Are Zulu Children Allowed to Ask Questions?
Silence, Death, and Memory in the Time of AIDS[i]

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Since the start of the new millennium, it is not exceptional in KwaZulu-Natal to find families who have lost two, three or more members in one year due to the HIV/AIDS epidemic. One recent survey estimated that no less than 33,5% of women seeking care in antenatal clinics—and probably, by extrapolation, one-third of the sexually active population in the province—are HIV-positive.[ii] Without antiretroviral treatments, most people living with HIV/AIDS succumb to opportunistic infections. The consequences of HIV/AIDS among survivors, particularly children, are equally devastating. Some babies contract the deadly virus from their contaminated mother, and usually die at an early age. Other young sons and daughters experience trauma when parents with HIV/AIDS become sick and pass away. Currently, as a result of the epidemic, there are an estimated 300,000 orphans in South Africa.[iii]

AIDS orphans endure a double loss. They lose their parents and the more secure existence typically associated with a parent-headed household. Their quality of life deteriorates drastically, while they slip into greater isolation. For example, they do not go out to see relatives as they used to do. Sometimes they stop attending school because, without their income-earning parent or parents to provide money, they cannot pay the fees; even if AIDS orphans can meet the financial obligations of education, the stigma of their tragedy is so great that they do not want to face their peers and teachers in the classroom.[iv]

HIV/AIDS not only tears the socio-economic fabric of families; it also upsets their emotional stability. The fact that a caregiver, usually an older female relative who has had to

step into the parenting void, is unwilling to tell children why their mother or father, or both, suddenly wasted away compounds the plight of the youngest generation. As the children's situation worsens, they are afflicted by anger, sadness, or depression. They find it difficult to express their emotions because the cause of their problem has rarely been named. As Tessa Marcus, a sociologist who studied the impact of AIDS on children in the Natal Midlands points out, AIDS is surrounded by silence and secrecy. People generally do not refer to the disease by name.[v] They use euphemisms such as *amagama amathatu* (the three-letter word). In the end, the children are left alone in their grief. With time, their memories of deceased parents tend to fade, creating a state of confusion that prevents them from developing their full potential. The effect of bereavement on children is worse, the author of a recent study on childhood trauma shows, when they are not helped to understand and resolve their loss.[vi]

But this bleak scenario might not be inevitable as patterns of communication between adults and children begin to change. Culture—and in this particular case, Zulu cultural values operating within and between families—shapes the way in which the dead are remembered. This supposition provokes crucial questions as the AIDS epidemic claims an ever-higher toll. In which circumstances do parents, or if they are absent, caregivers convey family history to young children? In a climate of *ukuhlonipha* (Zulu customary respect for and avoidance of elders), can boys and girls children ask adults probing questions? How are family secrets aired?

Since 2000 the Sinomlando Project, a University of Natal-based community organisation, has grappled with such open-ended concerns. It aims to facilitate an inter-generational dialogue around family accounts that deal with untimely illness and death. In Zulu, *sinomlando* means, "we have a history"; this phrase captures the research aims of the

project. Sinomlando devised a Memory Box Programme that endeavours to use methodologies of oral history to develop resilience in children whose parents are living with, or have died from, AIDS. Resilience is a concept used by trauma specialists to designate Athe ability to resume personal growth in adverse circumstances"[vii]—in this case the ability of children affected by HIV/AIDS to grow without the care and support of loving parents. With the assistance of the Sinomlando "memory facilitators", family members in communities gutted by AIDS are encouraged to tell their life stories. Transcripts of conversations in Zulu are edited and compiled in a booklet that accompanies an audiotape of all the voices. These materials are presented to the interviewed family and placed in a "memory box" created by the children with the help of "memory facilitators".

