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**RECONCEPTUALISING THE CHILD WITHIN THE FAMILY  
AND THE SCHOOL: AN INVESTIGATION INTO HOW  
ZIMBABWEAN CHILDREN ORPHANED BY AIDS NEGOTIATE  
THEIR PERSONAL IDENTITIES WITHIN A STIGMATISING  
SOCIETY**

**By**

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## **Dedication**

This thesis is dedicated to Aleta, Simbarashe, Sharon, and Tapiwa.

University of Cape Town

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## List of Abbreviations/Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BEAM	Basic Education Assistance Module
CONNECT	Zimbabwe Institute of Systemic Therapy (CONNECT is a name)
DEO	District Education Officer
EFL	Education for Living
HIV	Human Immune Virus
MoEC	Ministry of Education, Sport and Culture
PEO	Provincial Education Officer
RDC	Rural District Council
SDA	School Development Authority
SU	Scripture Union
TC	Town Council
TST	Twenty-Statement Self-Identity Test
UNAIDS	Joint United Nations Programme on HIV/AIDS
USA	United States of America
USAID	United States Agency for International Development
YASU	Youth Advisory Services Unit
ZAOGA	Zimbabwe Assemblies of God Africa (Church)
ZIMASCO	Zimbabwe Mining and Smelting Company
ZNFPC	Zimbabwe National Family Planning Council
ZSPS	Zimbabwe Schools Psychological Services

## ABSTRACT

This study attempts to answer the question about how AIDS orphaned children in a selected context in Zimbabwe construct their concept of self as members of their changed and recomposing families, and as members of their school and their community. An important point of departure for this study is acknowledging and working with the real presence of deeply embedded social understanding, often caricatured as myths and misconceptions by educated people, about AIDS in these schools and communities, which have the consequence often of stigmatizing the child-orphan. In developing the rationale for this type of research, it is suggested that the main significance of this exercise lies in attempting to re-think the concepts of home and school in the face of HIV/AIDS and how the pandemic impacts on orphaned children in terms of how they construct their concept of 'self'.

The project identifies a gap in the way in which previous research in the area of HIV/AIDS and education tended to concentrate on macro-level statistical issues, and the need to focus on a micro-level qualitative consideration of the lived experiences of children orphaned by AIDS. The central thesis of the unfolding argument is, therefore, that there is need to focus more on AIDS orphans as persons with cultural identities which interact with school cultures in determining how these children understand who they are. I argue that these identities are largely shaped by the way in which each individual AIDS orphan interprets and responds to the various HIV/AIDS discourses within their cultural Shona context.

Conceptually framed within Bourdieu's theory of social practice, which the study adopts critically in terms of the theory's suitability as an analytical tool in an African social context, the research uses the methods and the methodology of critical ethnography. This required that I stayed within the homes of each of seven purposefully selected AIDS orphaned children and their families for considerable stretches of time during the course of 2005. The ethnography provided the only meaningful way of entering the worlds of these children deeply. I also observed the selected children within their school setting during most of 2005. In addition to the ethnography, additional information was also obtained from the child subjects through a Ten Statement Self Identity Test, as well as from personal diary entries made by the children. Selected school teachers were also interviewed, as were the parents or other care-takers of the children.

The study attempts to combine various separate but related debates and theories around the issues of HIV/AIDS, so as to engage in a more intellectually satisfying academic enterprise. It is the general conclusion of the study that religion and ritual play the most significant role in the self-definitions of AIDS orphans. These children are shown to understand who they are in terms of their abandonment of certain clan rituals as well as forsaking some ritual kin whom they regard as being oppressive and dangerous. In managing this distancing from ritual other social forces have come to play a large role in the children's lives. Critical amongst these is their membership of Apostolic sect churches. The study also identifies a conceptual and perceptual gap between the children's home and school cultures and experiences, a fact which renders problematic these children's self-understanding.

By virtue of this realization, the study concludes by recommending that indigenous and local knowledges (which largely underline the way AIDS orphans understand

themselves) which constitute one pole of the gap referred to above, be elevated to the same status with Western knowledge (which defines school culture) within Zimbabwean schools. This, it is argued, should enable school authorities to understand the self-concepts of AIDS orphans better. It is in this area of salvaging and elevating local knowledge that, this study concludes, future research might be useful. The study also recommends that there be a genuine revival of the extended family institution whose role should be that of safeguarding the interests of vulnerable members, such as AIDS orphans and their care-takers, as opposed to the current situation that has seen these unfortunate individuals being exploited and sidelined in extended family rituals and activities.

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## Chapter 1

### INTRODUCTION

Having worked for thirteen years as a secondary school teacher in Zimbabwean high schools I have experienced at first hand how difficult it is for teachers, pupils and communities to live and cope with the realities and the challenges of HIV/AIDS. Between February and April of 2001, I was involved in field research for a Dutch non-governmental organization in the Shurugwi District of Zimbabwe. The research focused on the dropout rates for primary school children, particularly girls, and one of the major objectives was to establish the causes of this phenomenon. AIDS related problems came up as by far the major cause. I felt at that time that there was need to conduct more research into the various ways in which HIV/AIDS is affecting the lives of a generation of children within the context of the re-conceptualization of the family, the school, and the wider community, after the shock and trauma resulting from the loss of one or both parents.

How do perceptions of the self and of others shift within these experiences? Can existing social theories help us in explaining the dynamics of social change in the context of HIV/AIDS? What are the implications of the re-conceptualization of social structures for education? Such questions cannot be answered through research of a purely statistical and aggregate nature, such as the project in which I was involved in 2001. The personal, lived experiences of children affected by HIV/AIDS need to be investigated, and their voices heard, if educational policies are to be fine-tuned to keep pace with the changing conceptions and perceptions of reality at grassroots level in AIDS ravaged communities. I feel that my previous experience in AIDS research, though limited, can help me contribute to the realization of this goal.

For too long now, what is good for the child has always been defined and decided by other people, the adults (or the 'specialists'), and not by the children themselves. Woodhead (1991), for example, observes how statements about children's needs in various institutions such as the family, the school, and even the United Nations, convey elements of judgments about what is good for them and how this can be achieved. He argues that these judgments about what is good for children are made

everyday by parents, by teachers, by policy-makers, by society, and not by the children themselves. Such sentiments are echoed by Bray (2003) when she observes that programs designed to cater for the needs of vulnerable children are always based on notions of vulnerability defined in terms of explanations that fit with dominant social norms around childhood. In her opinion, children are never consulted around how they experience their lives, and notions of needs and coping that those in decision-making positions hold tend to ignore the possibility that children have various means of adapting to and managing situations that involve the absence of parents. It is with such insights in mind that I propose to investigate the ways in which junior secondary school children orphaned by AIDS conceive of themselves, how they construct their sense of 'self', and how these conceptions of self are reflected in how they construct their roles within the institutions of family and school.

### **Background**

Bray (2003) points out that reliable evidence available indicates that HIV/AIDS is having serious negative impacts on individual children who often experience multiple-layers of disadvantage in one or all of the home, school or community environments. According to her, such economic and social disadvantage is similar to that historically experienced by children who have been marginalized because of their caste, ethnicity, poverty, gender, or their adopting lifestyles despised by mainstream society in response to poverty and rejection (such as children living and working on the streets).

Kelly (2003) views the situation in equally pessimistic terms but, for him, HIV/AIDS is completely redefining the whole concept of childhood. He explains that while the World Summit for Children Convention on the Rights of the Child held in New York in 1990 affirmed the notion that "childhood should be a time of joy and peace, of playing, learning, and growing" (p. 6), the reality of childhood in the context of HIV/AIDS has been very different. Affected children have to cope repeatedly with death, grief, and mourning, in the absence of mother and/or father to provide them with care and loving attention. Such children are forced by circumstances to assume adult responsibilities before their time, becoming what Kelly has termed 'juvenile adults', a situation characterized by vulnerability and fear. This process of pre-mature

aging of AIDS orphaned children features prominently in the literature (see, for example, Nemapare and Tang, 2003; Guest, 2001; Cook *et al.*, 2003).

What is of more concern to some writers on HIV/AIDS, however, is how those affected or infected by the disease come to be regarded as social outcasts within a discourse of exclusion grounded in fear and social stigma. Nelkin *et al.* (1991) attribute this development to the way in which society perceives risk. In their opinion, attitudes towards risk are often subjective, embodied in a complex system of beliefs, values, and ideals. They (Nelkin *et al.*, 1991) make the observation that:

When people see their 'way of life' at risk, they characteristically become less tolerant of social difference. In their quest for order and control, they construct distinctions between normal and perverse, legal and criminal, innocent and culpable, healthy and diseased. Labelling AIDS as a disease of certain groups becomes a way to focus blame, to isolate the sources of contamination and contagion, and to deny the vulnerability and responsibility of the wider population (pp. 4-5).

Such a response to HIV/AIDS and those affected by it reflects the way in which diseases both reflect and affect specific aspects of culture (Nelkin *et al.*, 1991). Connelly and Macleod (2003), for instance, note that HIV/AIDS has been described in ways similar to the manner in which cancer has been understood. Like cancer, they suggest, HIV/AIDS has come to be seen as a symbol of death and extinction. However, that is as far as the similarity goes. While cancer is understood to be a result of weakness in the body, HIV/AIDS is understood to reflect personal will and intention, and therefore contracting the disease is regarded as deserving of more blame (*ibid.*). The stigmatising of persons affected by or infected with AIDS has also been explained in terms of the 'stigma theory' (Goffman, 1963) which explains how those not infected or affected view themselves as the 'normals', and hence justify the animosity and the discrimination they display towards those affected by or infected with the disease, who become 'others' or bearers of 'spoiled identities'.

Writing about cholera in the nineteenth century, Briggs (1991) describes it as:

[A] disease of society in the most profound sense. Whenever cholera threatened European countries it quickened social apprehensions.

Wherever it appeared, it tested the efficiency and resilience of local administrative structures. It exposed relentlessly political, social, and moral shortcomings. It prompted rumours, suspicions, and, at times, violent social conflicts ( Nelkin *et al.*, 1991:1).

These historical accounts bear testimony to the way in which diseases have always been embedded within the socio-economic as well as the political structures of societies (see also Ranger, 1992 and Slack, 1992). Some writers on epidemic stigma have also examined the way people psychologically react to disease pandemics with fear, which causes them to project this fear onto those seen as being the source of contamination (see, for instance, Campbell *et al.*, 2005). Those so targeted are likely to be abused and discriminated against, as will be discussed in more detail in Chapter Three. However, as noted by Nelkin *et al.* (1991), AIDS is no ordinary epidemic. In addition to being a devastating disease, it is infused with social and cultural meaning, and has long-term, wide-ranging effects on personal relationships, social institutions, and cultural configurations (*ibid.*). In the words of Nelkin *et al.* (1991:1), “the effects of the epidemic extend far beyond medical and economic costs to shape the very ways we organize our individual and collective lives.”

In Guest’s (2001) opinion, the HIV/AIDS pandemic could be as catastrophic for Africa as the Black Death was for medieval Europe. What makes her arrive at this bleak conclusion are the disease’s frightening statistics. As she points out, the Joint United Nations Program on HIV/AIDS (UNAIDS) estimates that at the end of the twentieth century, nearly 19 million people had died of AIDS worldwide. In the same period, 13 million children became orphans. Guest (2001) observes that Africa has been hardest hit, with about 70 percent of the world’s 34 million HIV-positive people in 1991 living in sub-Saharan Africa. About 95 percent of the world’s AIDS orphans in 1991 were African (*ibid.*). In addition, Guest quotes the United States Agency for International Development (USAID) estimates that 44 million children under 15, in 34 developing countries, will have lost one or both parents by 2010, mostly to AIDS. According to the World Bank (2002), an estimated 3.8 million children have been infected with HIV since the beginning of the epidemic and by 2002 more than a third of them had died. The vast majority of these children live in sub-Saharan Africa.

Nemapare and Tang (2003) paint a grim picture of the HIV/AIDS situation in Zimbabwe. They reveal that over 2000 deaths occur each week nationally. HIV/AIDS patients occupy 80 percent of all hospital beds. The fifteen-to-thirty-nine year-olds are the most affected age group, with 66 percent being HIV-positive. AIDS is responsible for 75 percent of all paediatric deaths in the under five age group. Nemapare and Tang (2003) further note that it is also estimated that 38 percent of all pregnant women in the metropolitan areas of the country are HIV-positive. In 1999, they point out, it was estimated that there were 900 000 AIDS orphans in Zimbabwe.

It is this massive scale of the problem which determines the way in which AIDS will reshape many aspects of society, its institutions, its norms and values, its interpersonal relationships, and its cultural representations (Nelkin *et al.*, 1991). The helplessness created by the realization that science cannot contain this threat has created fears, tensions, contradictions and anxieties within societies (Goldstein, 1991; Nelkin *et al.*, 1991; Connelly and Macleod, 2003). Nelkin *et al.* (1991), for instance, argue that people are losing the unquestioning trust in authority such as government departments, medical institutions, and scientific expertise, to protect their health. According to Nelkin *et al.*, metaphors of contamination and pollution, of death and dying have invaded cultural discourse in the AIDS era.

Connelly and Macleod (2003) take this line of argument further, pointing out that in addition to these metaphors of pollution and death, a 'war discourse' which portrays AIDS as an enemy has emerged, particularly in the media. They explain how this enemy is often portrayed as 'a dark force that is stealthy and requiring of spying or detective services to unravel its secrets' (p.66). This way, Connelly and Macleod claim, AIDS has been personified and constructed as a killer, a predator that marches, striking people down (*ibid.*). According to them, this construction of AIDS also results in social stigma as the disease assumes additional meaning. A dichotomy has emerged between the 'responsible body' and the 'diseased body', with the diseased body represented as the dark and threatening 'Other' in the war against AIDS. Connelly and Macleod (2003) also argue that the association of the origins of AIDS with Africa has led to the construction of the African body as the 'diseased body' (p.67). In their opinion, the construction of the diseased Black body draws on an

already established edifice of knowledge regarding the African body, constructed as a particular site of medical knowledge and intervention.

In this sense, society's response to HIV/AIDS is seen as being socially constructed representations of reality. Guest (2001) also acknowledges the sensitive and emotive nature of HIV/AIDS discourses, pointing out that people are defensive about sex and morality. She asks whether Africans have more sexual appetites than people from other parts of the world, but is quick to assert that 'illuminating this blind spot would mean traversing the field of age-old White myths and anxieties about Black sexuality, terrain few researchers are willing to venture into' (p. 4). In like manner, Goldstein (1991) points out that AIDS is increasingly being regarded as a disease of impoverished people of colour.

What this discussion is meant to achieve is to demonstrate the manner in which the issue of HIV/AIDS can be regarded. The issue is rooted in tensions, complexities, anxieties, fears, myths, contradictions, misconceptions and uncertainties. The social panic that has characterized societies' responses to HIV/AIDS reflects the way in which the modernist conception of society as being organised, orderly and predictable has been challenged by the introduction of uncertainty into people's lives. As Bray (2003) puts it, HIV/AIDS has been demonstrated to be a social, economic, and health issue of massive proportions. HIV/AIDS is having demographic impacts on families, altering the numbers of their members as well as their age-sex compositions. The pandemic is also having economic impacts on these families through the loss of the breadwinners. In such situations, families might be forced to dispose of their assets in order to finance their day-to-day requirements for survival. The whole system of security mechanisms on which the concept of family rests is thus being undermined, with sad consequences.

With this undermining of the basic social unit, the family, communities and nations are threatened with collapse. Production is threatened by a high turnover of labour. A large proportion of national income has to be channelled to the overstretched health sectors. Institutions such as education also suffer the impacts of the disease through increased teacher absence due to illness, as well as through increased teacher deaths. The effects of HIV/AIDS on society are cumulative, causing a vicious cycle of

tragedy. In the opinion of writers such as Guest (2001) there is no doubt that AIDS will make Africans poorer, a position supported by UNAIDS (1999) when it reports that HIV/AIDS is reversing decades of developmental gains in Southern Africa.

Nelkin *et al.* (1991) sum it up neatly when they conclude that, “AIDS demonstrates how much we as (cultures) struggle and negotiate about appropriate processes to deal with social change, especially in its radical forms” (p.3).

This observation by Nelkin *et al.* (1991) enables us to understand HIV/AIDS within a context in which the modernist conceptions of society as being composed of rational individuals driven by self-interest, freedom and consumerism, has to be re-conceptualized. There is need for a deeper re-thinking of societal norms and values, if the lives of those affected by the pandemic are not to be sacrificed on the altar of society’s moral high ground. For us in Southern Africa, there might be a need to reappraise our traditional knowledge forms and belief systems in search of answers to the problems posed by HIV/AIDS. As Singhal (2003) has observed, the modernist view of traditional culture as a barrier to progress has to be deconstructed and reconstructed, so that attributes of a culture that help in confronting HIV/AIDS can be identified and harnessed. Singhal cites examples such as the practice of non-penetrative sex among the Zulus in South Africa and other groups in parts of Ethiopia and Kenya, as well as sex education for boys and girls during initiation ceremonies. Teaching about HIV/AIDS through oral tradition involving proverbs, adages, riddles, folklore and storytelling, might also be effective ways of fighting the disease within traditional contexts in communal societies (*ibid.*, see also Kapungwe, 2003 and Gelfand, 1979).

This brief background has attempted to show how HIV/AIDS is positioned within the historical disease discourse. It has been noted that HIV/AIDS, unlike any other disease epidemic in the past, is having wide-ranging impacts on contemporary society on a scale never experienced before. It is this realization that can provide the context for understanding the tensions, the conflicts, and the contradictions that arise when we analyze the impacts of HIV/AIDS on children, families and schools. The emotive nature of the issues involved, particularly when dealing with affected children, coupled with the metaphors that have developed within the discourses about the

disease, make the articulation of these issues highly problematic. Of interest in the educational field are the ways in which those affected children find space and voice to position themselves within the multiplicity of interests and interpretations by society. Below I define the present research problem more clearly.

### **Statement of the Problem**

Kelly (2003) draws our attention to the reality of childhood within the context of HIV/AIDS when he observes that for Africa's affected children life is a daily struggle for all the things we normally take for granted (food, health, comfort, play, laughter, learning, and so on). HIV/AIDS challenges all our ideas about the ideal construction of childhood. In this study, childhood is defined flexibly, in the Shona sense which is based on age and roles. In this context a person is a child for as long as he or she remains dependent on the network of family care-takers, and has not yet been married, and is required to play the subservient roles expected of children (see Gelfand, 1979). As is discussed elsewhere in this study, one major way in which AIDS impacts on the child is the requirement that children assume adult roles when their parents become incapacitated by their illness, or after they pass away. This study is interested in finding out how this influences the children's sense of self.

Woodhead *et al.* (1991) point out that developmental psychologists are increasingly paying attention to social context and social relationships as fundamental in shaping the course of child development, the process of learning and thinking, and the construction of personal identity and educational achievement. HIV/AIDS undoubtedly alters the social context and the social relationships of children affected by or infected with the disease in some ways. The question then is, in what ways does the social context of HIV/AIDS influence the construction of personal identity and the social positioning and roles of AIDS orphans? In this study, a fluid and flexible definition of an 'orphan' is employed. The term will be used to refer to children who lost either or both parents to AIDS. A child with one surviving parent will sometimes be referred to as a single-orphan, while the child whose both parents are dead will be referred to as a double orphan.

Piaget's theory of cognitive development has, according to Woodhead *et al.* (1991), instilled "a popular image of the child as a solitary thinker struggling to construct a

personal understanding of the mathematical and logical properties of the physical world” (p. x. See also Cleverly and Phillips, 1986). However, Woodhead *et al.* (1991) argue that this image is now giving way to a conception of the child as being initiated into shared cultural understandings through close interaction with parents, teachers, peers, and siblings. This approach is credited to the Russian psychologist, Vygotsky, who offers an alternative way of conceptualizing the child (Cleverly and Phillips, 1986). Vygotsky emphasizes more the role of social forces in shaping the child’s development and cognitive growth. In this approach, children’s learning and thinking are viewed as being embedded in social relationships (*ibid.*).

Campbell warns that, “in adopting this Vygotskian perspective there are dangers of substituting for an untenable universalistic model of human development an extreme culturally relativistic model which carries the risk of ontological nihilism” (cited in Woodhead *et al.* , 1991:x). However, it must be noted that social relationships are rooted in social systems that are dynamic and complex. Institutions such as the family and the school are themselves dynamic and multidimensional, and function within these complex social systems in a symbiotic relationship. It is within these symbiotic relationships that individual and group interactions occur, in encounters dispersed across time-space (Giddens, 1984). Institutions such as families and schools are thus ‘located’ or ‘embedded’ within complex systemic, structural and cultural arrangements, with their various players being ‘positioned’ differentially in relations of power (*ibid.*).

Within such complex social arrangements, how do AIDS orphaned children construct their personal identities, and how do they position themselves and are positioned? While many studies have concluded that education is probably the most effective weapon against HIV/AIDS (see, for example The World Bank, 2003; Kelly, 2003; Adeyami, 2003; Richter *et al.*, 2004), little appears to have been done in addressing the issue of how orphaned children themselves negotiate and articulate their positions within the contested terrain of the changed family and the school. While adult relatives in the child’s extended family, as well as teachers and other authorities are prominently positioned, the child has often occupied a peripheral, marginal position within societal and institutional power relations. This position is made even more

precarious once the added dimension of HIV/AIDS (and all its related metaphors and images which stigmatize) is brought into the equation.

Giddens (1984) defines 'positioning' as multi-level in nature. In one sense this can mean the position of the body in the immediate context of everyday experiences. In another sense 'positioning' can also be understood in terms of a series of encounters across time-space (ibid). These two positions are actually occupied simultaneously in an individual's lifespan of existence. In a third sense, the individual is 'positioned' variously within social relations defined by specific social identities (ibid). In Giddens' (1984) formulation, individual encounters of 'positioned' subjects occur within social contexts which themselves are positioned.

In an analysis of the construction of the self by the AIDS orphan, therefore, consideration should be given to that child's individual and contextual positioning, as well as to the social arrangements within which HIV/AIDS is constructed, perceived, and interpreted. Such children should necessarily be seen as having multiple identities deriving from the way they variously relate to their siblings, their peers, extended family members, teachers, and others. These children might be influenced in their lives by their religious beliefs, their cultural beliefs, their community experiences, and by personal perspectives about life. How do all these factors shape the children's constructions of 'self' within the family and the school?

Much of the research carried out so far in the area of HIV/AIDS and education has focused largely on the rates of school access by vulnerable children (for example, Richter *et al.* 2004), life-skills education (Cook, *et al.*, 2003; Pillay, 2003; Mckee *et al.*, 2003), and on projection and impact studies (Kelly, 2003; Nemapare *et al.*, 2003; UNAIDS, 1999; Guest, 2001; Mutangadura, 2003). Research on HIV/AIDS within the education sector has also tended to be influenced by dominant discourses within the economic, medical and epidemiological sectors, which largely fail to consider the social and cultural embedding of the disease. As noted by Nelkin, *et al.* (1991), those analyses that deal with institutional responses indicate how norms and values have influenced various aspects of AIDS epidemiology and the efforts to control and to treat the disease, in other words, "the ways in which social values have shaped specific efforts to deal with the disease and its consequences" (ibid: 2).

While such studies have been valuable in our understanding of the past and present forms of the epidemic, Nelkin *et al.* (1991) suggest that they fall short of showing how AIDS will also reshape many aspects of society and its institutions, its value systems and its interpersonal relationships. This means that more research is required, focusing on micro-level processes that deal with the personal lived experiences of individuals within social institutions.

With these insights in mind, this study attempts to address the question of how children orphaned by AIDS position themselves (in other words, construct the concept of 'self') within the complex social systems within which they interact in relative positions of power. Below I look at the focus of the study more closely.

### **Aim of the Study**

The study is aimed at gaining insights into how early teen-aged junior secondary school children orphaned by AIDS construct their personal identities through a struggle for acceptance within the context of socially constructed conceptions of such children as devalued persons. The main focus will be on how the multiple, largely conflicting discourses around the issues of society, social organization and cultural identity can be interpreted in relation to the way these children position themselves within their changed family circumstances, and within the context of the school and its own context and power relations.

### **Major Research Question**

How do teenaged junior secondary school children orphaned by AIDS in the Shurugwi District of Zimbabwe understand, experience and position themselves within their changed family situation and within the school, and how do they negotiate their self-identity in a society that constructs them as devalued persons?

### **Supporting Questions**

- How do teen-aged secondary school children orphaned by AIDS perceive themselves as members of their changed family and of their school?

- How do they cope with everyday experiences framed by stigmatization arising from their perceived spoiled identity?
- How does the interaction between school culture and cultural identity influence the way these children position themselves within the school?
- How does the interrelationship between traditional practices and modernity find expression in the way these children negotiate their self-identity?
- Within the context of gender, how do teen-aged girls affected by or infected with HIV/AIDS position themselves in relation to their male siblings, their girl peers, and their (patriarchal-based) school?

### **Significance of the Study**

Many writers have observed how contemporary discourses of social issues tend to render some groups in society powerless and voiceless (see, for instance Bray, 2003; Ogden, 1996). Children in Zimbabwe have historically been a silenced category, partly because of the patriarchal orientation of the society which in its emphases on control requires that children respect their elders and remain silent in situations of dialogue (Levine, 1989). Within such a context, the voices of children are silenced. The voices of children orphaned by AIDS are silenced even more effectively, given their social construction as bearers of spoiled identities (Ogden, 2001). Such children are, as a result, invariably stigmatized and segregated against (Guest, 2001; Kelly, 2003; Stein, 2003). Decisions about the socio-economic, as well as the educational needs of such children have always been made by third parties.

Whereas previous AIDS research efforts have concentrated on prevention and treatment of the disease, more recently there has been a shift of focus to an examination of how the impacts of AIDS are likely to demand a re-thinking of the concept of schooling (see, for example Kelly, 2003; Bray, 2003; Richter, 2004; Guest, 2001). Most studies in this area in the past have tended to be at a macro-scale and addressed aggregate national-level indicators, without paying attention to what was happening at the grassroots, micro-level of the individual. As Kelly (2003:77) suggests, the question, then, is how to free up the conventional school system so that it can respond more flexibly to the real needs of all children, especially AIDS orphans. Kelly (2003) argues that the various paradigms of educational provision have never

been fully satisfactory, even in the absence of AIDS. In his opinion, with the advent of HIV/AIDS, something completely new and different is needed urgently because of the challenges presented by the disease.

This study proposes to examine what the AIDS orphans themselves think and how they feel about their experiences of living and working within their family and community, and within their school in the current setting. In particular, the study aims at finding out how these children understand who they are and how they interpret their relationships with others. Although some studies have focused on the educational needs of orphaned and vulnerable children in the past (see for example Cook *et al.*, 2003; Richter *et al.*, 2004; The World Bank, 2002), these studies have been largely descriptive, and have been based on what adults subjectively consider to be the needs of such children (Bray, 2003; Woodhead, 1991). My study attempts to locate the affected child within the broader contested terrain of the shifting family and school, and to consider all the related tensions and contradictions involved in their interactions in these contexts, as defined, as I shall explain in the chapters which follow, within critical social theory and postcolonial theory. I do this in order to try and articulate the voice of the silenced AIDS orphan, so that our understanding of the real worlds of these children can be more understood, and educational policy can be more informed in the future concerning the real needs of these children.

Each child, though physically distinct, is psychologically embedded in a particular society and culture (Woodhead *et al.*, 1991). Every child brings to school a cultural identity which interacts with the school's culture to determine the outcome of the schooling experience (Wyner, 1991). Few studies in the area of education and HIV/AIDS have focused on the affected child as a person with a cultural identity (as well as a perceived spoiled identity) which he or she brings to school, and on how these identities interact with the culture of the school in determining the way in which that child will position himself or herself within the school system. My study attempts to fill this gap. A great deal of literature has been written on these issues of identity formation within various social contexts. In the following chapter I examine, as broadly as possible within the limitations of space, some of the existing literature around issues of identities, adversity, HIV/AIDS, the family, and the school.

## Chapter 2

### LITERATURE REVIEW

#### Introduction

In this chapter I trace four areas of interest, which provide the backdrop against which the discussion can be highlighted. I first look at how society has been understood by some theorists. Second, I examine how the concept of the 'self' within society has been conceptualized in terms of the development of personal identity. I then move on to analyze the way the family has been constructed in general terms, and then more specifically within the Zimbabwean context, and the position of childhood within that construction. In the last part of the chapter I discuss the changing conceptions about childhood, society, and schooling in the light of new developments in a modernising world. My aim in this chapter is less about presenting a coherent story or analysis of the themes discussed, and more about opening the reader's mind to the various, largely separate but also related contemporary debates that characterise the current discourses about HIV/AIDS in Zimbabwe. This way I can then, in the subsequent chapters, refer back to these themes and attempt to establish the extent to which these assumptions actually play a role in determining the self-constructions of AIDS orphans in Zimbabwe. Below I address the issue of our understanding of society, in order to provide the conceptual framework for the discussion.

#### Understanding Society: A Conceptual Framework

*Reading Foucault means forgetting one of the enabling principles of disciplined historiography, which is the necessity of separating social theory from practice. His texts prompt us to rethink, and even to see for the first time, relationships that have escaped notice, owing either to the familiarizing conventions of the historian's discourse or to a refusal to dissociate representation from Real, culture from reference (Harootunian, 1988:110).*

*Epistemology can no longer stand alone as a master discourse, postmodern knowledges "are trivial until they are used in a way that could make a difference" (Arac, 1988: vii).*

Interest in the manner in which societies are arranged and in how they function and reproduce themselves has always been a feature of the social sciences, particularly sociology. This interest came to the fore especially at the beginning of the twentieth century. Giddens (1984), for instance attributes the origins of social theory to Talcott Parsons' (1930) publication, *The Structures of Social Action*, which Giddens credits as being a key work in the formation of modern sociology. In the book, Giddens explains, Parsons establishes a systematic synthesis of ideas for social theory, based on an interpretation of European thought in the nineteenth and early twentieth centuries. During this period, according to Giddens (1984), the work of Durkheim, Max Weber and Pareto dominated the field. Parsons' book combined functionalism and naturalistic conceptions of sociology. His brand of social theory has, however, been criticized for being one-sided, ignoring as it does issues regarded by some as being central to society. These were the issues of class divisions, conflict and power. These issues, observes Giddens (1984), had been primary in Karl Marx's analysis of society.

Giddens (1984) points out how writers such as Dahrendorf, Lockwood, Rex, and others, advocated a fusion between Parsonian and Marxist concepts, to emerge with a new orthodox consensus. This orthodox consensus was, however, still based on functionalist and naturalistic assumptions (ibid). The orthodox consensus was to be challenged in the mid-twentieth century by other schools of thought, including phenomenology and the critical theory of the Frankfurt philosophers (ibid).

These emerging schools of thought, Giddens elaborates, emphasized the active, reflexive character of human conduct, and were unified in their rejection of the orthodox consensus' view of human behaviour as the result of forces outside the control or understanding of social actors. It was the consolidation of these schools of thought which gave rise to social theory which, in Giddens' opinion, encompasses issues,

To do with the nature of human action and the acting self; with how interaction should be conceptualized and its relation to institutions; and with grasping the practical connotations of social analysis (1984: xvii).

Giddens (1984) sees social theory as dealing with the study of human societies in general, as opposed to 'sociology' which, in his opinion, is a branch of social science which focuses particularly on the Western societies. Social theory, focusing as it does on the understanding of human agency and of social institutions, has universal application, since it seeks to illuminate concrete processes of social life. To achieve this goal, social theory concerns itself with reworking conceptions of human 'being' and human 'doing', social reproduction and social transformation (ibid: xx). Social theory is thus not concerned with the generation of laws or with the formulation of structural generalizations about circumstances of which agents are ignorant and which effectively act on them as passive subjects.

However, classical social theory separates the object (society) from the subject (the knowledgeable human agent). The object is perceived to be predominant over the subject, and for Giddens (1984) herein lies the weakness of social theory. Calhoun *et al.* (1993) note that subjectivist viewpoints have as their prime focus the beliefs, desires, and judgments of agents and regard these agents as being empowered to make the world act according to their own will. By contrast, Calhoun *et al.* (1993) observe that objectivist views explain social thought and action in terms of material and economic conditions, social structures, or cultural logics. These factors are considered by the objectivist views to be predominant over and more powerful than agents' symbolic constructions, experiences, and actions.

Calhoun *et al.* (1993) assert that neither of these positions can adequately grasp social life. According to them, Bourdieu argues that social life must be understood in terms that embrace both objective material, social, and cultural structures on the one hand; and the constituting practices and experiences of individuals and groups on the other hand.

The solution to this problem for Giddens (1984) is to re-conceptualize this dualism as a duality—the duality of structure—through the incorporation of time-space into social theory so that, while acknowledging that society is not the creation of individual subjects, the approach also appreciates the fact that the structural properties of social systems exist only in so far as forms of social conduct are reproduced across

time-space (ibid: xxi). Giddens (1984) refers to this formulation as 'structuration theory'. This theory is linked to what Bourdieu has termed the 'theory of social practice'.

In this section I engage with Pierre Bourdieu's theory of social practice. I first give a brief outline of the main features of the theory, then move on to consider the issue of the extent to which the framework can be applied to an analysis of Zimbabwean society. I conclude the section by linking the framework to the study in question by explaining its relevance to the issue of children orphaned by AIDS.

### ***Towards a General Theory of Social Practice***

In his work, *The Field of Cultural Production: Essays on Art and Literature*, Pierre Bourdieu (1993) elaborates on his theory of social practice, which provides a useful framework for social analysis, and appears to have a wide-ranging application.

Through the theory of social practice, Bourdieu seeks to overcome the dichotomy or dualism between theoretical knowledge of the social world as constructed by outside observers, and the practical knowledge possessed by subjects through lived experience (Calhoun *et al.*, 1993). Bourdieu (1993) attempts to give validity to local conceptions of reality, without taking those conceptions for granted (ibid.).

Bourdieu (1993) is centrally concerned with the role of culture in the reproduction of social structures, or the way in which unequal power relations in society are unrecognized as such and accepted as legitimate in the discourses and cultural practices of everyday life. Bourdieu combines empirical work with a theoretical frame in trying to deconstruct and reconstruct social theory, by formulating a reflexive theory of social life. In so doing, he develops the concepts of 'habitus', 'field' and 'capital', which are central to his analysis of cultural (re)production.

Bourdieu's (1993) ideas owe their origins to his ethnographic studies of Algerian peasant communities (Calhoun *et al.*, 1993). Johnson (1993)<sup>1</sup> suggests that through these studies Bourdieu realized the inadequacy of structuralism which viewed and treated the world in terms of dichotomies (such as individual versus society, or the

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<sup>1</sup> Cited in Bourdieu (1993).

object versus the subject). He viewed structuralism as frustrating the development of a practical approach to human practice Johnson (1993) asserts. In attempting to overcome the false dichotomy between subjectivism and objectivism, Bourdieu sought to free the agent from the subjectivist conception, and social space from the determinism of objectivism (Calhoun *et al.*, 1993). This he accomplished through the formulation of the concepts mentioned above (the habitus, the field, and capital), through which he, as Johnson (1993) observes, was able to combine “an analysis of objective social structures with an analysis of the genesis within particular individuals, of the socially constituted mental structures which generate practice” (Bourdieu, 1993:4).

