

# Family biography, fertility and memory-making in an AIDS-affected South African site

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The critical challenges of AIDS and poverty in post-apartheid South Africa impact the ways in which memories are articulated and family and fertility histories ultimately constructed. This article considers three life histories written in the course of ethnographic work on women's childbearing conducted intermittently between 1998 and 2014, and typical of other histories in the same peri-urban locale. Personal accounts of a mother and her two daughters initially centre on domestic strife and adversity—and the family as a whole is represented as struggling and disunited. In the aftermath of the death of one of the daughters from AIDS in 2001, the memories and discourse are subtly reworked by the two women in ways that are meant to counteract stigma, reclaim dignity and defend the family. The paper focuses on reproductive dynamics and memory-making in a hardship-driven and AIDS-affected setting and on the ethnographer's endeavours in witnessing, interviewing and making sense of people's "intent" and "the urge to forget, to go on living".

**Keywords:** family biography; life history; memory; traumatic experiences; AIDS; fertility in South Africa

## 1. Introduction: a sufficiently typical narrative

Between 1998 and 2000, I conducted life history interviews with thirty-three women in the Winterveld area of South Africa, a deprived, peri-urban place between the North-West and Gauteng provinces. I was keen at the time to explore the ways in which harsh economic conditions, alongside much social and political turbulence, mediated the intimate unions, sexual behaviours and reproductive decision-making of the local women of different cohorts residing there. Towards this end, I sought "thick descriptions" (Geertz, 1973) of the various facets of the women's lives. Since AIDS at the time was impacting relentlessly on people's lives, it became clear that any effort to build nuanced understandings of fertility in this site, and arguably the southern African context as a whole, had to take account of the spectre and consequences of AIDS.

In this article, I offer a story about AIDS and how it shaped the reproductive narratives of *one* of the families that I studied for more than a decade. This story is focused on because it offers a sufficiently typical account of family struggle, hardship and AIDS-affliction in Winterveld. An additional motivation for selecting this story is simply that whilst a number of my key informants died in the course of my fieldwork, it was only in this case that there was open admission of an AIDS-related death.

While I have gathered extensive field-notes and recordings over time, I draw attention only to the segments that highlight institutions and events that have shaped the formation of the family and defined its trauma. This story presented here as family biography is intended to reveal the adverse, AIDS-afflicted, and gendered realities of women in hardship-driven southern African settings that are, as Clapham (2006) surmised earlier, finding themselves led into a different type of fertility transition. The final purpose of this article is to consider methodological issues: witnessing, interviewing, and exploring the basis of intent and people's need to forget the past and build new, and different, existences.

## 2. Constructing biographies in traumatic times

"Biographical research", suggest Miller et al. (2003:1) "gravitates towards historical watersheds" e.g. the Second World War and the Holocaust in Europe, the Russian Revolution and emergence of post-socialist societies in the early 1990s, and, of course, South Africa's post-apartheid transition.

South Africa's transition to democracy has most certainly been a watershed. After decades of struggle, the citizens of a strife-ridden society found themselves in a democratic era with new hopes and aspirations. The euphoria of the early days of democracy resonates to some extent twenty years down the line. It is heavily tempered, however, by contemporary constraints: the state's non-delivery to the poor, high levels of unemployment, and slow intervention to inhibit the increase in the numbers of people becoming HIV-positive.

Close to six million of South Africa's approximately fifty million people are HIV-positive, making South Africa the country with the largest number of HIV/AIDS-affected people in the world (STATSSA, 2013). The economically active sector of the population sustains high mortality levels despite the boost in the provision of anti-retrovirals over the past few years, forcing responsibilities of care and sustenance on older people and already over-burdened households (AVERT, 2014; Cross, 2001). This is clearly a tragic situation for a relatively new democracy and a transforming society. It is particularly catastrophic for poorer communities that experienced apartheid's violence in the past (e.g. through forced removals, systematic discrimination, political harassment and material deprivation) and that now endure intense anxiety over a new violence, a killer disease that is debilitating a younger, and more spirited, generation in post-apartheid society.

Unlike the vigorous mobilisation of communities in the past, today one witnesses passivity and silence when confronted with the implications of AIDS, because it is seen largely as self-inflicted and a source of humiliation (see Bahre, 2007). When invited to articulate demands, and list priority areas for state intervention, people in AIDS-affected areas often give precedence to job creation, poverty and crime alleviation rather than emphasising the urgency to address HIV/AIDS (Whiteside et al., 2002). Fears of being infected, of watching loved ones deteriorate over time, and the silent containment of sickness often results in distress, depression and trauma (DeMatteo et al., 2002).

In such a climate of distress and insecurity various responses to fertility can be engendered: women might take steps to limit the possibility of pregnancy (given fears for their health or the prospect of dying and leaving their children to be cared for by others), or they may prepare themselves to have more children than desired in the event that they 'lose children' due to death or chronic illness (Cooper et al., 2007; Levin & Dubler, 1990). The notion of trauma, or more appropriately "cultural trauma" that has secured a place in sociological studies (Eyerman, 2004) has relevance here.