Oral History and the Importation of A**Life Story Work@ in Zulu Communities**

In 2001 the Sinomlando Project and Sinosizo Home-based Care, a community organisation that provides AIDS patients and their children with vital support, launched a pilot study to assess the effects of the memory box in twenty Zulu-speaking families in the Durban area.[viii] Currently, the Memory Box Programme provides training and ongoing assistance to various community and faith-based organisations in the KwaZulu-Natal and Gauteng provinces. The findings of the 2001 pilot study suggest that children who have a clearer recollection of life with their parents are better able to cope with the hardships of AIDS-induced death. Such children know more about their family history and can deduce what happened to their parents. The process of composing a memory box is designed to create the space for adults and children to discuss trauma in the family and recollections of domestic happiness. Indeed, these disparate personal accounts are known to aid healing. As

the author of a recent study on memory and trauma demonstrates, "by telling our story of the trauma(s) and working through the associated pain, i.e. by grieving it, we can slowly transfer and transform our traumatic memory into a healthier kind of ordinary memory B something that we were not allowed to do before".[ix]

The Memory Box Programme aims to collect multiple narratives. The texts and voices engendered by interviews allow children to put together the fragments of their family history. The Sinomlando Project draws inspiration from the therapeutic value of oral history. Oral historians know how to encourage ordinary people to tell stories, particularly about life circumstances that have dealt a cruel blow to their basic family integrity.[x]

The reconstruction of family stories (to enhance resilience of children at risk) is not specific to South Africa. In countries such as Great Britain and France counsellors encourage "life-story work", as this process is called, in children's homes, halfway houses, and foster families.[xi] Such state-supported children, many of them abandoned or given up for adoption, often question their origins. They have been placed—or rather displaced—once or several times in their lives without ever understanding why. Christine Abels-Eber, an expert on the life-story method, explains why: "The child who is placed in an institution or a foster family is, in most situations, a child who suffers: he is buffeted from one place to another and his life is arranged as if he had no family. Yet, he is imbued with a family legacy to which he clings".[xii]

Are these techniques—oral history and life-story work—applicable in contemporary Zulu society? This kind of question elicits a warning from Hugo Slim and Paul Thompson, two oral historians who discourage a culturally blind approach to research. In the West, they observe, conducting an interview has become a currency of inquiry. A job interview is

generally a prerequisite for employment; the media features endless interviews; few people escape having to take part in telephone polls and questionnaires. In African societies, by contrast, these now standard interview techniques are largely foreign to indigenous systems of communication.[xiii]

Similar observations apply to the technique of life-story work. In countries like France, where life-story work has been developed, child abandonment—once a widespread phenomenon in medieval and industrial times—is now exceptional. The orphanage, for example, has altogether receded from the public sphere in most wealthy European societies. Instead, children's lives are disrupted by family abuse and neglect or, more commonly, by divorce. To be sure, Western parents have uncomfortable secrets that undermine the emotional stability of children, but there are also numerous supporting mechanisms to help children take ownership of their family histories: A dense network of social services, affordable individual therapies, accessible computer databases, dependable transport systems, etc. Few if any of these resources are available on demand to the average family in South Africa.

Disrupted Family Lives

Like other battering historical processes such as British imperial invasions, AIDS in South Africa has profoundly altered socio-economic and generational dynamics, as well as patterns of communication between children and adults. There is a growing scholarly literature that explores the past trajectories of such complex forms of family disruption.[xiv] Long before the advent of the pandemic, nineteenth-century colonial forces buffeted Zulu households, particularly in rural areas, where families tended to be large. As a consequence,

in this new millennium the traditional capacious homestead—two or three generations on the same plot, with a patriarch, his one or two wives, their children, and grandchildren—is now an anachronism.

Over the course of the twentieth century, migrant labour, forced removals, and unemployment so eroded the bonds of rural communities that widespread sexual violence, unwed motherhood, and disintegration of conjugal ties are everyday realities in KwaZulu-Natal. Patriarchal order in homesteads, which on the one hand, subordinated women to men while, on the other, afforded women some domestic security, remains at best a fragmented certainty. No viable alternative structure to regulate marital or parental relations has emerged. In a climate of joblessness and landlessness, with patriarchal status declining as the cost of marriage extends beyond the reach of suitors, men have sought to reinforce their power over women in other ways. Continually in search of work and unable to pay the high price of *ilobolo* (bridewealth), more and more single men tend to pursue multiple short-lived relationships, leaving the children of these liaisons to be cared for by their lover or her grandmother. Procreation still gives social recognition both to unmarried mothers and fathers. But as far as many male suitors are concerned having children does not mean taking responsibility for them. The maternal caretaker in these circumstances is often a single woman, either because she is a widow or because she has never married. Instead of enjoying the support of grown-up children, some of these grandmothers struggle again to raise another generation of sons and daughters. Financially and emotionally this represents an enormous burden.