The habitus offers an alternative to the view of the subject as a passive or unconscious bearer of structure. Johnson (1993) defines the habitus as follows:

The habitus is a set of dispositions which generate practices and perceptions. The habitus is the result of a long process of inculcation, beginning in early childhood, which becomes a ‘second sense’ or a second nature...[T]he dispositions represented by the habitus are durable in that they last throughout an agent’s lifetime (Bourdieu, 1993:5).

Stated this way, the concept of habitus appears to have common features with structuration theory, which also emphasizes the importance of reflexivity (Giddens, 1984). However, in structuration theory reflexivity is understood not simply as self-consciousness, but as the monitored character of the continuing flow of life. For Giddens (1984), a human being is one who has a purpose, and is able to reason and to account for his or her activities discursively. This contrasts with the idea of habitus, which has been described as a ‘practical sense’ that directs agents to act and react in specific situations in ways that are not always calculated (Johnson, 1993). The agent is viewed in structuration theory as being a rational being, while Bourdieu seems to treat the agent more flexibly, as seen in the argument that, the dispositions of the habitus are ‘structuring structures’ through their ability to generate practices adjusted to particular contexts (*ibid.*). However, the overemphasis on the process of inculcation or enculturation and on pre-disposition appear to also construct the individual within society as being a passive recipient of structure or culture (a conception that Bourdieu was attempting to overturn) so that there appear to be contradictions or inherent

inconsistencies within the theory of social practice. This realisation has compelled some recent critics to question the integrity of Bourdieu's thinking, as I will be continuously explaining at various points throughout this study (see, for example, Silva, 2005; Gunn, 2005).

The perceived flexibility of Bourdieu's (1993) idea of a habitus appears to make it relevant to the analysis of postcolonial as well as traditional societies in Africa in general, and in Zimbabwe in particular. In this study I use the term 'traditional' flexibly, based on the assumption that the average African family, whether rural or urban, remains largely embedded in historical cultural beliefs and continues, to varying extents, to practice what might be perceived to be traditional ways of life. As Gelfand (1979) notes, urban African families maintain close ties with their rural roots, and always go back to their rural homes for ceremonial and ritual practice. Urban African children largely spend their school holidays with their rural folk in the rural areas (ibid.). Chabal (1996) suggests that these patterns are actually strengthening, as a result of a perceived re-traditionalisation of Africa, an observation I return to in a later section. The fact that the habitus is a result of a long process of inculcation which begins in early childhood, and which becomes a second nature of agents, makes the concept very useful in understanding the social practices in these traditional cultures.

Gelfand (1979), in an ethnographic account of the traditional life in Zimbabwe's Shona cultures, describes in great detail the ways in which children are trained in the ways of their people. Gelfand (1979) puts it as follows:

Whilst Europe is rich in material culture, Africa seems to be wealthy in its moral and spiritual living, for its people believe in a way of life that can provide the individual with peace. They have gone out of their way to instil in their children a decent code of behaviour with consideration for their fellow men... The upbringing of the traditional child is a pleasant and progressive exercise... The child's reasoning powers are developed through learning proverbs, riddles, playing games, listening to stories and taking part in the many songs sang by their people (p. i).

Gelfand (1979) goes on to describe the surveys he carried out in Zimbabwean secondary schools, both in the rural and the urban areas, to determine the levels of

customary and cultural knowledge school children possessed. His findings, he claims, indicated that Shona children are well versed in their culture and tradition which, to them, is second nature. This knowledge pre-disposes these children to behave in particular ways, and to relate to others and to conceive of themselves in certain ways. In other words, their cultural training or inculcation has developed their unique habitus.

Mvududu and Mcfadden (2001) quote McAdoo and Rukuni (1993: 60) who made the following observation concerning the use of proverbs by Zimbabwean mothers in socializing their children:

When these wisdoms (proverbs) are repeated over time, it is expected that they will become internalized. They become the conscious and unconscious standards of behaviour and actions. They carry within them biases and preferences for one way of life over another (p.62).

So, proverbs are seen to be a part of the habitus of Shona children.

Postcolonial theorists would, undoubtedly, view this issue in a somewhat different way. For them the concept of habitus is rendered problematic by the fact that colonialism interrupted Zimbabwean cultures, as it did in all the colonial societies of the world. The culture of peace and harmony which Gelfand (1979) refers to is elusive, in this sense, since colonialism is often blamed for reinforcing and supporting an already existing culture of violence, which has largely remained in the postcolonial period, compelling some analysts to write about the African crisis and the African dilemma (see Chabal, 1996; Werbner, 1996; Ranger, 1996). Postcolonial society is characterized by dualisms and dichotomies, according to this view. Such dichotomies are seen, for example, in contrasts such as 'urban versus rural', 'formal versus informal', 'tradition versus modernity' 'very rich versus very poor', and so on. According to this perspective, postcolonial society is therefore fragmented, contradictory, hybridized, and generally fatalistic (see Ranger, 1996). In this sense, the concept of habitus is complicated by the problematic involved in defining what the durable dispositions that last throughout an agent's life are.

However, such an analysis, in my opinion, should not divert our attention from the central tenet of the conception of habitus, that all individuals (irrespective of culture, class, gender, or other forms of difference) have certain mind-frames which act as a second nature to them, derived from the process of enculturation from childhood, and by which they perceive reality and generate practice.

Bourdieu (1993) acknowledges that agents do not act in a vacuum, but rather in concrete social situations framed by a set of objective social relations. He manages to consider these various situations or contexts, while avoiding reverting to objectivism, by developing the concept of 'field'. The field provides Bourdieu's interactive and relational space where agents position themselves and are positioned (Calhoun et al., 1993). In Bourdieu's theoretical framework, every social formation is structured by a nested hierarchical series of fields (such as the cultural field, the political field, the economic field, the educational field), each defined as a structured space with its own laws and relations of power. The space is multidimensional, with the position of a particular agent within it resulting from the interaction between that individual's habitus and his or her location in the hierarchy of fields, in relation to the distribution of economic or symbolic power (see below).

Each field is semi-autonomous, being associated with a particular group of agents (such as teachers, pupils, judges, priests, politicians, villagers), its own accumulated history, logic of action, and its own forms of capital (ibid.). Each field is the site of struggles, conflicts, tensions and contradictions, since each field is immersed in an institutional or structural field of power. Bourdieu's idea of a field offers a holistic analysis, which sees each element in relation to all other elements within a social system (Johnson, 1993).<sup>2</sup>

Within a given field, agents occupying various positions compete for the resources available within that particular field, giving rise to Bourdieu's concept of 'capital'. Resources are not always economic or material, and competition among agents is not always based on rational or conscious calculation. Here again Bourdieu contrasts with structuration theory, which views action as being conscious and always purposeful

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<sup>2</sup> Cited in Bourdieu (1993)

(Giddens, 1984). Resources, within the context of cultural production, may be in the form of symbolic capital (such as prestige and honour), or in the form of cultural capital (such as cultural knowledge, skills, and mind-frames). In the same way as in the formation of the habitus, cultural capital is accumulated through a long process of inculcation which involves the teaching activity of the family or cultural group (Johnson, 1993). Cultural capital can also be taught formally in social institutions such as schools.

All forms of capital (economic, symbolic, and cultural) are unequally distributed among social classes and within fields. On the one hand, society is structured by the unequal distribution of capital. On the other hand, individuals struggle to maximize their capital within the means offered by their relative position within their field and class habitus (Calhoun *et al.*, 1993). The capital that agents manage to acquire defines their life chances, a situation which serves to reproduce class divisions. Symbolic capital serves the purpose of hiding the economic domination of the powerful class and to socially legitimize social stratification by rendering social position neutral (*ibid.*).

Bourdieu's (1993) concept of capital is not used in the Marxian sense. Instead, he views capital in terms of the capacity of the individual to have control over his or her own circumstances and those of others. In this sense capital is a form of power, and the idea of capital serves to theoretically mediate the individual and society (*ibid.*).

Bourdieu's concepts of habitus, field, and capital are inextricably linked, so that one cannot be conceptualized independently of the others. Although Bourdieu's formulation is meant as a grand theory with universal application, he is however clearly thinking within a Eurocentric, historical context. His concept of capital, although refined by the ideas about symbolic and cultural capital, still possesses strong Marxist overtones, and is problematic when we try to apply it to situations and contexts in which class divisions are not clear-cut, such as much of postcolonial Southern Africa. The economic melt-down in much of this region has meant that there are very high levels of formal unemployment (see Chabal, 1996; Ahluwalia, 2001). This has resulted in the emergence of a dual society characterized by a large peasant and informal economy existing side-by-side with a tiny, rich elite (politicians,

bureaucrats, corporate executives, business persons). There is therefore no clearly defined middle-class. In this climate, it can be argued that symbolic capital and cultural capital are now more significant than economic capital. Symbolic capital and cultural capital are associated more with tradition, a commodity of which, according to Gelfand (1979), Africa is well endowed. If we work on the assumption that in traditional African practice emphasis is on peace, harmony and consensus, as writers such as Gelfand (1979) claim, then we encounter problems in applying Bourdieu's (1993) framework to an analysis of African society. Bourdieu's 'field' is conceptualized as a terrain of conflicts and tensions in which agents compete for the available resources. This conception is contrary to the perception of traditional African society as being founded on the values of unity and consensus, a perception that is however largely misinformed since conflicts have historically characterised African societies.

Whilst Bourdieu's model views cultural reproduction as undesirable, in the sense that it perpetuates social relations of inequality, cultural reproduction is a major aim of African traditional society which, in its conservatism, places great emphasis on intergenerational transfers of cultural knowledge and tradition (Werbner, 1991; Gelfand, 1979). This might appear to be a simplistic analysis tantamount to reductionism, but the significance of culture and morality in African traditional societies has been pointed out repeatedly in the literature, regarding the issue of the transmission of values and beliefs between generations (see Ogden, 1996; Kapungwe, 2003; Werbner, 1991).

The question of the extent to which Bourdieu's model can be considered to be universal, as opposed to it being historically specific, is addressed by Calhoun (1993). In Calhoun's opinion, Bourdieu's position is more ambiguous than it first appears, rendering it problematic. Calhoun (1993) acknowledges the fact that Bourdieu's work made a significant contribution to critical theory in the line of Habermas, Derrida and Foucault. However, in Calhoun's opinion Bourdieu's model fails in at least one respect. It pays little attention to the issue of 'difference'. Calhoun (1993) charges that Bourdieu's theory "offers an inadequate account of how to address the most basic categorical differences among epochs, societies, and cultures and corresponding differences in how his analytical tools (habitus, field and capital) fit or work in

historically or culturally distinct instances” (p. 65). These are issues that Calhoun (1993) considers to be central for social theory.

In the light of the critique by Calhoun (1993), Bourdieu’s conception of culture appears to be directed at the Western popular and high culture in the modernist sense, a position which seems to further imply that his ideas are historically specific. This is seen in his assertion that, although art and cultural consumption do not create or cause class divisions and inequalities, they are pre-disposed to play the social role of legitimizing social differences. This conception of culture is alien to the traditional African understanding of the concept, in which art is a unifying rather than a divisive force. Gelfand (1979) gives a detailed ethnographic account of how every Shona child in Zimbabwe learns various artistic skills related to his or her cultural group from childhood. Art in this sense becomes a public good available to all. Song and dance, craftwork, the playing of traditional musical instruments, oratory and recitals, and so on, are all forms of art that Shona children in Zimbabwe are exposed to, according to Gelfand (1979). These arts are also taught to children in the formal educational system. Gelfand (1979) observes that:

Children of both sexes learn songs from an early age and sing them on their own or in groups. They participate in the songs and dances of their society, singing forms part of many games they play. The child soon learns to dance to the sounds of drums and mbira (African pianos)...Dances are held frequently on traditional and ritual occasions or socially during a full moon. Singing, dancing and instrumental music are characteristic and essential features of Shona ceremonies and as he grows up the child takes part in them with skill and enthusiasm (p. 222).

It should be mentioned here that such ethnographic accounts given by Western anthropologists should be read critically, since they are often written in a colonial language which portrays the Africans as irrational ‘Others’ (Manganyi, 1981). Chabal (1996) points out the fact that Western writers on African society have often looked at the continent from the perspective of the evolution of their own Western societies. Africa is thus depicted as the ‘dark continent’ (Ashcroft, 2002), and its people as mysterious and exotic (Chabal, 1996). Africa satisfies the need by Westerners “to find in some (suitably distant) ‘Other’ that quality of inexplicability which is both

frightening in its apparent irrationality and reassuring in that it highlights our own rationality” (ibid.: 45).

However, the point here is that, whilst Bourdieu’s model emphasizes individual competition of agents within their fields, based on a habitus which pre-disposes them to behave in this manner, and in order to maximize their individual capital, the lived experience of individuals in other communities seems to indicate that other alternative social organizations which place emphasis on other different factors exist. Gelfand (1979), for instance, explains how in Shona society in Zimbabwe children are treated as belonging to the whole community (see also Bray, 2003). Communal living, with emphasis on sharing, is the norm. Gelfand also explains that in Shona villages families take turns herding all the collective families’ cattle, and work in each others’ fields collectively in rotation, to the accompaniment of music and traditional beer drinking (a practice called *nhimbe* ). Even in the urban areas good neighbourliness and co-operation are emphasized.

We should, however, take care not to fall into the trap of over-simplifying and essentializing this division between individualism and collectivism, as this would make our analysis too deterministic. Kim (1994) reminds us about the argument that:

Whereas ecological factor analyses tend to provide bi-polar factors suggesting that individualism and collectivism are opposite poles of one dimension, individual-level factor analyses suggest that the two can coexist and are simply emphasized more or less in each culture, depending on the situation. All of us carry both individualist and collectivist tendencies; the difference is that in some cultures the probability that individualist selves, attitudes, norms, values and behaviours will be sampled or used is higher than in others (p. 42).

This observation merits a deeper look at the debate about whether it is proper to examine African conceptions of ‘self’ through a Western lens or mirror. Critical (social) psychologists (Mkhize, 2004 for instance) have challenged the universalizing and generalizing of human experience, arguing that non-Western societies have their own worldviews which are different from the Western one, through which they understand their own world and their place within it. Central to the ideas of critical psychologists is the view that the way in which non-Western cultures, particularly

those in Africa, construct the idea of the self differs fundamentally from how the self is understood in the West. They argue that any ideas about how the self or personhood is constructed in different cultures should take into account indigenous people's language, philosophies, and worldviews. Worldviews have been defined as sets of basic assumptions that a group of people develop in order to explain reality and their place and purpose in the world (Mkhize, 2004). A distinction is made between the way the self is understood in individualistic terms in Western thought (self-contained individualism), and how the self is constructed in collectivistic terms in Africa and other non-Western cultures (the person-in-community view). The Western conception of the self is tied up with developmental theories which have been criticized by critical psychologists for being essentialist and designed to oppress non-western cultural thought and belief systems (ibid.). Kim (1994), quoting Kagitcibasi (1990), writes on the issue:

From a developmental perspective, individuation and separation from ascribed relationships are considered necessary for healthy human development, whereas interdependent or "enmeshed" individuals are considered pathological (p. 29).

Mkhize (2004) asserts that personhood, or the self, in African thought is however defined in relation to the community. Community here refers to an organic (or symbiotic) relationship between component individuals (ibid.). Because of this interdependence and connectedness between individuals and the community, it is argued, the self cannot be defined simply in terms of individual internal attributes such as thoughts, emotions and feelings. Meaning in life and knowledge about one's self is largely a result of participation in a community (Menkiti, 1984 in Mkhize, 2004:47). It is through one's interaction within one's community that one's **habitus** or worldview develops. Mkhize claims that African concepts such as *ubuntu* (Zulu) or *hunhu* (Shona) highlight the embedded-ness of personhood in the community in African thought. A person can only be human through association with and connectedness to other persons. So, personhood in the African context is defined relationally, in what Kim (1994) has termed the relational mode which allows thoughts, ideas and emotions to flow freely among community members. Kim (1994) suggests that for a relational personhood to develop there is need for some willingness

and ability by individuals to feel and think what others are feeling and thinking. This can only happen within a community of similarly constituted selves (Mkhize, 2004).

While the self in Western thought emphasizes the values of freedom, independence, self-determination, personal control and uniqueness (Kim, 1994), the self in African cosmology is seen as being a part of the universe itself. The self is connected to all other persons, as well as to the earth and the spirit world. Mkhize (2004) claims that 'selves' in Western thought are conceived of in futuristic terms, while in African thought the self is rooted in the past and present. This gives rise to differences in worldviews, with individuals viewing themselves in a connected, communal sense in Africa, while they do so in competitive futuristic terms in the West.

The idea of the person-in-community has been criticized for being too deterministic and essentialist, portraying as it does the person as being under the total control of the community (Ikuenobe, 1998)<sup>3</sup>. However, as has already been noted earlier, writers such as Kim (1994) are of the opinion that aspects of both the self-contained individual and the person-in-society are to be found in all cultures, varying only in their proportions and in which aspect is emphasized at particular moments and in particular contexts. Mkhize (2004) also suggests that the idea of the person-in-society does not completely disregard individuality, since even in the so-called traditional cultures individuals can transcend the dominant worldview in various ways. Mkhize also notes that the connectedness between the individual and the community does not mean that the relationship between them is a smooth one. Rather, it can be characterized by tensions and contradictions the resolution of which should always be able to restore the balance between all the connected elements of the cosmos. He also links the idea of the person-in-community to Bakhtin's dialogism, which Mkhize sees as leading to a self that is always engaged in relationships with others and with the social context. Dialogue or communication (language) is seen to be an important aspect of personhood in this sense, and produces what Bakhtin has termed the 'dialogical self'. The dialogical self is based on how individuals position themselves in the power relations depicted in dialogue or communication with others.

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<sup>3</sup> Cited in Mkhize (2004).

Menkiti (1998)<sup>4</sup> refers to what is termed the ‘processual self’, in which personhood is acquired over the life-span through rituals of incorporation which, in many African cultures, ends with initiation rites marking the passage from childhood to adulthood (see also Gottlieb, 1989). The African novel is replete with descriptions of these processes (see Kamara Laye’s novel, *The African Child*).

All these ideas about the nature of the ‘self’ and how it is understood in African thought are important when we attempt to understand the way AIDS orphans construct a sense of self and a personal identity within the various social fields within which they relate and act. How and when, for instance, do they display elements of self-contained individualism and of the person-in-community? Although the idea of an African worldview which places emphasis on harmonious living, connectedness and reciprocity has its weaknesses (such as its being seen to be too deterministic), it is suggested here that it provides a useful alternative framework to the Western formulations which treat the self out of context. The African worldview places great value on the peaceful co-existence of all things, and people develop their individual sense of self through their interaction with this worldview, or habitus. It can be argued that Bourdieu’s (1993) conception of society frames the self in terms of the Western ideas about personhood as being self-contained. The African worldview, however, regards personhood in more flexible, fluid terms which allow for the connectedness of all things in peaceful co-existence.

This is not to say that conflicts and tensions do not occur in ‘traditional’ African societies, as these are an inherent feature of all societies. Werbner (1991), for example, gives a lengthy account of the conflicts, the tensions, quarrels and misunderstandings that occasionally occur in traditional African family and community life in the communal areas of Zimbabwe (see also McLaren, 1991 and Manganyi, 1981). However, my argument is that in the traditional African sense, Bourdieu’s model, which I have nonetheless adopted for use in this study, appears to overemphasize competition and self-interest. Arguably, this analysis depends on two things. First is the level of focus. Bourdieu’s model appears to be more applicable at the macro-level of analysis. In other words, applied to the structural, national level, the model seems

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<sup>4</sup> Cited in Mkhize op cit.

to possess more utility, since the ideas of 'field' and 'capital' assume greater meaning at this level; where the formal economic, political and institutional processes intersect and are coordinated. From this perspective, it might appear as though the model is less applicable for analyzing African society at the micro-level, at the local level of the community, since it is at this level that individualism and competition seem to be less pronounced, and there appear to be fewer conflicts and tensions. However, as the analysis of the data in this study will reveal later, competitive behaviour is a structural aspect of contemporary local Shona community life. Witchcraft, for instance, is understood in these communities to be a result of evil jealousy and self-interest. This realisation makes the model suitable for framing the present study.

The second aspect is the dichotomy between the rural and the urban setting, which is more clear-cut in African societies than it is in Western ones. The urban societies in Africa, as has been noted by Manganyi (1981), are characterized by an adapted Western culture which, according to him, is preoccupied with individualism and self-interest. In this setting Bourdieu's ideas appear to be more readily applicable than in the more traditional setting characterizing the more cohesive rural societies. Writers such as Chabal (1996) would probably dispute this suggestion, however, since they consider the social gap between rural and urban to be narrowing continually as a result of a perceived re-traditionalization of the continent, an issue I discuss in a later section. Some studies in Zimbabwe (Ncube *et al.*, 1997) have also found that most urban families, far from being preoccupied with individual self-interest, maintain close ties with their rural folk whom they support through regular remittances in cash and kind.

Despite the above arguments, the most valuable aspects of Bourdieu's formulation, for my purpose, are its concepts of time and space in the analysis of the interactions between individuals and institutions in societies. The centrality of time and space gives it some transferability and a claim to universality. The focus on the individual in action within space and time implies a focus on what Foucault treats as the political technology of the body (Harootunian, 1988). In the same way in which Giddens (1984) argues that structure cannot exist without the knowledge that agents have about what they do daily, Foucault believes that structures of knowledge are the effects of

discourses committed to enforcing recognitions and identities sanctioned by the fixed position of a subject as possessor and producer of knowledge (Harootunian, 1988).

While postcolonial theorists value the concept of the conflicts characterizing human interactions within time- space (Giddens), as well as the ideas about fields of action characterized by their own histories (Bourdieu), they however argue, as has been noted elsewhere in this section, that the histories of postcolonial space were interrupted and changed by colonialism, so that instead of speaking in terms of 'what we are', it is more appropriate to speak of 'what we have become' (see Ogden, 1996; Chabal, 1996; Werbner, 1996; Hall, 1990). Postcolonial theory adds a third dimension to Bourdieu's idea of 'field' by arguing that the postcolonial space defined by colonial borders is the site of conflict where cultures meet and are transformed through complex and ongoing negotiation (Bhabha, 1994 in Ahluwalia and Zegeye, 2002). This is what Ashcroft (2002) refers to as the space beyond the boundary of rational knowledge. In Ashcroft's (2002) opinion, the postcolonial space frames, delimits, and invokes a world for the modern consciousness. It frames the subject by creating its 'Others'. The conflicts and tensions characterizing this space (which colonialism re-organized) are unique, since colonialism changed every aspect of local social and individual experience (ibid). What this implies is that, the day-to-day knowledge guiding the reflexive activity of postcolonial individuals is embedded in the colonial experience.

Within the postcolonial context, the 'self' (which, in the post-modern sense is defined by individualism, rationalism and objectivism) is fragmented. The body, in the Foucauldian and Freudian sense, is a personalized entity positioned in time and space. However, in the African postcolonial context the body can be treated as a communitarian organism, part of an organic community held together through rituals such as initiation practices. This situation is in conflict with the Christian morality introduced by colonialism, which is in line with the post-modern definition of the body. The result is that, there are conflicts, tensions and contradictions in the way agents position themselves and are positioned in postcolonial space.

In this part of the discussion I have outlined Bourdieu's theory of social action, and discussed the question of its suitability to the analysis of African society. Below I give

a brief justification for my adoption of this model as the organizing framework for my study.

***The Rationale of Using the Theory of Social Action to Study Children Affected by or Infected With HIV/AIDS***

My adoption of the theory of social practice incorporating aspects of structuration theory and postcolonial theory is based on the assumptions that:

- The complexity of HIV/AIDS, reshaping as it does our individual and collective lives, will transform the habitus of children orphaned by the disease.
- HIV/AIDS severely constrains the capital that children affected by the disease are able to accumulate, hence their life chances (Guest, 2001; Nemapare and Tang, 2003; Kelly, 2003; The World Bank, 2002). However, such children will struggle to maximize their social, cultural, symbolic and economic capital within these constraints in certain ways, as has been noted by Bray (2003).
- HIV/AIDS transforms the 'field' of the orphaned children, in this case their family and school as sites of action and interaction.
- Because HIV/AIDS transforms the habitus, the capital and the field of the orphaned children, it follows that it consequentially alters the ways in which these children position themselves (and are positioned) within the fields of family and school. This implies that these children will change the ways in which they construct their personal identities within their changed family and within their shifting conception of school.

It is the nature of these complex transformations, and the related tensions, contradictions, and conflicts, that this study aims to examine. Elements of discourse analysis (Gough and McFadden, 2001) will also be used to supplement and complement the theory of social practice in Chapter Eight, where the findings of the study will be consolidated. This is because discourse analysis offers useful terminology which helps to articulate the concepts discussed within Bourdieu's framework. In order to accomplish this goal, close attention will need to be paid to the ways in which the concept of personal identity and the 'self' has been understood in various contexts, particularly in the context of the family and the school. Below I address the issue of culture and personal identity.

### *Perspectives about Culture and Personal Identity*

Ahluwalia (2001) makes the claim that, “for most Third World peoples, multiple identities are a reality, and they have learnt to negotiate these as part of the practice of their everyday lives” (p. 11). The question to be asked is how are personal identities to be understood?

Ransom (1997) credits Heidegger with the argument that our ‘being’ can best be understood in terms of the practices and contexts into which we find ourselves ‘thrown’. Like Heidegger, Ransom (1997) points out, Nietzsche also argues that the customary modes of ‘being’ have a historical origin, and emphasizes the conflictual elements of this history and its psychological dimensions. According to Ransom, like Freud, Nietzsche denies that an individual’s psyche is a singular entity. Instead, it is a combination of diverse psychic entities. Freud’s three influences on ‘being’ are well known in psychological circles. However, Giddens (1984) prefers to speak of the ‘I’ in place of the ‘ego’. In his opinion the ‘I’ develops out of, and is thereafter associated with, the positioning of the agent in social encounters. The concept of ‘self’ is related to the linguistic terms ‘I’, ‘you’, ‘me’. According to Giddens (1984) the ‘I’ does not necessarily encompass individual and private features of our lives or experience. Its meaning is derived only in a position relative to the ‘other’. The concept of self is a fluid and shifting one, and the emergence of ‘self’ and ‘me’ acknowledges an understanding of the unstable nature of ‘I’. This explanation implies the need to move beyond the linguistic meanings, to requiring a “ramified control of the body and a developed knowledge of how to ‘go on’ in the plurality of contexts of social life” (Giddens, 1984:43).

Giddens’ ‘I’ is related to the reflexive monitoring of action but should not be identified with either the agent or with the self. The agent is located within the corporeal time-space of the living organism (ibid). The ‘self’ is the sum of those forms of recall in which the agent reflexively characterizes “what is at the origin of his or her actions. The self is the agent as characterized by the agent. Self, body and memory are therefore intimately related” (ibid: 51. See also Cicchetti and Beeghly, 1990).

The superstructure of the 'self' is, in this sense, understood as being created through interaction of the agent and context. The concept of 'self' is embedded in context, place, time, a history, and a specific culture (ibid). This implies that personal identity is embedded in cultural identity. However, the concept of culture is a very complex and problematic one to articulate here, except very briefly (see Nelkin *et al.*, 1991 for details). The idea of culture has been explained in many different ways. Erickson (1991), for instance, identifies three different conceptions of culture.

The first conception, according to Erickson (1991), treats culture as consisting of many small bits of knowledge that make up a larger bank of information within the bounded social group. Within this conception, no single member of the group possesses all the knowledge within the group, hence the levels and types of cultural knowledge vary across individuals and subgroups within the total group. It is these variations that determine the ways in which individuals develop their sense of identity.

A second conception, according to Erickson (1991), sees culture as comprising widely shared central organizing constructs or core symbols. Routine ways of acting and understanding reality form patterns which are repeated over and over within the social group. This conception emphasizes coherence, consensus and continuity in the value and meaning systems, as well as shared understanding of symbols across the group. Hall (1990) points out that cultural identity in this context can be understood as shared culture within which a concrete 'self' is positioned within many other symbolic selves held in common by people with a shared history, customs and beliefs (see also Erickson, 1991). In this sense, cultural identities reflect people's common historical location which gives them a sense of 'oneness' and belonging. Individual identities here are shaped by the need to conform to the accepted cultural norms. In this model, culture and cultural identity are seen as being unproblematic and unifying concepts. This model is often associated with the analyses of African cultures (see Morrison, 1976). Postcolonial theorists have however challenged the assumptions of the model, as we shall see later.

Erickson's (1991) third conception of culture links social structure to culture. Here emphasis is on power relations within the group. Cultural difference in this sense is understood as defining differential positions of power, status and political interest

within and across the boundaries of the various institutions within the total social unit. This model views culture as arising through social conflict. Erickson (1991) explains that from this perspective the primary interest is not the nature of cultural knowledge itself, but the relationship between the content of that knowledge and the specific life situation of the individuals and groups within which the knowledge is held. It is this view of culture that critical social theorists such as McLaren (1991) hold.

McLaren (1991) rejects the idea of culture as consisting of isolated, bounded, and cohesive meaning systems. In his view, culture is a multiplicity of voices reflecting a wide range of conflicting and competing discourses. He asserts that what have commonly been viewed as cultures in anthropological terms are not self-authenticating or self-legitimizing in the sense that they fail to establish their own effects on people who live (within) them. According to McLaren (1991), as systems of meaning, cultures can never be ontologically separated from economies of privilege and power. In this formulation culture is viewed as being a problematic construct which is divisive, embedded as it is in a politics of difference. Identity in this case arises through the ways in which individuals are positioned in relations of power within society.

It is this third conception of culture, which links well with Bourdieu's idea of the 'field' as an arena of struggles and conflicts, which informs my research in which I am interested in examining the power relations characterizing schools and families, and how these affect the personal identities of children orphaned by AIDS.

The ideas of postcolonial theorists can also provide some useful insights into the debate about culture and identity. While the postcolonial theorists acknowledge the various conceptions of culture discussed above, they however argue that history has intervened in the common cultures of postcolonial peoples. This is seen as having produced points of difference that now define who these people really are. Werbner (1996), for instance, argues that colonialism emphasized ethnic difference, a fact which has weakened national identities in the postcolonial period. In his opinion, ethnic identities are just a small fraction of the many identities mobilized in the postcolonial politics of everyday life. Werbner (1996) analyzes how, over time, and in a wide range of contested arenas, postcolonial strategies improvise multiple shifting

identities which are constantly revised in order to achieve maximum utility (see also Ashcroft, 2002; Chabal, 1996; Ogden, 1996; Ranger, 1996). Chabal (1996), for example, analyzes the idea that African identities are now caught up between modernity and what is perceived to be the current re-traditionalisation of the social, political and cultural spheres on the continent; seen, for instance' in the apparent revival of African religions, African customs such as polygamy and bride-price, and African modes of subsistence production. Giddens (1984) observes that in this sense, postcolonial cultural identities are continually being rewritten and reconstructed by history, by shifting cultures and by power.

Manganyi (1981) adds an interesting dimension to our understanding of African identities and individual conceptions of 'self'. In his opinion, during colonialism Africans absorbed certain universal values from Western imperialist cultures, creating local variations of these alien cultures, a situation referred to by Ranger (1996) as 'hybridization'. According to Manganyi (1981), this transformed African cultures from a focus on collective values to a preoccupation with exclusion and self-preservation. Ogden (1996) suggests that such adaptation of aspects of Western culture to local conditions by Africans was an attempt to adopt identity strategies which would be empowering in the colonial contexts. She gives the example of the adoption by some urban African women of a highly sexualized identity which enabled them to become economically independent and to escape male domination in the rural areas. Likewise, Manganyi (1981) sees these adapted cultures as survival cultures, but he also sees them as protest cultures, a reaction to psychosocial domination through colonial education and Christianization which, according to him, had caused a virtual spiritual, cultural and psychological collapse for the Africans.

Manganyi formulates two conceptions of culture. The first is a positive culture which, as in Erickson's (1979) second conception of culture (see above), is unifying and can improve human consciousness and self-identity. This is the culture that characterized pre-colonial African societies. The second conception is a negative culture which, according to Manganyi, is divisive and facilitates the subjugation of the human spirit. This is the culture which developed during colonialism. It is in order to correct this cultural negativity that the postcolonial state tries to legislate culture and identity, in order to promote a single national identity based on consensus or, if necessary, on

force. However this, according to post-colonialists, only leads to more tensions, confusion, and further fragmentation of African identities as people resist the efforts of the state.

Manganyi (1981) points out the fact that cultural symbols can be expressed in several ways in society, such as through language, ritual, art and technology. Used positively, he argues, these can foster healthy cultural identities. Language, for example, can be a powerful tool of liberation and self-expression. However, employed negatively, symbols can become instruments of oppression and cultural subjugation. Manganyi gives the example of how the English language was used by the colonialists to historically alienate Africans from their African-ness and their Blackness by introducing them to a new way of experiencing, of thinking and doing, and of knowing oneself (ibid.).

While in the traditional, pre-colonial period personal identity was moulded within a cultural context rich in metaphor, riddle and ritual by the linking of the self to the land, the spirit world, and the extended family and community, through the use of the local language (Crais, 2002; Werbner, 1991), colonialism (through the introduction of European languages to Africa) created symbolic barriers between self and cultural identity (the de-centring of the self). The solution to this problem is seen in the Africanisation of all institutions (Manganyi, 1981) and the re-traditionalization of Africa (Chabal, 1996). Manganyi disagrees with the idea of re-traditionalization, which sees culture as being static and emphasizes group identity over individual identity. For him, culture as metaphor, as language, as communication, thrives only in a climate of freedom within which individual identity is elevated above group identity.

Manganyi (1981) also considers the social politics of the body as being central to an analysis of the African identity. According to him, the extent to which the African body is a medium of the development of racist symbol systems is primary in considering the problem of alienation, and the nature of the divided self in the African. Manganyi considers the problem of the body to be both individual and social. Without going into a lengthy consideration of the classical works on the issue of the body (see Erickson, 1974 for example), Manganyi's thesis is that colonial contact between White and Black constructed the black body as stereotypically devalued in its totality.

As a result of this, the African's body image and concept of self became dependent on the degree to which his or her features deviated from the characteristics of the white body. The latter became the ideal standard to aspire to, to envy, and to imitate. This was seen (and is still being seen), for example, in how African women (and men) went to great lengths and took great pains to straighten their hair, lighten their skins, imitate white dressing, wear wigs, and so on.

The body's appearance is the primary body reality, and body image and the concept of self are closely related. Body image develops through the integration of cognitive and sensory experience, and is of vital psychological, emotional and social importance in the development of personal identity (ibid.). Gelfand (1979) explores the significance of rituals around the African boy's and African girl's body in Shona society in Zimbabwe. In traditional Shona society the body was a cultural tool for maintaining group cohesion and continuity. According to Gelfand (1979), puberty was marked by rituals for both boys and girls. The girl's body would be prepared for marriage by enhancing its sexual appeal. She would be taught how to push her breasts upwards every morning, in order to improve their shape. She was taught how to enhance her womanhood with herbs, and how to carry herself.

Girls' bodies were accorded great symbolic as well as practical respect. The girl was taught to sit properly and never to expose her intimate parts. She was never to sit like a man. Boys were taught to respect the female body through taboos. The boy, too, was taught how to enhance his masculinity with medicines. A strong body is, in Shona society, a primary source of individual pride and self-esteem, economic autonomy, and general social standing. Boys boast of their manly strength, and girls of the beauty and healthy attractiveness of their bodies. However, the white body is still viewed with a kind of awe and reverence. It is not uncommon for girls to comment on their newly straightened hair thus: *ndaita kamurungu chaiko!* (I have become like a white person!). A newly born baby with a creamy complexion, silky hair and small neat nose is also described as *kamurungu* (small beautiful white person).