Reference to individuals and larger groupings as enduring "trauma" suggests deep suffering leading to the configuration of particular kinds of socially defensive reactions including re-thinking about children, partnerships and the future of families. In its psychological or psychiatric rendition, trauma offers an "event-centred and individual-centred model of suffering" and invites individualistic therapy and counselling procedures that are often not appropriate in communal or semi-rural environments (Colvin, 2008: 229). Conceptions of cultural trauma, by contrast, offer understandings of collective suffering—"dramatic loss of identity and meaning, a tear in the social fabric ..." (Eyerman, 2004:160). A way of making sense of, or working through deeply disturbing experiences, is to seek placating meanings or to "turn tragedy into triumph"—in this regard, reflecting on what is happening and shaping a collective memory:

"unifies the group through time and over space by providing a narrative frame, a collective story, which locates the individual and his and her biography within it, and which, because it can be represented as narrative and as text, attains mobility" (Eyerman, 2004:161).

People's storytelling is grounded in and framed by historical, political and economic realities, and simultaneously, the articulation of their memories of events and things helps to construct long-lasting social and ideological perspectives. Trauma that persists with continuing rupture of the social fabric (such as in "continuing stress disorder", see Colvin, 2008: 230) creates disordered memories and narrative frames, making the work of historians, demographers, and ethnographers, in harmonising the various accounts, tricky and challenging.

### **3. Methods and site: Probing fertility and constructing life histories**

Life histories represented for me a powerful investigative tool enabling a detailed study of the developments and transitions in the trajectories of women's lives. My original proposal conceived life-history work to consist of a few, at least two, interviews per woman (similar to that used by Yawitch, 1981, and Harrison & Montgomery, 2001). However, not fully satisfied with the stories emerging out of the initial interviews, I decided to root further the life history interviewing within an ethnographic design. This entailed recurrent interviews in the course of greater involvement in households, enabling me to participate in mundane domestic activities, observe women's daily routines and prod memories about past experiences and events.

Purposive (or judgment) sampling (McIntyre, 2005) became useful—mothers and daughters living together (or in close proximity) in a demarcated part of Winterveld were selected as participants. Within this sample, I strove to include "representation" from all ethnic and socio-economic groups resident in the area.

An analytical style similar to that outlined by Perakyla (2005) seemed most appropriate for my study. This entailed *first* constructing the individual life histories by adhering closely to the social and historical "facts" (as narrated to me by my women informants) and then linking the stories of daughters to those of their mothers, taking note, in bringing them together, of differences in the women's accounts and interpretations. Fifteen family biographies were built in the process. *Second*, I then scrutinised all the family biographies to see what deep insights they could provide on central demographic categories – stage at which marriage occurs, use of contraception, abortion and post-partum sexual abstinence. Through an engrossed reading and re-reading of transcripts and fieldnotes (what Perakyla suggests represents an "informal method of analysis") a number of key and secondary themes were developed. The themes themselves had to be interpreted and assessed theoretically before a plausible set of arguments on changing sexual and reproductive practices could be presented (author reference). Thus, life histories were used because they represented a means through which larger, intergenerational, demographic patterns could be illuminated—I had not contemplated dwelling for a lengthy period on the evolving stories and the meanings that certain experiences and key events held for different families. The latter however became central to a more inductive methodological approach that I refer to now.

Since the completion of my original research project I have remained attached to the field and have continued with interviews, albeit in a more intermittent fashion, and have broadened the ambit of informants in an effort to explore continuing transitions over life courses. The initial life-history accounts have been re-examined and expanded upon. In re-looking at the family biographies, I am currently more concerned with narrative analysis, i.e. intensive re-reading of written biographies and notes about observations on how people tell

their stories, depict themselves and choose to recall and forget. I continue to examine the unfolding stories through monitoring changes in the central demographic categories but I focus to a great extent on the defining and disruptive moments in the women's lives and how such episodes are made sense of within families. Given the persistence of ethnography, my form of narrative analysis also involves "mediating" the final stories through inserting my own recorded fieldwork observations on what happened in the past and what is being revised. This method of analysis was useful in that it helped me to become aware of reworked discourses and sentiments.

In Winterveld both men and women are quite forthcoming with stories about the "early days," and I learnt very quickly about the politics and history of the area from residents eager to inform me of all the issues that had laid the foundation for present-day problems. During my fieldwork I was constantly faced with people's attempts to compare things in Winterveld to what they believed I was more familiar with. Rather than shying away from such comparisons my approach throughout was to share stories that I thought would be of interest to the people I was talking to. In time, cordial relationships based on trust and mutual respect were nurtured, and I found myself integrated fairly warmly within families and groups in the area. I was told in many households about the early pioneers' efforts in the late 1930s to build the area into a prosperous farming locality, of their failure to do so, and of Winterveld's eventual retrogression into a densely populated, poor area. By the 1980s masses of people sought refuge there in response to the apartheid state's policies of forced removals, segregation and job reservation, earning the place a reputation for being an enclave for "throwaway people". Over the years people in the area waged many struggles for services, rights, and political change, and continue to do so in post-apartheid South Africa. While the politics have changed, there remains in 2014 little infrastructure, predominantly self-built homes, and few basic municipal services. The vast majority of the approximately 200,000 people who live there are unemployed, and domestic violence, stress and insecurity are pervasive. Formal marriage is rare, fertility is low, and male abandonment of families and households common. In these terms the area is not fundamentally different from many other peri-urban parts of South Africa that display tensions and instability, and in which illness (especially related to AIDS) has impacted significantly on families and communities.

