questions and opportunities arose through caring for my baby daughter. Of course, it is *not* a prerequisite to be a mother or a carer to be attuned to the relations and labour of caregiving. Such logic can lead to a troubling biological determinism. This line of thinking can also unintentionally reinforce the notion that only women, particularly mothers, can 'properly' care. That said, becoming a mother, and having Nina with me, proved methodologically useful; raising questions that may have gone overlooked, and accessing data in ways that may not have been possible otherwise.

One means of data collection that opened up through mothering whilst researching came in the form of casual conversations about child-rearing shared with friends and participants who were also caring for young children. As I was learning to care for my first child, I exchanged notes about such topics as breastfeeding, sleeping arrangements, discipline tactics and toilet training. As I was trying to figure out how to wean my daughter or get her to sleep through the night I turned to my friends for tips. This advice-seeking was not based on a romanticized notion of black African women's knowledge of child-rearing, that they were more 'natural,' mothers and nurturers. The women and girls I spoke with had a range of opinions on how best to treat a child's cold or on how and when to wean a baby- varying with their age, class and personal experience of raising children. While always pleased to exchange child-rearing experiences and tips, these conversations served as an informal method of gathering information on local notions of what it is to be a child, what children are believed to require (and not require), how they should be cared for and who should be doing this caring.

While taking care of a young child was something I had in common with some participants, this line of enquiry also highlighted cultural and socio-economic differences. Doing care while researching care served as a constant reminder of the cultural variability of caregiving and the unequal positions I and participants take up within systems of social, political and economic injustice, contouring the different ways we go about, and think about, caring for children. To understand care relations in the local context required a vigilant consciousness of my own cultural baggage and socio-economic privilege. The heaviest item in this baggage was the (biological) mother-child relationship.

Mother to child love is held as the 'purest' form of love one can receive in both Agincourt and my own cultural and class context. This idealized love, however, takes form in a myriad of expressions and practices. I came to my experience of caring as the biological mother of a child, and from a Western, middle-class, nuclear family background, which holds the mother-child relationship supreme in almost every aspect of a child's healthy social, emotional and physical development. Research funding also meant that I was in the position to bring my daughter with me to South Africa, and that my partner did not have to take on paid work, but could be her primary caregiver. However, I was seeking to understand care relations involving children in a context that, because of a confluence of cultural, historical and socio-economic



factors, did not necessarily centre on the mother-child or parent-child relationship. I was exploring care relations involving young people whose mothers and/or fathers: may have passed away, may be working away for weeks/months at a time, or may be living in the same household or village, but were still just one of many sources of care. Given this, I had to be sure I was not transposing my own notions of care onto the way I went about seeing and understanding care relationships in Agincourt.

One situation in which this became evident was in the limitations of interviewing just one of a young person's significant adult carers, which could potentially fall into the trap of simply seeing this adult carer as a mother/parent-replacement. Fortunately, by employing more detailed questions about care practices and material support during such interviews, the complexity and interdependencies of care relations were revealed. For example, while a grandmother (*kokwana*) might say she was the one who cares for a child, and that particular child may have identified her as a significant caregiver – in the course of an interview or conversation it would surface that there would often be additional adults who also provide significant supports. This was often the case when a grandmother's daughter or daughter-in-law lived either in the household or same village. When and where possible, I tried to supplement the picture of care with additional interviews.

### ***Nina, My Field Assistant***

Over the course of the year, Nina took on the role, of field assistant. While she participated in life as a young child in Agincourt, I observed. Of course, she was a child who stood out because of her status as a *xinlugwana* (little white person). Interviewees sometimes asked me to bring her along for a visit. After time, however, the novelty of Nina as a *xinlugwana* wore off.

While conducting the classic ethnographic method of 'deep hanging out' in the field, I paid special attention to Nina's interactions with other children and adults; attempting to decipher those shifting moments when she was treated like any other young child, as an 'insider,' and when she was treated differently, as an 'outsider.' Doing this made me more attuned to interactions between children of various ages and between children and adults.

Watching Nina be carried about or be held by both hands encouraging her to learn to walk by young children barely twice her size, helped me pay attention to the significant amount of time children spent with each other, with older children, teens or adults only intervening when deemed necessary. I also paid attention to the casual care exchanged between siblings, cousins and/or friends during this time. This included observing common scenes, such as: young girls carry babies on their backs or helping to feed and bathe them, boys taking toddlers in wheel barrows while they went to fetch water, and older girls doing younger girls hair.

To reiterate the point made earlier, having my own child present to act as a participant

was not a necessary pre-condition for observing these patterns of care. However, her presence served as an unexpected means of research access and data collection. This largely came through the constant reflections on what my partner and I expected of Nina and what we expected of ourselves as 'proper' parents, compared to what our local expectations were on these same matters. Nina's experiences in Agincourt were not simply a rural idyll: she did not disappear with the other children, her whereabouts were always known to either Haseen or I; she ate the same food as the children, but when there was a cholera outbreak in a nearby village, she drank water brought from home.

We did not allow Nina to freely accompany her little friends in what Gottlieb (2004) calls the 'moral community'- the relatively wide terrain children are allowed to move across unsupervised because it is believed someone older to them will intervene if and when necessary (2004: 12). When everyone in this space is real or fictive kin (a sister, brother, uncle, aunty or grandparent) to that child, they have a moral obligation to look after that child. This space is not hazard free, but children learn from a very early age how to deftly navigate most hazards. The most dangerous of these, and why we did not let Nina move about freely, was the common and prevalent risk of car accidents. Also, within Agincourt, this 'moral community' had a temporal limit: children, teenagers and particularly young women, were not supposed to go out at night because of the dangers associated with the presence of drinking, drugs, theft and, for women especially, the threat of sexual violence. Thus differences in child-rearing beliefs and practices are not simply a matter of cultural relativism. The care of children is contoured by socio-economic structures of injustice. I could take Nina in and out of certain Agincourt, depending on risks of health or safety, whereas most participants could not.

This discussion of my role as a new mother, and my daughter's presence in the field, illustrates the importance of recognising the various familial social positions researchers occupy, and how in the field, this shapes research experiences, relations and findings.