The body was thus located within an intricate system of beliefs, religions, rites, customs and rituals. Kapungwe (2003) extends this discussion by analyzing the role initiation practices played in the socialization of girls around the issues of the body,

hygiene, beauty, sexuality and self confidence in Zambia. Manganyi (1981), however, argues that, by developing rituals around bodily functions, human beings institutionalize the problem of the body, turning the individual body into a body-for-others, a communal body. It is within this context of the communality of bodies that individual conceptions of the self develop. All these ideas and arguments are of crucial importance in this study because it is within these various social and cultural structures that AIDS orphans construct their self-concepts, as HIV/AIDS adds new dimensions to these cultural settings.

Added to the problem of the perception of the black body as evil is the dimension of HIV/AIDS today. This has further complicated the issue of identity in that we now have what are perceived to be spoiled identities. The diseased black body, as was noted earlier on, is now the object of stigmatization. As we shall see in later chapters, in Zimbabwe this diseased black body is now derogatorily referred to as a 'white' body through the use of the term *murungu* (white person) when speaking about persons suffering from AIDS and their family members. The way AIDS sufferers' bodies change (such as the turning of the usually woolly-black hair into straight, silken, brownish strands, and the turning of the black skin into an ashen-grey colour and a velvety texture) is seen as a source of difference which generates stigma (see Connelly and Macleod [2003] for more on the diseased Black body). All this multiplicity of factors and perspectives come into play when we try and analyze the conceptions of the self by Shona AIDS orphans in Zimbabwe.

It is however important to point out here that, although in this study the focus is mainly on the African-ness and the Shona-ness of the children under investigation, these children also live in a world of mass-driven popular culture. So while these children's habitus is shaped by their specific experience of living in a world of Shona symbolism, always present in those contexts is the global dimensions of music, radio, television, magazines, novels, and so on (see Owomoyela, 2002). This context which involves a mixing of tradition and modernity means that none of the constructs we use are total or conclusive. The children will, instead, be expected to manifest different mixes of the various worlds they live in and are surrounded by. The way in which the mass media portrays children orphaned by AIDS will, for instance, have an effect on how these children think of themselves. So while we look at them in spatial and

temporal terms, at the same time it is important to realize that these children are embedded in a world of hyper-symbolism, which adds a dimension of unpredictability in how they present themselves within their re-composing families and within their schools. As we shall discuss in a later chapter, the articulation between tradition and modernity is expected to manifest itself in the way in which these children understand who they are within the context of their reality as AIDS orphans.

Owomoyela (2002) shows how Shona traditional religions have come to be mixed with Christian (or Moslem) beliefs. According to him, Shona people profess Christianity while at the same time embracing their traditional ancestral worship. This adds yet another dimension to the habitus of the Shona children to be studied. We will be looking more at these issues in the later chapters of this study.

Linked to these ideas about the composite nature of African religious belief systems is the role played by witchcraft in the African conception of the self. Arens and Karp (1989) observe that symbolic structure and witchcraft are inextricably linked to the African philosophy of identity. Reynolds (1996) argues in a similar vein when she says that African identity can be best understood within the context of a cosmology which sees identities as not being fixed entities, since individuals are periodically 'shaken' when supernatural forces destabilize their lives. With regard to the Shona child's conception of 'self', Reynolds (1996) claims that children in Zimbabwe feel vulnerable to personal attack by evil forces, mainly as a result of jealousy, envy, or through the wrong actions of adults. This is the reason why many of these children attend the newly mushrooming religious sect churches which blend Christianity with aspects of traditional rituals and symbols. This aspect of the conception of the self in Shona cosmology is of crucial importance in a study of how children orphaned by AIDS construct their concept of self, and I feel that it deserves more attention, which I do in the following section. The arguments raised here will also be revisited in a later chapter, in the light of the findings from the field data. At this point it might help our understanding of the issue of the construction of a self-identity by AIDS orphans if we reviewed the literature on the question of how the self is understood in Shona society in Zimbabwe.

### **The Conception of the Self in Shona Cosmology**

Reynolds' (1996) analysis of the development of a sense of self in Shona children was done within the context of the relationship between children and traditional healers and traditional medicine. In her study, Reynolds found out that the concept of personhood in Zimbabwe is inextricably linked to the earth, to shades (spirits of dead ancestors), as well as to existing and variable relationships between the living persons, which are often characterized by evil intent.

The sharing of a clan identity is considered to be of primary significance in determining who one is. The idea of person-in-community appears to guide Reynolds' analysis. According to her, the self in Shona cosmology is not a self-contained entity, but rather, it is linked to the earth and to the spirit world. This connection is often mediated by dreams. Dreams, Reynolds maintains, are one way by which individuals in Shona culture engage in self-examination, and come to understand their 'selves'. People come to associate their recurrent dreams with their constitution of self, and act out these selves in different ways (such as through gestures of respect, submission, rebellion, indifference, and so on). In Reynolds' opinion, children often dream in times of crises. Dreams mediate between the child and society and the spiritual realm. Dreams are contextual, being experienced through the cultural symbols representing the child's habitus.

Shona conceptions of the self are also mediated by the strong significance attached to the mother and her lineage. Arens and Karp (1989) assert that the mother and her lineage are viewed in African society as a sociological and integral part of an individual's own identity. This is why, in times of distress or pain, even grown men cry out for their mothers. The death of a mother is therefore akin to the loss of a part of oneself. Even though an individual is descended from the father's lineage and is tied to it by totem, fathers are seen largely to be tyrannical disciplinarians who, ironically, often fail to discipline themselves. The body of a mother is regarded as sacred and of great significance to the selves of her offspring. There are many sayings and taboos regulating the relationship between one's self and one's mother. One must never, for instance, raise one's hand against one's mother, although one can beat up one's father with little consequence.

The self in Zimbabwe is also mediated by ritual. The significance of ritual in Shona or Zimbabwean culture is seen even at the structural, macro level of the state. In 2005, after a prolonged period of poor rains in the country, the government called on all traditional chiefs in the nation to hold simultaneous *biras* (rain ceremonies) on a designated day to thank the national and regional spirits for the ‘successful’ fast-tracked land redistribution exercise, and to ask for a good rain season. As it happened, the season was exceedingly wet. The self in this culture is, therefore, closely tied-up with the land as well as with the world of the spirits, giving rise to what critical social psychologists have termed the African worldview, which is conceived of as being fundamentally different from the western worldview. More will be said on this issue later. Writers such as Austin (1993), Comaroff and Comaroff (1993), and Gottlieb (1989) have written extensively on the role of ritual in the construction of self-identities in Africa, issues which I will revisit in the later parts of this study.

Gottlieb (1989), writing about the Beng people of the Ivory Coast, observes that members of the extended family (especially on the father’s side, but also on the mother’s) are considered to be psycho-socially interchangeable as well as symbolically identical. This is much the same with the Zimbabwean situation in which, for instance, one’s mother’s brother is regarded, for ritual and symbolic purposes, as one’s mother herself. This situation, Gottlieb (1989) claims, can mean that one can be killed in the place of another by angry or avenging spirits. There is therefore a shared kin relationship or identity both in life and in death. This is a holistic approach to personhood which sees it as being tied to all other things, and informs Gottlieb’s concept of ‘perpetual kinship’ This idea of perpetual kinship is of much interest in the present study, as I shall revisit it in forthcoming chapters.

In Shona society, like in many other African cultures (Arens and Karp, 1989), it is believed that the traits (personality) of a deceased parent can manifest themselves in one of his or her living children, who will now assume the identity and behaviour of the deceased. It should, however, be noted that constructs such as ‘traits’ and ‘personality’ are problematic, since they are enmeshed in the arguments between the school that holds the idea of self-contained individualism, and those who advocate the idea of the individual-in-society. This debate is addressed elsewhere in this study. This situation in which a child inherits the ‘self’ of a deceased parent forms another

dimension of Gottlieb's (1989) concept of 'perpetual kinship'. Through perpetual kinship, past relationships are lived in the present and past roles are recreated in the present and into the future (ibid). Individuals are, in this context, merely transitory occupiers of inherited roles.

This formulation brings out another aspect of the African conception of the self, the idea that the self is linked to its past, its present, and its future, since all things are connected in African cosmology. This sociological situation can be analyzed within the context of its symbolic dimension. By making such claims of connectedness, family members attempt to assuage their pain of loss by emphasizing the continuity and the connectedness of life. They convince themselves that, the deceased is still with us, through his or her child (ibid). However, we can ask how this conceptualization of the self affects AIDS orphans whose parents died of the disease. To what extent are they prepared to assume the identities of such deceased parents, given the stigma attached to these identities? We can also look at this situation in terms of the psycho-social dimension of this symbolic situation. By constant references to the past, the AIDS orphan is constantly reminded of her or his status and, by association and extension, of the possibility of her or his contracting the disease as well, by virtue of his or her behaving in the same way as the deceased, as the belief goes.

The question is, how does the habitus of AIDS orphans, steeped as it appears to be in Shona symbolism and belief systems, mediate in their self-conceptions? These are the issues that this study seeks to unravel. All these various themes, concepts, and ideas about the self are inextricably tied up with the family, which emerges in the literature as a primary institution of socialization and the inculcation of personal and cultural identities (Erickson, 1991). The family is the primary site for the performance of both the lower-order and the higher-order rituals through which belonging and being are understood in Shona society. Let us now move to this theme of the family below.

### ***Perspectives on the Family and Identity***

A great deal of literature has been written on the role of the family in child socialization and development (see, for example, Winegar and Valsiner, 1994;

Anthony *et al.*, 1978; Cleverly and Phillips, 1986). Because of a limitation of space, I will not delve into this vast literature here. What is of interest for this discussion, however, are the ways in which the family, as the primary site of child socialization and a prime field of the social location of agents, is being transformed by HIV/AIDS. This transformation will influence the way in which children affected by the disease define their personal identities. However, the personal and cultural identities of these children will also determine how they negotiate and rearticulate their position within these transformations.

Kreppner (1992) adopts the systems-theory approach to the analysis of the family as a context or, to revert to Bourdieu's terminology, a 'field' for the interaction of its members. According to this approach, the family and its relational network is best understood as an entity with boundaries between it and the outside world. Within this field, the elements (members) influence each other and strive to maintain a balance that satisfies the well being of all members (*ibid*). The family is conceptualized as a unity adapting to changing conditions inside or outside its boundaries. In Kreppner's (1992) opinion, although the family as a unique and dynamic context for the development of children has been discussed as having a central impact on the child's growing personality and sense of self, the specifics of this impact (such as the timing of integrative and regulative activities and the timing of these activities with regard to the child's developmental course) have not been given enough attention. Kreppner (1992) emphasizes that the family is a complex unit characterized by different relationships amongst members.

This observation complements Freud's claim that the events that influence the child the most are interactions within the family between child and child, and between child and parent (Cleverly and Phillips, 1986). These interactions, according to Freud, are complex, often characterized by emotions of jealousy, love, hate, envy and fear (*ibid*). In this sense, it is the way in which family members are able to accommodate to, as well as negotiate their way through these contradictions and tensions, that will determine the way in which concepts of self and personal identity will be constructed.

Kreppner (1992) asserts that the systems-theory approach to the family focuses on the family as possessing a continuous, stable inner structure. The family is conceptualized

as a closed system struggling to maintain its inner dynamics and equilibrium. Kreppner, however, argues that such a model cannot be used to explain the ways in which family members adapt to crises within the family, since the major aim in this approach is to maintain the status-quo. In his opinion, a divergent conception of the family offers more utility for this purpose. Here, the focus is on adaptation processes that emphasize the dynamics in a family creating changes in relationship patterns necessary for adjustments in times of crises. This involves an accommodation process in which the unitary structure is moved to a new different position by giving up established patterns and adopting new ones, in order to achieve a better fit to changed conditions inside or outside the family. It is this second, divergent formulation which is of interest in the discussion of the development of children in the family within the context of HIV/AIDS.

Erikson (1985) brings forward the thesis that the development of a sense of self in the child within the family is achieved through dichotomies such as basic trust versus basic mistrust, autonomy versus shame and doubt, identity versus role confusion, intimacy versus isolation, and so on. All these dichotomies assume the presence of parents serving both as role models and as targets of the child's anger, jealousy and hate. In the absence of parents, the system is assumed to break down.

The general logical conclusion to be made from these discussions seems to be that, the development of healthy personalities and a balanced sense of self in children is highly jeopardized by the death of parents, which leaves the child open to pathological conditions and behavioural problems of all kinds. It must be pointed out, however, that all the above arguments are framed within a Western, postmodernist conception of childhood and the family.

Harootunian (1988) challenges the global domination of Western epistemological categories and disciplines of knowledge, and its claims to universal application (see also Ahluwalia, 2001). Harootunian argues that the modernist and postmodernist conception of knowledge is incorporated into a narrative attesting to the regime of identity and sameness. The evidence of this, he points out, is manifest in the way narratives invariably exclude certain objects for discourse while privileging others, and how they iron-out elements of difference in order to secure the appearance of

homogeneity. There is an inherent inconsistency, or a paradox, in the attempt by the modernist discourse to obliterate difference in order to facilitate the universal application of its knowledge forms on the one hand, and its treatment of anyone who does not fit into its established categories and disciplines of knowledge as an irrational 'Other' on the other hand.

The case in point here is that the African conception of 'family' is fundamentally different from the Western understanding of the concept. Below I address this issue briefly.

### *Notions of the African Traditional Family*

Woodhead (1991) advocates a shift from a Euro-centric Western concept of childhood and family to a more diverse one which recognizes the plurality of pathways to maturity. Woodhead argues against the theory of mono-tropism, which claims that children have a predisposition to become attached to one major figure or role model. According to him, this model has been the norm in Western society, with its focus on the nuclear family. For other cultures, Woodhead argues, other patterns exist. He cites the example of sibling care in 'traditional' African families, which are characterized by multiple care-giving which orients children to patterns of multiple relationships. While the Western construction of the family is grounded in the notion that children should be lavishly supported within the nuclear family without consideration of reward (Levine and White, 1991), in contemporary Southern Africa the average family is located within a fluid social environment in which responsibilities for children's care shift, often without formal arrangements (see Bray, 2003). Ncube *et al.* (1997) quote Armstrong *et al.* (1995) who make the observation that:

...[A]n African child in an African community is the child of everyone, conveying the notion that traditional solidarity required that a variety of persons exercise different and varying functions over children and that children are important and valuable members of any community over whom all must and ought to take responsibility. Thus, within the context of the extended family various persons [including aunts, uncles and even older siblings] who may not be the natural parents of a particular child discharge in relation of that child some parental functions within the general rubric of the concept that a child belongs to everyone. In this way the definition of parenthood may be obscured by the fact that a

number of persons perform or discharge parental responsibilities which in the narrow nuclear family of the West would be performed by the natural parents.

Ncube *et al.* (1997) argue that, if we consider parenthood to be an important aspect of our definition of the family, then in the African context we have to define this term in its widest terms to include a whole range of kinship relations in relation to the person we are talking about. We should also note, however, that critics such as Mvududu and McFadden (2001) have warned that terms such as 'kinship' and 'parenthood' should not be used uncritically, since they often hide oppressive family relationships responsible for the formation of marginalized identities for women and for children.

In the colonial setting, fathers often lived and worked away from the family, and grandparents played a major role in the affairs of the family (*ibid.*). Bray (2003) uses this observation to argue that the assumption about AIDS orphans having to grow up without a role model is questionable, since African families are often extended and have multiple branches. Parents, in this sense, are not the only role models. Members of the extended family and the local community continue to be actual or potential role models. The African family is thus understood to be positioned within a flexible setting within which older siblings and peers can provide role models for children (see also Stein, 2003). In this view, the family is simply one of several contexts within which child development takes place. As Bray (2003) points out, "the social milieus in which children live have a profound influence on children's sense of self, their attitudes to others and their behaviour" (p. 50).

An acknowledgement of the African family as a part of a wider social milieu shifts the responsibility for the socialization of the child from the particular family and its experiences, to society as a whole. Within this conception, the family only finds its definition and roles within flexible networks of interaction and identity embedded in African religious, social, cultural, and economic systems (Werbner, 1996; Ranger, 1996). We should, however, take note of the fact that the extended family in Africa is far from being a neat, unproblematic concept. Often, the construct is portrayed as representing traditional values, common sense, social stability, continuity and cohesion (Ncube *et al.*, 1997). In this sense the extended family is perceived of as

representing a safe and secure space for all the children of a clan, who are looked after by all the adults of the group who all supposedly live in tranquil and in harmony.

This idealized conception of the African extended family has been challenged by feminists, for instance, who view the extended family as being primarily a site of negotiations, compromises, struggles and conflicts (Mvududu and McFadden, 2001). Family feuds often characterize personal relationships within these extended families, which are sites of contested power and locations of marginality for women and children (ibid.). Ncube *et al.* (1997) also note that male patriarchal authority was total and unquestioned within the localized extended family of the past, which was ruled with an iron fist by the patriarch, as we see in Chinua Achebe's Okonkwo in *Things Fall Apart*. We need to ask how the AIDS orphan would be located and positioned within these family spaces. The context of the African extended family has changed lately, with many of its members now physically living and working away from kin, although maintaining regular contact with them (Ncube *et al.*, 1997).

Mvududu and McFadden (2001) are of the opinion that there is a need to think about families in Southern Africa differently. According to them, family as an institution and a way of life is central to who we are both in the private and public domains. The authors argue that there are difficulties in conceptualizing families, one of which is the tendency to universalize the human experience at the two levels of the individual and the social. While the formulation of universal categories can be useful in simplifying certain issues for analysis, Mvududu and McFadden (2001) note that this leads to a situation where, despite our acceptance of the fact that culture constructs families in different ways, both temporally and spatially, we still aim to homogenize and to universalize the idea of family by ignoring cultural differences.

Mvududu and McFadden further argue that, in line with the universalizing of human experience, colonialism imposed the nuclear family form on us in Southern Africa and elsewhere. Coupled with this imposition, Western assumptions about the nature of family also came to mediate our understanding of family. One such assumption is the belief that the mother-child connection constitutes the essence of families everywhere. When a couple marries, the authors assert, they are not considered a family until they bear children. According to the authors, children are thus the glue

that supposedly hold African families together, and bestow the identities of manhood and womanhood on married couples.

What is often not mentioned is the fact that children in the contemporary African family can be the source of much family bickering and fighting. The coming of a child can cause much stress for the couple, as members of the extended family interfere with the young couple's affairs. The man's in-laws often ask for outstanding dowry (*roora* in Shona), as soon as a marriage is consummated by a child. Such conflicts can, and do lead to marriage break-down. However, the linking of a successful marriage to having children leads us to think about, experience and feel family within a maternal context, the authors argue. According to them, it is this maternal bonding that can be problematic in our development of a sense of self. An AIDS orphan who loses his or her mother at an early age in life is thus expected to be highly traumatised by this experience.

The other difficulty encountered when we attempt to conceptualize the family, Mvududu and McFadden add, is the tendency to define the family in functional terms which mean different things in different contexts. They give some of these terms as 'family units', 'domestic units', 'households', and 'residencies'. According to them, functionality goes hand-in-hand with essentialism and universalizing. They assert that, by "making families functional structures we miss out on the linkages between what is called 'the family' and political alliances, ideologies, and on the impact of religious ideologies" (p. 14). Mvududu and McFadden do acknowledge the fact that families perform functions, one of which is the socialization of children. However, they argue that socialization can be a very authoritarian function implemented not only through the family, but also through religion, traditions, culture, the law, and the educational system. They note that the child who is himself or herself thus socialized has no say in the process. Families are therefore depicted as being one of the major institutions in our society through which unilateral control and oppression of the weak is often effected. It is of interest to unearth how these contradictions manifest themselves in the way in which AIDS orphans position themselves, and are positioned within their repository families.

Mvududu and McFadden also view the African family as being particularly problematic in its use of kinship as its basis. Kinship, they claim, is invented by people and can be manipulated for different purposes, an idea that I develop further in chapter six. It is thus not accurate to always assume that people related to each other through lineages which are bonded by blood ties will always comprise neat, unproblematic African families. Mvududu and McFadden argue further that being kin does not stop people from being cruel to each other, and from hating and hurting each other, even from killing each other. According to them family feuds are commonplace, and often end in tragedy. They assert that this brings into question the very values on which what we think is the family is based. HIV/AIDS can be assumed to add further complications to this already problematic family space, with consequences for AIDS orphans.

However, some writers have presented the African family differently. Gottlieb (1989), for instance, places great significance on the value of kinship ties in defining the African family and in mapping identities. In his opinion there is no structural or psychological distance to be bridged between members of the extended family. They are one in the reality of everyday life as well as in symbolism and in ritual. This, he claims, gives a particularly strong feeling of attachment, belonging, and security to family members. Gottlieb argues that kinship in African extended families runs very deeply, and there is a shared kin identity, both in life and in death. In his formulation, the issue of 'belonging' is crucial in an understanding of family relations in the African context. However, as will become apparent in later chapters, this neat and essentialised view of the African family can be very misleading.

Mvududu and McFadden contest the idea of 'belonging' as being central to individuals' conception of their membership of families and to a sense of security and well-being. They argue that 'belonging' is often a problematic concept for the lived reality of many African women and children, who can be subjected to oppression within the family. They quote Currie and Kazi (1987:87) who write on this issue:

In other words, individuals' experiences of oppression within the family are rooted in the basic contradiction between family as a set of personal relations through which individuals struggle to meet their subjective needs and the family as a set of social relations

which arise through individuals' struggles to meet their material needs through alienated labour (p. 45).

On the other hand, Currie and Kazi (1987:87)<sup>5</sup> view family as being restorative of individuals' 'beings' when they write, "...the family as a set of personal relations can be a process whereby the individuals are restored as humans because the family is one sphere where they struggle as human beings."

Mvududu and McFadden (2001) are of the opinion that these contradictions within family relations are more pronounced in Southern Africa, where the discourse around the family often reveals women's contradictory feelings and views concerning their relationship with 'the family'. It can be assumed that such contradictions manifest themselves also in how children feel about their membership of their families, a situation which would affect their feelings about themselves as individuals and as family members.

Mvududu and McFadden thus view the African family space as being characterized by tensions arising from the binary character of the family as a place of love, affection and nurturing, while at the same time being a place of violation and alienation of women and children. It is interesting to find out how these ideas manifest themselves in children orphaned by AIDS who are living in different family forms.

The theme of the African family being a place of both love and hate features repeatedly in African literature. In Dan Fulani's novel, *God's Case: No Appeal*, Theo and his wife Maud lavish their love on their only son, Daro. However, when Theo decides to leave his lucrative law career in London and return to his native village in Nigeria and become a village *boma* (chief), so much hatred, resentment and animosity threatens to tear the family apart, as his wife and son are opposed to the idea, but cannot do anything to reverse the decision of the 'head of the family'. In Magura's Shona novel about HIV/AIDS, *Jemedza*, the 'peace' of an extended family is broken when Josiah dies of AIDS, and his father consults three *n'angas* (traditional healers or witch doctors), two of who tell him his son was bewitched by his own wife, Tererai. Much tension, mistrust, accusation and discord follows within the bereaved family,

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<sup>5</sup> Quoted in Mvududu and McFadden (2001:45).

with different members taking sides and forming alliances against each other. In Chinua Achebe's classic novel, *Girls at War and Other Stories*, when Nuameka decides to marry a girl from a different tribe, his father disowns him. However, when the new bride, Nene, gives birth to male twins, her estranged father-in-law's heart goes soft with love, affection and gratitude. He thus finally accepts Nene as his daughter-in-law. In Chinua Achebe's *Things Fall Apart*, Okonkwo ruled his household with an iron-fist, mistakenly taking this to mean love for his son, Nwoye, whom he wanted to turn into a 'real man'.

So, whereas it is often claimed that the African (extended) family is a cohesive unit characterized by solidarity, complementarities, and rich moral values (Gelfand, 1979; Owomoyela, 2002), other evidence and points of view portray it as being a problematic space defined by tensions and contradictions. It can be assumed that the introduction of HIV/AIDS into this space will make it even more problematic, particularly for orphaned children. The way we choose to understand the African family has an influence on how we will locate and understand the issue of the construction of a self-identity by AIDS orphans living within it in Zimbabwe. Below I look at how the Zimbabwean Shona family has been conceptualized.

### **The Contemporary Shona Family in Zimbabwe**

The modern Shona family in Zimbabwe is said to have changed significantly from its historical extended form, (bearing in mind the warning by Ncube *et al.*, 1997, that there is no precise definition for the term 'family', and Mvududu and McFadden's (2001) assertion that we cannot speak in terms of 'the family', but only of 'families' whose forms reflect specific historical, cultural, economic, and political experiences of a particular society). Ncube *et al.* (1997) view these changes in family form to be occurring with regard to relationships within families, as well as with respect to family size and structure of family units. With respect to these contemporary changes perceived to be occurring in the Shona family in Zimbabwe, Ncube *et al.* quote Campbell (1987) who portrays the situation as follows:

Families have always been subject to change. It has been common throughout history for children to experience diverse forms of family life and to be looked after by people other than their natural parents. The characteristics of family and community life, and the

way in which they change over time are highly complex... We should not, however, underestimate the significance of the changes that we are living through today. What is changing, slowly, is the correlation between the ideal and the norm: between how people think family life ought to be lived, and how people are actually living... The change is much about the character of relationships within families as about the size and structure of family units (p. 11).

The Shona family is changing, and this is creating new family relationships and positions, as well as new conflicts. Ncube *et al.* point out how family elders, who used to wield much unchallenged power as patriarchs of the extended family, now feel side-lined and are dependent on the young within the new family forms. The elders yearn for the old days, and see the new family as precarious, unstable, and morally bankrupt (*ibid.*). The new social space is now being associated with social evils such as teenage and pre-marital pregnancy, juvenile delinquency, youth disobedience, prostitution and AIDS. According to Ncube *et al.*, such arguments by the older generation are an attempt to undermine the new power and social relations within the family in Zimbabwe. These observations are of importance to this study, taking note of the fact that many AIDS orphans are caught up within these conflicts, since many of them live with their grand parents.

Mvududu and McFadden attribute the emergence of the new family forms in Zimbabwe to the fact that families are now being established in several different and unconventional ways. In their words:

There are (now) families which are established by women through choice. There are other families which are being created through resistance. And there are families which are reconstituting themselves within the predominant heterosexual norm. There are still families which are being created by men (p. 17).

According to them, this diversity enables a wider understanding of what it implies for families to be constituted by different individuals in different ways. The family in Zimbabwe, therefore, needs to be re-conceptualized in line with these various forms that it has come to assume. It also follows that, family members need to be re-conceptualized in the same manner, particularly those who have always occupied peripheral positions within families, such as the AIDS orphans.

Ncube *et al.* (1997) identified a number of family forms that are in existence in Zimbabwe today. They established that the old extended family located at a fixed geographical space has given way to a more fluid and flexible form in which many members pursue their individual ambitions elsewhere, but contribute money and material remittances to their kin, and return periodically for spiritual and ritual purposes. Ncube *et al.* refer to this form as the commuter extended family. Though geographically dispersed, the institution still plays the same roles played by the old extended family, such as providing security to members in need, supervising marriage and death rituals, and socializing children into the ways of the clan.

Ncube *et al.* note that a nucleated form of family is now the commonest in Zimbabwe. However, this only forms the basic unit of the commuter extended family. Changes in sexual mores have also resulted in the emergence of the single-parent and the cohabitation (*no lobola paid*) families. HIV/AIDS has added the dimension of the child-headed family. Framing all these family forms are what Ncube *et al.* consider to be the central themes in defining the family in Zimbabwe. These are the concepts of 'residence' and the notion of 'reciprocal support'. They found out in their research on Shona and Ndebele families that people in Zimbabwe generally define their families in terms of both the people they live with, and those who live elsewhere but support them in cash and kind. Kinship ties (both blood and marriage ties) were also found to be a primary family defining factor. It is within the context of these family forms that AIDS orphans negotiate and develop their self and social identities, where they internalize much of their habitus and worldview.

Mvududu and McFadden (2001) suggest what family means to the often marginalized members such as women and children. They observe that first, family means identity, which they say is a critical element in belonging to a family. They suggest that we need to find out whether when women (and children) define who their family is, they are identifying themselves. They ask, "Is there a connection between the definition of who or what family is and the construction of an identity..., or inheriting an identity?" (p. 19).

Secondly, according to the authors people derive status from being in a family. Families are thought of as respectable places by most people. They are warm, friendly,

and safe places in our idealization. The interesting question is, to what extent do Shona families in Zimbabwe live up to this ideal for the AIDS orphans who live within them?

Thirdly, families are also about rituals (ibid.). It is interesting to note which rituals are associated with which family form, and in which ways are rituals inclusive or exclusive of individual family members, based on criteria such as age and the basis of membership. How is this family membership ritualized, and what are the effects of such ritualizing? These themes will be analysed later, in chapter six, where I revisit these concepts within the context of findings from the field data.

Fourthly, families allocate rights, obligations, responsibilities and resources to members in executing their family roles (ibid.). Of interest to this study is how these are allocated. Are there gender and age considerations? Does the way membership is defined and conceptualized affect the manner in which allocation is done? Mvududu and McFadden argue that there is need to critically examine the problem of the implicit as well as the explicit power relations which are located within family and kinship systems. This should focus on what is transmitted to whom through kinship and family, and to who is identity, nurturance, resources and affiliation given. Such questions allow us to find out who, within families, gains a healthy sense of connectedness, culture and self-identity through the paternal or maternal lineages which are called upon in such rituals as giving names and wider identities, and claims to the related affiliation and communities of both the living and the dead behind those names (ibid.).

Ncube *et al.* (1997) are critical of the perspectives presented by the sociologists, anthropologists and ethnographers who have studied the family in Zimbabwe. These studies, the authors argue, “proceed from the assumption that indigenous family forms are the product of *tribal influences*” (p. 53, my emphasis). Ncube *et al.* dispute the view that the key to explaining the Zimbabwean family is an understanding of the kinship patterns in so-called traditional societies. They write:

Anthropological research into African kinship structures presents a picture of rigidified and dichotomized tribal structures where blood

and marital relationships are ordered and controlled. These studies have influenced the way in which families are regarded and to some extent handled at both the policy and legal levels of the state. For many scholars these neatly-ordered family trees obscure the realities of daily interactions between natal and affinal families...[T]he task remains to uncover the realities and address those from a grounded perspective rather than to uncritically absorb the received wisdom. However, to do this we must examine and critique the earlier perceptions (p. 53).

The authors are not totally against the mapping out of kinship systems based on blood ties. However, they are opposed to seeing these hierarchical links as exclusively definitive of family relationships, “as opposed to the more flexible pragmatic relationships of reality” (p. 54). As we shall see in chapter six, some members of the extended family sometimes contest and reject the power and control of this institution.

Whereas women are historically viewed as occupying peripheral or marginal positions in Shona families, and in playing subordinate roles to men, grounded experience today depicts them as critical to the very existence of family relationships. Families revolve around the personalities of women. The old perceptions of the Shona patriarchal family form are, as Ncube *et al.* observe, “often very difficult to shake off and can dominate academic thinking even when the researcher may have personal experiential data to the contrary” (p. 61).

According to the authors, Shona family membership is in terms of individuals living within a constantly changing web of relationships and arrangements based on practical need. In most cases, individuals, particularly those in difficult circumstances, have very limited choice of who to live with. They will live with whoever in the family web is able and willing enough to take them in. How does this observation position AIDS orphans within the Zimbabwean Shona family? Ncube *et al.* (1997) note that in their study of Zimbabwean families:

How individuals perceived their position in the family also depended on their own impressions of themselves and their *significance* within the family. Whether that was a generally-held family view or not would vary, depending on the subjective and objective factors that influenced individual perceptions (p. 81, my emphasis).

AIDS orphans living with relatives are in a repository situation of dependency. They are aware of this fact. How does this knowledge affect their negotiation of a personal identity within their adoptive families? Ncube et al. point out that the way in which an individual conceptualizes the meaning of the operative web of family relationships depends on current circumstances, time and need. Given the circumstances of AIDS orphans and their needs (bearing in mind that the concept of 'needs' is a problematic and historic one), how do they conceptualize and understand the meaning of their repository or other form of family within which they live? Mvududu and McFadden suggest that people can use various ways of negotiating their position and identity within the family. They form alliances, strategize, manipulate, blackmail and arm-twist other family members in this process of 'negotiation'. Which methods of negotiation do AIDS orphans use?

In concluding their study of families in Zimbabwe, Ncube *et al.* (1997) have this to say:

Some of the more rigid hierarchical elements that were once seen as the basic framework of the family have changed. Different factors affect the balance of power within families but nonetheless the family, both extended and nuclear, is still alive in Mashonaland, although its forms are constantly mutating to meet current realities. The family may be perceived as dead or dying because those looking for it have old and outmoded images of its shape and form (p.102).

What exists in Zimbabwe today, therefore, are family forms characterized by complex and variable combinations of the traditional extended family and the modern, Christian-based nucleated one, based on particular circumstances and needs. Despite the idea of the African worldview and African cultural norms, on the ground there is evidence of a lack of moral cohesion and the disintegration of collective social responsibility over children, due to a perceived lack of parental solidarity (*ibid.*), as well as other factors such as HIV/AIDS. The aim of this study is to seek an understanding of how AIDS orphans navigate their way through all these factors to construct a personal identity and sense of self. The Shona family in Zimbabwe is amorphous, fluid, flexible, and ever-changing. It has been hybridized. The process started when the old patriarchal family institution was challenged by the Christian

morality introduced during colonialism (see Ogden, 1996), resulting in the fragmentation of identities and the hybridization of the setting for the location of the African family (see Werbner, 1996; Ranger, 1996; Ahluwalia, 2001).

The African family is now caught up between its location within the realm of tradition, and its allegiance to the Christian morality, a legacy of colonialism. It is this hybrid African family that is being relentlessly challenged by the impacts of HIV/AIDS (see Bray, 2003; Guest, 2001; Mutangadura, 2003; UNAIDS, 1999). Of interest for this study is how the orphaned child navigates his or her way through this reorganized family space, within the changing social context of the challenged extended family system, to construct a personal identity and a concept of self. This idea is linked to the way in which that child will negotiate her or his way through the school system, a theme I turn to below.

### **Perspectives about Culture, Identity and Schooling**

In this section I explain the rationale of studying the school in an analysis of the development of the self by AIDS orphans. My main thesis in this regard is that, in the context of HIV/AIDS, the school can play a major role in the lives of affected and infected children by taking up some of the responsibilities that these children's changed immediate families as well as their challenged extended families may no longer be able to assume effectively. My argument in this section is therefore that the school, in the context of HIV/AIDS, is probably the most important socializing environment for those children challenged by the pandemic, and there is a need to re-think the concept of schooling in line with this idea.

Studying the school in an analysis of the development of self and of social positioning by the affected and infected children is important for several reasons. The school has long been recognized as an important field of socialization for the child, where the child interacts with people outside his or her kinship circle of the family, and has to develop wider interpersonal skills and adaptations (Dreeben, 1968; Datta, 1984). It is in the day-to-day activity of social actors within the school that the child's sense of self develops, largely as a result of the way the child is able to cope with the expectations of the various actors (teachers, peers).