Trauma and suffering are appropriate illuminating concepts in the South African context—and Winterveld offers a case study for the analysis of "continuing stress" and how people deal with loss and construct "collective memories" and "unifying narratives" over contrasting political eras. As already maintained, some of my key informants died evidently of AIDS over the period of my fieldwork—one of them was Dudu Sibiyi, a young woman I bonded with and whose family history, reproductive decision-making, and relationships I sought to understand and record.

#### **4. Lenah, Dudu and Pumla Sibiyi: Initial family revelations**

##### **4.1 *Mother's narrative (1998-2000)***

Beginning fieldwork to investigate reproductive patterns and sexual practices in an impoverished setting usually means building and nurturing relationships of trust with local women, hoping that they will take you into their confidence and narrate their stories. One of my life-history candidates, Lenah Sibiyi<sup>1</sup>, was at first not keen to be interviewed. I took note of her at a women's group meeting in July 1998, and observed her scribing minutes of procedures and making constant interjections to ensure that she had got the "facts correct".

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<sup>1</sup> All names referred to are pseudonyms used to shield the identities of women and men who prefer to remain anonymous.

Lenah was quite a passionate member of the women's group, and treated the tasks of this small, under-resourced group with considerable earnestness.

At first I did not anticipate making Lenah a life-history candidate; she was reticent and at points evasive. She also resisted my attempts to make contact with her daughters. In any event, I considered her daughters to be too young to offer any meaningful biographical narratives. Somehow, given my long-term involvement in the area, opportunities arose to study parts of Lenah's life as well as those of her daughters. Lenah's initial narrative and those of her two daughters were rife with revelations of family conflict and struggle.

Lenah Sibiya's early family history revealed the effects of a range of forces undermining stable marriage and family life in South Africa: the migrant labour system and geographical mobility, apartheid labour controls e.g. the pass laws and influx control and deepening levels of financial hardship (Murray, 1981; Timaeus & Graham, 1989; Walker, 1990). Her grandfather was a miner and came home annually. In the southern African context long-term separations, and in particular the absence of men, have led to smaller domestic units and numbers of children born, high levels of marital dissolution and discord, as well as the weakening of bonds between kin (Brown, 1983; Datta, 1998). Her grandmother, Mina Aphane, however, made every effort to keep the family together. Mina, said Lenah, was a wise woman because she went to school. School attendance, for women born in the early 1900s was quite an achievement. "She was learned and could speak and write in English". It was her grandmother, she recalled, who was able to discuss many things with them (such as men, religion and community politics) in their growing up years. Lenah could never talk to her mother about such matters. She described her mother as always stressed and unapproachable but conceded that "she was very strict when we were young", but mellowed as the years passed.

Lenah was born in Alexandra, Johannesburg, in 1952. Her parents did not live long in Alexandra but moved from place to place in their attempts to find employment. Her father was often absent but her mother, Johanna Aphane, remained close to her children and was always working to try and sustain some basic level of support for them. Mostly, she used to sell peaches and corn at the street corners, often enduring arrest and police harassment for doing so. Johanna would come home after sitting the day in the sun and expect complete obedience from her children. She bore eleven children by the end of her childbearing years: four girls and seven boys. Lenah was the eighth child. By the time Lenah had turned six, life in Alexandra had become hectic, and her mother (together with her grandmother, Mina Aphane) decided to move to Winterveld and construct a more peaceful existence there.

After relatively happy school years, Lenah had to drop out before completing high school because she got pregnant. She was eighteen at the time and her boyfriend abandoned her. Her father, Joseph, she recalled, was furious "but my elder brother tried to console him saying I was not the first schoolgirl to fall pregnant". She was able initially to draw on the support of her extended family for childcare. After a year, she left her baby, David, to be cared for by her mother, and other family members, while she sought work in Pretoria. She earned poorly in her first job (in a laundry) and eventually gave up the work. She was, however, pregnant again, a consequence of another casual relationship. In 1973 her daughter, Dudu, was born. For three years Lenah remained within the ambit of her extended family, caring for her two children. In 1976, she met Siphosibiya and had two additional children with him before they married in 1980. Lenah met Siphosibiya at a critical time in Winterveld's history. In 1977, Winterveld was forcibly incorporated into a newly independent homeland called Bophuthatswana. Bophuthatswana was created in terms of apartheid legislation (based on racial and ethnic segregation) as a place in which only those classified as Tswana could live, with associated rights and entitlements. The multi-ethnic

conglomeration of people living in Winterveld had not been consulted about this shift in administration to Bophuthatswana and resisted efforts at large-scale evictions of non-Tswana people. By 1978, 500 people from the Winterveld area were arrested and found guilty of squatting, and thousands were evicted. Most of them belonged to the Ndebele group and were thus forced to leave for the trust farms surrounding Winterveld and the relocation camps in KwaNdebele (SPP, 1983: 317). Lenah's new partner, Sipho, was Ndebele and he maintained a clandestine and increasingly infrequent presence in their home after they formally married in 1980. Lenah described those days of ethnic persecution as traumatic and fragmented times.