The pilot study conducted by Sinomlando memory facilitators documented these burdens in interviews with seventeen Zulu-speaking families affected by HIV/AIDS in the

Durban area.[xv] Among the respondents, only three couples were or had been married; four lived extra-maritally, while in the remaining cases, the primary caregiver was a single mother. Not surprisingly, Sinomlando researchers found that HIV/AIDS exacerbates the grim uncertainties of single parenthood and child abandonment. In many instances the principal caregiver does not know if the father of the children he has left behind are HIV-positive, or even if he is alive because he has been out of contact for years.[xvi]

Ukuhlonipha, Children, and Untimely Death

Sinomlando fieldwork demonstrates that when children orphaned by AIDS are raised by a much older traditionally minded guardian, or grow up in a household where Zulu customary respect, *ukuhlonipha*, is practiced, they are silent participants in family matters. "It is in our blood", a Sinomlando memory facilitators explained at a university seminar dealing with bereavement issues, "that children do not ask questions". Under few circumstances, she elaborated, are they supposed to ask their caregivers to divulge information about an elder, especially an elder who might have died from an illness regarded as shameful.[xvii]

A similar convention of deference prohibits women from approaching their husbands with certain questions. "Are you not allowed to talk to your husband in private and ask him if he noticed that there is a problem with chastity in the family"? one of Sinomlando's Zulu-speaking representatives recently asked the leader of a local Christian African women's organisation in KwaZulu-Natal. She suspected one of her daughters went out with boys. Some action needed to be taken. So she took this particular daughter for a "virginity test" but she did not know how to inform her husband of this action. "Yes, we advise our husbands,"

she replied, but "our husbands have this attitude which makes them say: 'I can never be told by a woman'. . . . So you end up knowing that there is nothing you can say to your husband".[xviii]

Ukuhlonipha requires that children, unmarried women, and junior wives show deference to their social "superiors". The Sinomlando memory facilitators have discovered that in the households they visit men claim to be the social "superior", even when they are not married. The same applies to older (widowed or single) mothers, especially when their sons are, or were, the head of the family. The people seen as subordinates feel obliged to express themselves indirectly so that the "superior" does not have to acknowledge that he has something to learn from "inferiors". Unfortunately, this form of subtle communication does not always work, particularly during periods of grieving or tensions related to family matters. The leader of the local Christian women's organisation voiced frustration: "Yes, you try to use words that will be acceptable. But you end up not saying what you wanted to say. You burn inside because you do not get the result that you were expecting".[xix] Most important, the conventions of *ukuhlonipha* become a major hindrance to bereaving children. How can they mourn if they cannot openly display their emotions and ask questions that are important to them? When considering these issues, one should keep in mind that in South Africa AIDS remains a taboo disease surrounded by stigma.[xx]

Ukuhlonipha can also mislead caregivers when they try to understand children's hidden feelings. A grandmother might assume that if children do not pose questions they do not have concerns to discuss, or their silence is attributed to their young age. Memory facilitators frequently record the following sentence: AThis child is too small to understand@. But in many cases children know more than they divulge about their parents= condition.

Sometimes children overhear adult conversation, or, more simply, they discern the truth by discussing matters with peers. Some children, for example, know that their mother is HIV-positive even though the issue was never discussed openly in their presence.

Sinomlando memory facilitators have found that for the grieving process to unfold in meaningful ways, children's perceptions need to be validated by a supporting adult. A conversation with caregivers might begin to resolve some of the children=s general disorientation. Moreover, naming the cause of so much suffering doubtless accelerates mourning and, it is hoped, healing.

The Language of Respect and Storytelling: Oral History That Uplifts Grieving Children

One should not conclude that elements of traditional Zulu culture stifle inter-generational dialogue. In fact, storytelling is a well-known Zulu (and African) form of socialisation that bridges the perspectives of old and young. As literature scholar Isabel Hofmeyr points out: "[O]ne of the most enduring stereotypes in Southern African oral literary studies is that of woman-as-storyteller. Almost invariably a grandmother, preferably seated in the vicinity of a fire, this figure has dominated virtually all local research into oral narrative". Hofmeyr notes, too, that older men also convey tales, although not to the same audiences.[xxi]

Hofmeyr's assessment is important to the fieldworkers of Sinomlando. In the context of ritual gatherings that honour the ancestors, grandparents proclaim lineage praises, *izibongo,* in the presence of children. Revered elders perform a similar act as caregivers of an AIDS orphan, when they recount family stories in the presence of memory facilitators. Thus, the concept of creating memory boxes is not wholly alien to Zulu cultural views.