However, the process of child socialization in the school is not a simple, linear one. As McLaren (1991) argues, schools need to be analyzed from a critical theory perspective. In McLaren's opinion, the roles of the various players in the school need to be politicized in order to bring out the unequal power relations that often exist within them. These unequal power relations within the school mean that the socio-cultural positioning of individuals is an issue that is characterized by tensions, contradictions and conflicts. McLaren emphasizes that the school as a cultural field is better understood as a contested terrain serving as the focus of multivalent voices and powers. In this sense school heads, teachers, pupils, parents and the community are all engaged in a power struggle located in a framework of the politics of difference (ibid.).

These observations by McLaren (1991) are of primary importance to my study in which I focus on how the vulnerable AIDS orphan finds a space to position himself or herself within the contested terrain of the school. As McLaren points out, in the unequal power relations of the school groups such as women and girls, ethnic minorities, and the handicapped are marginalized. To this list we may also add the vulnerable children such as AIDS orphans. Kelly (2003) shows how schools are often sites of the sexual harassment and abuse of female pupils, an observation that lends credit to McLaren's argument (see also Richter *et al.*, 2004). In this sense the school is of interest to my study in as far as it can be the site for increasing the vulnerability of children affected by HIV/AIDS.

However, from a different point of view, the school emerges as one of the best antidotes for the problems that confront an AIDS orphan. For such a disadvantaged, vulnerable and usually traumatized child, the school represents normality, stability and hope for a better future (Kelly, 2004; Bray, 2003; Richter *et al.*, 2004; The World Bank, 2002). While the family life of the child is drastically changed by the loss of parents, the ongoing relations within the school can give the child a sense of continuity and belonging, as well as provide role models crucial in the child's emerging sense of self and personal identity. This is particularly significant when we consider the fact that school participation accounts for a large proportion of children's time (Kelly, 2004), and that teachers in the school naturally assume the role of parents (David, 1980).

Linked to the idea that teachers play the role of parents within the school is the realization that schools can assist HIV/AIDS affected children to develop resilience and a sense of competence and trust in others. Children's sense of self and of social relationships is shaped during childhood and early adolescence, and is vulnerable to negatively altered perceptions of the child's surrounding world and his or her relation to it. The loss of parents impacts on children's conceptions of personal identity, of fairness, and of social justice. The school can create a developmentally appropriate environment that allows these children to continue mastery of developmental tasks crucial to their particular age (Cook *et al.*, 2003). Such an environment would need to recognize the fact that the experiences of AIDS orphans might result in psychological problems that might be expressed in anger, temper outbursts, explosive emotions, and discipline problems. These emotions will affect the children's relations with others in the school (Cook *et al.*, 2003) and affect the children's self-esteem, self-confidence and sense of personal identity.

The school can assist the vulnerable child here by accommodating him or her. As Cook *et al.* (2003) put it:

It has...been shown that schools can be particularly effective in providing opportunities to experience mastery and develop important social and problem-solving skills. School-based supportive efforts can go far to buffer the potentially hazardous conditions outside the school... Families, teachers or community members who continue to hold high expectations for a child, despite the loss faced by the child, will also likely foster resilience in that child... Also, acknowledgement of an individual as a valued participant in the family, the school, or community serves to foster resilience (p. 94).

Giddens (1984) has noted that institutions such as schools are embedded within complex systemic, structural and cultural arrangements. This follows that the day-to-day activity of social actors within the school draws upon, and reproduces structural features of wider social systems. When schools are called upon to help foster resilience in the vulnerable child, the schools are actually being asked to assume the social roles once performed by the declining extended family.

This is seen in Cook *et al.*'s (2003) suggestion that schools can help AIDS orphans express their thoughts, feelings and emotions by providing them with space to do so through oral tradition. This is a call for schools to incorporate aspects of traditional African culture in their programs, in their attempts to facilitate the socialization of the vulnerable child. In this sense the school is of interest to my study because of its potential for the adoption and utilization of indigenous knowledge forms in dealing with the issue of HIV/AIDS, the vulnerable child and schooling. Cook *et al.* (2003) emphasize the value of indigenous knowledge in these issues when they remind us that, "The application of Western thinking in child development and mental health issues must be integrated with the deeper knowledge of a community's specific ceremonies and customs" (p. 97).

Cook *et al.* (2003) give the example of African traditional mourning rituals which help individuals accept the deaths of their loved ones while facilitating the transition of those who grieve from the past to the future. Rituals offer specific words or actions suffused with cultural meanings, and also consider the feelings of the bereaved while expressing a belief in the self-determination of the individual (*ibid.*). However, Cook *et al.* note that traditional mourning as well as counselling practices have largely been eroded by the increasing time and money demands on grieving families. It is this emerging cultural gap that can be filled by the school's adoption of cultural knowledge in dealing with the AIDS orphan within the school. These sentiments are echoed by Pillay (2003) when he writes:

When addressing the psychological challenges faced by AIDS orphans in Africa, one should consciously use strategies that are not alien or intrusive. Euro-American psychology is arguably a form of alien intrusion and cultural imposition for the non-white majority of the world, even in remote African villages. Stories, however, provide a way for individuals to cope with group and interpersonal tensions, feelings of anger and loss, and questions of purpose and meaning in a culturally approved manner. Therefore, storytelling would be a familiar intervention strategy for AIDS orphans (p. 109).

The school is also of interest in my study in the sense that it can help orphaned children deal with and overcome stigma (Cook *et al.*, 2003), hence to develop a more balanced sense of self. According to Pillay (2003), it is important to help the affected or infected child understand that the social alienation and stigmatization are not the

result of a personal character flaw in themselves, but rather that of an anomaly in the constitution of society which is quick to judge from a point of ignorance based on stereotypes. The school is best placed to foster this understanding, both within its own population and within the community at large. My study is therefore interested in learning how the schools in Zimbabwe deal with these issues.

McLaren (1991) points out that one of the central issues of the debate around culture within contemporary research on schooling revolves around the question of the role of schools in shaping pupil identity. Interest here lies in examining the way schooling provides pupils with opportunities for understanding the meaning and purpose of living in their world. However, McLaren draws attention to how the school, as a modernist institution, focuses more on issues of efficiency, sound management, and accountability which, in his opinion, diverts attention from any meaningful concern with justice, equality or democracy, issues which are directly related to the child's sense of personal identity. Within such spaces, some individuals occupy privileged cultural vantage points from which they interpret relations within the context of their own prejudices, McLaren argues. Similarly, Kelly (2003) observes that:

While the theory underlying the school curriculum generally allows for considerable diversity and adaptation in response to local and learner needs, its practice may be very different. Teachers are often obliged to cover a set content (sometimes with a view to examination requirements) in a specified time. This curriculum straightjacket constrains all but the most creative teachers from responding imaginatively to the perceived needs of orphans and vulnerable children (p. 77).

My study attempts to understand how Zimbabwean schools deal with the challenge of meeting the requirements of both the largely rigid official curriculum, and the perceived special needs of AIDS orphans.

### ***Culture and Pupils' Personal Identities: theoretical Perspectives***

The way in which schools can play an important role in helping vulnerable children develop their personal identities as well as a balanced sense of self can be affected by the way all players within the school bring their cultural identities from home to school. Despite the attempts by schools to adopt aspects of traditional culture into

their day-to-day activities as a way of trying to help vulnerable children cope with the reality of their world, differences often exist between the expectations of the home and those of the school about the behaviour of children.

McLaren (1991) argues that tensions and conflicts surround pupil identity, arising from the contrast between their lived home experiences and the expectations of the school system. McLaren (1991) equates these tensions and conflicts to living two lives by an individual. Levine (1989) makes similar observations with regard to the mismatch between the home and the school in the more 'traditional' cultures such as those of Southern Africa. He points out that in these cultures a traditional code of social hierarchy based on ranking by age and gender governs conduct in the family and the community, and shapes learning during childhood. Children here are expected to be respectful and obedient to their elders, and to acquire skills of interpersonal relations in their development (ibid.). According to Levine (1989), this contrasts sharply with the modernist conceptions of the school, with its emphasis on personal autonomy and competitiveness as the goal of individual development, oriented towards self-reliant social behaviour.

The mismatch between school and home expectations on the child has been analyzed under the Goodness of Fit Model (see Lerner and Lerner, 1989). This model is based on the assumption that characteristics of organismic individuality influence and are influenced by the psychosocial context within which they are expressed. The adolescent or the child brings his or her individual characteristics to a particular social setting. In like manner, the social setting (comprising the significant others, such as parents, teachers, peers) places specific demands on the child which require him or her to adapt. These demands take the form of attitudes, values or expectations held by parents, teachers, or peers in different contexts. If these demands are similar in the different contexts, then there is a 'good fit'. However, should the demands be different in the different contexts, then there is a 'bad fit'. The child's individuality in differentially meeting these demands provides the basis for the feedback the child receives from the socializing environment (ibid.).

Problems of adaptation arise when teachers and parents have different individual and group expectations about behaviours desired of their pupils and children respectively.

This often happens because teachers and parents themselves are members of unique cultural groups. In that situation the child fails to match the demands of the different contexts. Children, therefore, can be caught up between their cultural identity and the school culture, with implications for their conceptions of self.

This conflict between cultural identity and school culture is of major interest in the analysis of how AIDS orphans develop a sense of personal identity, given the assumption that HIV/AIDS transforms the family and the school as primary fields of interaction for these children. For example, the changed family context often requires that affected children play adult roles in the absence of parents (and as Bray, 2003 observes, some children are actually proud of the responsibility involved). However, at school these same children are treated in accordance with the perceived requirements of their maturational stage of development. How do such contradictions influence the child's conception of self?

We must, however, treat the contrast between cultures with caution. As Turiel (1989) suggests, these contrasts are based on the assumption that social construction is the only valid perspective on the issue of culture and identity. Turiel (1989) argues that, if the claim by social constructionists that the cultural context shapes the behaviour and perspectives of everyone is true, then social construction theory itself is a social construct and, as such, is liable to error. This makes the adoption of social constructionist ideas for social analysis problematic. Woodhead *et al.* (1991) suggest that, instead of considering social context as the only variable in the development of identities and the determination of behaviours and expectations, it might be useful to combine the ideas from the individualism of psychology, the social structural approach of sociology, and the cultural descriptions of anthropology.

In discussing the issue of culture and pupil identity, McLaren prefers the term 'subjectivity' which, according to him, highlights the de-centred aspect of self which, according to post-modern social theories, is more fluid, plural, discontinuous and contingent than the model of the self associated with conservative and liberal conceptions of the subject (*ibid.*). Subjectivity in the post-modern sense is seen as being contradictory and multidimensional. The subject in this sense is defined in ways that reflect the effects of multiple influences of the affective, ideological, material or

gendered nature. This perspective overlaps with the views of postcolonial theory, which also considers identity in its multi-layered form.

McLaren's idea of the de-centred self is a post-modern concept, which holds the view that the world today is one in which individual identities are becoming more cross-cultural, and values are becoming increasingly relative (Chabal, 1996). However, while the post-modern discourse views identities as converging around the emerging mass global culture, postcolonial theory views subjectivity as reflecting the manner in which people come to terms with the conditions that entrap them (Ahluwalia, 2001). Postcolonial theory shifts attention from the notion of the post-modern fractured self, to processes of subject formation. If the liberal humanist ideology constructs a unified autonomous subject who is capable of determining his or her own identity, postmodernist discourse deconstructs this view, arguing that the subject is passive and does not speak, but is spoken of by language (ibid.). It is here that postcolonial theory disagrees, and ascribes agency to the subject, insisting that the subject is capable of action. This discussion is of interest when we consider the issue of the positioning of AIDS orphans in Zimbabwean schools. We might ask, to what extent do their identities define them as active or passive subjects?

It is in the sense of identity as subjectivity that I feel these children can be analyzed with regard to their conceptions of self within the school. As McLaren (1991) argues, individuals are already placed into historically constructed contexts by existing discourses, hence subjects are ideologically positioned. The marginalized in this perspective are positioned as the 'Other'. The 'Other' is constructed by systems of meanings which are destructive to those given the label, when they remain veiled in culture so that they end up becoming weapons of stigmatization (ibid.). At the same time, however, this subjectivity is affected by other influences and experiences in these children's lives, so that their identities take on more complexity, as I discuss in a later chapter. But, as will be seen later from the research findings, ritual and religion appear to override the other issues, emerging as the main aspects of the children's identities.

Critical social theorists such as McLaren (1991) have, however, been accused of reducing critique to political criticism of society. Hammersley (1995), for instance,

rejects the claim that critical researchers are politically-minded people who wish to use their research to further the struggles against inequality and oppression. As he sees it, the values guiding critical research are no longer located explicitly in a philosophy of history, and the epistemological grounding of critical theory have largely been lost. However, with the emergence of new forms of social resistance around gender, race, ethnicity, sexual orientation, disability, (disease), and other issues, Hammersley acknowledges that critique can no longer be based on the single story of overcoming oppression around social class, as classical social theory would have it. Even Hammersley (1995) himself recognizes the idea that critical social theory appears to offer a fresh perspective for our analysis and understanding of social processes. This is the reason why I feel that the ideas of analysts such as McLaren (1991) can help in our discussion about HIV/AIDS affected or infected children in Zimbabwean schools.

My study will attempt to unravel the conscious and unconscious thoughts and emotions of AIDS orphans as subjects, their sense of self, and ways of understanding their relations to their world. To accomplish this, my discussion will try and disentangle the codes, the ideologies, the beliefs, and the social practices that give meaning to those children's lives. I will seek to understand how these meanings have been constructed within the context of the relations of power in the shifting fields of home and school. We must not forget, however, that these children live and interact within a context often characterized by stigma and child abuse. Below I address these themes briefly, in order to widen the backdrop against which our understanding of the social issues involved in the contemporary discourses about HIV/AIDS and children can be highlighted.

### **HIV/AIDS, Stigma, and the Self**

Historically, stigma has always been a feature of many diseases, particularly those which are transmitted sexually, or are terminal (Deacon *et al.*, 2005). However, researching stigma is very problematic in that the concept has been subjected to conceptual inflation (*ibid.*). This means that stigma has been defined in ever-widening circles as a result of it being seen as automatically leading to discrimination. In the opinion of Deacon *et al.* (2005), assessing stigma by analyzing people's self-reported beliefs and intended behaviour is problematic as well, since people do not necessarily

act out what they say. As a result, there is no direct link between stigmatizing ideas (ideology) and discriminatory actions (ibid.). Also, not all discrimination results from stigma, the authors point out. The other complication is the fact that different individuals respond differently to stigma, and in ways which are not always related to how much stigma actually exists in a community, Deacon *et al.* (2005) assert. Stein (2003) concurs with Deacon *et al.* when she points out that studies of stigma tend to address the problem at the individual level of personal attitudes, beliefs and/or behavioural intentions, regardless of whether these beliefs and intentions result in discriminatory action or not. In her opinion, it is only the use of other observed behavioural measures which do not rely on self-reporting that would allow us to measure enacted or actual discrimination more reliably.

Deacon *et al.* (2005) also argue that defining stigma as resulting in discrimination is further rendered problematic by the fact that this encourages functionalist explanations of stigma, which treat the effect of discrimination as its cause also, and as an essential part of its nature. The authors argue that this limits analysis because such circular arguments cannot be disproved. They claim that a failure to come up with a holistic definition of stigma limits the effectiveness of anti-stigma interventions, since how we define stigma influences our understanding of how it operates, hence how to deal with it.

Deacon *et al.* feel that traditional psychological approaches to stigma are inadequate to deal with the problem, since they target individual ignorance, embedded as they are in a belief in the self-contained individual. This approach sees the solution to the problem of stigma as lying in mass-media education campaigns to reduce individual ignorance. However, Deacon *et al.* (2005) are of the opinion that a more holistic approach based on the idea of the person-in-community is more effective in dealing with the issue of fighting stigma. This combines education with counselling, coping skills acquisition, and community involvement. As Stein (2003) reminds us, this is not to say that HIV/AIDS education does not play an important role in decreasing stigma, but rather, that mere access to information does not eliminate misguided beliefs regarding issues around HIV/AIDS or eradicate stigma.

Critical social psychologists view stigma as a complex social process related to existing power relations, and tied to existing social mechanisms of exclusion and dominance (see for example Fassin, 2002; Parker and Aggleton, 2003; both cited in Deacon *et al.*, 2005:4). This approach, Deacon *et al.* explain, emphasizes the importance of exploring issues of power, history and the wider social functioning of stigma in a given culture. Stigma here is seen as a problem of social inequality. HIV/AIDS, which often traces lines of inequality, only emphasizes these inequalities, thus reinforcing existing stigma ideologies.

The problem with the above analysis, however, is that it fails to explain adequately why stigma also occurs within small, supposedly homogenous communities which are not marked by any visible social inequalities. These analyses ignore the reality of different worldviews around issues of disease, stigma and segregation. In the African context, for instance, a belief in witchcraft colours peoples' understanding of these concepts, as I shall address at length in Chapter Six.

However, Deacon *et al.* (2005) make the important observation that, in our study of HIV/AIDS stigma, “[w]e need to be able to explain the functions or effects of stigmatization without resorting to functionalism, and we need to be able to understand the role of the individual in stigmatization without resorting to individualism” (p. 4). There is a need to integrate individual and social explanations of stigma for us to be able to develop more holistic interventions, as well as understand the impacts of stigma on conceptions of self, the authors stress. To do this, the specific context within which stigma occurs needs to be understood.

According to the authors, there is a relative dearth of research on the manifestations of HIV/AIDS related stigma in sub-Saharan Africa. What research there is has been in the areas of barriers to voluntary counselling and testing, treatment, care and quality of life, and on social responses to HIV/AIDS (*ibid.*). It is the opinion of Deacon *et al.* (2005) that there is need for more research to understand HIV/AIDS stigma in relation to wider social, political, economic, and cultural contexts. Stein (2003) also notes that southern African research on HIV/AIDS stigma has been very limited to date. HIV/AIDS stigma has been explained under what has been termed the Risk Society

complex. The way in which people understand the concept of risk was alluded to earlier. Here I look at this issue in a little more detail.

### ***The Risk Society***

The more powerful groups in Western society have always blamed the 'Other' for illness (Nelkin *et al.*, 1991). Deacon *et al.* (2005) argue that in the West, concepts of health are linked to social and moral uprightness, while illness is often associated with those who are morally decadent. This way, the mainstream population appear to be in control by apportioning blame or risk-related behaviour to the 'Other' or to out-groups (see Kim, 1994). It is such attribution of blame to out-groups which is seen as breeding stigma.

It is interesting to note how in non-Western cultures HIV/AIDS is also associated with blame and accusation, albeit of a different kind. Farmer (1992), for instance, writes about AIDS and an anthropology of suffering in rural Haiti, where the disease is termed a 'jealousy sickness' and also a 'sent sickness'. Here it is believed that if one is relatively more successful than one's village neighbours, one is at serious risk of contracting HIV/AIDS through sorcery by jealous people. One is then blamed for some wrong-doing and discriminated against by the very people responsible for bringing the misfortune on one.

Reynolds (1996), in an ethnographic study of childhood and disease in Zimbabwe, also notes how ill health in that country is always interpreted either in terms of witchcraft and bewitchment, or as being the result of the actions of angry ancestral spirits punishing someone for his or her own wrong doing, or that of a clan or family member (all things are connected in African cosmology). Hence diseases have always been associated with risk, blame, and accusations of moral, physical or spiritual failure of one kind or another in different cultural contexts. Diseases have also always been associated with some kind of stigma and segregation in many cultures (see Brown, 2004). The aim of this study is to understand how HIV/AIDS is understood and interpreted in Zimbabwe, and how this manifests itself in particular forms of stigma based on the local historical understanding of risk, and how stigma impacts on the self-concept of AIDS orphans.

Diseases and disease stigma are understood to be socially constructed in how we come to understand them. This construction occurs through socio-cultural processes which involve unequal power relations in society. Deacon *et al.* (2005), for instance, argue that the way leprosy was stigmatized in the USA in the past was not a result of any intrinsic biological aspects of the disease, but rather, was designed to exclude certain foreign immigrants to the country, as well as to justify prejudice against them. In this sense, disease stigma is not determined by biology. Diseases assume social meaning within a specific historical, cultural and political context. This is not to say that the biology of a disease may not be partly related to how it comes to be stigmatized. The way AIDS causes the wasting away of the body, as well as the sores and other unsightly skin conditions it causes, often result in revulsion and strong negative attitudes towards sufferers and those close to them (Chapman, 1998; cited in Deacon *et al.* 2005:8).

### ***Defining Stigma***

Goffman (1963) suggests that people acquire a 'spoiled identity' which then leads to social devaluation and discrimination, if they possess an attribute considered to be socially undesirable (cited in Deacon *et al.*, 2005:15). According to Crawford (1996) the term 'stigma' originated in Greece, where it refers to a tattoo mark branded on the skin of a person deemed to be a social deviant (cited in Stein, 2003:5). The tattoo marked one as being morally degenerate, and someone to be avoided, an 'other'. Stigma here had more to do with unaccepted behaviour than with disease or illness (Stein, 2003). Goffman (1963) observes that stigma is applied more to the disgrace of suffering from AIDS than to the bodily evidence of it (cited in Stein *op. cit.*: 5). According to Mills (2004), HIV-related stigma is like a metaphorical label that depicts social deviance.

However, Stein (2003) points out that this conception of stigma "has been criticized in so far as it tends to explain HIV/AIDS stigma in terms of structural social inequality" (p. 5). Even though, Stein agrees with Deacon *et al.* (2005) on the point that any definition of HIV/AIDS stigma should take into account the contours of power distribution and power relations in a given society. This stance is supported in Mills' (2004) view that:

Notions of what is socially acceptable or socially deviant are created through powerful discourses, evident in the media and espoused through education campaigns...condemning certain behaviours and accepting others (p. 6).

Such discourses have been used to socially construct so-called risk-groups, hence to facilitate their stigmatization by those who consider themselves to be morally upright and risk-free.

Stein (2003) brings forward the idea that HIV/AIDS stigma is different from other forms of discrimination such as racism and sexism. This is because in the case of HIV/AIDS, the infested person is stigmatized by those who used to be of his or her own in-group. So, an HIV/AIDS stigmatized person here is someone who is now considered by group members to be the bearer of a 'spoiled identity' in relation to that group, in the sense that the person is now seen to have become deviant, abnormal and different. HIV/AIDS stigma is thus attached to 'blemishes of individual character', and to 'abominations of the body' (Goffman, 1963 cited in Stein, 2003:6). Goffman refers to this kind of stigma as "tribal stigma", and claims that it can be passed down lineages and equally contaminate all members of a family by association.

It is this perceived capacity of HIV/AIDS stigma to attach to the family members of an infected person (or already deceased one) that is of interest to this study. If HIV/AIDS stigma can be projected from the actual AIDS sufferer to his or her family how does this impact on the way AIDS orphans experience, understand and construct their sense of self in a stigmatizing community?

Mills (2004) asserts that moralistic constructions of sexuality (such as those promoted by the church and the media) actually reinforce HIV/AIDS stigma instead of decreasing it. Placing the responsibility of socially acceptable sexual behaviour on the individual opens the way to blame, accusation and the stigmatization of those who contract HIV, since this is then attributed to promiscuity.

In Mills' (2004) analysis, the spoiled identity of an HIV-positive or AIDS infected person is manifested through interpersonal relationships and discourses positioning the individual as 'other'. Mills explains how, in a poverty-stricken informal settlement

in Cape Town, the community has developed “an elaborate language of hand signals and metaphors...to identify particular people as HIV-positive. This language is used to label HIV-positive people— branding them as ‘other’,” (p. 9). Mills (2004) has termed these hand signals “stigma sign language”. The eyes are also used to communicate secret messages about the targeted person. The sign of the cross (denoting death) is often made with the fingers, while the eyes point out who the cross refers to. Phrases such as, ‘she has won the lotto’, and ‘s/he has been run over by a 4x4’, are also used to refer to HIV-positive people and AIDS sufferers in this stigmatizing community. My study looks at the subtle ways in which AIDS orphans and their families are subjected to stigmatizing actions, conversations and behaviours, and how this affects how they feel about themselves.

Stein (2003) differentiates between instrumental and symbolic stigma. According to her, instrumental stigma is based on fear of being infected with a dreadful illness which is known to be terminal by nature. Symbolic stigma is premised on a moral or value-based perception of those infected with the disease as being promiscuous, homosexual, or drug-injecting. Mills (2004) supports these views in her study of HIV/AIDS stigma in the Western Cape of South Africa, where those suspected or known to be HIV-positive were stigmatized both instrumentally (through stigma sign language) and symbolically (e.g. by being called witches).

Mills (2004) also examines the ways in which HIV/AIDS stigma tends to be gendered in nature, with women (and girls) being targeted more than men. The relatives of an HIV-positive man, for instance, often blame his wife or girlfriend for infecting him, and not the other way round. This observation supports Deacon et al.’s (2005) and Stein’s (2003) arguments that HIV/AIDS stigma cannot be understood only at the individual level, but within the power relations of the social, political and economic contexts. In Mill’s (2004) words:

HIV-related stigma functions to separate the self from the ‘other’ and in so doing, also highlights the complex social, political and economic factors that enable the power relationship between the stigmatized individual or group of people, and the individual or group of people who stigmatize. Stein (2003) argues that one of the main critiques of social science research on stigma is that stigma is

explained in terms of individual psychology rather than in terms of structural social inequalities (p. 11).

Mills (2004) brings a useful contribution to our understanding of HIV/AIDS stigma when she discusses what she calls 'the decentring of stigma'. By decentring she refers to the moving of our analyses beyond the individual target of stigma, to the social environment, mainly the family. Goffman (1963), like wise, talks about what he calls 'courtesy stigma', which extends from the individual to the family and wider community (cited in Mills, 2004:14). Stigma is therefore not felt only by the individual, but by his or her family, friends and relatives as well. Courtesy stigma is stigma by association. "HIV-related stigma creates the suffering related to being HIV-positive, or having a family member that is HIV-positive" (ibid.:16). It follows, then, that stigma is also felt by the remaining family and relatives of persons known or suspected to have died of AIDS.

Deacon *et al.* (2005) emphasize the importance of understanding disease stigma as a largely emotional process involving the distancing of dominant groups from risk by projecting the risk onto weaker out-groups. Treating stigma as a process avoids the shortcomings of psychological explanations which disregard the social construction aspect of stigma, and the problems posed by the 'social construction' explanations that ignore the role of the individual and tend to be deterministic. The question to be asked is, in what ways are all these views relevant to the present study?

Firstly, people respond differently to stigma, so we can assume that how people respond will have an impact on their self-concept. As Deacon *et al.* (2005) have observed, the targets of stigma can respond either by conforming to, or resisting stigma. Those who conform accept society's negative evaluation and construction of their identity as 'spoiled'. This involves the process of self-stigmatization which, Deacon *et al.* assert, is psychologically damaging in that it lowers self-esteem. This study seeks to, among other things, establish how AIDS orphans respond to the stigma that they might face in their day-to-day experiences, and how these responses form a component of the technologies of the self (Reynolds, 1996) of these orphaned children.

Secondly, by its association with stigma, HIV/AIDS “extended beyond the body into the social psyche of the HIV-positive individual, their family, friends and wider social community. The disease of HIV, when compounded by HIV-related stigmatization, shifts into a disease of the social psyche”, (Mills, 2004:22). This study is interested in understanding how the experiences of watching their parent/s waste away from AIDS and then die, manifests itself in how AIDS orphans conceive of themselves as persons within the context of a society whose psyche has been penetrated by stigmatizing metaphors and symbols.

As Brown (2004) has argued, stigma is a powerful and devaluing social label that fundamentally shifts the way individuals view themselves and are viewed by others as persons. This issue of stigma is linked to another theme that often comes to mind when we study children orphaned by AIDS, that of child abuse. Stigmatised children are often also expected to be abused in various ways within their own families, within the community, as well as within their school. I review the literature on this theme next.

### **HIV/AIDS and Child Abuse and Neglect**

Bourne (1979) defines child abuse as covering physical and emotional injury to a child through the actions of others, often adults. Abuse is the commission of an act or acts which are damaging to a child’s well-being. Child abuse can also be an omission or a failure to provide adequately for a child’s physical and/or emotional needs, when adults have the means to do so (see also Chiremba and Makore-Rukuni, 2002).

Bourne (1979) however points out that these definitions are problematic in that they are conceptually unclear. Abuse, for instance, is sometimes reduced in meaning to refer simply to battering, and is at times referred to as maltreatment, yet all these terms mean different things to different people at different times and in different contexts. The association of abuse with purposive intent makes the concept even more problematic in that it is not clear what actions are intentional and which ones are unintentional (ibid.). Intent is thus a subjective term. Bourne also argues that the relationship between abuse and neglect is not clear, for instance in terms of which of the two is considered to be the greater evil. Neglect, he notes, can lead to abuse, and the conceptual boundary between the two concepts is difficult to delimit.

What is clear, however, is that both abuse and neglect can have adverse physical, psychological and emotional effects on the child, thus affecting his or her sense of self. Bourne (1979) also acknowledges that the understanding and conceptualization of child abuse and neglect is culture-bound. What constitutes abuse in a Western setting is not necessarily regarded as such in non-Western cultures, for example. Levine and Levine (1981) point out the problem involved when we attempt to use one culture's criteria to classify behaviour in a different cultural setting. An often referred to case is that of child labour which is understood differently in Western and African contexts.

Brown et al. (1988) define child abuse as either active (e.g. Physical beatings) or passive (e.g. the withdrawal of love and affection), both of which are perceived as being rife in many African cultures (cited in Chiremba and Makore-Rukuni, 2002). Levine and Levine (1981) caution us against the uncritical dismissal of indigenous practices as being abusive to children. In their view, practices such as circumcision need to be analyzed within their institutional and ideological contexts to show how they conform to local ideals, beliefs, meanings and attitudes. However, it is also important to note that most African countries are now signatories to the United Nations Convention of the Rights of the Child, which spells out what constitutes abuse or violation of a child's rights universally.

There is therefore conflict between local understandings, state legal interpretations, and global expectations regarding the issues of child abuse and neglect. This lack of a consensus on the issues might as well mean that the African child continues to suffer what is generally considered internationally as abuse and neglect. In this context, it can be assumed that the AIDS orphan, who is already occupying a marginal position within the family, the school and the community as a result of his or her perceived 'spoiled identity', is even at a greater disadvantage with regard to the issues of abuse and neglect. Writing about these issues, Levine and Levine (1981) however warn us to always consider the question of whose standards are being followed when issues of abuse and neglect are being discussed.

Chiremba and Makore-Rukuni (2002:7) refer to Moeller *et al.* (1993) who define emotional abuse to include, among others:

- a) the constant criticism of a child's qualities, capacities, desires, and emotional expressiveness
- b) isolation
- c) constant threats to the child
- d) imposition of age-inappropriate demands on the child
- e) insulting, swearing at a child, sulking and refusing to talk with the child, slamming doors

Once again, however, which of these actions and behaviours constitute abuse is determined by the cultural context. My interest in this study is in showing whether these abuses are actually experienced by AIDS orphans in Zimbabwe and, if so, what impact this has on their self-concept.

Bourne (1979) classifies the causes of child abuse and neglect into the cultural, the economic, the familial, and the psychological. In the African context, I venture to suggest that the cultural setting (which insists on total obedience and respect for adults), the economic context of chronic poverty (which is aggravated by the HIV/AIDS pandemic), as well as the repository and extended nature of family forms, all serve to promote child abuse and neglect, whichever way we choose to define these terms. In settings like these, my study aims at establishing to what extent AIDS orphans experience various forms of abuse and neglect, at least as defined in the United Nations Conventions.

The Zimbabwean context is characterized by a lack of statutory instruments by which to enforce the rights of the child (Chiremba and Makore-Rukuni, 2002). At the same time child abuse and neglect are seen as being very rife in the country, as Chiremba and Makore-Rukuni (2002) put it:

In the last few years, Zimbabwe has seen an increased public awareness and interest in the phenomenon of child abuse. This interest was stimulated by the efforts of non-government organizations such as Musasa Project, Childline, CONNECT, and UNESCO. The media also played an important role in 'shocking people out of their cocoons' by carrying articles on the heinous violence directed at children in our communities (p. 5, parentheses in original).

Gelfand (1979) explains how Shona children of pre-school age are mentally stimulated in the home through proverbs, stories, puzzles and games. Today this list also includes television, radio, magazines, and books. However, according to the Zimbabwe Schools Psychological Services (ZSPS), sometimes care-givers fail to psychologically stimulate children because they may be pre-occupied with other matters of survival. This may deteriorate into neglect which, as Chiremba and Makore-Rukuni (2002) point out, will result in the child entering school with inadequate social and mental skills. Such children are seen as being unable to cope adequately in the school context. The authors make the observation that:

Apart from stunted physical growth and poor attention to hygiene needs, abused children tend to display behavioural problems in the form of hyperactivity, poor concentration and short attention span. Because of these problems, they often get into trouble with teachers and their inappropriate behaviours alienate them from other children. In extreme cases, they engage in self-destructive behaviours such as self-mutilation or sexual promiscuity (pp. 11-12).

Abused children might, at the same time, be discriminated against by peers because of their lack of proper social skills. In this sense, abuse and neglect are also related to stigma and self-stigmatization. The assumption is that such children will have a negative sense of self, will experience a lack of self-worth, and will have little self-respect. They will be expected to demonstrate a poor sense of relatedness and connectedness to others. The Aids orphan can thus be expected to suffer multiple layers of disadvantage such as abuse, neglect, and stigma. How do these perceived disadvantages impact on the orphan's concept of personhood?

Chiremba and Makore-Rukuni (2002) report that bullying, which is the abuse of a child by peers, is probably one of the least considered problems in Zimbabwean society. Traditionally, if a child reports having been bullied by others, adults in Shona society insult him or her for being weak and foolish. The child is urged to retaliate and to fight back. Bullying is regarded as part of growing up (ibid.). However, the authors argue that bullying can have serious social and psychological problems for its victims. Some children respond to bullying passively, while others will take it out on weaker targets by way of retaliation, thus becoming bullies themselves (ibid.). How

do AIDS orphans fit into the context of bullying? Chiremba and Makore-Rukuni claim that bullying is usually targeted at children perceived to be different in some respect. This might mean that the child is too smartly dressed, too good in class, too quiet, and so on.

Child sexual abuse is reported to be very prevalent in Zimbabwe (Chiremba and Makore-Rukuni, 2002). This is very difficult to verify, analyze or quantify, however, since the abuse often occurs privately in the home or at school, and families usually cover it up. The authors disclose that the abusers normally instil a sense of guilt in the abused child, who will then engage in destructive self-blame. The community worsens the situation by labelling the survivor of child sexual abuse as the bearer of a spoiled identity. If a girl is so molested, she is then regarded as 'damaged'. Metaphors of contamination are used to refer to such girls, who might find it difficult to relate to other girls as well as to members of the opposite sex. They will often find it difficult later in life to find a spouse and to get married also.

Chiremba and Makore-Rukuni also note that boys in Shona society are socialized to identify with a macho-mentality. As a result they prefer to suffer sexual abuse silently, rather than disclose the shameful secret and risk stigmatization and ridicule. They, like the girls, also become bearers of spoiled identities. When sexual abuse occurs to AIDS orphans, then they will suffer double-stigma and double spoiled identities, with serious implications for their conception of self.

Child abuse and neglect have been explained in terms of a number of models, details of which are not important here. I will, however, highlight a few of them to help portray different views around these issues. Chiremba and Makore-Rukuni identify four traditional models of child abuse and neglect. The first is the Social Stress Model which considers abuse to be a response to structural or situational stress such as economic hardships, alienation of labour, HIV/AIDS, and husbands' infidelity. The second is the Cultural Model which sees abuse as culturally determined and defined. Feminists use this model to argue that abuse is institutionally sanctioned in patriarchal societies, where men systematically abuse women and children. This model is, however, rendered problematic by the lack of a single definition for culture (ibid.).