Her father, Joseph Aphane, died in 1987 and Johanna Aphane, her mother, later in 1991. Lenah lost important sources of support and her child-rearing tasks became after that akin to a single mother preoccupation. With her mother gone, her wider familial networks collapsed with her siblings finding few occasions to meet. Deepening poverty made reciprocation and cooperation amongst family extremely difficult to sustain and she turned to her young children for support. At the time of my early interviews, Lenah constantly complained about her children. Her first-born, David, was a taxi driver. He was of little financial assistance and was hardly at home, usually spending most of his earnings elsewhere. He had a girlfriend in the nearby township of Mabopane and she needed maintenance since she had a child from their relationship. Lenah's second-born child, Dudu, was at home at first, jobless but with one child (and no husband); her third-born, Pumla, was also at home with one child (and no husband). Her fourth child (a son) was working for an air conditioning company and at first brought home some income. In time, she claimed, he became unreliable. Her fifth child (another son) was at school but was suffering from a heart condition and had also been diagnosed as mentally challenged. He needed specialist care but they had no financial means to put him through the required treatment. The sixth and seventh children were still at school (in 1998) and the eighth was not yet of school-going age. It was extremely arduous bringing up eight children, and she was not so sure whether it would serve any advantages later in life. "I do not know if they will be of any support to me in old age" she said at the time.

But in 1996, Lenah endured deep distress over another new development. Her husband declared that he was to take on a second wife. Lenah felt highly betrayed and her unhappiness was reflected in numerous fights in the household over resources and duties that persisted over the 1996-2000 period. Her daughters were often at the receiving end of her anger and at one critical point were ordered out of the house.

#### ***4.2 Eldest daughter's narrative (1998-2000)***

In my interviews with her, Dudu suggested that her parents were "too strict", a similar criticism Lenah offered earlier when describing her own mother. Lenah, Dudu said, is "always giving advice. The problem is that she always starts shouting, and is not patient enough to sit down and talk about things". Her father was not any different—"he warns us against having children in a very rude way—always shouting and speaking in an insulting and hurtful manner". He was angry when she got pregnant; he was disappointed that her education was prematurely interrupted and that she was without work (and dependent) for a long time. Whilst acknowledging that her father was frequently absent, Dudu described him as still "the boss at home". She added: "I'm scared of him. It's hard to talk to him". But she was afraid of the anger of both parents, seeing them as disappointed in her, largely because she earned no money. She did however preoccupy herself with unpaid domestic duties. Her daily routine involved getting up in the morning, cleaning, making porridge and preparing a meal for the children when they came back from school. She looked after six children—one

was hers, one was her younger sister Pumla's, and four were her younger siblings. Her younger sister, Pumla, she said, fell pregnant at the age of fourteen. As an older sister, she often tried to talk through issues with Pumla but Pumla displayed little respect towards her and heeded no advice. The sisters did not have the best of relationships but their parents did not intervene to attempt to improve it. She described Pumla as more disobliging than she (Dudu) ever was: "Pumla doesn't do any cleaning and doesn't even make the bed on which her own child sleeps". She maintained that she looked after Pumla's child because Pumla was still like a child herself. She said at the time: "Pumla is now 21 years old and she does no work". She talked after that about the tensions and fights within the family and suggested that she used to raise problems with her mother—but more recently, however, she preferred to discuss issues with her friends.

In the aftermath of giving birth to her first child, Dudu learnt about contraception. At the local clinic in Winterveld the nurses advised her to use a contraceptive injection. Believing that the injection was causing her to feel unwell, she turned to the pill and then the loop. When her relationship with her first boyfriend (the father of her child), Abel, ended, she stopped thinking about preventative methods, and for a short while lost interest in sustainable partnerships. But at the beginning of 1997, she met Marcos, and began a new relationship. Marcos was more caring than Abel, "but he doesn't want to use a condom. He says that there is no need to because I'm not messing around. Men today, are starting to use condoms, but he doesn't want to". Instead, Marcos and Dudu used withdrawal as a traditional preventative measure. Despite feeling a bit insecure about not using contraception, including condoms, she reassured herself that she was someone who "does not catch easily". Eaton, Flisher and Aaro (2003) suggest that the use of condoms amongst young South Africans is not widespread or consistent. Part of the reason for this would be that condoms are not easily brought into the partnership context; condoms in a stable relationship are taken to mean that one partner has been unfaithful and thus needs to protect his/her partner from infection (author reference). Here, Dudu did not want to pressure Marcos into using condoms because, she believed, they were a faithful, intimate couple.

In December 1998, I set off on an urgent mission to find Dudu, after I heard that Marcos, who had been training to become a security guard, was caught housebreaking and was now in prison. Dudu, however, had left home because of another traumatic episode and its aftermath: I learnt from Pumla that Dudu had been raped some months earlier and that her rapists (a group of young men) had just been apprehended, and court hearings were about to begin. Lenah, on discovering that the rapists' parents were known to her—they all went to the same church—attempted to persuade Dudu to drop the charges and avoid court appearances. Unhappy with her mother's indifference, Dudu apparently "packed her bags" and left home, to seek work and a new life in Johannesburg. Pumla, however, suggested that although she had declared that she was going to Johannesburg, Dudu was spotted standing at Mabopane Station, a convenient spot for sex workers soliciting clientele. Some weeks later, word was out that Dudu was indeed "selling herself" and that she was sending good money home to her mother. Although she did not readily admit it at the time, Lenah's financial circumstances and that of all her household members improved somewhat in the period of Dudu's departure.