Changing the Culture of Generational Communication in Zulu Families

Ukuhlonipha is not static, nor has it been during this past century of urbanisation and minority-white rule. Figures of authority, like the Zulu father, teacher, or priest seem to command less authority; and young unmarried fathers earn no esteem for refusing to acknowledge their offspring. To be sure, patriarchal prestige started to be challenged long before the advent of AIDS. A recent study of social unrest and domestic turmoil in Zulu communities, which preceded the 1906 Bhambatha rebellion in Natal, shows that Zulu fathers struggled to maintain some semblance of their privileged standing as colonial officials stripped them of patriarchal powers.[xxii]

The erosion of *ukuhlonipha* entails less respect for all. Women and children, for their part, lose a degree of patriarchal protection, as they are more exposed to abuse and neglect. But major cultural change also has positive aspects during this time of AIDS. As a consequence of the memory facilitators' interventions, the children are less afraid to talk to their caregivers. Even if the behaviour of a boy or girl is seen as assertive, more and more adults accept such challenges and try to communicate with their children to build greater trust. At first caregivers appear hesitant to talk to their children for fear of possible fallout. Here, the memory facilitators act as a safety net. Caregivers turn to them every time the cohesion of the family is perceived to be at risk. But the memory facilitators only play a temporary role. In many instances, as the 2001 pilot study indicates, a family conversation initiated by Sinomlando representatives continue after their departure from a community.[xxiii]

The staff of the Memory Box Programme staff noticed that caregivers of AIDS orphans now admit that speaking to children about illness and death is beneficial. Moreover, the general outlook of children affected by AIDS tends to improve as they explore ways to express questions that haunt them. Nokhaya Makiwane, one of the memory facilitators,

summed up this promising development at a recent Sinomlando seminar: “The people we visit do not want to tell their family secrets. But to them this silence is a burden. They do not tell the family history because there is no space for a conversation on this subject in their lives. They find it appropriate if someone facilitates the process. When that happens, they are relieved to share their secrets with the children”. [xxiv]

Endnotes

[i]. I express my gratitude to Ben Carton, Sibongile Mafu, Nokhaya Makiwane, Thandeka Tshezi, Louise Vis, and James Worthington who took part in a seminar of the Sinomlando Project in January 2003, exploring Zulu cultural aspects of the methodology of the memory box programme. Their input helped me write this chapter.

[ii] Statistics provided by the South African Department of Health <http://www.avert.org/safricastats.htm>. The survey was conducted in October and November 2001.

[iii]. J. Gow, C. Desmond and D. Ewing, AChildren and HIV/AIDS@, in J. Gow, & C. Desmond (eds) *Impacts and Interventions. The HIV/AIDS Epidemic and the Children of South Africa*, Pietermaritzburg: University of Natal Press, 2002, p. 6. Orphans are defined here has persons under the age of 18 whose mother have died.

[iv]. T. Marcus, *Living and Dying with AIDS*. Pietermaritzburg: The CINDI Network; J. Gow, & C. Desmond (eds) *Impacts and Interventions. The HIV/AIDS Epidemic and the Children of South Africa*, Pietermaritzburg: University of Natal Press, 2002.

[v]. Marcus, *Living and Dying with AIDS*, p. 10.

[vi]. S. Lewis, *Childhood Trauma. Understanding traumatised children in South Africa*. Cape Town: Davis Philip Publishers, 1999, p. 4.

[vii]. B. Cyrulnik, *Les vilains petits canards*. Paris, Odile Jacob, 2001, p. 19. See also E. Grotberg, A *guide to promoting resilience in children: strengthening the human spirit*, the Hague, Bernard van Leer Foundation, 1995.