While the first two models are rooted in the idea of the person-in-community, the third formulation is the Psychopathic Model, which attributes abuse to pathological adult personalities. Depression, sexual problems in marriage, low self-esteem and poor self-image are blamed as the causes. However, the problem here is that these factors are also seen as being the consequences of abusive behaviour. This approach is linked to the work of Freud, and is embedded in the concept of the self-contained individual.

Lastly, the Special Survivor Model explains how vulnerability of various kinds renders children susceptible to sexual abuse. Disabled, sickly, physically/emotionally/mentally challenged children, the pre-maturely born, girl children born of parents who desired a boy, and orphaned children, are all said to be vulnerable and at greater risk of being sexually abused. The model considers the social stigma linked to these conditions as placing pressures on affected families. These pressures are then projected or transferred onto children as sexual abuse by adults. Chiremba and Makore-Rukuni (2002) however argue that all these models are too simplistic and reductionist, since abuse arises from the complex interaction of all the issues raised in the four models, and is not a result of simple linear, cause-effect processes.

The important thing is to look at how the AIDS orphan can be located within all these discourses and how all these factors play themselves out in how the orphan constructs a sense of self in interaction with particular contexts. It is important to remember that such social contexts, characterized by stigma and abuse, are often related to the lived reality (the habitus, the field, and the capital) of the AIDS orphan's world.

In terms of gender, girl sexual abuse is linked to the myth that if an HIV-positive man has sexual contact with a virgin girl, he will be miraculously cured of the disease (Chiremba and Makore-Rukuni, 2002). Girl AIDS orphans are also often married off early by their uncles, to older men who then abuse them with their families' blessings. Levine and Levine (1981) outline how sexual molestation of girls is a common phenomenon in Africa, where incest is no longer a strictly observed taboo. There are several other examples of ways in which girls in Zimbabwe are forcibly placed in situations where they are subjected to adult-sanctioned sexual abuse.

All these contemporary social issues emerge as interesting themes in this study, since they form the context within which AIDS orphans have to negotiate their personhood, often from positions of marginality and vulnerability.

### **Conclusion**

The wide-ranging literature reviewed in this chapter was meant to open our minds to the assumed lived worlds of AIDS orphans. My main aim in discussing all these various arguments and themes was to provide as wide an outlook as possible on issues with which the contemporary discourses about HIV/AIDS in Zimbabwe concern themselves. These issues will later be located within the debate about how the articulation between traditional culture and modernity can be understood, and how this understanding can be linked to the analytical framework offered by Bourdieu's organising concepts of habitus, field, and capital in our construction of knowledge about how AIDS orphans living within a particular space and time understand who they are.

All these concepts and themes provide the symbols and the messages which we assume the AIDS orphans receive everyday from the world around them. It is in how these children interpret these symbols and messages through the way they perform their daily lower-order rituals of survival that the orphans construct meaning about who they are. The themes outlined and discussed in this chapter form the context in which AIDS orphans can be expected to live. The subsequent chapters, which are based on the field data, will link back to these themes at different points, and I will attempt to reveal the extent to which the lived worlds of the child subjects in this study conform to the theoretical context the themes here provided.

My central interest in the following chapters lies in establishing how the AIDS orphans I worked with in the field challenged and contested the habitus imposed by experiences of stigma and discrimination, and how they constructed and understood risk in the context of their experiences as AIDS orphans. It will be shown, for instance, that AIDS orphans understood risk in terms of their vulnerability to witchcraft and to ancestral curse. They also understood discrimination and stigma in terms of jealous and envy by others. Their understanding of abuse might be in similar terms. So, while the various themes dealt with in this chapter might appear to be largely separate and

unconsolidated, they in fact are all linked in the sense that they collectively form the subject matter of the discourses which influence the lived reality of the children, and determine how these children interact with others in the various social fields such as the family and the school. The discourses we are exposed to provide us with the metaphors, symbols, images, and messages which we use in creating meaning about ourselves and about others. It is the ways in which the AIDS orphans created meaning from their lived world in defining themselves that the subsequent chapters address. In the next chapter I will discuss the methods as well as the methodology that this study employed in data collection and analysis.

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## RESEARCH DESIGN: CRITICAL ETHNOGRAPHY

### Introduction

In this chapter I explain the methods that were used in accomplishing the research process itself. Harvey (1990:1) defines methodology as: “the interface between methodic practice, substantive theory and epistemological underpinnings”, with epistemology referring to the assumptions about the nature of knowledge that informs enquiry. From this general definition, Harvey develops the concept of qualitative critical social research methodology. According to him, critical social research is underlined by a critical dialectical perspective which attempts to dig beneath the surface of historically specific, oppressive social structures. This is different from positivist research which concerns itself with the construction of grand theories. Harvey also contrasts critical social research with phenomenological research which tries to interpret the meanings of social actors. Instead, qualitative critical social research is aimed at describing and understanding human behaviour, rather than its explanation and prediction (ibid.).

According to Harvey (1990), ‘method’ refers to the way in which empirical data is collected and ranges from asking questions, through reading texts and documents, to observation of both controlled and uncontrolled situations. Warning that no method of data collection is inherently positivist, phenomenological or critical, Harvey (1990) suggests that ‘method’ should link up with ‘substantive theory’ in the construction of ‘methodology’. In Harvey’s opinion, substantive theory is a set of propositions that offer a coherent account of aspects of the social world. These may involve interpretations, explanations or demonstrated understandings of phenomena, behaviour, events or practices in natural settings (ibid.). Methodology, in this sense, is the point at which method, theory and epistemology coalesce.

The aim of the research determines the choice of methodology. My study attempts to examine the way in which HIV/AIDS affected children understand who they are, and to describe their actions as well as the factors that shape their understanding of themselves and their situation and relationships. This calls for an examination of these

phenomena from an 'insider perspective' (Giddens, 1984; Woods and Grugeon, 1991; Woodhead *et al.*, 1991). It is for this reason that I adopted the qualitative critical research approach for this study.

Because of the sensitive nature of the subject of HIV/AIDS, which limits the extent to which direct questions can be asked, especially with regard to children, the methodology largely employed the critical ethnography approach which examines people in their natural behaviour, and provides a holistic framework for the investigation (Harvey, 1990). As Green (1998) states, such a holistic approach understands research phenomena as more important than their individual parts. Methodologically, the attraction of ethnography lies in the fact that, unlike the controlled laboratory-type investigations of behaviour popular with old-school psychologists, which tend to treat behaviour as rigid, maturational, and as occurring in strange situations (Woodhead *et al.*, 1991), ethnography relies on deep naturalistic observations of human behaviour in familiar everyday settings. Ethnography thus allows for the study of the detailed texture of family and school life; of what children actually do, which I, as an observer, will try to interpret. What makes the approach adopted for this study 'critical' is the fact that the approach goes beyond a conventional, anthropological description of the way these children live within their community, to addressing the way in which the children's interpretation of their reality sometimes differs from that of the adults in their lives. The study looks at how the children themselves interpret the power-relations framing their interactions with others, and does not rely on the researcher's own interpretations only.

As Comaroff (1985) suggests, ethnographical observations enable us to analyze the micro structures of power and significance inherent in everyday social action, as discussed, for example, in information about the form of dress, organization of space, bodily gestures, and expressions of emotion. Comaroff (1985) suggests that an understanding of personhood can be achieved through an examination of the reciprocal interplay of human practice, social structure, and symbolic mediation. According to her, this interplay is constituted within a set of encompassing socio-cultural forces, by which the subject is constructed. Ethnography allows us to describe the coercive dimension of society and culture, the medium through which, Comaroff

(1985) believes, social relations become embedded in the taken-for-granted nature of the world; for instance in definitions of the body, personhood, space, and time.

Critical social research methodology is suitable for this study because it acknowledges that knowledge is generated through existing structures such as the home and family, the school, and the local community; and is structured by existing sets of social relations (Calhoun, 1995; Harvey, 1990). This perspective views people as being able to construct their own meanings of situations, so that behaviour and information are embedded in society (ibid.). This means that, to understand situations and behaviours, researchers need to understand the context (Levine, 1989).

Qualitative research acknowledges the inevitability of researcher subjectivity. Although this has been the focus of much criticism levelled against the methodology, as Levine (1989) observes, it can be argued that this acknowledgement of researcher subjectivity is actually a strong point of the approach, since it demonstrates a capacity for introspection and self-criticism. Researcher subjectivity allows the methodology to be flexible, to instil a passion to understand rather than to prove, and to adopt an inductive approach to analyses as opposed to a deductive approach (Woods and Grugeon, 1991).

The aim of critical research methodology is to provide knowledge which engages the prevailing social structures within their historical setting. It is in the light of this observation that the methodology adopted for this study tries to engage the existing social context of HIV/AIDS in Zimbabwe, focusing on the relations between AIDS orphans and social institutions such as the family and the school. The methodology aims to reveal the complex nature of social relations which result in the contradictions and the conflicts inherent in institutions such as schools, and how these contradictions and conflicts impact on the development of self-identity by AIDS orphans. The approach of the methodology considers social divisions such as class, ethnicity, culture, religion, and gender as oppressive mechanisms. As Harvey (1990:3) states: 'critical social research...aims at an analysis of social processes, delving beneath ostensive and dominant conceptual frames, in order to reveal the underlying practices, their historical specificity and structural manifestations'. In this study this is seen, for

instance, in the analysis of the impacts of culture on the interpretation of childhood, gender, disease and segregation.

Calhoun (1995) is in agreement with Harvey (1990) on the fact that qualitative critical social research exists largely to facilitate a constructive engagement with the social world based on the notion that existing social arrangements (such as education), including currently acknowledged identities and differences, do not exhaust the scope of possibilities.

This study examined the ways in which AIDS orphans perceive themselves as members of their families, communities and schools. I attempted to enter the worlds of these young people as closely as I could and, as an ethnographic exercise, this meant my physically spending large periods of time in their home and school settings. In order to come to grips with the re-composing family, I needed not only to hear the children describe it but, more crucially and critically, see them in action in their daily lives and experiences. I attempted to make sense of the re-composing family as a social organization around the rituals of everyday life (the ritual of food, love, play, respect, connectedness, authority, discipline and religion). This is the substance of what I tried to come to terms with.

The design of an appropriate methodology considered the politically sensitive nature of HIV/AIDS as well as the societal-controlling mechanisms which silence and alienate those living with or are affected by it, such as the stigma attached to it as well as its association with guilt. The methodology had to be able to deal with the problems of silence, guilt, embarrassment, privacy, trust, misinterpretation, and the language of naming concepts and behaviour.

The ethnographic approach needed to work carefully within the context of confidentiality, negotiation and accessibility (Walker, 1985). The strategy of triangulation was adopted in the research design in order to collect data from different groups of respondents. The primary focus of this study was on the intersection between cultural identity, school culture and the 'self' of AIDS orphans. This demanded a deep understanding of a few such children in their 'natural' context. As such, a case study approach was used. According to Denzin and Lincoln (1998), a

'case' is a social unit of analysis, a phenomenon occurring in a bounded context. Cases in this sense can be individuals, groups, institutions, organizations, and so on. For this study, cases comprised individuals (children, teachers, family members) as well as institutions (families, schools).

### *The Sample*

Because of the necessity for repeat visits and the need for rapport and confidence building, only short distances could be covered, so I selected purposefully one district with which I was familiar. From this district I selected purposefully one secondary school which drew its pupils from a range of neighbourhood types (mining areas, commercial farming areas, communal villages, semi-urban areas), and at which I did HIV/AIDS research in the past. A secondary school was chosen because it offered the age-group of children that I was interested in working with, i.e. young teenagers who were old enough to display the ritualised activity that I needed to study, but not too old as to be overly self-conscious around me. I also chose a secondary school because I taught in one for thirteen years, and thus had experience working with children at that level. A school was included in the sample because, as I stated in Chapter One, my interest in carrying out this study was stimulated by my experiences as a teacher and as an HIV/AIDS researcher within schools in 2001. From the selected school I selected purposefully ten AIDS orphans, based on the various neighbourhoods indicated above, as well as on sex. The headmaster of the school assisted in this selection process, using school records of children on the Basic Education Assistance Model (BEAM), a government programme designed to assist AIDS orphans with school fees. I restricted my selection to the lower secondary children who I expected to be quicker to warm up and open up to me than would older adolescents.

From the school I also selected purposefully three teachers who were directly involved with these children in class or in extra-curricular activities. I had worked with some of these colleagues in the field before, when I was involved in HIV/AIDS research in schools in 2001. The samples of the children's siblings or relatives/caretakers were identified through snow-balling, i.e., through information provided by the selected children themselves. The children's care-takers (or the surviving spouse, where this person was looking after the child) formed one category of key respondents. They were included in the sample in order to provide background

information about the children. Two local traditional leaders were selected, in order to obtain information about Shona traditional views about childhood and the construction and understanding of disease. Two local church leaders were also included in the sample, in order to obtain the views on the same issues from this constituency. A prophet of a local Apostolic sect church was included in the sample in order to gain an insight into the way syncretic religions impact on the lives of local people.

### ***Data Collection***

The approach used for the study of each child involved the use of diaries, naturalistic interviews, non-participant observations, as well as the study of school documents such as registers of attendance, mark schedules, exercise books, and term progress reports (Woods and Grugeon, 1991). I had used these methods before in studying the behaviour of young children (for my Bachelor of Education degree dissertation research in 1998, and during the 2001 HIV/AIDS research). However, I carried out a formal feasibility/pilot study at the school in January 2005.

Each selected child was requested to keep a diary where he or she recorded summaries of daily interactions, feelings, thoughts, hopes, fears, experiences and so on (anything that was on their mind daily). As part of the first interview, each child was also asked to provide ten statements describing themselves, based on Gordon's (1968) Twenty Statement Self-Identity Test (TST), which offers a useful way of profiling individual conceptions of self. The study of school records was intended to provide a general overview of each child's orientation, sense of confidence, achievement, self-esteem, and so on. Teachers' comments on progress reports, for example, indicated how they conceived of the child as a person with potentialities, hopes, aspirations, abilities, or otherwise. A brief life history of each child was also obtained. Observations, recorded in field reports, occurred both in the school and the home.

In addition to studying these children, I also obtained the views of their teachers as well as those of their older siblings or care-givers, in order to gain an insight into how these third parties understood the 'persons' of the children under study. For this

purpose I had semi-structured interviews with the Form teachers of the children<sup>6</sup>, as well as observed and recorded the nature of these teachers' interactions with the children in the school and in the classroom. I also had naturalistic interviews with the surviving parents or other care-givers of the children, as well as observed and recorded their interactions with the children in their normal day-to-day activities in the family and home.

Because of the delicate nature of the issue of HIV/AIDS, the interviews were made as informal as possible. Although some guiding questions were prepared in advance, few direct structured questions were asked in the initial interviews. Instead, the information was, as far as possible, allowed to come out naturally during normal conversation, in which I occasionally threw in subtle questions and tried to memorize the responses. It was only much later, after the children and their care-givers had become used to me that I started asking some semi-structured questions directly and recording the answers down or tape-recording them with the respondents' permission.

The data collection process depended largely on non-participant observations to obtain information relating to such delicate issues as deprivation and poverty, as well as the patterns of interaction between the AIDS orphans and their peers, siblings, relatives and teachers. Much depended on the ability of the researcher to create and maintain a good rapport and trust with the children. Although the methodology employed mainly non-participant observations, there were also times when I was a participant observer, such as when I accompanied TN and his friends to the bush to collect *mazhanje* (a wild fruit).

The methodology was phased around five stages, namely: initial contact, a period of observation and rapport building, initial interviews, the deep ethnographic work, and final interviews. The collection of data from the various sources relied on triangulation as an iterative and recurring process. This meant that there was

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<sup>6</sup> Each class at the school had a teacher responsible for it. The teacher maintained the class register, appointed the class-monitor, made sure the classroom was well looked-after, processed the progress reports for the pupils in the class, counseled the pupils in that class, and generally solved minor cases of indiscipline and attended to complaints by the class members. This teacher was termed a Form Teacher, as distinct from the subject teachers.

comparison of information from the various sources at every stage of the fieldwork process.

### ***Data Analysis***

The strategy of triangulation was used in analyzing the data, which offered an opportunity to test out, challenge, compare and contrast data about the AIDS orphan's experiences and perceptions against those of teachers, family members and close relatives. Triangulation combines methodologies to examine the same issue, or compares multiple data sets on the same issue to cross-check for consistency and to assess the degree of external validity (Glasser and Strauss, 1996).

Triangulation means that all the data (documents, field notes, interview transcripts) are prepared for analysis by identifying emerging themes, patterns or units of meaning in the data. Codes were used to develop categories, which assisted in examining the emerging patterns. The themes (and sub-themes) formed the basis of analysis. I had intended to use the computer assisted qualitative data analysis programme, NVIVO, for the analysis process, but gave this up when it proved to be slow and tedious. Coding was therefore done manually to establish linkages between text segments and to identify relationships between different elements of the data. The detailed data analysis process is explained in chapter six of this study.

Kelle (1995) observes that codes represent the theoretical concepts a researcher develops while generating a theory about the phenomena under investigation. According to Kelle (1995), a network of codes can be regarded as a representation of the emerging theory. Codes (or themes) can have sub-codes (or sub-themes) forming theoretical categories at different levels of abstraction. It is through the linking of these various codes and sub-codes to identify emerging patterns and relationships in the data that hypotheses and theory building is achieved (ibid.). The aim of an exploratory qualitative research design such as the present study is not the testing of ready made hypothesis, as we observed at the beginning of this chapter. Instead, the aim is to develop categories and hypotheses emerging from the various data sets, and to refine them into a model or theory (ibid.). Kelle (1995) acknowledges that coding in qualitative research is an arbitrary and subjective process, and cannot be replicated. But while Kelle appreciates the fact that such arbitrariness presents the problem of

reliability, Kelle argues that codes are related to the particular theoretical perspectives and interests of the researcher, and so the arbitrary nature of coding should not be seen as indicating a lack of validity, but rather, as only pointing to a difference in research focus.

This study was interested in understanding the way in which AIDS orphans constructed a concept of self-identity within the fields of home and school. The codes selected therefore reflect the contemporary cultural issues which form the social milieu within which these children lived and interacted. That was the research focus. In this regard the arbitrary codes used should not be seen as a weakness of the research design, but as its strength.

Kelle and Laurie (1995) point out the fact that the purpose of hypothesis generation is to discover new phenomena and to develop new insights into a selected area of research interest, a view also shared by Woods and Grugeon (1991), Harvey (1990), and Calhoun (1995), as we saw in an earlier section of this chapter. In this context, an emphasis on consistency and stability (or validity and reliability) can actually hinder the process of developing new insights and of gaining new understandings (Kelle and Laurie, 1995). Freedom to select an arbitrary and diverse array of codes promotes the process of discovery (*ibid.*). The data analysis process in this study relied on this freedom to choose on the basis of the research interest and the particular focus.

Through the coding process, I was able to refine the emerging hypotheses and to develop a conceptual framework that could serve as a theory about the phenomena under study. This involved discarding some peripheral codes (Kelle and Laurie, 1995) which did not bear directly on my area of interest, and combining the remaining codes into bigger themes which were more in line with what I was interested in. This is why in chapter five I discuss a large number of themes but narrow these down to only three themes (representing a broad consensus in the data) in chapter six, where I now develop a model of how the AIDS orphans studied constructed their concept of self.

However, we should also take cognisance of the fact that some writers are critical about over-emphasising coding in qualitative research. Denzin (1988)<sup>7</sup>, for instance argues that an over-emphasis on discovering categories or themes down-plays the actual recording of lived experience. Denzin criticises the emphasis on theory-building, which he sees as displacing the objective of writing about the actual theory of interpretation existing in the social worlds being studied. According to Denzin (1988), theory should not be removed from the real worlds of problematic experience. Theory development (construction of coding structure and conceptual structure for systematic analysis and interpretation) may compromise the essence of the original text, i.e. it clouds the interpretations and the understandings and definitions of situations made by respondents, the actual people, in the field, Denzin argues.

While it is important to bear Denzin's warning in mind as we attempt to interpret and to make meaning of the research subjects' experiences, it should also be pointed out that simply recording these interpretations by subjects would make our research too descriptive and rob it of academic rigour and intellectual engagement and debate. We should not stop only at reporting the meanings subjects make of their worlds, but try and make meanings of these subject-meanings. The way I see it, the primary purpose of qualitative academic research should be to come up with new, preferably provocative, insights and perspectives into existing interpretations. This is what this study attempts to achieve.

### ***Ethical Issues***

Since HIV/AIDS is a highly sensitive and delicate socio-political issue in Zimbabwe, all participants in the research, especially the AIDS orphans, were assured of a high degree of confidentiality. The names of the children were not used in the research, but only their initials. I obtained permission from the relatives/caretakers of all the children studied, as well as the consent of the children themselves. I also obtained ethical approval from the Zimbabwe Ministry of Education, Sports and Culture. Enough time to get the HIV/AIDS affected children into my confidence was allowed before any interviews and observations could begin.

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<sup>7</sup> Cited in Kelle and Laurie (1995).

## **Conclusion**

This brief chapter explained and described the methods as well as the methodology that were employed in gathering, processing, and analysing the field data. The merits and demerits of the adopted methodology of critical ethnography were highlighted, and the rationale for selecting this methodology was also explained. I alluded to the extent to which I felt emotionally involved in the lives of my subjects, and will return again to this issue in more detail in the concluding chapter. More about the methodology and the methods will be discussed in chapter five, in which I describe and explain the emerging themes from the data analysis, as well as in chapter six, in which I develop the analytical framework for understanding the field data, as well as explain the data processing procedures used. In the next chapter I present a summary of the profiles as well as the life histories of the seven children I worked with in the field.

University of Cape Town

## PROFILES OF STUDY CHILDREN

### Introduction

This chapter summarizes the general demographic, social, as well as economic backgrounds of the children in the sample. It also explains and describes the various ways in which these children responded to the dissonance caused by HIV/AIDS in their lives. I make use of my own field observations, information provided by the children themselves during informal conversations, as well as information obtained from the children's family members and school authorities. But, first, I shall give an overview of the community in which these children lived.

### The Field-Study Area

The study was conducted in a semi-urban community in the Shurugwi District of the Midlands Province of Zimbabwe. Being largely a mining settlement, the community comprises people of various social backgrounds, although the Shona-speakers form the dominant ethnic group. There are also small groups of people of Malawian and Mozambican origin who settled in the villages around the mines after retirement.

Some of the villages are administered by the Zimbabwe Mining and Smelting Company (ZIMASCO).<sup>1</sup> Others are managed by the local Rural District Council (RDC). A few townships also fall under the authority of the small Town Council (TC). In addition, several new resettlement villages are presided over by traditional chiefs and their headmen and kraal-heads. The structure of authority in the study area is thus quite complex and often conflicting and contradictory.

This complexity extends to the social structure of the area. The coming together of peoples of various backgrounds resulting from the labour requirements of the mines, as well as the fast-tracked resettlement of people on the surrounding formerly white-owned commercial farms, created many social problems. There are almost as many

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<sup>1</sup> Chrome-ore and gold are the main minerals, although platinum was recently discovered. The Zimbabwe Mining and Smelting Company (ZIMASCO) is the biggest operator, and administers most of the mine villages in the area.

bars, bottle-stores, night-clubs and beer-halls as there are churches and schools put together. Drunkenness and prostitution are therefore serious problems, particularly in the numerous informal settlements that mushroomed in the surrounding mountains, where illegal gold mining has become a widespread vice. In this climate, HIV/AIDS has become a major socio-economic challenge.

With a resident population of about 30 000, the area only has three secondary schools. Many local children have to commute daily by bus or mine train to these few schools from their distant scattered homes.<sup>2</sup> One of my study children had to travel 15 kilometres to school every day by train. Another one travelled almost 20 kilometres by mine bus to school daily.

Poverty is a serious problem in this area. Wages in the mines are meagre, and lag far behind the mega-inflation rate in the country. Resettled farmers lack skills and resources, and often abandon their farms to engage in illegal gold mining which pays more. Most households are headed by single-mothers or by children. Single-mothers survive by engaging in petty-trading and hawking, often augmenting their incomes through prostituting themselves and their girl children.

Infrastructure has largely fallen to pieces in the area. Roads and houses are in a serious state of disrepair. Water and sewerage works are constantly breaking down. Most homes have no electricity, which is always experiencing outages even where it is available. Most families thus rely on wood, coal and paraffin for fuel, which results in serious air-pollution and worsens the health problems in the community.

There are several health clinics run by the Town Council, ZIMASCO, as well as the Rural Council. In addition, there is one government referral District Hospital, as well as a maternity hospital. ZIMASCO also runs a well-equipped hospital. The government institutions are under resourced in terms of man-power, equipment and drugs. The mine facilities are priced beyond the means of most residents. Health delivery is thus largely inaccessible to most of the residents of the study area. This

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<sup>2</sup> My sample school was run by ZIMASCO. The other two secondary schools belonged to the government. Other schools outside the study area are run by church missions as well as by Rural District Councils (RDCs).

means that they rely on traditional healers as well as indigenous religious sect prophets for their physical, religious, and psychological health needs. Health issues in the area are strongly surrounded by myths related to a belief in witchcraft, evil, and the unseen world of the spirits. The area is infested with semi-wild cats, baboons, and warthogs, which are all treated with much suspicion and a degree of awe and fear. The animals are regarded as the messengers of those people with evil intentions for others.

It is within this socio-economic environment or that the subjects of my study lived and constructed their concept of 'self'. Below I give a summary of the demographic and socio-economic circumstances of each of my seven study children.<sup>3</sup>

### **Demographic, Social, and Economic Information about the Study Children**

In the descriptions that follow, I will place the children into three distinct categories, based on their economic and social circumstances. The first category comprises children who lived in relative comfort. The second group is made up of those children who were economically disadvantaged, but whose care-takers had steady incomes. The third category includes children who lived under very impoverished conditions.

#### ***The Economically Advantaged Children***

Two of the children, TG and AH, fell into this category. Both lived in relative comfort. Their homes were in safe and clean neighbourhoods. TG lived in a big town house with his widowed mother and four older brothers. His mother was a successful businesswoman. The property had a security wall, and the front gate was manned by a security guard. There were lush green lawns and some rose bushes on the grounds surrounding the house. The house itself boasted expensive antique furniture. There were several oil-paintings adorning the walls. There was not much material or symbolic indication that the house belonged to a Shona family.

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<sup>3</sup> Initially I had a sample of ten children, but three of them had to pull out of the exercise in its early stages for several reasons. The mother of one girl decided that the ethnographic observations intruded into her privacy so decided to stop her daughter from participating. The Care-giver of one boy passed away, and the boy went to stay with another relative in another district. The Care-giver of another boy found a job in a distant town, and the whole family moved away.

TG watched satellite television, and despised the single local television station. He had his own room where he enjoyed some privacy. He played video games and owned Play-Station 2. The boy led a very modern life-style.

Similar to TG, AH lived on a big property in a medium-income residential area of Shurugwi town. She, too, watched satellite television. Although she shared her bedroom with two other girls, she had a bed and a wardrobe to herself. The family was middle-class. AH lived with her aunt (her late father's younger sister, who she called 'mother'), her uncle, and their two children. AH's aunt's younger teenaged sister as well as her uncle's three sisters, all aged above twenty, were also part of the family. AH was a double orphan. Her late mother had killed herself with rat poison when she learnt that she was HIV-positive. AH had been eleven years old then. Her father had died a year later from AIDS-related meningitis.

AH's aunt taught at AH's secondary school. AH's uncle was a mine-engineer at a local mine. They owned a car. As we saw in TG's case, there was expensive furniture in AH's family's house as well. There were also modern amenities and appliances in the big sprawling house<sup>4</sup>.

The way AH's family organized and decorated their living space reflected their ambition for a petit-bourgeois life-style. The only items of Shona symbolism in the house were some hand-carved wooden elephants and buffaloes perched on top of the display cabinet, as well as a carved soapstone Zimbabwe bird displayed inside the cabinet. There was also a wall-hanging woven out of reeds on which was painted the scene of a traditional Shona homestead. On a coffee-table stood a large earthenware flower vase, decorated in the traditional Shona chevron-patterns as those to be found on all local clay pots used in rural villages.

Both TG and AH enjoyed good food. TG liked rice, chicken, and potato salad. He was able to bake scones and cakes. He said he always got his favourite food. TG also liked and often ate fast-foods such as pies and pizzas, but emphasized that he preferred home-cooked foods. Similarly, AH also liked rice and soups. She hated meat, which

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<sup>4</sup> AH's uncle and her aunt had lived as neighbours in adjacent houses before they courted and later married. After they got married they renovated both their houses and merged the two properties into one.

she declared was unhealthy. Unlike TG who ate fast foods, AH preferred traditional foods to processed modern foods. She was health conscious and very particular about what and how she ate. She took great pains to maintain her good teenage figure, and described herself as a slim black-beauty. Her favourite traditional foods were *mufushwa* (sun-dried, cooked vegetables) in peanut butter. She liked vegetarian dishes.

Both these children said they were free to dress as they liked. Their habitus was to a great extent informed by modern standards and values. Both also liked contemporary western music such as hip-hop, pop, and rhythm-and-blues. In contemporary local slang, these two AIDS orphans were referred to as ‘salads’<sup>5</sup> (sophisticated, urbanized, and westernized Shona children). AH spoke English with a pronounced nasal accent, what was termed as being a ‘nose-brigade’ in local slang.

TG’s knowledge of traditional rural life as well as of Shona customs and rituals was very limited. He could name but only very few wild fruits. He had never herded cattle. He said that he could not milk a cow. He could not name any traditional dances or games played by Shona children in the countryside. He could remember only one *ngano* (folk tale) told to him once by his maternal grandmother. TG hated rural life. He especially disliked the pit-toilets he was forced to use when he visited there. The latrines were unhealthy, he declared. They spread diseases. He, however, occasionally visited his maternal grandparents’ rural home. On those visits he would spend most of his time watching videos, he said. TG said that he knew a little about his clan history from what his grandmother told him. But he claimed that he could not remember his clan totem, a serious indication that he suffered from an identity crisis, many Shona people would conclude.

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<sup>5</sup> The term ‘salad’ was coined in local contemporary slang to refer to young people perceived as being lovers of ‘western life-styles’ in an overzealous sort of way. It is largely a derogatory term which implies that the person has lost touch with his/her roots and clings to alien standards and tastes which he/she is unable to fully grasp or understand. The person so labeled is thus depicted as being in a constant state of confusion, not knowing whether he/she is African or Westernized. The person’s identity is likened to a random putting together of a haphazard mixture of local and alien beliefs and values, the way a vegetable or fruit salad is put together. A ‘salad’ person suffers from a crisis of identity.

Unlike TG who did not remember his totem, AH knew that her totem was *hungwe* (Zimbabwe bird or fish-eagle). She said that her totemic relationship with her *tete* (paternal aunt) was more important to her than any other relationship that she had. AH said that her totem meant family, security, and belonging with others. She acknowledged the value of traditional Shona customs, which she said promoted good manners. However, AH was critical of the deeper rituals which she saw as being idolatry and evil. AH believed that her late mother was in heaven, and was unable to communicate with the living.

TG was a single orphan. His father had abandoned the family to go and live with a young widowed lady school teacher at one of his rural businesses. He had been a wealthy man in his life. The man had succumbed to AIDS several years after marrying the school teacher. TG blamed the woman for his father's death, but he also believed that his father's brothers, who all wanted TG's father's businesses, had used bad *muti* (medicine or charm) to turn his father into a drunkard and an adulterer and eventually kill him.

When his father died, he left most of his wealth to TG's mother, who now owned a bakery, a butcher's shop, a transport business, as well as a liquor-store. This had angered TG's uncles, especially the fact that TG's mother had refused to be inherited by any one of them. This had denied them access to the businesses. There was thus a great deal of animosity between TG's family and his uncles. TG and his mother and brothers all attended an Apostolic Faith sect church for spiritual guidance as well as for protection against their malicious paternal relatives.

Religion also played an important role in AH's life. AH regarded herself as a born-again Christian. She attended the Alliance Church of Christ, an indigenous Pentecostal spiritual church. She also occasionally went to an apostolic sect church with her aunt for blessing, consultation with family problems, as well as for protection against the dark forces of life.

Religion thus formed an important part of the habitus of these two economically stable AIDS orphans. TG believed that it was on account of their faith that his mother had escaped contracting HIV. He said that his late father had been contemptuous of

their church, which held its services in the open, whether it rained or the sun was hot. TG said that his father had been a heavy drinker whose favourite alcohol had been John Walker whisky. AH, like TG, believed that her faith had helped her to survive the trauma of losing both her parents.

TG believed in the power of money to confer respect. He also believed in the power of education to bestow status. He described himself as a rich child who had most of the things that he wanted in life. But he acknowledged that he was also a sad child because his father had abandoned him, exposing him to ridicule from relatives and other people. He was sad because, unlike other boys his age from 'rich' families, he could not drive around with his father, or learn the business ropes from him.

TG sometimes felt that he was treated differently by other people out of spite, especially by the prefects at his school. He said that he was often punished for offences that other children were allowed to get away with. He felt that most people just wanted to get something out of him. TG admitted to bribing prefects with money in order to avoid being punished at school.

Both TG and AH appeared to be happy, care-free, pampered, and spoilt children. However, each one of them harboured some private fears and doubts. They were both worried about appearing different to others. AH showed little confidence at school, and kept largely to herself. She appeared to be shunned by other children for being a 'salad', a 'nose-brigade', and a '*murungu*'<sup>6</sup>. Being the niece of a teacher at her school, AH was also associated with authority, hence was treated with suspicion by the other children.

In a manner similar to AH's case, TG often felt alienated and excluded at school. He said that he hated some schoolmates who were fond of always embarrassing him. He was, for instance, teased about the way his head was always clean-shaven, as was the

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<sup>6</sup> The term *murungu* is used to refer to AIDS sufferers whose hair has turned silky and straight (to resemble that of a Caucasian person) and whose skin has become velvety and grayish in color, because of their illness. By association, the term is also used to refer to the children of those suffering from AIDS, and the orphans of those known or believed to have died from the disease. The word *murungu* originally means a white person, and has historically been used metaphorically to refer to upper-class blacks, black employers of other blacks, customers who support a black person's business, and so on. But it has also always been used to refer to 'abnormal' blacks such as albinos and sell-outs during the war of liberation.

requirement at his church. Just like AH, TG was sometimes teased for being a 'salad' and a *murungu* who was fond of speaking in English at the wrong times. TG also claimed that some young teachers at his school borrowed money from him and never paid it back. Girls also harassed him, he said, by falsely claiming that he had relationships with them. When he gave them money to make them leave him alone, the girls used that as proof that he had affairs with them. So, despite his material well-being at home, TG often felt vulnerable, isolated, exploited, and exposed to ridicule and spite.

In spite of these problems, TG said that his life was motivated by the need to avoid ever contracting HIV, as well as by a desire to become a successful businessman when he grew up. He felt that he needed to be strong and to ignore the jealousies of spiteful people. Both TG's and AH's worldviews reflected the interplay of the structural elements shaping agency in contemporary Shona society. Within a context of chronic poverty, relative wealth provokes mistrust, jealousy, gossip, and general ill-will among the suffering community. The two children in this category appeared to interpret any animosity directed towards them as stemming from jealousy. By so doing, the children managed to overturn the 'otherness' imposed on them as 'wealthy' AIDS orphans by other people, and to forge a form of agency for themselves which enabled them to position those who teased them as the pitiful objects for judgment and criticism.