Dudu had a further traumatic experience in 2000. Whilst travelling in a mini-bus (taxi), she got into an argument with a drunken man who verbally abused and sexually harassed her. She resisted the man's advances and he said he was going to teach her a lesson. He beat her up quite badly, and in the process dislocated her foot. On hearing about this, Lenah encouraged her to come home and give herself time to heal. In my conversations with Dudu in this period, it was clear that she feared the possibility of pregnancy and of contracting

AIDS. She remarked that she encouraged withdrawal or the use of condoms in her sexual encounters. She still maintained her longing for Marcos. He was to be released from prison after four years (by 2004) and she was determined to "wait for him". However, without a completed high school education, unskilled, unwilling to do domestic work or small-time income generating activities, it was only a matter of time before her foot healed and she was "out walking" again. Dudu did not see Marcos again; she died of AIDS in 2001. Her life, cut short at the age of 28, is unique in many respects but clearly communal in the way that it illustrates the wider nexus of adversities of young women growing up in impoverished contexts where relationships are transitory, families offer little protection, and violence is endemic and pregnancy commonly the outcome of transactional sex. In unpacking the "materiality of everyday sex" in the South African province of KwaZulu-Natal, Hunter (2002: 115-116) argues that "it is the dominance, and indeed, taken-for-grantedness of transactional sex that is a crucial and little understood factor fuelling the HIV pandemic" in South African areas. One can however, embellish this point by noting, additionally, the immense violence that ordinary young women often endure in the course of soliciting or "transacting" themselves and the way in which such violation increases risks associated with unwanted pregnancy and vulnerability to HIV/AIDS.

#### **4.3 Younger daughter's narrative (1998-2000)**

Pumla was born in February 1977 in Winterveld. Unlike Dudu, who ventured out of the area many times, Winterveld, for the greater part of Pumla's life, was the only place she really ever knew. In 1998, she described her social surroundings as constraining but familiar and expressed few desires to seek a better life elsewhere. In describing the older generations, she referred to her grandparents as fair and upright, but her parents as "too discriminating", adding that "there are favourites in the family". Pumla complained that while both she and Dudu had a son each out of wedlock, they were not treated the same within her family. All of them, including her younger brothers, treated Dudu's son better. She referred to an incident that occurred the previous year. She had slept over with friends without informing her parents that she had planned to do so, and when she arrived home the next day she discovered that her father had chased away her young son. He had slept the night outside, alone. She suggested that if she questions them on why her child is less favoured, they say she is getting "too big" and "cheeky". This was at the core of the hostility between Dudu and herself. She maintained that Dudu was always "bad mouthing" her, to the extent that many of her friends now have negative impressions of her. Dudu told others that Pumla solicits money from her boyfriend, and uses it to buy food for herself and her child, but brings nothing home. She was described as selfish and unconcerned about the wellbeing of other family members. When she confronts Dudu about the negative things she has allegedly said, Dudu, Pumla argued, "takes it lightly". When she complained to her mother, Lenah said, "leave Dudu alone". Dudu, therefore, in Pumla's view, was clearly the favourite.

Pumla's sense of being disfavoured had its roots in her early school years. She enrolled at the age of seven at Merafeng Primary in Winterveld and remained in that school until Grade 6. She then went to Kgolaganyo Middle School in the northern, more rural section of Winterveld, to begin Grade 7. She was sent to this school because a schoolteacher MaMashabane approached Lenah and asked if Pumla could live with her. MaMashabane had five sons but no daughter. The Sibiyas were not related to the Mashabanes in any close way, Pumla suggested, "but as relatives of relatives". Pumla at first enjoyed staying with the Mashabanes because they were financially well off. She overheard her parents quarrelling once, with her father suggesting that they were "giving Pumla away" but Lenah was not dissuaded. Pumla remained with the Mashabanes for two years as she went through Middle



School, but dropped out as she turned 14 due to pregnancy. She despondently conceded: "I had little guidance and knowledge about what life was all about". While living with the Mashabane family and attempting to complete Middle School, Pumla met Joseph Maila, a Grade 11 Winterveld High School student. They "met on the road" and she used to visit him mainly as she moved between school, the Mashabane home and, occasionally, the Sibiya home. Pregnancy was not anticipated or welcomed, and Joseph left her shortly after the birth of her child. He did nothing to help her. She used to see him sometimes after that, but not for long. This was mainly because he was arrested for theft in 1992, and was sentenced to a six-year imprisonment. He would have been released at the time of my initial interviews in 1998, but they did not re-establish contact. After her son was born, Pumla stayed home for a long while. She said that a new partner, Tshepo, who worked as a technician, supported her. At first her parents disliked him but they eventually began to accept him. Tshepo and Pumla discussed marriage at the time but he did not manage to secure the bridewealth<sup>2</sup> and they continued to live in separate households.