[viii]. P. Denis, *Sharing family stories in times of Aids. Pilot Study Report*. Pietermaritzburg: Sinomlando Project, 2002. <http://www.hs.unp.ac.za/theology/sinomlando> . See also P. Denis & N. Makiwane, AStories of Love, Pain and Courage. The Memory Box Project of the School of Theology, University of Natal@, in P. Denis & J. Worthington (eds), *The Power of Oral History. Memory, Healing and Development. XIIth International Oral History Conference, 24-27 June 2002*, Pietermaritzburg: Sinomlando Project, vol. 3, 2002, pp. 1376-1390.

[ix]. C. Whitfield, *Memory and Abuse: Remembering and Healing the Effects of Trauma*. Deerfield Beach, Florida: Health Communications, 1995, p. 44.

[x]. During the last decade of apartheid numerous attempts were made to document and record the voices of the >ordinary people= as an alternative to a history written >from above=. Authors like Belinda Bozzoli (*Women of Phokeng. Consciousness, Life Strategy, and Migrancy in South Africa, 1900-1983*. Portsmouth: Heinemann and London: James Currey, 1991) and Isabel Hofmeyr (*AWe Spend Our Years as a Tale That is Told@. Oral Historical Narrative in a South African Chiefdom*. Johannesburg: Witwatersrand University Press, 1994) showed how marginalised and disenfranchised black people struggled to hold onto their oral histories during a repressive regime of white supremacy which sought to nullify black history. On oral history in South Africa: P. la Hausse, AOral History and South African Oral Historians@. *Radical History Review* 46/7 (1990), pp. 346-56; P. Denis, AOral History in a Wounded Country@, *Semeia Studies* (forthcoming).

[xi]. T. Ryan & R. Walker, R. *Life Story Work*, London: British Agencies for Adoption and Fostering., 1999; C. Abels-Eber, C. *Enfants placés et construction d=historicité*, Paris: L=Harmattan, 2000; P. Denis, AFaire mémoire au temps du sida: l=expérience des boites de la mémoire au KwaZulu-Natal@, *Face à face. Regards sur la santé.* Nr 5 (March 2003). <http://www.ssd.u-bordeaux2.fr/faf.>.

[xii]. Abels-Eber, *Enfants placés*, p. 23.

[xiii]. H. Slim & P. Thompson, *Listening for a change. Oral testimony and development*. London, Panos Publications, 1993, p. 61.

[xiv]. See for example C. Walker, AGender and the development of the migrant labour system c. 1850-1930: An overview@, in Walker (ed), *Women and Gender in Southern Africa to 1945*. Cape Town - London, 1990; D. Webb, *HIV and AIDS in Africa*. London & Chicago: Pluto Press 1997; Marcus, *Living and Dying with AIDS*; A. Whiteside & C. Sunter, *Aids. The Challenge for South Africa*, Cape Town: Human & Rousseau and Tafelberg Publishers Whiteside and Sunter 2000; B. Carton *Blood From Their Children*. Charlottesville: University Press of Virginia, 2000; P. Delius and F. Glaser ASexual socialisation in South Africa in an historical perspective@, *African Studies*, vol. 61, nE1 (July 2002), 5-54; P. Denis, ASexuality and Aids in South Africa@, *Journal of Theology for Southern Africa* 113 (March 2003), pp. 63-77.

[xv]. Three families of the original pool of twenty families were left out for various reasons.

[xvi]. Denis, *Sharing family stories in times of AIDS.*

[xvii]17. On the stigma of AIDS, see Marcus, *Living and Dying with AIDS*, pp. 10-14.

[xviii]. Interview conducted in Sobantu, Pietermaritzburg, on 13 October 2001. It is currently restricted. An edited version of this interview is included in P. Denis & I. Phiri (eds). *The leaders of black women=s Christian organisations. Ten oral testimonies*. Pietermaritzburg, Cluster Publications (forthcoming).

[xix]. *Ibid.*

[xx]. Marcus, *Living and Dying with AIDS*, p. 10.

[xxi]. Hofmeyr, *We Spend Our Years*, p. 25.

[xxii]. B. Carton, *Blood From Their Children*.

[xxiii]. Denis, *Sharing family stories in times of AIDS.*

[xxiv]. Verbal communication, Memory Box Programme seminar, Pietermaritzburg, 18 January 2003.