While both children described themselves in individualistic terms in line with what they thought were the valued traits of modern children their age, they still could not transcend fully the over-arching superstructure of Shona social life which appears to be rooted in a deep fear of the unknown. So, while these children led what might be termed modern life-styles, they were still constantly fearful of witches and of malicious relatives with evil intentions. AH would not pass close to the graveyard in her neighbourhood. She would not go out of the house at night, for fear of wild cats that roamed the area and were thought to be embodiments of evil. In like manner, TG believed that his uncles had bewitched his late father in order to gain access to the latter's wealth. Both these children therefore lived in constant doubt and fear, emotions that appeared to be magnified by the feeling of isolation from the protection

of the extended family and of biological fathers within this patriarchal society. Both children thus relied on faith in their spiritual churches for protection and security.

### ***Profiles of the Economically Disadvantaged Children***

Three of the study children will be described under this category. These are TM, LT, and MN. The families of these children could be described as being middle-class<sup>7</sup>.

Although one person was formally employed in each family, their incomes were clearly extremely low and inadequate to meet all the basic needs of family members. Demographically, such families tend to be large, and geographically they tend to live in impoverished neighbourhoods under crowded and rather unsanitary conditions.

TM lived with his aunt (late mother's younger sister), her husband, and their three children (RT, a girl aged sixteen; LN, a girl TM's age; and WC, a boy aged ten). TM's uncle worked as a clerk in a local mine, and TM's aunt was not formally employed. The family lived in a small brick house in a crowded mine compound. The house had electricity, but did not have running water. There was cheap furniture, a 14-inch black-and-white television set, as well as a portable radio-cassette player. The family cooked on a portable double hot-plate electric stove. There was no refrigerator. The children had little by way of personal possessions and shared what there was, including clothing and blankets. Both TM's parents had died of AIDS.

MN, like TM, lived with her family in a small brick house in another crowded mine compound about twenty kilometres from TM's home. MN lived with her father, who worked as a security guard at a mine. She also lived with her step-mother. MN had a younger sister, MV, aged nine, as well as a younger brother, SL, who was only three years old. The three children's mother had died of AIDS about two years prior to my fieldwork. MN's step-mother's two children from a previous marriage completed the family. These were Tricia, a girl of the same age with MV, and 'T', a boy of MN's age.

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<sup>7</sup> It is not easy to demarcate clearly social classes in Zimbabwe because of the wide-spread chronic poverty which has largely erased the middle-class groups.

As we saw in TM's case, the living conditions in MN's family house were also very basic. Most of the cheap household furniture belonged to MN's step-mother<sup>8</sup>. The furniture was quite old. A small 14-inch monochrome television set in a corner was probably the most expensive item in the house. MN's step-mother was very strict and very vocal about how her property was used or abused by her step-children. As a result MN did not feel very free or confident using things around the house. The small mine house was blackened inside from years of cooking on a coal stove.

MN and the other children all slept on the floor and shared blankets, the boys separate from the girls but all in the same room. Little SL wet the bed, and there was a lingering smell of stale urine about the house. The living environment was very depressing. There was electricity, but for lighting only. There was no running water, or private toilet. The family shared public ablution facilities with several other families. There was little privacy in the lives of these children.

As was the case with TM, the third child in this category, LT was also a double orphan, whose both parents had died of AIDS a few years prior to my staying with her family. LT lived with her uncle (late father's younger brother) and his young wife. There were three other members of LT's family. These were her aunt's younger sister DN (aged eighteen), Aunt's baby boy KZ (aged nine months), and Aunt's younger brother KN (aged nine). LT's aunt worked as a nurse-aid at the local government District Hospital. LT's uncle was still attending a teacher-training college, and was mostly away from home.

LT's family were lodgers in a council house which they shared with another family. LT's family occupied only three rooms, so space was very limited for them. The house was located in a dusty, crowded, and noisy township. As was also the case with the houses in which TM and MN lived, LT's family's house was not fenced, and strangers and neighbours traversed its small yard freely and endlessly. Because of this reality, the families of all these three children were often concerned with their safety, and feared that ill-minded people could leave bad charms on their doorstep any time they wanted to. This is one reason why the three families all attempted to ensure their

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<sup>8</sup> MN's late mother's kin had removed most of the family's property after their daughter's death, claiming that it had belonged to the deceased.

safety by using methods such as the burning of aromatic herbs to ward off evil. There was a constant feeling of insecurity as well as a lack of privacy.

Twelve people shared a single shower and toilet at LT's house. Most people in this neighbourhood cooked on open wood-fires or on paraffin stoves. Every evening the air became acrid with smoke as well as the smell of burning paraffin. Most of the young people in this community were unemployed, and survived on illegal gold mining. During the day the township was drowned by the noise made by the metal pestles and mortars used to crush the gold-bearing rocks. It was a tough neighbourhood in which to live and grow up.

As in TM's and MN's cases, there was little by way of furniture in LT's home. A dining-table occupied much of the living-room space. There was also an old-fashioned stereo-set in a corner. An old cast-iron coal stove was about all there was in the kitchen. There was no television or refrigerator.

Let us move back to TM for a moment. His father had been a teacher, but had abandoned TM and his mother long before he became terminally ill. TM had been raised by his mother who had operated a lucrative hair-salon business. TM said he had had a very comfortable life before his mother passed away. They had lived in a suburban house, and TM had attended a good primary school. He now greatly missed his previous life-style. This was what made him very bitter against his late father, whom TM blamed for causing all his current hardships.

TM liked rice, spiced chicken, and sweet sterilized milk. He also said that he liked porridge with peanut-butter, *sadza* (stiff maize porridge) and beef stew, and vegetables. However, because his care-givers could not afford these foods, TM ate only what was available, usually *sadza* and *matemba* (tiny sun-dried fish from Lake Kariba) or green vegetables. TM detested his daily food. He missed traditional foods such as *rupiza* (mashed beans), *nhopi* (mashed pumpkin), *madora* (mopani worms), *dovi* (peanut-butter stew), *nyovhi* (a tasty wild spinach), and many others which his maternal grandmother prepared for him when he visited her in the rural areas. TM enjoyed rural life, but said that he preferred to live in the city, where he used to live with his late mother.

LT and MN, like TM, also liked rice and meat, but were not able to get these foods most of the time because their families could not afford them. LT and MN both liked traditional foods, which were more easily accessible. All the three children in this category knew about fast-foods, but preferred home-cooked foods which they said were more nutritious. All the children prayed before they ate, and ate with their fingers. MN and TM also clapped their hands before and after eating, a traditional Shona way of thanking and showing respect to the food provider. LT said she did not clap her hands when she ate, because she was not a heathen and did not pray to the ancestors.

Both MN and LT said they preferred to wear decent clothes, and despised revealing costumes and tight jeans or slacks, because these were worn by loose girls and loose women. Both children said that they wore what they chose to, and were not told what to or not to wear by anyone. However, they were restricted in their choices by poverty, they said. TM preferred contemporary fashions such as stone-washed jeans, jogger-shorts, vests, and T-shirts. However, he only had one pair of jogger-shorts and two pairs of old jeans. He, too, complained that his choice of clothing was limited by poverty. All the three children disliked traditional dress, such as that worn by dancers and theatre performers, because it was too revealing.

All the children said they liked television, but had to go to friends' homes to watch colour television. They were all embarrassed by this. TM went to a friend's house to watch satellite television, as did LT. TM and MN said that they preferred watching television to listening to traditional stories or to playing traditional games. LT, however, also liked to exchange folk-tales with her aunt.

TM had never lived in the rural areas for a prolonged period of time. He had only been there for one month, when his father had passed away and TM had to attend the funeral at his paternal grand-parents' rural village. He had learnt to herd cattle and to harvest crops. TM said that he had not liked the traditional customs and the death and burial rituals that he had had to participate in, such as washing his hands in a concoction of herbs to rid himself of the spirit of his late father. Some of his nieces and aunts had also taunted and teased him, and had tried to remove his trousers, as is

the custom. Such jesting and joking is meant to lighten the atmosphere at Shona burials, but TM said that he was greatly offended and appalled by what he had to go through. He had hated the way people got drunk on large amounts of traditional beer and made a nuisance of themselves. Some of his aunts and nieces had also mocked his dead father, mimicking the way he had liked beer and women. This had embarrassed and tormented TM, he said. TM said he did not believe in the practice of traditional rituals because his Pentecostal church taught that this was evil. However, he knew that his totem was *nungu* (the porcupine), and TM said he felt very proud each time his aunt thanked and praised him by his totem.

Unlike TM who knew the names of all his maternal and paternal grand-parents, MN did not know any of them. She was not aware of her clan history. Her totem was *shumba* (the lion), but MN was not sure what significance this had for her. She, however, said that she was proud to be a *shumba*. MN was very familiar with rural life, and was able to perform most of the activities required of girls in that setting.

LT, like MN, was also familiar with rural life and with its customs and life-style. However, she could not perform most of the rural chores, because her paternal grandmother doted on her and did not want her to be overworked. She, however, could herd cattle and was able to help in the fields. LT did not know any deep Shona rituals. She was not involved in the burial rituals for both of her late parents. While she was not able to perform these higher-order rituals by herself, she however knew a great deal about Shona customs, which she had learnt from her grandmother. Like MN, LT said she was also of the *shumba* totem. She believed that totems bound families together, and was proud to be a Takawira (her clan name). She learnt about her clan history from her paternal grandfather. Her *vatete* (late father's sister) taught LT about growing up as a 'proper' Shona girl, she said. LT was, however, put off by the fact that her paternal grandfather always regretted that LT was not a boy. LT said girls were actually more important than boys, because girls did more work in the home, and were more reliable and trustworthy.

All the three children in this category did more work in their homes than AH and TG, who we discussed in the first category. TM, LT, and MN's families had no domestic help to do the work for them. Girls did more work than boys in the three families. MN

always complained that the boys in her family were lazy and spent most of their time playing soccer (a practice which TM was particularly guilty of) while she performed all the household chores by herself. The children in this category were also more strictly controlled than those in the first category. HIV/AIDS was, for instance, more openly discussed in the families of the children in the first category than in those of the children in the present category.

While the more economically well-off girl AH described herself in the Twenty-Statement Self-Identity Test (TST) as being a black-beauty, a scholar, clever, honest and trustworthy, intelligent, and a Christian orphan; the less privileged children LT and MN tended to emphasize obedience and goodness in their self-descriptions. AH highlighted her individual attributes in a more independent manner, as opposed to MN and LT who dwelt more on socially approved attributes.

All the three children in the second category took their religion very seriously. LT was a member of the Seventh Day Adventist church but, like AH, occasionally attended an Apostolic Faith sect. She belonged to a youth group at her church called the 'cornerstone', which taught her that all people were equal in the eyes of God. She said it was her church that gave her the strength to face the hardships in her troubled childhood. LT had been abused by her step-mother before her aunt took her into her family. She had been beaten (on one occasion so much that she had to be hospitalized, and her step-mother had to pay an admission of guilt fine), she was forced to bed-wash her dying father, and was made to go running each time she was sent on an errand.

TM attended an indigenous Pentecostal church, the Zimbabwe Assemblies of God Africa (ZAOGA) church. He, too, said that his church helped him to interpret the difficult events in his life positively. He said that if it were not for his faith, he would have been so bitter against the world that he would have done something foolish, such as commit suicide or attempt to harm other people.

MN went to the Apostolic Faith church, for God's protection, she said. However, she also believed that her ancestors looked over her. She said that she believed in the influence of her departed kin in the events of her life because she always dreamed

about her mother. MN believed that her late mother was able to show what she approved or disapproved of in MN's behaviour through the girl's dreams. Likewise, LT also said she sometimes dreamed of her late mother, who she also believed looked after her.

All the three children believed that witches and evil existed, and that these were somehow linked to the bad things that had happened in the children's lives. TM believed that witches existed by virtue of the fact that Satan existed. However, TM also believed that prayer had power over witchcraft, because the pastors at his church were able to exorcise demons from people, he said. MN believed that her late maternal grandmother had been a witch, and that witchcraft could be passed between generations. She thought so, she said, because her grandmother had once bewitched MV, MN's younger sister, who started to sleep-walk and to talk in her sleep. Her grandmother had wanted to pass her witchcraft to MV, but the prophet at their church had prayed for the evil spirit to leave the girl alone, MN said.

MN was very skinny and often fell ill. She was born with *rukara* (a painful vein condition), her step-mother had disclosed to me. This was believed to have been the work of the evil grandmother as well. The witching grandmother had sent the disease to the girl while she was still a foetus. MN's elbow later developed a mysterious growth which was operated on twice without success. The growth had only disappeared after MN received some help from her church, she said. She, however, remained weak physically, and always feared for her life. She cried each time someone in her family was taken ill. MN strongly believed that the events leading to her late mother's AIDS death were linked to her evil grandmother. MN thus hated her late grandmother, who the whole family blamed for sending them *mamhepo* (evil spirits) which had caused all the suffering of its members.

MN claimed that during the first few months after her mother's death, the dead woman had 'visited' the house regularly at night, moving things around. MN claimed that she and the others could clearly hear utensils and furniture being moved about the house, as if someone was cleaning the house. This had only stopped when her mother's relatives had come and collected the household effects, which they claimed had belonged to their daughter. MN said she used to be very afraid at night because

her relatives were saying that maybe the spirit of her mother would come and ‘take the children away’, as the household effects had been.

All the three children in this category also believed in the power of education to uplift people from poverty and to provide them with dignity. MN thought that what she learnt at school was the most important in shaping her as a person, since in her opinion education had the power to turn her into a modern professional person. Her ambition was to become a nurse when she finished school, so that she could alleviate the suffering of helpless people. TM wanted to be a pilot or an accountant. He also wanted to be rich and famous, as well as to be a responsible family man who would not drink or smoke. Like TM, LT also wanted to be a pilot when she grew up.

The habitus of the three children in this category can be summarized as combining two worldviews, the first being the modern worldview seen in their yearning for contemporary fashion and food as well as a preference for town life over rural life, and their respect for the power of education in influencing the course of life. Overlapping with this modern worldview is a traditional orientation which enabled these children to locate themselves within the mythical spirit world, which they understood in terms of a traditionalized form of Christianity existing alongside a world of witchcraft and evil.

So, while these children all thought of themselves as being Christian, they also lived in a world very frequently under the influence of sinister, dark, unseen forces. In terms of our concept of ‘capital’, these worldviews were both understood in the context of structural poverty which, in the context of the concept of the ‘field’, often resulted in strained family and extended-family relationships. Their experiencing horrific deaths at an early stage of their lives, as well as their close encounter with frightening sickness and all its related symbols and images, added a problematic dimension to the habitus of these children, a dimension which they had to find ways of coming to terms with. This they found within their faith, as well as in accusing certain of their relatives as the source of their plight.

Unlike TG and AH who were shielded to some extent from the full dissonance inflicted by the context of HIV/AIDS by their relatively comfortable living

conditions, the economically disadvantaged orphans were more exposed to the harsh realities of living within a habitus rendered more complex by this added dimension of HIV/AIDS. MN, for instance, was very sensible and economic with things in the house. She was not wasteful, and said that she understood well what it meant to be poor.

MN's family field was characterized by strained relationships resulting from the stress caused by disease and poverty. This cultural dissonance manifested itself through the breaking of taboos around issues of childhood, sickness, death, and the maintenance of social distance between children and adults. Like LT, MN had been forced by circumstances to nurse her dying parent, her own mother. This was a clearly adult role. This responsibility had hardened her, and now made her speak openly against her maternal kin with impunity. Her maternal kin had let her family down. They had failed to assist when MN's mother was dying. They had refused to come and conduct the burial rituals for MN's dead mother. They had then come and taken the family household effects. MN was able to criticize and to condemn the behaviour of these adults, which was a very un-Shona thing for a child to do.

When her step-mother had been angered by MN's father, the woman had insulted the man by declaring in the presence of the children that he was an AIDS carrier, and that his late first wife had been a prostitute. These accusations were also indicative of a family field in turmoil. MN had to construct a 'self' within this disrupted family field located within a habitus characterized by uncertainties, mistrust, accusations, and counter-accusations. In a similar case LT, who had nursed her dying father and bed-washed him, was still traumatized by the experience. She said she would never marry. This declaration, made within a cultural setting which places a great deal of value on the institution of 'family', pointed to cultural dissonance of a high magnitude in the life of LT. More will be said on these issues in the following chapter.

### ***The Economically Impoverished Children***

The remaining two children in my sample fell under this category by virtue of the fact that their care-takers' earnings were seriously meagre, irregular, and grossly inadequate to cater for the basic needs of the families. The children are SM and TN.

TN was a small-sized boy aged fourteen. He was a single orphan who lived with a frequently ill mother and her live-in boyfriend (TN's uncle, his late father's younger brother who had decided to live with TN's mother after her husband's death, without the consent of both TN's maternal and paternal relatives).<sup>9</sup> This co-habitation (*mapoto*) was considered improper in the community, and led to the family being shunned by neighbours and relatives.

The family was small, being made up of TI (TN's cousin, his mother's younger sister's daughter aged nine), TN, his mother, and his uncle. TN saw himself as co-breadwinner with his mother. His uncle was too ill to work, and TN loathed the man for being totally dependent on the boy's mother. TN felt that he was partly responsible for maintaining his mother's economic, social, physical, emotional, psychological, as well as spiritual wellbeing. He assumed the role of man-of-the-house. He appeared to be more concerned with his mother's welfare than he did with his own.

Unlike TN who had a mother, SM was a double orphan. Her mother had hanged herself in 1999, when she had found out that she was HIV-positive. SM had only been seven years old then. Her father had passed away two years later. SM lived with her maternal uncle (late mother's brother), her aunt (whom SM called 'mother'), and their two sons TL (same age with SM) and TTN (aged nine). SM also had several blood siblings scattered around Zimbabwe. She was not in contact with them.

Both these children's families were desperately poor. There was no household property to talk about in TN's mother's house. The only items that caught my attention were two canvas wall-hangings with some messages inscribed on them. One read, "I wish long life to my enemies, so that they may see all my successes". This message testified to the habitus of the Shona people, which cannot separate success from other people's evil jealousies. On the other canvas were written the words: "Lord meet my needs", providing evidence of the duality of belief-systems in the world of the contemporary Shona (see, for example, Cox, 1996; Magesa, 2004; Moyo,

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<sup>9</sup> TN's Uncle (step-father?) was very ill when I first met him, suffering from a relapse of TB. He died during the period that I was conducting this field-work).

1988). Traditional Shona symbolism converged with Christian symbolism on these canvas surfaces, in a cosmology of poverty and suffering, but also of hope.

SM's family was just as poor as TN's, and just managed to keep afloat. SM's uncle had lost his job as a builder working for the regional capital city's municipality. He had then gone to do odd jobs on commercial farms around Shurugwi. He was said to be co-habiting with another woman at one of the farms, and came home only occasionally. He did not contribute much to SM's family income. SM's aunt was a flea-market vendor. The family lived in a crowded semi-rural settlement, on a tiny plot of arable land which they farmed by hand (they had no livestock). Their brick house was half-complete. There was no running water or electricity. They used a pit-toilet. As in TN's case, there was no radio, television or refrigerator. The family cooked on a wood fire. The children had very few clothes. Food was hard to find. The children all slept in one room, on the floor, with little privacy.

SM's aunt tried to make the girl forget her past and feel at home,<sup>10</sup> to the extent of spoiling her. Her uncle regarded SM as his *muramu* (small wife, one's sister's daughter) as per Shona custom, and often flirted with her. This changed, however, when Aunt found out that SM had written lies about her in the girl's diary. Things got worse one Saturday afternoon when TL found his father taking the *muramu* idea too far by fondling the girl on the sofa. From then on there was open rivalry and animosity between Aunt and SM, but Uncle protected the girl. SM was able to control the two boys by virtue of this unsavoury relationship with Uncle.

Moving back to TN, the boy believed that death was an inevitable part of his family life, and he seemed to accept that. Suffering was an integral part of everyday life which, nonetheless, one had to alleviate in whatever way one could. TN had no faith in their relatives (who had deserted them after his father's death). He had great faith in his church, the Apostolic Faith sect, and like all the other children in this study, TN also feared evil. He appeared to believe that everyone and every institution (except his church) had a vendetta against him and his mother. He went round his problems by

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<sup>10</sup> SM's mother had committed suicide by drinking rat-poison when she learnt that she was HIV-positive after being hospitalized repeatedly for various ailments. Her husband died two years later.

simply doing what he felt needed to be done in a particular place and moment, regardless of the consequences.

When the authorities would not give him a pass to leave school early, TN just walked home without it. When his mother refused him permission to go and play, he just went anyway. When another boy kicked and scattered a mound of earth symbolizing TN's mother's breast in a challenge, TN pounced on the boy and beat him thoroughly. When someone wrote TN's name on HIV/AIDS education posters displayed on the classroom notice-board, TN tore all the charts down. TN's habitus thus appeared to be shaped by resistance against those that sought to define him in ways that emphasized his vulnerability and difference. He seemed to judge his success and to frame his 'self' by the degree to which he was able to frustrate his perceived enemies, as the message on his wall at home testified.

However, TN also believed in love. He really loved his mother and his cousin TI, whom he both prayed for daily. TN hated his uncle who competed with the boy for TN's mother's affection. TN absconded from school to help fend for his mother. The day his mother shouted at him in anger saying: "*unozvifunga chaizvo iwe!*" (You are so selfish, all you care about is yourself!), TN was clearly upset and hurt. His sense of self was often torn between his love for and loyalty to his mother, and his disdain for the way she sometimes unfairly treated him. She often accused him of being "just as useless as your father used to be" resulting in TN wanting to reject his father's memory. He seemed to rebel against the failed past and to mould a contemporary understanding of experience which rejected temporality as a link between the present and the past, accepting it only as a link between the present and the future. However, the boy also found pride in his totem, *sibanda*, and in being likened to his notorious late father, who had been rebellious and daring, qualities that seemed to appeal to TN.

In a similar manner, SM also believed strongly in the significance of her clan totem *shumba* (the lion) in her sense of belonging. "It is important to share a totem with others, because you will look after each other. You will be relatives", observed SM. In order to avoid constantly reminding SM that she was from a different clan than the other children, her aunt discouraged reference to totems in the family. However, SM insisted on being thanked or praised by her totem. The fact about her different totem

highlighted SM's symbolic positioning as her uncle's 'small wife', an identity she exploited to her advantage whenever she could. Totems can thus create boundaries or demolish them, creating identities which structure relationships and determine family roles and the distribution of micro-power. SM sometimes expressed remorse for hurting her aunt by flirting with her uncle, and by frequently telling lies about her aunt to Uncle. SM often asked God for forgiveness in her prayers, as she once indicated in her diary. Her identity appeared to be torn between her loyalty to Aunt, her affection for Uncle, and her devotion to God.

Although she often said that she was a staunch Christian (the family attended the Apostolic Faith Mission Church), SM, like TN, was also a strong believer in the existence of witchcraft. When a baboon was stoned to death by a crowd at a neighbour's house, SM claimed that it had belonged to three notorious witches in the community who never missed the burials of infants, and always returned to the graves at night to eat the babies' remains. To concretize her claim, SM had shown me a big *musasa* tree in a field nearby, where the witches were said to hold meetings at night. SM said she changed course each time she found herself on a collision path with any one of the elderly women.

Local myth had it that the stoned baboon used to be sent to sleep with unsuspecting women, who would then show the symptoms of AIDS. This fear of witchcraft and its linking with HIV/AIDS was embedded within a structural context of chronic poverty, which tended to cause individuals to blame an invisible hand for all their misfortunes, so that the self was always understood in terms of victimization in a continuous stream of denial. The linking of the baboon to AIDS gave the disease the added dimension of its connectedness to an already existing structure in society by which all things were understood. This 'connectedness' tended to diminish the 'otherness' associated with AIDS, and to make the disease more understandable, and the fear surrounding it more psychologically manageable. Within this habitus, SM thought herself and her family as being particularly vulnerable to evil. When warthogs destroyed their small patch of maize, SM was quick to point a finger at the three witches. She, like the other children in my study, thus attended an indigenous spiritual church for protection against perceived evil.

SM described herself as being very religious. She attended church because, “when you die church people will come to bury you.” Her idea of *belonging* here was interpreted in terms of her awareness of her mortality and vulnerability as an orphan. An awareness of vulnerability and lingering death appeared to characterize the way SM constructed her self-identity. Death was a constant reality reproduced in her community with a high degree of frequency, a fact which applied also in the experience of TN.

SM was concerned that her uncle would contract HIV at the farm where he was said to be co-habiting with another woman. She prayed for his deliverance from evil. Her fears worsened when Uncle moved to Botswana to seek new opportunities. The whole family shared SM’s fears. However, these fears might have had more to do with a concern that Uncle would not send money home or return home himself, than with the issue of AIDS itself. Faced with the prospect of increased structural poverty, the whole family demonstrated an agency which manifested itself in the only two ways they understood. One was to pray, and the other was to perform a *bira* (beer ritual, to which I was not invited) at Aunt’s paternal rural home, to implore the ancestors to protect the family from the evil streak in Uncle’s family line. SM was hurt by the way her Aunt always portrayed SM’s maternal kin as blameworthy in this way. She complained about this in her diary.

Although SM saw herself as being just like any other child her age in her community, she however demonstrated a deeper sense of spirituality, as well as a keener belief in spirits, than the average girl her age. She disclosed that her aunt had once taken her to an *n’anga* (traditional healer), because Aunt believed that the girl was possessed by the wandering spirit of a wronged paternal clan member. Although SM did not believe that she was really possessed (because her church protected her), she nonetheless believed that *n’angas* were able to treat some ‘sent’ diseases, such as the baboon-induced AIDS, which modern hospitals could not heal. By constructing AIDS as a ‘sent’ disease, SM managed to shift stigma from herself as an AIDS orphan (a victim) onto unseen forces which she portrayed as the victimizers. In this way, SM was able to make the unmanageable manageable in her mind.

Unlike SM who seemed to dwell a great deal on mythical ideas, TN was wise about practical issues, which he treated rationally. He would not allow his friends to destroy the eggs of a small bird which they found in a bush, reasoning that allowing them to hatch would yield birds with more utility value. He was also well informed in traditional knowledge. He would not pick unripe fruit from the *muzhanje* tree or curse its sourer fruit, saying that this would anger the forest spirits, so that the trees would not bear fruit the following season. TN was wise in the matters of God. He prevented his friends from killing insects and lizards for fun, saying that all creatures were important in the eyes of God. TN's habitus was a complex blend of tradition, Christianity, and rational secular thought. He prayed before writing a test at school, but would not hesitate to provoke a fight by making coarse remarks about an adversary's mother's private parts when he got angry. TN thus portrayed an active agency that was often contradictory, but also functional within his social field.

TN described himself as a poor orphan, but one who was strong, smart in class, hard-working, clever, and a Christian. He always wanted to give the impression that he was tough and manly, and said that he would never perform girls' tasks such as scrubbing the floors (which, in fact, he did). Despite this outward macho bravado, TN was actually a very sensitive, nervous and shy child who felt vulnerable and afraid because their relatives had deserted his family. He felt helpless because they were poor. "No one respects you if you are poor", he would say. He was embarrassed by their poverty, and often lamented the fact that they had no television set or radio. He was sad because his mother could not afford to buy him contemporary fashionable clothes, or to provide him with the kinds of food he craved. His sense of self appeared to be characterized by conflicts and contradictions. He hated his Uncle, yet when the man died TN was shattered by the reproduction of the experience of death in his young life.

There was conflict between the boy's allegiance to the Shona macho psychology which always reminded him to 'behave like a man', and his emotional attachment to his mother. This conflict often manifested itself in observable physical mannerisms in TN. He always exuded nervous energy, and would wring his hands and fidget on his feet. He stared vacantly into space one moment, and was blinking rapidly and

excitedly (apparently at nothing) the next. TN often hid his torment behind a ready smile, but would explode unexpectedly in a fit of temper if he failed to get his way.

At school TN always insisted on doing things his own way. He would not sing the national anthem at assembly, but stood at attention, his mouth firmly shut. He was contemptuous of girls, who he thought were not clever. In an English multiple-choice test one day he placed ticks in the response boxes, instead of crosses as per the instructions. He enjoyed it when the young student-teacher exploded with anger. His classmates saw TN as a hero who dared challenge the institutional power invested in the teachers and the prefects. TN did not, however, see himself that way, claiming that he only did what he felt needed to be done to survive. TN saw the school field as being a hostile space within which he had to out-do those determined to make his life difficult.

TN was very sensitive about his appearance at church. Though at school he wanted to be conspicuous by dressing differently, at church he was concerned that he did not have the white robe that men and boys wore. He ended up refusing to attend church, until his mother bought him the robe. TN's agency was thus responsive to the field in which he found himself interacting, and he modified his behaviour in line with the way he related to that field. Church made him relate more clearly with his lived reality as an AIDS orphan in articulating his 'self' than did school. He therefore respected his church and his image within it, more than he did his school.

TN's habitus of pain, suffering, death, and neglect seemed to nullify the value of the extended family in his lived experience. The context of HIV/AIDS and of chronic poverty in which TN lived thus challenged age-old cultural values and belief systems, creating new ways of understanding the self and new ways of performing agency and of understanding and relating to others.

TN's mother described him as a playful child, rather childish for his age. She said he was not very serious about life, but was also hard-working at home. Despite his contempt for 'feminine work', TN still did most of the household chores, she said. TN was also popular with other children in the neighbourhood, because he was not a bully, he was fair, and co-operated with others, said his mother. Yet she admitted to

frequently beating TN and refusing him food when he refused to work and complained of tiredness or of being ill. Mother did not think TN had any special emotional and psychological needs as an AIDS orphan. She was only concerned about coping daily with the harsh realities of their deprived lives. She saw TN's need for affection as a sign of weakness and spoiling ("*anoyema*", "he is spoiled", she would say).

TN's mother admitted that she frequently likened TN to his late father in a derogatory way. She thought that this might explain why TN was upset by the mention of AIDS, and destroyed HIV/AIDS messages and symbols in public places. His mother acknowledged that she sometimes expected too much of the boy, and drove him to rebellion by frequently labelling him as being stubborn and selfish.

As in TN's case, SM's relationship with her aunt was not an easy one either. In our first interview Aunt described SM as "the daughter that I never had". In our last interview she described her as a bad child who had almost destroyed Aunt's marriage when she lied to Uncle that she (Aunt) was having an affair with a local school teacher. Aunt said SM was lazy, lied, and was also an ungrateful cheat. SM's aunt was still convinced that the girl was possessed by 'the wandering spirit of a wronged clan adult person', and needed traditional cleansing rituals to be performed. But since this could only be done by SM's own kin (who could not be bothered), Aunt was powerless to do anything about it, except to appeal to the prophet at their church for periodic prayer rituals.

In a different context, all his teachers described TN as playful and undisciplined. He was also said to be shy, unsociable, unmotivated, and unhappy. He "fails to fit into others' world and is always angry", his Form Teacher said. "He has low self-esteem, and feels inferior to others. He tries to compensate for this by being stubborn", she said. TN was seen to be the antithesis of what a 'proper school child' should be.

The school authorities appeared not to consider how the school's culture might be in conflict with the way AIDS orphans really experienced their lived worlds. These children were conceived of in terms of a deficiency within themselves. They always 'needed' something that was missing, if they were to be like 'normal' school children.

The construction of these children, as being deficient in something, was rooted within a 'needs discourse' which was situated in the unequal power relations within the school. This needs discourse only served to polarize the interests of the individual vulnerable child and those of the school as a rigidly structured institution. A needs discourse reproduces the conflict between the self-definitions of AIDS orphans and the social expectations of the school, creating distance between the private and public worlds of these children. TN resolved this conflict by ignoring the expectations of the school. More will be said on this in the next chapter.

As they did with TN, SM's teachers also dismissed her simplistically as a very playful child. She was said to lack a sense of purpose. Her Form Teacher concluded that SM's emotions were suppressed at home, and found explosive expression when the girl was given space at school. SM, her Form Teacher said, often manipulated others, and always made sure that she was not vulnerable herself. She managed her disadvantaged situation well, the teacher declared.

### **Conclusion**

The children in this study were all affected by HIV/AIDS in their lives in different ways. They responded to the challenges posed by AIDS in ways that reflected the entrenched cultural beliefs within their communities. But they also demonstrated an agency which had to do more with how they individually sought to make sense of their circumstances in daily survival, than with prescribed social modes of behaviour. Agency was, however, often constrained by wider structural aspects of their lived reality, so that always present in some of these children's everyday lives was the harsh reality of poverty and suffering which shaped all their responses, as well as the ways in which they sought to define who they were.

This process of self-definition was necessarily complex, and followed different trajectories for individual children, depending on the finer details of their family, community, and school relationships. Superimposed on the over-arching habitus of Shona cosmology were niches defined by other factors such as material status, school experiences, and church teachings, which all mediated the processes by which these children related to the reality of their daily lives. These issues form the material to be discussed in more detail in the following chapters.

## THEMES EMERGING FROM THE RESEARCH DATA

### Introduction

In this chapter I set out to discuss the major themes emerging from the field data. A great deal of material was collected in the field through interviews, field observation, diaries, a family survey, as well as a questionnaire (see appendices at the end of this thesis). From this mass of data, the most recurring ideas were identified through repeated reading of the information. I became very intimate with the data (Kelle, 1995) by constantly revising and condensing notes from them. From these notes, sixty-seven recurrent words and phrases were identified. Below I give a full list of these words and phrases:

Fear, prayer, ancestors, curse, belonging, teasing, sharing, patriarchy, hate, jealousy, gossip, witchcraft, pride, totems, showing-off, eating, discrimination, peace, privacy, sickness, self-protection, child-abuse, integrated personhood, obedience, motherhood, 'salad', superstition, poverty, resentment, conflict, stigma, doubt, insecurity, names, disowning, mistrust, spoiling, death, trauma, the head, secrets, self-fashioning, blame, avoidance, rebellion, dreams, absence, presence, defaming, recognition, the heart, family protection, victim, ignorance, sex, shame, prostitution, flirting, arm-twisting, fasting, evil, gender, bodies, compassion, family security, intimacy, losing.

Having identified these recurring words and phrases, I then recorded each one down against all the page numbers on which it appeared in the field notes. This enabled me to examine all the material on each word or phrase together in order to establish the contexts within which the words and phrases were used by different respondents and informants. By synthesizing the contexts, I was able to combine various words and phrases together to come up with broader conceptual themes. For example, the word 'eating' was used by respondents and informants when referring to the social consumption of food, but also metaphorically to critique promiscuous sex, witchcraft, death, and immoral love for money and pleasure. Hence, from the word 'eating' I formulated a theme worded as follows: 'The metaphor of "eating" in the connection of HIV/AIDS with witchcraft, promiscuous sex, and money'.

In the discussion that follows, I will structure the field information under eight major themes derived through the process explained above. The original words and phrases from which each theme derived will serve as sub-headings or sub-themes. Some sub-themes logically fall under several major themes, but I will discuss them under the context within which they mostly arose in the field data. The detailed discussion of the emerging themes will follow below, but I will first present the eight themes and the various sub-themes that I will later discuss in more detail in the sections that follow.

The themes I present here appear to constitute the major contemporary discourses around, not only the issue of HIV/AIDS, but also how the current Zimbabwean society is understood by adults as well as by children. What these themes seem to suggest to us is the way in which contemporary challenges in Shona society have come to be understood in the context of the dove-tailing of modernity with structural and historic traditional beliefs and knowledge systems. The themes also suggest how contemporary life has become embedded within syncretic forms of modernity (Comaroff and Comaroff, 1993; Fabian, 1998), a concept that I will explore at length in later chapters.