In 1999, tensions between the Sibiya sisters culminated in physical confrontation. Dudu turned up in Winterveld after a period of absence. She was dressed in new clothes and fancy shoes. Pumla immediately accused Dudu of having previously taken away her best clothes and demanded them back (or at least Dudu's new shoes as compensation). Dudu agreed to bring back Pumla's clothes at a later point as she had not brought them with her on that day. This however did not prevent a physical fight from breaking out between the two sisters. At first, Lenah did not seem to want to intervene, but when the fight continued she sent for Siphoh who was drinking in the nearby tavern. He arrived to find his daughters in a fight, and started thrashing them both but mainly Pumla because she fought back. Tshepo was on his way to the Sibiya home when he heard Pumla being beaten. He kicked down the door, intervened in the fight, and in the process injured Siphoh. This was a turning point in Pumla's relationship with her parents. She was ordered out of the house (together with her son) and told to never return.

Lenah appeared unconcerned when I talked to her about Pumla. She said: "Pumla will live with her boyfriend. She has done it before". But Pumla did not go off to live with Tshepo. Weeks later when I reconnected with her she said that Tshepo did not want her to live with his family until he had paid her bridewealth. He had said "wait until April, when I will have some money". She had, in the meanwhile, been taken in by an unemployed friend who had fallen on very hard times. The friend lived with her grandmother and her pre-school child. The grandmother was at that time in Pretoria town, working as a live-in domestic worker. Pumla was uncomfortable about living with her friend and was afraid that her friend's grandmother would be unhappy to know that she had acquired "new kin" in her absence. She had, however, few alternatives. The two young women managed to survive the months that followed by befriending mainly working-men in the general neighbourhood (including Tshepo) for food and clothes. Pumla described this period as one of the dark phases of her life—and was deeply hurt by, what she described as, Lenah's "coldness and malice".

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<sup>2</sup> Bridewealth refers to the money and goods (and cattle on occasion) that grooms pay to families of brides to secure a customary marital union. If this is not paid, the union is usually regarded as "informal".

## 5. Lenah and Pumla Sibiyi: Later reflections and memories (2001-2014)

In 2005, a community worker suggested that Winterveld be declared a “disaster area” because of the escalating death rate, particularly of young people dying of AIDS (author reference). People had grown used to hearing about family members who simply disappeared and never returned. There were many reasons for such disappearances. Choosing to die away from home was one of them. AIDS in this sense was viewed as a mysterious and silent killer. “In the absence of a cure”, suggested Petros et al. (2006: 68), “fear of being infected increases the stigmatisation of people living with HIV ... and hence the tendency to engage in denial”. At funerals concealment of the causes of death was common, though sometimes concerted efforts were made to disclose the details of afflictions in these public spaces of mourning to promote the idea that the deceased died from other causes—and not AIDS. My initial interviews probing AIDS made me aware of the term *Phamgadi* (debilitation through becoming slimmer) which people used in the area because it was believed to be a “softer” term than AIDS which has a hard bio-medical meaning. *Phamgadi* was talked about as an affliction that existed generations before but which was only recently discovered and renamed “AIDS”. AIDS however introduced an explicit sexual subtext. Partly for this reason people often ridiculed those diagnosed as HIV-positive. One woman mentioned to me: “Here in Winterveld some people are afraid to talk about that disease because people will laugh at them”.

Women in the area continue to be laughed at when they find themselves HIV-positive or unexpectedly pregnant because this is presumed to be an indicator of both sexual promiscuity and foolishness. For this reason, when patients die, doctors usually choose to indicate only that the patient died of tuberculosis or other AIDS-related diseases without reference to HIV or AIDS. Such practices persist currently because there remains stigma attached to being identified as HIV-infected, and families burdened with the task of burying kin attempt to do so by affording the deceased and themselves a measure of dignity (AVERT, 2014). In Winterveld, people who die of AIDS-related illnesses are usually regarded either as those who have “messed around” and thus were being appropriately punished or as those who have been victimised or bewitched by others who are the real culprits. Thus funerals sometimes become sites for “performances of sentiment” (Durham & Klaitz, 2002: 792) in which efforts are made to depict the deceased as culprit or victim, to be blamed for one’s own demise or grieved over as innocent sufferer. At Dudu’s funeral, Lenah took the unusual step of informing mourners that her daughter had died of AIDS, withstanding in the process sniggering, communal accusations of promiscuity, and references to bad mothering on her part. She managed the murmurs of disapproval about her disclosure by explaining calmly that Dudu had suffered rape and that this had led to her becoming HIV-positive. Notwithstanding common knowledge that Dudu had turned to sex work, reference to her physical violation steered and enhanced representation of her as victim. Through this, Lenah herself secured some degree of closure.

About four years after Dudu’s funeral, I asked Lenah about Dudu’s final days. She said:

“[At first] I didn’t know that she was sick. She hid this from me. She started to lose weight but was too shy to tell me. Bonggi [Lenah’s youngest daughter] came to me and said that Dudu had said: ‘I am going to give you my baby. I am dying’. Bonggi was thirteen years old at the time. When she came to me and told me this, I then looked at Dudu and saw that she was going to die”.