Modern challenges and developments appear to be understood within a framework based on historical ways of constructing meaning and knowledge, so that we find adversity being associated with a belief in witchcraft and in the construction of people as being intrinsically bad and always seeking to harm others through practices such as malicious gossip, petty-jealousies, back-stabbing, teasing and taunting, 'Othering', and so on. The picture emerging here appears to point to the fact that Shona society and Shona culture are being reconstructed and reconceptualised as modernity brings new challenges. The essentialism which the concepts of habitus, field, and capital suggest is challenged as people attempt to assert themselves in their society, and to create new meanings and understandings of who they are. It is these ideas that kept surfacing in the field, and which form the material for the discussion in this chapter. These are also issues that I will be returning to, in more detail, in the subsequent chapters. The eight themes and their sub-themes are summarised here:

- a. Perpetual kinship and the disposing of kin- the general construction of Shona personhood as being meaningful only through its links with the past, the present, and the future is challenged here as people dispose of those kin-relationships that appear to place them in a position of disadvantage and exploitation.
- b. Family love and affection, suspicion, and mistrust- again, the ideal construction of the Shona family as a field characterised by tranquillity, sharing, peace, mutual love, trust, harmony, and so on is deconstructed in the context of HIV/AIDS, so that the family is now characterised by abuse, mistrust, and a loss of innocence in orphaned children. Nonetheless, ideas about belonging, sharing, the value of mothers, and the need to protect the family name and family secrets from outsiders still hold strong in most Shona families, particularly those affected by HIV/AIDS.
- c. Respect for elders, an awareness of adult moral failure, and a sense of betrayal by AIDS orphans- this theme indicates how the historical patriarchal values such as the requirement that children always respect their elders are being challenged by the context of HIV/AIDS. AIDS orphans realise that their late parent/s (particularly fathers) failed to control their behaviour, resulting in them contracting HIV and subsequently dying from AIDS. These adults are thus viewed by these children as having been victims of ignorance and objects of failure.
- d. Social norms, conformity, rebellion, and defiance- it was revealed in the field that AIDS orphans considered some 'norms', such as the wearing of school uniform to school, were desirable since they fostered a sense of belonging and positive identity. However, other 'norms' were considered to be undesirable, such as those school rituals that were in confrontation with the children's home cultures. Undesirable norms were resisted and rebelled against, for example through self-fashioning through dress, the use of slang (language), and the refusal to perform certain rituals at school (such as the singing of the national anthem at school assembly, for instance).
- e. The metaphor of 'eating', HIV/AIDS, witchcraft, promiscuity, and money- the field data suggests that modernity and its challenges and new ways is understood in old social structures and beliefs. Through the use of metaphors, imagery, and symbols associated with beliefs in witchcraft and evil, modern

challenges such as HIV/AIDS and the daily search for money and survival, are all brought into clearer focus, and meanings are derived from these old understandings.

- f. Bodies, the fear of contamination, and the role of religion in body protection- self-understanding is embodied, and this embodiment involves the internalisation of how risk to self is understood. The lives of AIDS orphans were seen to revolve around a perceived need to protect oneself from evil. Thus prayer, the fear of contacting dangerous diseases such as tuberculosis, attendance of Apostolic Faith sect churches, the carrying of personalised ritual items of self protection, performance of various religious rituals and the wearing of religious apparel, the shaving of heads as a sign of ritual purity, and fasting were all embodied ways through which AIDS orphans understood their 'selves'.
- g. Hatred, gossip, jealousy, and envy as structural means of understanding the self and others in contexts of poverty and suffering- perceived malicious behaviour by others towards AIDS orphans appeared to be a central aspect of the way in which these children understood their positioning within their community. The habitus of these children made them view some members of their community as being fond of teasing and taunting, as being showy, and as finding pleasure in the discomfort and misfortune of other people. There was therefore a perceived need by these children to protect themselves as well as their families from malicious forces from 'outside'.
- h. The need for recognition, doubt, and preference for anonymity at school- the picture coming out of the field data suggests that AIDS orphans find it difficult to reconcile their home and school worlds. The way in which they understand who they are at home (through the performance of and participation in the lower-order as well as the higher-order rituals that frame their lives) is largely overturned by the rigid culture of the school. However, the children struggle to find ways to create new meaning within the context of adversity presented by their school experiences.

These themes are the focus of discussion in the sections which follow, in which I explain each theme and its sub-themes in more detail, always bearing in mind that the purpose of this study is to gain insights into the various ways in which AIDS orphans

construct their self-concept in various social fields. From the discussion in this chapter I will be able, in the following chapter, to suggest a model which will assist in answering the research questions spelt out in chapter one. The themes in this chapter constitute the codes for analyzing the field data. As Kelle (1995) advises, and as we saw in chapter four, the aim of an exploratory qualitative research design is not the testing of existing hypotheses, but the development of categories and hypotheses emerging from the data, and their refinement into a model or theory. The problem here, observes Kelle (1995), is that coding is arbitrary, and cannot be replicated, so there is a problem of reliability. However, Kelle (1995) also observes that the point of hypothesis generation through coding is to discover new phenomena and to develop new insights into social problems or situations as unstructured settings. Emphasis on reliability, validity, consistency and stability in this context might actually hinder the process of discovery.

### **Themes Emerging From the Field Data**

The following discussion revolves around the codes which were used to identify broad areas of consensus in the data. A little background information about Shona cultural beliefs around each theme will be given, where this serves to provide the context within which the data were collected, and within which they should be understood. Below I examine the conflict between the view which sees Shona personal-identity as being perpetually linked to the living and the dead kin, and the field evidence of the way AIDS orphans dispose of certain unwanted kin.

#### ***Perpetual Kinship and the Disposability of Kin***

This theme emerged out of the following ideas which kept surfacing in the field notes:

##### *Ancestors and Ancestral Curse*

In Shona society, a central aspect of family life is a belief in the role of departed kin in the events affecting the living members of the extended family or clan (Gelfand, 1979; Owomoyela, 2002). This connectedness between the dead and the living has been termed 'perpetual kinship' by Gottlieb (1989). However, what emerged during my brief experience with the families of my seven study children was that, in times of crises such as multiple AIDS deaths, chronic poverty, and suffering, bereaved families blame their dead for having turned their backs on the living. The family members will

say “*midzimu yatifuratira*” (the ancestors have cursed us). In such moments families either turn to traditional healers (*n'angas*) for meaning, or to spiritual indigenous church sects for protection, or both. Kinship with the society of the dead is thus ‘disowned’. A few specific incidents of this phenomenon from the field experiences would be profitable to refer to here.

TG declared to me that he always prayed before eating, but did not clap hands, because he did not worship his ancestors. When I asked him why he did not ‘worship’ his ancestors<sup>1</sup>, TG answered that this would bring him bad luck, since any evil spirits within his family line or clan would then have access to torment him whenever they wanted beer. TG believed that his late father had had bad luck because he had insisted on performing beer rituals so that his ancestors could protect his businesses. Instead, TG and his mother went to the Johanne Masowe Chishanu Apostolic sect church, where there were no complicated and endless beer rituals in honour of the ancestors. In TG’s words’ “Once you get involved with ancestors they won’t leave you alone. They won’t give you rest. They bring bad luck on you, to force you to brew beer for them.” TG claimed that he did not know his totem, and this was not a cause for concern.

Perpetual kinship is also said to exist between the living and dead maternal and paternal relatives, as my informant, Elder Ngocha, was at pains to emphasize. However, the stress caused by multiple deaths on some members of my study families was seen to result in living kin also being disowned. This process invariably involved accusations and counter-accusations of witchcraft.

A good case in point was that of TG, who had this to say when I asked him who his favourite and disliked relatives were:

I like most of my relatives, but I hate my uncles, because they are jealous of our money. They did not like my father, and were angry when my mother refused to be inherited by any of them when father died. They were happy when my father abandoned us, and they called my mother a witch. But I think they are the real witches. I just

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<sup>1</sup> An informant, elder Ngocha, explained that it was wrong to speak of ancestor worship, since Shona people prayed to Mwari (God) through their ancestors. Shona people did not worship their ancestors.

ignore them. We do not need them because *we don't eat at their homes.*

Asked the same question, TN responded thus:

I like my aunt best (father's younger sister). She looked after me well when I was younger. I hate my father's brothers and his other sisters who do not help us. They say my mother killed my father. They are angry because Uncle (JN) stayed with us after my father died.

The disposing of kin concept is often linked to witchcraft accusation. AIDS orphans and their families demonstrated a great deal of mistrust for certain members of their kinship circle, and these mistrusted kin were also disowned, as I discuss further below.

#### *Witchcraft Accusation*

The fear of witchcraft extends to non-relatives as well, forming a general habitus of doubt and mistrust. TN explained that he enjoyed church, because the church "protects you from bad spirits. There are many witches in Shurugwi," he declared. On pressing him for evidence, the boy said, "I know, because at our neighbours' house people sometimes wake up in different rooms than the ones they went to bed in."

When TN's uncle later also passed away, his relatives refused to attend the funeral, accusing TN's mother of having caused the deaths of two of their kin (TN's father had died of AIDS before TN's uncle came to co-habit with the boy's mother). TN's father's family regarded TN's mother as a witch, especially since she remained alive herself. Some women at TN's uncle's funeral were overheard by TN whispering to each other that his mother must have a witch-spirit which killed any man who got involved with her. No wonder her marital kin refused to mourn with her, they reasoned. TN and his mother felt abandoned and deserted by TN's father's relatives, so they in turn rejected or disowned those relatives, opting to suffer on their own.

Another example is offered by LT, who said that, "I hate my step-mother because she behaves and dresses like a prostitute. She treated me so cruelly she must be a witch. I'm glad that I have nothing more to do with her now." Another AIDS orphan, SM, believed that witches collected soil from the footprint of a targeted person (*kunokorwa*

*tsoka*), then used the soil to make bad medicine to harm the owner of the foot-print. The bewitched person might then suffer from a painful leg (*chitsinga*) and waste away in the same way an AIDS sufferer does, SM said.

Another illustration is provided by MN's case. When her mother died of AIDS, both MN's paternal and maternal relatives refused to attend the funeral. MN's step-mother attributed the behaviour of MN's paternal relatives to jealousy. The relatives were jealous of MN's father's relatively higher level of education and better standard of living. The maternal relatives would not attend because they accused MN's father of having 'eaten' their daughter by infecting her with a 'shameful disease', MN's step mother disclosed. (I later found out that the maternal relatives had refused to attend the funeral also because they were angry at MN's step-mother, who had become involved with MN's father when MN's mother was still alive and ill. The relatives regarded MN's step-mother as a witching prostitute).

MN's maternal and paternal kin had thus disowned MN's family which, in turn, also declared that they had nothing to do with their relatives any more. To concretize this decision, MN's maternal relatives had come and collected their late daughter's household effects, a symbolic severing of joint ownership.

When maternal or paternal kin (or in-laws) no longer perform rituals together, they cease to be kin, and dispose of each other's ritual roles. They now suspect each other of mischief at all times. MN's step-mother thus blamed MN's maternal kin for having bewitched MN's father with bad muti which had 'eaten' away his potency, as a way of being spiteful to the couple. MN's father had had to be treated for a long time by the prophet at their church, before MN's step-mother could conceive. Related to this issue of witchcraft are feelings of resentment and anger at late parents who are often seen by the AIDS orphans as having failed and betrayed these children. The children I worked with all blamed their late parents, particularly fathers, for having indulged selfishly in immorality at the expense of their families, as I discuss further below.

#### *Blame, Resentment, Failure to Forgive, and the Disowning of a Late Parent*

Blame featured repeatedly in my conversations and interviews with both the children and the adults in their lives. In response to the question: 'I blame my late parent/s for

passing away and leaving me orphaned- True or False?’ four of the seven children answered “True.” LT’s aunt had this to say on the issue:

(LT) blames her father for bringing disease to their family...Our men are often the ones who bring the disease to us innocent women (laughter). Maybe this is the reason why (LT) says she will never marry. She is angry at her father for causing her all that suffering.

SM blamed her late mother for the woman’s own death. This was because SM’s aunt used the death to try and educate the girl. In SM’s aunt’s words:

(SM’s) mother became a loose woman after separating with her husband (SM’s father). She dated several men at the same time without shame. She never re-married. This is how she contracted AIDS...(SM) knows how her mother died. I tell her, so she can look after herself...We discuss AIDS in our family.

In a similar manner, TN’s mother blamed her late husband for having died of AIDS. According to her:

His (TN’s) father died of AIDS. He developed leprosy, then TB. But I do not think I have it. We were no longer intimate long before he became ill. I told him I could not trust him because he dated prostitutes at the mine beer-halls openly. (TN) becomes upset when his father’s name is mentioned, especially when I scold him with it.

Another boy, TM, blamed his late father for destroying their family. He told me that:

My father was a teacher. He started drinking too much, and became unfaithful to my mother. They separated, but my mother had already contracted the disease. My father died first, and then my mother also died last year (2004). I will never forgive my father for what he did.

Such blame was reinforced when children were frequently exposed to feuding adults in their day-to-day lives. This often occurred when relatives from the mother’s and the father’s extended families accused each other of wrong-doing. This generated some resentment, and children vowed never to forgive the perceived guilty party, who was then disowned in the quest to be different.

Silin (1995) suggests that forgiveness must occur, not only within the individual, but among family members. Forgiving, Silin argues, is an inter-subjective process which depends on future prospects of promise. A wrong-doer can be forgiven if he or she promises not to repeat the wrong in future. The problem with AIDS wrong-doing, observes Silin (1995), is that the perceived wrong-doer will no longer be there to

make the promise, hence those hurt find it impossible to forget. The pain becomes a part of who they are.

One of my adult informants, Pastor KG of the Alliance Church, had this to say on the issue of blame:

Um-um, children's self-concept is affected by their experiences of HIV/AIDS. During their illness, parents usually blame each other for bringing the disease into the home, and children listen. I have counselled several children who were bitter against one of their parents, usually the father, who they blamed for causing the situation. This can create children who are unable to forgive and are hateful.

Blame is thus one major concept that was closely linked with the way in which AIDS orphans related to those around them within the kinship and family circle, and it is related to the idea of disowning of kin. However, through their own names, some AIDS orphans subconsciously relate to their late kin, since Shona names are often meant to link a child to a late relative or an important event in the family's history. When a couple refuses to name their new-born child after a late significant relative, this might also be interpreted as representing another form of disposing of kin. Let us look at this aspect in the next section.

#### *Shona Names and Perpetual Kinship*

There is a belief in Shona culture that if a child is named after a late close relative, the child will display the character traits of the late relative, so that past behaviour manifests itself in the present through the child. TN's mother thus declared that, "(TN) was not named after any relative, as some children are. This sometimes causes children to inherit undesired traits from that relative, and I didn't want that for my child."

The implication here was that, naming her child after her husband's relatives would have resulted in the boy becoming irresponsible and unreliable, qualities TN's mother always associated with her late husband and his clan. Family names particularly confer identity in Shona society (Mvududu and Mcfadden, 2001), and are at times the cause of a divided selfhood, as SM's aunt indicated when she said:

She (SM) uses her paternal family name, because her father obtained her birth-certificate before he died. This is the other problem, because the surname always reminds (SM) that she was born in a different family. But she is also proud of being a member of her late father's family. It is complicated.

In a similar situation, TN's mother pointed to the way in which her son's identity was divided between two allegiances when she said:

His (TN's) totem is *Banda* (the lion), and this should be his surname. However, since he had no birth-certificate when his father died, it was easier for me to register him under my maiden name. He therefore uses his maternal grandfather's family name as his surname. He sometimes makes a mistake and writes his paternal surname on his school books. *He belongs to both families*. He is also proud of his father's family name, *despite its problems*.

It was a common finding in the data that, despite claiming to disown their late fathers, these children were still eager to be identified with their paternal kin through the use of their fathers' clan names and totems. All the children, save for TG, indicated that they knew their paternal totems and were proud to be identified with them. This need to identify with the paternal clan name was, however, often in conflict with the children's feeling of shame resulting from the linking of their family name to AIDS. Below I trace this issue.

### *Shame*

Silin (1995) makes the observation that HIV/AIDS brings together the potent symbols of blood, sperm, sex, and death; summoning images of moral failure, pollution, and contamination. Being associated with HIV/AIDS thus confers identities of shame based on stereotyping, misinformation, and innuendo, according to Silin (1995).

Evidence from the field data in this study appears to concur with Silin's arguments.

In response to the question, "Do you feel comfortable when people talk about HIV/AIDS?" SM replied that:

When people talk about AIDS (pauses, fidgets), sometimes it is boring and sometimes it is embarrassing (*zvinonyadzisa*). Boys want to use AIDS just to talk about sex with girls. They are not ashamed of themselves.

TM said that he felt ashamed each time HIV/AIDS was discussed. This was because HIV/AIDS was always associated with condoms and sex. This made it difficult for him to reconcile with the fact that his parents had died of the disease. That was why he walked out of their living room each time an advertisement about AIDS and condoms was screened on television. For TM, the symbols associated with HIV/AIDS became synonymous with his late father's moral failure, disloyalty, and betrayal.

Golinski (2004) explains how shame is related to a bad act by others. According to Golinski (2004), shame is a complex state of distress that we experience when we are perceived negatively by others (or we think we are), and we feel personally exposed and vulnerable. Shame for another implies identification with that person. Shame is thus both intensely personal and intensely public (ibid.).

TM and LT particularly expressed that they felt shamed by what had happened to their parents or, rather, what their parents had done. LT said that she was ashamed to think that her father had dated prostitutes, abandoning his family and cheapening himself in the small community where everyone knew almost everyone else. Her father, who, like TM's father, had been a teacher, was on suspension from work for dating a pupil by the time he became sick. It would appear that it is this feeling of shame that induces AIDS orphans and their families to blame evil spirits for causing the plight in which they find themselves in, an idea I attempt to develop in the next sub-section.

#### *Evil Spirit Possession*

Reynolds (1996), in her work with children within the context of traditional medicine in Zimbabwe, concluded that childhood is a period of vulnerability to evil among the Shona people. My field experiences touched on this subject as well, and I can cite at least two relevant cases to illustrate this theme within the worlds of the AIDS orphans I worked with.

The first case is that of SM's aunt, who often claimed that the girl was possessed by 'the bad spirit of an adult dead paternal relative'. SM's aunt explained that:

There are times when (SM) behaves very strangely, and refuses to talk or to do work, or even to eat. At such times she becomes mean

and stingy, and finds it difficult to share things with others. At such times she begrudges my own children the food that I, their mother, work for. These are the times that I feel that the girl is possessed by evil (*akagarwa nengozi*).

Similarly, MN's step-mother suspected the girl of evil-spirit possession because MN was sickly, withdrawn, and slow in everything she did. Her step-mother also suspected that MN's younger sister, MV, was equally frequently possessed by evil, because she sleep-walked and sometimes talked in her sleep. These children were always hearing these accusations and denying them, so that they became pre-occupied with always trying to protect themselves from such accusations. SM's aunt also often claimed that the girl's late mother had been possessed by an evil spirit which had caused her to behave recklessly. It was because of their general fear of evil spirits that these children attended Apostolic Faith sect churches, a point I raise repeatedly in this study. However, the spiritual realm is not always associated with evil. Sometimes it is also believed that AIDS orphans' late parents, particularly mothers, appear to these children through dreams to reassure them that all is well, and to offset these children's fear of the unknown. Dreams thus act as a palliative against the dissonance caused by evil in these children's lives, as Reynolds (1996) has suggested.

### *Dreams*

Reynolds (1996) explains dreams as one way through which Shona children understand themselves, what Reynolds has termed a 'technology of the self'. In my field experience, girls often reported their dreams in their diaries. Boys did not report ever dreaming.

LT once entered in her diary that:

Last night I dreamt about my mother again. She was dressed in a white wedding dress, and she smiled at me. She appeared quite alive. I think this will be a good month for me, (diary entry dated 1 May 2005).

On 27 May 2005 LT made this entry in her diary, "Last night I dreamt again. Mother was wearing a dark dress and looked angry. She did not smile. I wonder what I have done wrong."

In response to the question, “Do you think that the spirit of your late parent/s look/s over you?” SM offered this reply:

Um-m, maybe the spirit (*mweya*) of my mother watches over me, I don’t know. I sometimes dream about her, but I hardly remember what she looked like now. She died when I was very small. I never dream about my father, though. I don’t think his spirit looks over me.

Another child, MN, had this to say about a dream she said she had on 24 June 2005:

Today I dreamt about my mother. She stood on the door-step, but would not come into the house. She told me to be good and to work hard at school. When I woke up, I was happy because my mother had visited me.

MN went to a prayer youth Camp at their church over the Easter Holiday in 2005. She reported dreaming about her mother on each of the three nights she spent at the Camp. MN believed that her late mother rewarded her when she behaved well, and punished her if she misbehaved or was lazy.

Dreams thus featured in the field data as one of the ways through which perpetual kinship was maintained between some of the AIDS orphans and their departed mothers. All these concepts affect AIDS orphans within the family field, a field characterised by both love and nurture, and by conflict and abuse, as Mvududu and McFadden (2001) argue. I explore this idea, which was raised at length earlier in chapter three, in the context of the field data below.

### ***Family Love and Affection, Suspicion, and Mistrust***

Ideas relating to this theme arose from the following issues which emerged repeatedly from the field data:

#### *Sharing*

Elder Ngocha explained to me that sharing was a central aspect of Shona family life. The traditional extended Shona family was based on the sharing of time, of memories and common clan histories, of happy and sad moments, of material resources, of totems and clan names, and so on. Community life was equally built around the sharing of resources such as labour. Sharing ensured that orphans were shielded against poverty and the personal trauma of loss, Elder Ngocha said.

The field data indicated that, while sharing was an important aspect in the lives of the AIDS orphans, all of them preferred to be self-contained and self-sufficient. In response to the question, “What things would you change in your family if you could?” LT said, “I would build a big house so that everyone would have their own room.” SM said, “I would work and get enough money to employ people to do our work at home.” In response to the question, “Is there anything you wish your family could do for you?” TM said, “I wish my relatives could buy me more clothes and some blankets, so I would not have to share.”

TG thought that it was important to have a friend to share free time with. He defined a family as a group of people who shared their lives with each other. However, he also said he did not care what his relatives thought about him, because he did not eat at their homes. He had all that he needed. He did not share any material resources, any emotional feelings, or any quality time with them. TG also said that he hated to share a plate of food with anyone.

All the study children, save for LT, declared that they did not share a plate of food for fear of diseases. But it was also clear that the sharing of food went against the children’s desire for independence and self-sufficiency. SM felt that sharing meant belonging together. In her words, “It is important to know your totem because you will know who are your relatives and share things with them and help each other, because you are the same people.”

Despite this claim by SM, her aunt complained that the girl was mean and stingy, and was very reluctant to share things with other people. SM herself once complained in her diary that her friends at school had accused her of being stingy with her personal items (*akaomera*).

Sharing was not considered as being very important by TG and AH, the two most economically well-off of the orphans. However, the rest of the children considered sharing to be very significant in their lives. They shared bedrooms, and sometimes even blankets. They shared clothes. They shared in performing household chores. They shared other spaces such as public baths and toilets with the rest of the community. All the children shared the family shame of being associated with AIDS,

a shame which united family members and partly defined their sense of belonging and sameness. 'Belonging' featured as an important concept in the field data, and so it warrants closer attention.

*Belonging: the Family as a Circle of Same People*

In the family survey the study children responded to, they all ranked their families as being the most important thing in their lives. There was consistency on this aspect in how the children responded to the survey, the questionnaire, as well as in the answers they gave in the semi-structured interview.

TG, for instance, stated in the interview that, "I am very proud to be a Ganyani (their clan name) because my family looks after me well." In the Twenty-Statement Self-Identity Test he described himself with much emphasis on his 'belonging' to his family. For example he stated that:

- "I am a boy who has mother only."
- "I am a boy who is number five in my mother's family."
- "I am a boy born to a rich family."
- "I am a boy wishing to support my mother."
- "I am not thinking that I am an orphan because I have a mother."

AH stated in the survey that, "My family means everything to me because we live in peace and they do everything for me. They help me when I am sick or I am in trouble." Similarly, LT responded to the survey topic, "What my family means to me", by stating that, "My family is a place where life is comfortable, where there are my relatives who take care of me. It is where there are people of the similar race (sic), colour, beliefs, church, and tribe to me."

In the interview LT had earlier described and defined her family thus:

A family for me are all my father's and my mother's relatives. I am glad for the support I get from my family....My totem is *shumba* (the lion). Totems bind families of relatives together. I feel comfortable being a Takawira (father's clan name).

Although the definition of 'family' appeared to vary among the children, they all held the central ideas of 'belonging' and 'sameness'. However, the issue of 'belonging' sometimes conflicted with that of 'not belonging'. For instance, TM did not appear in the family photograph adorning the wall of their living-room at home, a fact that

defined him as not fully belonging to his repository family. Similarly, there were some photographs of LT's extended family in their living room, but LT and her parents were not in any of them. LT's aunt told me that she had removed all traces of any items that might continue to remind the girl of her late parents. Family life in the context of HIV/AIDS is thus characterized by these issues of 'presence' and 'absence', 'belonging' and 'not belonging', 'the family as mine' and 'the family as not mine'. Belonging and sameness were always associated with a need for peace, harmony, and privacy within the family and home.

### *Peace, Harmony, and Privacy*

The children placed a great deal of emphasis on their desire for peace, harmony, and familial privacy. TG described himself as a quiet child who liked peace and order. He was proud of the fact that he had his own room, where he enjoyed privacy. SM had this to say on these issues:

I like to live in harmony in our family. I do not like being beaten each and every time if there is no reason...My relationship with other members of the family (is that) we always joke to (sic) each other as though I have parents.

Complaining about the way her relatives always caused trouble for her family, MN often said, "They should leave us in peace, we don't eat at their homes (*hatidye kumba kwavo*)."

Her father disclosed that MN's name meant peace and tranquility, desired conditions that were proving to be quite elusive in the lives of members of MN's family.

LT described peace within her family this way, "Me (sic) and my family live together and we relate to others as one does to his or her own." By this I took it she meant that her family members respected each other, and each one loved the others the way he or she loved him or herself. Her statement had a Biblical ring to it, as it appeared to relate to the command to 'love thy neighbour as thyself.'

For children whose lives were mostly characterized by poverty and family feuds, peace and harmony were often elusive, hence greatly desired. The family was, as Mvududu and Mcfadden (2001) observed in an earlier chapter, often a contested

space fraught with conflict, and sometimes with abuse and cruelty. Abuse and cruelty need further discussion, and I address these here.

### *Child Abuse and Cruelty*

The children were aware of the existence of child abuse within the context of their lives as AIDS orphans. TG, for example, observed that, “It is important to go to church because you will know when you are being abused by adults. You will learn how to be a balanced person.”

TN complained about what he considered to be abuse at his home when he said, “I like my mother very much, because she is patient with me when I am naughty. I hate it though when she beats me with an electric cable and refuses me food to punish me. That is cruel.”

LT’s aunt narrated how the girl was abused by her step-mother before LT came to stay with her (aunt). Her aunt believed LT’s experiences still traumatized the girl. LT was keenly aware of the way she had been abused, and referred to her step-mother as a ‘prostitute and a witch’ (*hure re muroyi*). LT narrated her ordeal to me as follows:

My father’s wife (she would not call her ‘mother’ or step-mother) treated me like a dog. She would not allow me inside the house once she had swept it. She would not allow me to go and play with other children either. So I spent the day sitting outside the house, waiting to be sent on errands. Whenever I was sent somewhere I had to run all the way there and back. Once I returned late from the shops and she hit me with her shoe on the head here (showing me the scar). I had to go to hospital and I had stitches. She was arrested and paid a fine. When my father became ill, his wife forced me to clean him. She was a prostitute and a witch.<sup>2</sup>

In a separate incident, SM’s aunt also revealed how the girl had been abused both physically and mentally by the relative who had first looked after her when her mother died. SM’s aunt explained that:

(SM) is an obedient child. I looked after her since she was in Grade One, at the age of seven. The first person to look after her after her mother’s death had been very cruel to her. There are still times when (SM) displays signs of confusion.

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<sup>2</sup> This was literally true. The woman had worked as a bar-maid in a mine bar, and was a notorious prostitute who went out with any man who happened to have money. At the time of this write-up the woman had just passed away, a victim of AIDS.

When SM's uncle was later caught fondling a half-naked SM in their house, the incident was interpreted differently by the family members. Her aunt accused the girl of being possessed by an evil spirit, as was reported earlier. SM claimed that her uncle had forced her into the act. Her uncle hid behind culture, which 'permitted' him to 'play' with his 'little wife'. SM, it might be argued, had been both physically or sexually abused by her uncle, and verbally and mentally abused by her aunt. As Ncube *et al.* (1997) observed in chapter two, the Shona family in Zimbabwe is changing in its grounded form, partly because of the effects of HIV/AIDS. As it mutates, one problem becomes that each family member perceives the changes differently. Some, such as SM's aunt, may feel alienated because the changes may be out of their control, in which case they blame the unknown. As will be discussed in greater detail in the next chapter, this perceived loss of control appears to be a feature of the contemporary articulation between modernity and traditional ways of life. It is this perceived loss of control which prompts people to seek meaning and purpose in new forms of cultural capital, such as that offered by the new Prophetic or Apostolic Faith sect churches, resulting in new identities which are syncretised and hybridised.

MN and her siblings were also reported by their step-mother as having been abused by their maternal grandmother, after the children's mother's death. MN's step-mother reported that, "Little SL (MN's brother) was neglected by her grandmother, and developed stomach worms. It is at that point that I felt compassion, and decided to take the children into my care. I have worked hard to rehabilitate them."

Despite her step-mother's holier-than-thou claims, MN felt that she was often abused by the older woman as well. MN thought that her step-mother was too controlling, and often cried about this. Her step-mother took this for the girl's insubordination, and became even more firm with MN. MN's father also felt that the girl was being verbally and physically abused by his wife. MN was made to do a lot of hard household work, such as washing the family's blankets by hand and scrubbing the floors. Her father often became angry with his wife at the way she treated MN. Control of the children became the cause of frequent quarrels within the family, resulting in MN becoming a timid and nervous child. There was conflict between MN's father's desire for household control, based on Shona patriarchal values; and

MN's step-mother's claim to power within the home, based on the fact that most of the household property belonged to her. Such disputes and conflicts are a further indication of the ways in which modernity and tradition are being redefined in ways that create new meanings as well as new identities. However, some traditional values have remained largely static, such as the way in which motherhood is understood in Shona culture. Let us examine this idea.

### *The Significance of Mothers in AIDS Orphans' Lives*

All the study children referred to someone in their lives as 'mother', including those whose biological mothers were dead. TG, who lived with his natural mother, stated that, "I am not feeling as an orphan because I have a mother. I am a guy (sic) who loves his mother."

TN also lived with his natural mother, whom he was very fond of, despite the fact that she sometimes physically and verbally abused him. TN worked hard to help his mother, often missing school to do so. He beat up two boys on separate occasions for insulting his mother. On the first occasion, a boy had insulted TN using vulgar language which made reference to TN's mother's private parts.<sup>3</sup> The boy had shouted, "*musatanyoko!*" at TN. This literally translates roughly as "You are as ugly as your mother's genitalia!" TN had pounced on the boy and given him a sound beating.

On the second occasion, another boy, as I had reported in the previous chapter, had dared kick and scatter a mound of soil that had been made by playmates to symbolize TN's mother's breast. The idea was for anyone who wanted to challenge TN in a fight to kick and scatter the soil, hence to insult TN by mocking his mother's virtue. By kicking the heap of soil, the challenging boy had insulted TN's mother's womanhood, hence TN's personhood by association. One's mother's breast has strong emotional and symbolic significance in Shona culture (see Gelfand, 1979; Owomoyela, 2004). It represents one's becoming a person. It signifies how an individual remains symbolically attached to the mother who brought him or her into the world. TN thus reacted with decisive violence which made a clear statement that no one would insult his mother and get away with it.

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<sup>3</sup> Ncube et al. (1997) explain how, in Shona culture, insults make connections between people, and are not directed specifically at the intended person. People insult by association.

An adult remains a part of the mother's body, as is symbolized by the breast from which one suckled and obtained sustenance and nurture. This symbolic relationship between a person and his or her mother's breast is reported in Gelfand's (1979:66) findings from his research on Shona customs and rituals.

It is not surprising, therefore, that TN had such a close attachment to his mother, especially considering his lived experience of illness, death, poverty, abandonment by kin, and suffering from a tender age. TN, who shared in all these experiences with his mother, had a soft spot for the woman, and would defend her virtue at any cost.<sup>4</sup> Feminists such as Mvududu and Mcffaden (2001) would interpret TN's behaviour as being rooted in patriarchy, the idea that women's bodies are the property of males, and males claim to defend the virtues of womanhood and motherhood simply in order to inflate their own egos. However, in TN's case, his experiences of suffering appear to have drawn closer to his mother psychologically and emotionally, and not only socially.

SM lived with her aunt (late mother's brother's wife). However, she referred to her aunt as 'my mother'. Her aunt once referred to SM as 'the daughter that I never had'. MN, who lived with her step-mother, referred to the woman as 'mother' when relations were cordial between them. However, when MN became cross at her step-mother, the girl ceased to call the woman 'mother', and referred to her as *Mai Tiri* (mother of Tricia)<sup>5</sup> instead. The term 'mother' was therefore reserved only for happy, intimate moments by MN. Any discomfort quickly reminded her that her 'real' mother was absent.

When MN's father and her step-mother had a bad quarrel one day, MN ran out of the house in frustration, crying and calling for her mother saying, "*nhai nhai-we, muripiko amai? Maiwe-e kani!*" (Oh mother, where are you my mother?). A surrogate mother can thus never replace a biological one in the mind of orphans such as MN.

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<sup>4</sup> One's mother's breast represents one's wholeness in Shona society; one's life and nurture, and one's roots. Famous Zimbabwean Shona lyrics musician, Oliver Mutukudzi, thus sings about the powerful metaphor of the breast, when a mother back home pleads with her estranged son who has lived abroad for many years, to come back home and suckle the breast which is still wet for him (*dzoka uyamwe-come back home and suckle*).

<sup>5</sup> Tricia was MN's step-mother's daughter from a previous marriage.

As was reported earlier in the section on 'dreams' above, some of the study children still felt connected to their late mothers, who sometimes appeared to, or 'visited', the children in their dreams. AIDS orphans reserved a special place within themselves for the memory of their late mothers. Events such as the refusal by MN to refer to her step-mother as 'mother' in contexts of conflict might be regarded as constituting a loss of innocence in the girl. Such incidents of 'loss of innocence' occurred on several different occasions in my field experience, as summarised below.

### *Loss of Innocence*

In Shona society, children are taught to respect their parents and other elders in their communities (Gelfand, 1979; Owomoyela, 2002). However, the field data appeared to indicate that the harsh life experiences of some AIDS orphans caused them to behave in ways contrary to this habitus.

The cultural requirement for children to respect parents and elders is enforced through taboos around the roles of adults, as well as around the issue of children's respect for the bodies of their parents, especially mothers (Elder Ngocha). Children are never supposed to view the nakedness of their parents or other adults. They are not even supposed to touch the body of a parent of the opposite sex. The expression of emotion through hugging or kissing between children and their parents is frowned upon, as it is regarded as a sign of weakness, especially where boys hug with their mothers. Hugging is also considered to portray inappropriate sexual expression, as Elder Ngocha informed me.