Dudu had just given birth to a second child, whose biological father was unknown. After she passed away in 2001, Lenah assumed responsibility for her new grandchild and cared

for him as though he was her last-born child. Sipho Sibiya, Lenah's husband, died in 2005 after a long illness. It was speculated in the area that he had died of AIDS, but (unlike her disclosure after her daughter's death), Lenah remained silent and non-communicative about the circumstances of his death. In general, though, Lenah became a much quieter, more intense person after Dudu's death. She expressed both guilt and regret about Dudu's illness and passing away. She was very concerned as well about Pumla and Bongzi and thought it possible that they would get infected too. She said:

"When I try and give advice and ask about whether they are taking precautions they get angry and say: 'You mum, you think we're all going to die'".

In 2006, I visited Lenah and was taken aback to discover that Dudu's second-born was now ready for pre-school. Lenah recalled Dudu's pain on discovering that she was pregnant and added, "You know, she was made pregnant by the rape". This was, however, not possible because the baby was born more than a year after the incident. Once again, presenting Dudu as a victim of violence was apparently better than suggesting that pregnancy had happened during the period in which she had turned to sex work. Stressful episodes that manifest as traumatic experiences in the life histories of individuals and their communities—and that might appear to be self-induced—are often suppressed, forgotten or built into narratives that are re-told imaginatively. The re-telling creates an enclave allowing for plausible explanation of why things have happened and how the interlocutor ought to interpret them (Riessman, 1990). We talked about Dudu at length and I was struck by both the benign descriptions of her daughter (unlike the earlier ones referring to her in the most negative ways) and of herself (as a consistently nurturing mother and as having had strong bonds with both her daughters). Additionally, I found it curious to note her reworked descriptions of her family and of the negligible levels of conflict within the household of the past. Clearly, Lenah was reassembling the family, ensuring that the children were under one roof and that they were fed and cared for. Pumla had found a job in Pretoria town and Lenah was now taking care of her son. "I took over Vusi because I did not want him to suffer ... Pumla is working ... in the market. She is packing vegetables ...". Had I begun interviewing Lenah in 2008, rather than in 1998, I would have constructed a completely different picture of the early dynamics of her family relationships. More than "impression management" in the Goffman (1959) tradition, Lenah's reworking and retelling of what happened in the past suggests her concurrent location in two worlds (White, 1994, p.123)—first, she is situated in the traumatic past about which testimony is difficult and in a more contemporary context in which an effort is being made to rebuild both a fragmented self and a disunited household.

Pumla was back home in 2007. She seemed to have enjoyed her first working experience. From packing vegetables she progressed to the position of a shop assistant in the Marabastad area, where she earned a living wage. She was, however, retrenched after new owners took over the shop and decided to streamline staff numbers. She was grateful that her mother had taken in Vusi, her son; without her mother's help she would have struggled to work even for a short period.

Most of our conversations between 2007 and 2014 were about women's lives in the area, work opportunities and Vusi's education. However, whenever moments arose prompting Dudu to reflect on her deceased sister, she seemed to reminisce less and less on conflict and discord, sometimes subduing descriptions of past tensions, highlighting instead moments of solidarity and familial resilience. In emphasising the tensions that drive shifts of memory over time, Bourguignon (2005: 66) remarks:

"Bringing the past into the present requires ... information drawn from memory—one's own or that of others-transmitted in many forms ... How do we understand this material in terms of the present, in terms of *what we are now*, providing a context, both historic and personal ... the urge to remember, to fight against oblivion, is in conflict with the urge to forget, to go on living".

In 2010 when the South African state initiated a roll out of anti-retrovirals, the deep trauma shaping the lives of Winterveld residents was moderately eased. Growing numbers of women, their partners, and children now had access to treatment. The possibilities for reconsidering family sizes and making future plans existed (Benton & Newell: 177). However, Pumla did not envisage any immediate change in the reproductive desires of women in her area nor did *she* consider having more than her one child. Bringing up one child had been difficult enough and the environment was not yet safe enough to warrant a less cautious disposition.

Virtually all the women I interviewed (over the age of 30) have been paying monies towards funeral societies. Pumla started paying R30 (\$4) a month towards a funeral Society called "Ikageng" in 2007 and has kept up with this payment since. Her son is growing up and she expresses concerns that "something might happen" to her. She was highly concerned about the possibility of dying young (she turned 36 in 2014). She said: "Many of us are doing this because we fear death before we are old".

## **6. Conclusion: recording memories and stories about fertility in the era of AIDS**

### **6.1 The value of long-term, engaged, ethnographic study**

#### **6.1.1 AIDS: Inducing a different type of fertility transition**

In their paper on fertility trends in Agincourt, South Africa, Garenne et al. (2007) refer to the changing total fertility rate (TFR) in their fieldwork site. Whilst it averaged 6.0 in 1979 it was down to 2.3 in 2004. The net reproduction rate (NRR) had dropped to below 1. They pointed to other provinces in South Africa where the NRR was also reaching below replacement level. Fertility decline, referred to as a "precipitous decline" in 2004, is being noted currently amongst all groups of South African women – educated, semi-literate, urban or rural. Thus, the decline is evident in sites that were once described as high fertility areas. The TFR in the country as a whole is the lowest in Africa, at present dropping to 2.34 according to the 2011 national census data. The TFR is similar to that of New Zealand and Mexico and lower than that of Israel (Fonn & Padarath, 2010). What is driving this rapid transition? The dominant arguments tend to reiterate the crucial role of socio-economic development in post-apartheid South Africa, including improvements in women's education and social status (Benton & Newell, 2013). Whilst not disputing the relevance of demographic transition arguments, greater attention to the micro-settings within which fertility is declining might be illuminating.

In the course of my fieldwork numerous explanations were offered for what women articulated as a declining commitment to bearing many children. A central explanation commonly offered was that marriage or stable unions, as institutions within which children are born, were becoming infrequent. Many women suggested that they preferred to live alone, while others mentioned financial insecurities, the costs of bringing up children, low expectations of partners, and uncertainties about the long-term value of having children. The lack of social support networks, both friendship and familial, against the background of fluid and often violent unions appears to depress desires for "too many children". In addition, the ready availability of contraception in surrounding clinics have (since the 1980s) provided women with the means to assert considerable control over when and whether to bear additional children.

The various constraints highlighted above connect with what Lesthaeghe (1989) suggests are harsh life conditions affecting reproductive decision-making. The fact that life circumstances for most women in Winterveld are not improving, but remain severe, offers some credence to Lesthaeghe's views on how living with hardship over lengthy periods of time may result in definite attempts to limit and control child-bearing. Rather than smaller family size being associated with signs of upward economic and social mobility, it is linked in Winterveld to the presence of multiple adversities, including the fear of contracting and living with AIDS (the fear of "death before we are old").

While women did not talk about HIV/AIDS with any great urgency in 1998-1999, they did so increasingly by mid-2005 and the years after. The spread of HIV/AIDS is an additional factor cited by Lesthaeghe (1989) and Clapham (2006) as potentially steering parts of Africa away from a classic fertility transition. The roll-out of ARVs over the past five years has helped restore some stability but it has not boosted confidence sufficiently to generate changed attitudes towards fertility (Avert, 2011; Garenne et al., 2007). An alternative argument favouring the logic of a hardship-driven fertility transition rather than one influenced primarily by improved socio-economic conditions seems appropriate to my Winterveld site. Admittedly, such an argument deserves repeated interrogation and can only be crafted after consistent and long-term qualitative study of women's lives and decision-making. Notions of women's agency, responses to cumulative and traumatic life experiences, and emotionality need to find a place in analyses of fertility. Examining gendered actions, and the social constraints and *fears* shaping them, would be essential in developing more nuanced theoretical accounts of changing reproductive dynamics.

#### 6.1.2 Considering general methodological points

There are three methodological points that can be highlighted here. The first concerns *the centrality of witnessing*. In delving into the intersecting domains of women's lives, the researcher has to ask a lot and perhaps witness just as much. Witnessing becomes all the more significant when narratives are being constructed in communities where large numbers of people are ailing, and where informants die or disappear for periods in the midst of interviewing. The stories of those who live, and who inadvertently speak on behalf of those who have died, become increasingly more vital for an ethnographer who wishes to develop insight into emerging reproductive patterns.

The second point concerns *the location of the primary narrator*. The mother-daughter stories are shaped by (amongst other factors) the "voice" of the principal informant and the particular historical moment at which the interviewing (and witnessing) begins. In his portrayal of Kas Maine, a South African share-cropper, Van Onselen draws on Jean-Paul Sartre's "hierarchy of mediations" as a way of linking the individual to a class context whilst simultaneously "doing justice to the peculiarities of personality and the psychology of the individual ..." (1993: 498). Through this we are reminded that, in interviewing an individual and constructing her life and reproductive history, close attention has also to be paid to the actions and roles of individuals surrounding her, in order to avoid distortions which come from placing principal emphasis and thus giving authority to the claims of one person only. Key informants could be drawn from the person's family, cohort, neighbourhood and class position. Thus, it would be useful to engage a circle of "others" around the key narrator.

The third issue pertains to reflection on *the intent of narrators*. Fassin (2007: 23) maintains that

"... the fact that her life narrative is part of a practice that may be qualified as 'cultural', in the sense that it is deeply embedded in a space of conventions historically situated, does not

exonerate the person who receives it from reflecting on its 'meaning' ... and probing 'the social agent's intention' ".

To reflect on fertility behaviours over time would be to ask what purpose "revising" narratives or "forgetting" plays in the story-telling. The presence of large numbers of AIDS-affected people in South Africa has introduced a "moral saga" (Posel, 2008:19) in which a binary is popularised—on the one hand are the infected who (it is believed) have acquired their HIV-positive statuses through the adoption of perilous lifestyles and questionable morals, and on the other, are those who have remained "safe", healthy and unaffected. In the macro context of nation-building and renewal in the post-apartheid period, AIDS evokes feelings of despair and distress, often intervening in the original fertility narratives told.

Thus, in the micro-setting of Winterveld, some women sought to dignify themselves and their families by watering down what they viewed as the negative aspects of their histories while bringing to the fore anecdotes of family resilience and solidarity. Writing about fertility in the ethnographic tradition necessarily entails creating the space and opportunity for *rewriting* as narrators of stories and researchers enter into dialogical processes in which meanings are re-offered, and content reconstructed. The challenges of re-telling and rewriting hold consequences not just for projects in South Africa but for other societies affected by poverty, epidemics, violence, trauma, and simultaneously, discourses of transformation and renewal.

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