When LT was made to bed-wash her sick father, this constituted a breaking of one of the most serious taboos in Shona culture, a girl viewing her own father's nakedness. This is akin to incest (*makunakuna*). It equates to a loss of innocence, a sacrificing of Shona childhood identity. Seeing her dying father's emaciated naked body arguably had a negative impact on LT's sense of sexuality. In reply to the question, "What kind of family would you like to have when you grow up?" LT answered, "I do not want to get married or to have children." Maybe what she implied was that she did not ever want to have sexual relations with a man. She appeared to associate the male body with filth and badness. LT would not change the male baby's nappies. She hated human stools and male nakedness.

The case of SM also helps to consolidate this theme of loss of child innocence. When the girl was found in a compromising position with her uncle, as was reported earlier, she did not appear to be overly perturbed or repentant. Instead, she seemed to take the role of being her uncle's 'small wife' seriously. SM could be said to have sacrificed her child identity, as well as her 'proper' Shona girl identity of innocence and obedience, by being a party to the incident. She literally acted out the Shona symbolic practice of *kutamba nemuswe wasekuru* (playfully flirting with her mother's brother). The symbolic concept of *muzukuru mukadzi* (a man's sister's daughter is his 'small wife') was interpreted literally in this case. The incident consolidated SM's position as the 'small mother' of the household, but it also generated a great deal of conflict and animosity within the family. Instead of being an innocent AIDS orphaned child who accepted a peripheral position within her repository family, SM took an active subject position within her world. This loss of innocence as a way of negotiating subjectivity is contrary to what is often assumed by many people about AIDS orphans being helpless victims of circumstances. To the contrary, they display an active agency through which they are able to perform and to construct a self.

SM's aunt brought up a different form of loss of innocence when she accused SM of being possessed by an evil spirit. The idea of the child as being free from evil and malice is offset by such claims of child evil possession within the Shona belief system. Elder Ngocha expanded on this theme, explaining that AIDS orphans were particularly vulnerable to evil possession, by virtue of there being multiple deaths as well as lengthy periods of illness around these children, experiences which left the doors open for evil to enter the children's lives. AIDS deaths also indicated that clan spirits were not pleased, and there was turmoil within the spirit world of which the orphan was a part, said Elder Ngocha. Reynolds (1996) makes similar remarks, and I shall return to these concepts in the next chapter.

The way LT was able to speak badly about her paternal uncles with impunity can be said to also constitute a loss of innocence. Children in Shona society are not supposed to talk negatively about adults. But LT was fond of saying that she could not be bothered about her relatives who had abandoned them. She did not eat at their homes, she declared, an expression which was popular also with TG and TN. This loss of

innocence is closely linked to the loss of trust within the family, and I focus on this aspect below.

### *Familial Mistrust*

By undermining the foundations upon which marriage, family and community are built and understood within Shona society, through the introduction of suspicion, mistrust and accusation, HIV/AIDS renders unreliable the means for determining group and individual identity and for establishing inter-personal relationships. As Schmoll (1993) sees such situations, “you do not know who anyone is anymore. Even more important, you do not know who you are anymore” (p. 212). HIV/AIDS in the Zimbabwean context is often seen as indicating that one of two spouses or partners has been disloyal and promiscuous. This creates distance between the spouses, who might change from sharing domestic intimate space and resort to individual space. This might cause children to take sides in the dispute, creating a family space characterized by mistrust, suspicion, and resentment. By the time a death occurs, the surviving children will already have formed lasting opinions about their parents.

TN's mother believed that she did not have HIV, because long before her late husband became ill she had ceased to be intimate with him. She had suspected him of dating prostitutes. She told me that, “I told him I could not trust him, because he dated prostitutes openly.” Children such as TN grow up within this habitus of mistrust and suspicion. TN (as well as the other children) felt betrayed by those adults he should have trusted as a child.

When a father abandons his own family and squanders his income with prostitutes (outsiders), then returns home to infect his wife with a fatal disease, before becoming sick for a prolonged period of time and then dying leaving his children fatherless, this is interpreted as showing clearly that some adults cannot be trusted. Some of the study children thus found it difficult to trust the adults around them for guidance, protection, faithfulness, and continued presence. TM had little respect for the uncle he lived with because the man drank too much, the way TM's late father used to do. The boy also did not think much of his maternal grandfather, because the elderly former cleric could not resist young beautiful women, and had been defrocked for impregnating a woman from his congregation.

The children's field of interaction becomes associated with uncertainty, doubt, and mistrust. Family relations are then characterized by detachment, distance, and a lack of stable commitment. The family ceases to represent permanence, and recurrent deaths create a feeling that relationships are fleeting and transitory.

The field data showed several other incidents of familial mistrust. The relationship between SM and her aunt was often characterized by suspicion and a lack of trust. When her aunt read SM's diary entries, SM became angry and accused her aunt of prying into her privacy. In response, her aunt exploded in anger and shouted at the girl, "You are a liar, a cheat, and an ungrateful evil child!" The fact that the family members were all worried that SM's uncle might contract HIV in the city where he lived and worked shows how they did not trust him. Pastor KB was very concerned about the way HIV/AIDS was tearing families of members of his congregation apart as a result of the suspicion, the accusation, and the lack of trust that developed after an AIDS illness or death in the home. This often drew-in members of the maternal and the paternal extended families as well, resulting in very strained family relationships. Despite these conflicts, families were also at pains to protect their skeletons in the cup-board from 'outsiders', as the next sub-section shows.

#### *Family Secrets and Protecting the Family from Outsiders*

The issue of secrecy featured repeatedly in the field data. The families of most of the study children felt abandoned, isolated, shamed, and shunned by relatives and by the wider community. Their shared experience of hardship appeared to bring them closer together in family pacts which excluded 'outsiders', a term which was seen to include some members of the extended families. HIV/AIDS created family feuds in the field of the extended family, but often, albeit periodically, united the core-family against outside interference.

In response to the question, "Do you ever feel that your teachers, schoolmates, or your headmaster treat you differently because you are an AIDS orphan?" the children invariably answered that they tried as much as possible to keep the fact of their orphan-hood secret, to minimize the number of people who knew. This way the issue of bad treatment would not arise. However, gossipers often defeated the children's efforts. Some of the responses are given below:

TN: Most people at school do not know that I am an AIDS orphan, except for my Form Teacher, the Deputy Headmaster, the Headmaster, and my closest friends. (TN was at great pains to not disclose the cause of his father's and uncle's deaths. He said he had to protect his mother from gossipers, as well as to protect his family name from being tarnished).

LT: Only Betty knows how my parents died. I do not talk about my parents with outsiders, but only with my family members.

SM: What I like most about my family is that we look after each other... We protect each other from outside people (*vanhu vekunze*) who want to interfere in our affairs... We can keep secrets between ourselves here at home, but at school some people are only interested in knowing things about you, so that they can gossip.

SM was at the centre of an embarrassing family secret, the fact that she had been sexually molested by her uncle. I, as an outsider, only came to know about this because my research had inadvertently opened up old animosities, leading to anger and a temporary lowering of the family's guard and loss of judgment by SM's aunt.

One of my respondents, headman ZN, explained in great detail how an illness in the Shona family had always been kept secret by family members, for fear that publicizing such information would leave the patient open to the evil machinations of witches and malicious relatives. The real cause of a death has also always been kept a secret in the Shona family, since only close family members would attend the *gata* (consultation with an *n'anga* or traditional healer to learn the cause of a family member's death). This shroud of secrecy around sickness and death has become even thicker in the face of HIV/AIDS. However, this only fuels wilder speculation and gossip within the community, leading to labelling and finger-pointing, as well as to whispered suspicions and accusations. Having said all this, it is time to move on to our next major theme.

### ***Respect for Elders, an Awareness of Adult Moral Failure, and a Sense of Betrayal***

The field data revealed that, while there was still an emphasis on the requirement that children respect their elders in the community within which I worked, the concept of respect was being reconfigured or redefined by children, who now censored and questioned the integrity of adults. I will examine the context in more detail below

under a few sub-themes which emerged from the data, the first of which addresses the issue of the conflict between patriarchy and new ways in which AIDS orphans understand themselves.

### *Patriarchal Values*

The concept of 'respect' in Shona society is embedded within a culture of patriarchy. As was noted in an earlier chapter, Mvududu and Mcfadden (2001) argue that the Shona family is constructed and defined within the context of a dominant patriarchal ideology, as a site of power and control for men, and one of subordination and capitulation for women and children. Women are expected to respect their men, and children are required to respect their fathers above their mothers. Girls are expected to respect their male siblings. The concept of 'respect' is thus rooted in a habitus which gives rise to a field of unequal family power relations, within which males enjoy most of the family capital.

While this situation had largely survived unchallenged for a long time in the community within which the study children lived, the contemporary context of HIV/AIDS had seen a shift of mind-set in recent times. As Mvududu and Mcfadden (2001) assert, the old inflexible concept of family allowed men spaces to be promiscuous and irresponsible. The HIV/AIDS problem had, however, woken women and children in my study area to the un-sustainability of the culture of unquestioning 'respect' in the new context. Women and children in this community had thus started to question as well as to challenge the power-relations depicted by the concept of 'respect'.

However, worldviews are not easy to change, since they are products of long histories of enculturation, repetition, reproduction, and internalization. This being the case, patriarchal values continued to form an influential component of the habitus of my study children.

Responding to the question, "Are you comfortable in your class?" TN replied:

Nester (a girl in his class) is very showy. She laughs at me when I give a wrong answer or I come late, or when my uniform is dirty. This makes me mad, but she knows that I will not beat her. She is a girl.

In response to the question, “Are you comfortable in your family?” TN answered:

I feel comfortable in my family. I enjoy selling things by the roadside, and gardening. But I hate sweeping and scrubbing the floor, or to wash plates. These are girls’ duties, but I do them to help my mother.

TN believed that girls were less clever than boys. In response to the question, “Do you have a friend of the opposite sex?” he replied:

No, because girls are showy and will provoke you then run to report you if you want to fight back. Teachers always think girls are right and you are wrong, because you are a boy. I prefer playing with other boys who are clever and understand.

All the boys in the sample felt that they had a duty to look after the girls and the women in their families. TM beat up another boy who had made fun of RT’s (TM’s cousin) budding breasts, for instance. TN missed school to help his mother with work. TG declared that, “I am a guy who wants to help my mother.” The girls, in turn, believed that boys were rough, lazy and untrustworthy, and that house chores were not boys’ work. The children’s habitus was thus framed within the context of old, stereotyping patriarchal values. Their understanding of, and response to, their positioning and construction as AIDS orphans was therefore embedded within this habitus of gender differences. This theme will be analyzed in more detail in the next analytical chapter. At this point let us address the issue of the conflict between ‘patriarchy’ and ‘child obedience’.

### *Obedience*

In the Twenty-Statement Self-Identity Test (TST), all the children described themselves as being obedient. When I interviewed the children’s care-takers or parents, they also described the children as being obedient, before any other description. ‘Obedience’ was synonymous with ‘belonging’ to one’s family. However, in the day-to-day lives of these children, they were often accused of disobedience by the adults in their lives. Claims about obedience were made simply because that was an expected quality in a ‘proper’ child within that community.

TN did not see any reason to be obedient to his sick uncle, who was a burden on TN’s mother as well as on TN. TN therefore refused to be told what to do by the man who

was no longer able to perform his role as head of the family. TN had taken over that role. Neither did TN see the need to obey the school rules that interfered with his 'more important role' of looking after his mother and sick uncle.

Similarly, TM refused to be sent by his uncle to buy beer, because that ran contrary to TM's Pentecostal Christian beliefs, as well as provoked his anger at the way his late father had drunk himself to his grave. TM refused to go to his paternal relatives during school holidays, preferring to visit his maternal kin. In other examples, SM and TN refused to do any work at home when they were fasting.

There appeared to be conflict between the ways the children constructed their idea of obedience, and how adults defined disobedience. The children's apparent disobedience appeared to be a reaction to adult behaviours that the children disagreed with or despised. These children clearly saw some of the adults in their lives as being ignorant of the new ways of life, which leads us to the next sub-theme.

#### *Late Parents as Victims of Ignorance and Objects of Failure*

When I asked SM why she thought HIV/AIDS lessons at her school were important she said, "Because we are taught to avoid catching AIDS. My parents did not get education on AIDS." In answer to the question, "I blame my late parent/s for dying and leaving me orphaned- True or False?" SM replied "True."

The themes of 'ignorance', 'blame', and 'failure' came up often in the data. It was because children were able to judge and criticize the behaviour of adults that they sometimes appeared to be disobedient. The AIDS orphans often spoke and behaved from a position of better factual knowledge about HIV/AIDS, as well as of higher moral standing, than the adults in their lives. TG, for instance, told me that, "I attended HIV/AIDS class once. This is important. Our parents were ignorant, that's why they got it (HIV/AIDS). They thought they were showing off (*kushamisira*) and eating (sic) the world, but they were being eaten (sic) by AIDS." This acquisition of voice, subjectivity, and agency by children, exercised within a habitus that is predominantly patriarchal in outlook, was interpreted as disobedience by adults. This perceived disobedience was understood as being rebellion against social norms, as I address next.

### *Social Norms, Conformity, Rebellion, and Defiance*

This theme arose from the identification of a number of recurring behaviours and opinions in the field data. These behaviours and opinions have been grouped under the sub-themes discussed in the following section.

#### *School Uniform and Identity*

In response to the interview question, “What do you think about the wearing of uniform to school?” all the children answered that they thought that school uniform was good because it made all children appear and feel equal or the same. Uniform made the school a community of same children. Uniform fostered a sense of belonging, the same way totems and clan names made within the family at home.

TG said, “I like school uniform so as to identify with my school, and for all children to be the same.” TN said, “I like school uniform because it makes us all equal.” LT put it this way, “I like school uniform because you identify with your school. You will behave well because people will know your school if you misbehave in the community.” School uniform was viewed as an important norm, which enabled AIDS orphans to fit-in and be anonymous. However, some children felt at a disadvantage in this regard, because they could not afford complete uniform. SM thus had this to say, “I like school uniform, but I would be happy if it was abolished. I need to wash my uniform twice a week because I have only one pair. Sometimes there is no soap, so I look dirty at school and I get punished and laughed at.” SM and TN both bemoaned the fact that they did not have complete uniform, hence looked different at school. School uniform was thus viewed by the children as being both an inclusive and an exclusionary concept.

Appiah (1972) refers to what he terms “ways in which the family is both mine and not mine” (p. 297). Just as totems were found to impose boundaries of inclusion and exclusion on the way AIDS orphans conceptualized their membership of their families, school uniform also influenced the way these orphans considered themselves as members of their school. The more well-to-do orphans were more comfortable within the school in this respect than were the less fortunate. However, what

characterised all these children was a fierce sense of pride which, for other people, appeared to represent defiance and rebellion. I look at this 'pride' next.

### *Pride*

All the children, except for TG, were unwavering in their claim that they were proud of their totems. All of them also claimed to be proud of their families. Even the very poor ones, such as SM and TN, took pride in being members of their families. In response to the question, "I feel I am a special person, and am proud of who and what I am- True or False?" all answered "True." All said they were proud to be Shona and Zimbabwean.

To the question, "I wish I was born in a different family- True or False?" they all answered "False." The children also all claimed to be proud of their school. However, pride did not always translate into conformity with social and institutional expectations. Pride appeared to serve as a means of self-reassurance in various contexts, a way of overcoming and bearing the weight of shame, gossip, and stigma suffered as a result of being an AIDS orphan. Being proud was an act of protest, often qualified by the statement, "I don't care what people think or say about me. I don't eat at their homes." The way in which this pride was demonstrated and acted out at home differed with the way it could be performed within the school. This tended to create some conflict in the way these children understood themselves within the two social fields, a theme I shall address further in chapter seven. At this point I will briefly explain the nature of this conflict below.

### *Conflict between Home and School*

Conformity with school norms featured as being problematic for TN, who observed that:

I like my school, although the fees are too high....I hate it when prefects punish me for coming late when I stay far away in RB (Railway Block village, about fifteen kilometres from the school). It does not help to tell them that my uncle is ill and I have to help my mother. They just say you must get up early.

While TN said that they were encouraged to learn about AIDS at school, he was not free to discuss the topic at home. He commented that, "We do not discuss AIDS in

our home. It makes mother cry. She says it brings bad luck to talk about it. I think it is important to talk about it.”

TN’s mother saw the boy as being “the little father of the house.” However, TN’s school considered him to be a disciplinary problem. He came late, dressed wrongly, and left school early. He was always serving punishment instead of learning. TN complained that the teachers and the prefects were fussy about small issues such as what language to speak in at school while he, TN, had bigger, more pressing, real life problems to attend to in his life.

When I asked him why he behaved the way he did at school, TN replied:

I leave school early because I have to beat the queue at the Red Cross food collection point. In the morning I sometimes have to collect my uncle’s medicine at the hospital. I have to stand in a long queue for that too. The prefects won’t listen to this. I cannot obtain a pass every day.

The school could not understand TN’s ‘big problems’ at home. TN’s habitus had conditioned him to believe that he was responsible for looking after his suffering mother and his dying uncle. However, the school was frustrating his efforts in this role.

In a different case, SM’s Form Teacher described how the girl failed to fit-in with the school community as follows:

(SM) seems to relieve stress by socializing. It seems she gives herself too much freedom at school. She needs counselling. She is resilient in dealing with social life, but this at the expense of her academic work. By ever talking she exposes more about her private life than is good for her in the school. She tries too hard to fit-in, and ends up irritating those she wants to impress. She is poorly dressed all the time.

The teacher complained about the way SM made noise in the school:

To a large extent home and school differences are expressed in SM’s behaviour. Her home is in a noisy environment, so she is used to noise. There is no culture of positive competition in Makusha (the village where SM lived). There is no reading culture either, so the girl finds it difficult to concentrate at school. Her dressing is scruffy, as you normally find people in her community dressed. We insist on

modern learning, whereas these children come from very disadvantaged communities lacking a modern outlook on life.

Similar comments were made by the Form Teachers of MN and TN. TN's mother told me that at some point she had made a request to the school's headmaster for TN to be exempted from some afternoon activities. However, she said the headmaster had flatly refused her request, arguing that more parents of orphaned children would make the same request, once they came to know about that kind of arrangement. That would disrupt the operation of the school, the school head had claimed. When these children sought ways to express their agency within this school climate, they incurred the wrath of the authorities. One way in which the orphans negotiated agency was through the way they dressed and behaved, as is explained here.

#### *Self-fashioning through Dress, and Rebellion*

My personal observations of TN at school revealed a few behavioural traits about the boy. He wore his trousers with the waist-band dropped well below the waist. His neck-tie reached down to his knees. When it became hot in the afternoons, TN would undo his shirt buttons down to his navel. Golinski (2004) refers to this behaviour as 'self-fashioning through body presentation' which, according to Golinski, offers voiceless people subjectivity through which to perform an identity.

TN was soft-spoken, he was actually shy. He smiled apologetically when I asked him why he behaved the way he did at school. He never gave a straight answer, electing to just smile, and frowning warningly at any of his classmates who dared come too close to hear our conversation. The school considered TN's behaviour and dress code to be a form of open rebellion against acceptable norms and against school culture.

Rebellion against social norms also occurred in other forms. As was explained earlier in this chapter, LT rebelled against custom by vowing that she would never marry or have children. TM rebelled by refusing to have anything to do with his paternal relatives. MN rebelled by disowning her maternal kin. But, did the children themselves regard their actions as constituting rebellion? This question will be addressed later, in the analytical chapters. Here it suffices to say children such as TN appeared to feel that they had nothing to lose, an observation that was raised by some adults in response to the behaviour of some of these children, as I explain next.

### *Having Nothing to Lose*

This concept was raised by some adult informants, and not by the children themselves. Teachers at the study school were agreed that AIDS orphans who had experienced death repeatedly, or had lived in extremely difficult circumstances, behaved in unacceptable ways at school because they lacked sufficient self-respect. Such children, the teachers felt, were more concerned about immediate survival than with investing into a distant, uncertain future. The children felt that they had nothing to lose by refusing to adhere to institutional norms, reasoned the teachers.

This view was supported by a lady town councillor I interviewed. She felt that the negative way in which AIDS orphans were often portrayed in the media and within the community hardened such children against society. In her opinion, extended families, schools, churches, and communities in general were all failing to foster a sense of self-worth in the youth in general, and in AIDS orphans in particular. She argued that:

This has negative impacts on the self-concept of our youth, but even more so for AIDS orphans who need activities to help them forget their plight and develop positive and constructive attitudes to life. By leaving them to their own devices, these orphans feel neglected and unwanted, therefore think that they have no social contract with anyone, and have nothing to lose by not conforming to social norms. This community is quite favourable to child abuse and child self-abuse and self-stigmatization.

Experiences with my study children however showed that each one of them felt that they had something to live for and be proud of. They all valued their families, whatever the family form. They all had a great respect for their religious beliefs, and placed a great deal of utility and symbolic value on their churches. They all placed varying amounts of value on their education. In the family survey, I asked the children to rank some statements about what they considered to be the most important influences on their lives. All of them ranked their families, their religion, and their education above all other things. The respect that these children had for their religious beliefs brings us back, in the following major theme, to an examination of how they understood their position within the cosmological realm.

### *The Metaphor of 'Eating', HIV/AIDS, Witchcraft, Promiscuity, and Money*

Schmoll (1993) analyses the significance of the 'eating' metaphor in the understanding of witchcraft accusation in African contexts. I will explore her model and consider its usefulness in the current study in more detail in the next chapter. For now it suffices to say that her model of social eating is conceptualized as, "a symbolic and semantic space in which particular hardships and struggles of contemporary life are brought together and made sense of using symbols and images that resonate throughout the broader society" (p. 195).

The idea of 'eating' came up in several instances during my field data collection. TG used the term in the context of defining the people that he cared about in his life. When he declared that he ignored his paternal uncles because "I don't eat at their homes," he set the limits of the boundary within which resided the 'insiders' of his family circle. The eating ritual cements the bonds of intimacy and belonging, the same way totems and surnames might do. One does not eat with enemies or with strangers. This is why MN's step-mother took great pains to socialize her step-children against asking strangers and neighbours for food.

'Eating' was also used in the context of money. People took advantage of others by 'eating' their money. This is what TG implied when he complained that, "I hate girls who want to be my friends so that they can eat my money."

'Eating' was often used to imply uncontrolled and insatiable appetite for illicit pleasure. For example, TG, TM, and LT all used the term to refer to the way their fathers had contracted HIV. The adults thought they were 'eating pleasure'. These children viewed such 'eating' as being a form of exploitation of others' bodies, and an assaulting of others' souls. Eating pleasure depicted men as predators preying on the bodies of women prostitutes. However, in the children's experiences, prostitutes were also predators and monsters preying on the bodies and wallets of men. Prostitutes became synonymous with witches in this 'eating' ritual characterized by selfish greed and the appropriation of another's production and productivity. Such 'eating' was gendered, and objectified all those involved in it. More will be said on this concept in the following, more analytical chapter.

SM feared some three elderly women within her community who many people considered to be notorious witches. SM claimed that the women were known to eat the remains of freshly buried babies whom the witches exhumed from a graveyard close to SM's village. When warthogs 'ate' maize cobs from SM's family's small field, she attributed this mishap to the actions of the same witches, who she said were able to turn themselves into any form of creature to perform their witching activities freely. SM was also convinced that her uncle had been given a love-potion by the woman he co-habited with in the city, which he ate unknowingly, resulting in him falling prey to the woman's money-eating habit. 'Eating' was a strong structural process through which most bad things happened, usually to unsuspecting victims.

TG, likewise, believed that his late father had been given bad *mushonga* (harmful medicine or charm) by his brothers, which he had eaten, and which had made him to abandon his family to live with the woman who would be his death. The eating of love-potions and of bad medicine featured prominently in conversations about HIV/AIDS in the community within which I worked. LT also believed that her step-mother had bewitched her late father with a love-potion (*mupfuhwira*).

'Eating' as an act of exploitation was linked to money and the exploitation of women's bodies, as well as to men's insatiable appetite for sensual pleasure. The AIDS orphans were able to critique socially unacceptable adult behaviours, and to position themselves as morally superior subjects in relation to failed adults. The concept of 'eating' provided structural metaphor and imagery, steeped in local historical symbolism which was part of the habitus of these children.

"Eating" was also used as a means to define who one's friends were. The children defined their friends at school as being those children with whom they shared their food. When a friend refused to share his or her food, he or she ceased to be a friend, as happened between SM and her friend Sarah.

Life in the community in which the study children lived revolved around eating. "Eating" was a framework for society's commentary on the problem of uncontrolled desire for power, control, and wealth through the use of immoral means to achieve them. There was rampant illegal gold mining in the area, which formed the basis of a

cut-throat industry involving dealers and middle-men, pimps, prostitute, gamblers and chance-takers, as well as legal business and professional people who got sucked into the clandestine activities at different levels and in different forms. It was a dog-eat-dog situation in which the strong and cunning survived by 'eating' the labour and sweat of the weak. The AIDS orphans I worked with were exposed to all these things, and were able to link them to the demise of their own parents, and to judge the greed and the moral and spiritual decay within their midst. The orphans judged these adult weaknesses in forging their own self-definitions.

Some adult informants were however very critical about the way children's interests appeared to clash with those of adults within that community. Elder Ngocha, for instance, blamed the children's rights discourse for encouraging children to be disrespectful to adults. In his opinion, AIDS orphans felt that their rights had been violated when their parents abused themselves as well as the family resources. Some orphans refused to co-operate with the extended family after the deaths of their parents, Elder Ngocha pointed out. Children now felt that they knew more about life than the adults, he complained. Be that as it may, my study children demonstrated an understanding of their situation within the context of how life was understood in their contemporary reality.

When MN's mother died, her relatives refused to bury her, accusing MN's father for having caused the death. According to MN's step-mother, the in-laws charged that, "*Wakadya mwana wedu*" ("You ate our daughter"). The 'eating' metaphor had great expressive and emotive power, and could decide the course of events in the lives of people, usually with sad consequences. This 'eating' metaphor links with our next major theme where we address the issue of how AIDS orphans struggle to offset the power of evil and protect themselves from being 'eaten'.

### ***Bodies, the Fear of Contamination, and the Role of Religion in Body Protection***

The fear of disease and the need for one to protect one's body featured as prominently as did the fear of witchcraft in the lives of the study children, as our next sub-theme testifies.

### *The Fear of Disease*

TG declared that, “I eat from my own plate. I do not want to catch diseases by eating from the same plate with others.” TN, likewise, emphasized that, “I would never share a plate of food with anyone. That is unhealthy and spreads diseases.” SM put it this way, “I eat from my own plate because that is modern and healthier than eating with another person.” MN also said, “I eat from my own plate and do not like sharing.” The children might have been afraid of all diseases, but they were particularly worried about contracting HIV. These attitudes about eating preferences are maintained despite the massive education about ways in which HIV is and is not transmitted.

TN was particularly afraid of catching diseases from others. If someone coughed within his vicinity, TN moved away from them quickly. When his desk-mate in class sneezed, TN covered his mouth and nose with his shirt. He told his classmates to cover their mouths when they sneezed. If they did not do so TN became really annoyed and upset. He was very conscious of and careful about his health. He was fixated on the body. This preoccupation with self-protection and self-preservation often created tension between TN and those around him. It is quite rude in Shona culture to turn away from someone merely because they have coughed or sneezed. After all, in poor communities such as the one in which TN lived, it was not uncommon for people to blow their nose between their fingers right into a fire on which a pot of food was cooking!

TG said he hated visiting his relatives at their rural village, because he did not like to use the pit-latrines (toilets) there. He said that the latrines were unhealthy and he did not like to risk catching dangerous diseases from them. He said drunks threw condoms and prostitutes dumped foetuses in the latrines, so there was a serious risk of him contracting HIV by using them.

Some of these children not only feared for their own health, but for the health of their family members as well. MN’s step-mother collapsed one day when she was pregnant. When she came to, she told me, MN was kneeling by her side, crying and praying in desperation. Prayer was one of the responses to crisis that was available to these children, and this sub-theme deserves special mention here.

### *Prayer*

All the study children indicated that they prayed before they ate, to thank God for the food, but also for His protection against contamination or poisoning. TM, for instance, claimed that, “I pray when I eat, for God’s protection. A relative once gave me a plate of poisoned food, but God showed me a vision, and I refused to eat the food.”

All the children also prayed before going to bed, for God’s protection while they slept, and were at the mercy of the unknown. TM prayed for protection from bad dreams and evil forces. He prayed with a great deal of bodily movements, and with a loud authoritative voice, as though he was actually fighting with the unseen forces. The apostolic sect children prayed facing the east, and holding their *muteuro* (blessed stones). The fact that these children placed so much trust and faith in these sect churches makes it imperative that we briefly examine these churches’ rituals at this point. More will be said about them in the next chapter.

### *Apostolic Sect Churches and Ritual Items of Self-Protection*

TG, TN, SM, and MN all attended local indigenous apostolic faith churches. AH was a member of the Alliance Pentecostal Church of Christ, but she occasionally went to an Apostolic sect church for consultation, as did LT. LT was a Seventh Day Adventist, whose late mother had joined an Apostolic sect church when she became very ill. TM went to an indigenous Pentecostal Spiritual church.

Apart from TM, all the study children kept a small quartz pebble called a *muteuro* in their school bags for self-protection against evil forces sent by witches or malicious relatives. The *muteuro* is a blessed stone whose power derives from a special ritual prayer performed by the prophet of an apostolic sect church during a divination and consultation church service. The study children had a great deal of faith in the power of their *miteuro* (plural for *muteuro*), which offered them a concrete, tangible item embodying their faith and symbolizing their state of safety. These AIDS orphans’ habitus was thus characterized by a deep sense of insecurity, suspicion, and doubt, which manifested itself in the way in which the children moulded their identities around tangible ritual items of self-protection.

As SM put it, “When you die these days, it is the church people who come to bury you. Your relatives can refuse to come. At church we are given *muteuro* for good luck, and for protection against wicked people and jealous relatives.” More will be said on this theme in the next chapter. As a sign of their protected and cleansed state, these children always had clean-shaven heads, wore white garbs to church, and fasted once a week, as I explain very briefly in the next three sub-themes.

### *Shaven Heads*

Apostolic sect believers keep their heads clean-shaven. A respondent, Prophet Madzibaba Sedi<sup>6</sup>, informed me that a shaven head was a sign of ritual purity of heart, soul, and spirit. It was also a sign of cleanliness and good health. All my study children, save for TM, kept their heads clean-shaven. This caused them to stand out at school, and to be teased by school-mates who called them *misvu-u* (bald heads).

### *White Garments*

Like school uniform, the white robes and white gowns that apostolic sect church members wore were a sign of belonging. All the study children, except for TM, wore white robes to church.<sup>7</sup> My informant, Madzibaba Sedi, explained that the colour white symbolized purity and cleanliness of body, spirit, mind, and soul. It also symbolized a clean heart and absence of malice or ill-will. White symbolized freedom from the dark forces of this world. When the apostolic sect believers wore their white gowns and garbs people teased them, calling them *mashuramurove* (white-stork birds).

### *Fasting*

Apostolic sect church believers fasted every Thursday as a way of training themselves in moderation, and in the strength of mind over body, Madzibaba Sedi disclosed. The study children often reported how this fasting conflicted with the need to share food with friends at school. Fasting contrasted with ‘eating’. It positioned the children on high moral ground, and strengthened their faith. SM and her family often fasted

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<sup>6</sup> This was the prophet’s title, not his name. All men and boys are addressed as Madzibaba, while all women and girls are called Madzimai. These references confer sameness and equality on all, and this appears to be one of the reasons why the apostolic sect churches have become very popular with AIDS orphans and their families.

<sup>7</sup> AH and LT wore white clothes only on those occasions when they went to the sects for consultation and blessing. When going to their regular churches they would put on ordinary clothes.

whenever they were faced with a problem, such as when the flea-market where they had a stall was destroyed by the municipal police. SM placed a great deal of emphasis on the importance of fasting in her self-definition. She entered in her diary entries such as, “Thursday is the day I liked this week because I was fasting.”

Coincidentally, fasting occurred on the same day of the week as *chisi* (the traditional sacred day on which people may not work in the fields in honour of the land spirits). The children observed both practices, a further indication of how they constructed their concept of self in syncretised ways. Fasting and the keeping of *miteuro* was a way by which these children responded to a habitus within which they understood themselves to be constant targets of malicious intent, and this realisation leads us to the next major theme, which addresses the general nature of the Shona habitus as it was understood by these orphans.

### ***Hatred, Gossip, Jealousy, and Envy as Structural Means of Understanding the Self and Others in Contexts of Poverty and Suffering***

Farmer (1992) establishes a link between HIV/AIDS and what he calls ‘an anthropology of poverty’, in his writing about the pandemic in rural Haiti. Family and village-level consensus on how AIDS is constructed and understood involves the produced and reproduced experiences of small groups (Silin, 1995). These experiences express themselves through ethnographically observable practices such as gossip, suspicion, jealousy, rumour-mongering, envy, and so on.

In Zimbabwe among the Shona people, these experiences and behaviours are rooted in a culture which, historically, has structured human agency in ways that always demanded consensus on how new challenges are interpreted within the context of traditional views about evil and spite. Structural hateful behaviour expressed itself in several ways in the field data, as I discuss next.

#### ***Teasing and Taunting***

TG had this to say on the subject, “I do not like showy schoolmates who want to embarrass others for fun, as well as teachers who enjoy talking about children’s home circumstances in class.” TG also complained about being teased when he said, “Some classmates laugh at my shaven head, calling me a *musvu-u*.”

SM complained that:

Some women at the flea-market...pass sarcastic comments in my direction if a person with AIDS passes through...I get embarrassed and angry each time I am sent to collect Red Cross food, and some people shout '*varungu!*' as we pass. Boys also laugh when they see you carrying things on your head, and call you a *chipfumbura* (unrefined and unsophisticated rural girl, the opposite of a 'salad' who is a modern, sophisticated urban child).

MN's mother described how, "Some naughty children tease (MN) because she is so skinny. I've heard some children start singing '*Mukondobera*' (local popular traditional music singer, Thomas Mapfumo's song about AIDS) when they see (MN) approaching," she said.

AH was teased and taunted because of her superior grooming, her modern life-style, as well as her good spoken English. She was called a 'salad' because of these qualities. Whether a character trait is good or bad, it can be used by ill-intending people as the focus of targeted teasing.

All the study children said that they ignored the rude remarks levelled at them, accusing those who taunted them of being jealous and ignorant. These AIDS orphans were good at turning the tables on their tormentors, portraying the latter as being pitiful characters in need of education and orientation. But some also suffered greatly from the torment. MN, for example, would cry and keep to herself, avoiding other children as much as she could, and accusing them of showing-off.

#### *Showing-off and Poverty*

Teased children dismissed the behaviour of their tormentors as 'showing-off'. Hate, jealousy, and gossip were interpreted as being acts of ignorance born of poverty and envy. Showing-off was seen as a way of coping with the stress of being poor.

Although most of the study children and their families were very poor themselves, they were relatively well-off compared to the average conditions in which the majority in this community lived. The orphans always had food, and some had their school fees paid by the government or by aid organizations.

Showing-off (*kuonererwa or kushamisira*), in the view of the study children, showed that the person doing it was insecure, and tried to highlight the short-comings of others in order to mask his or her own inadequacies. AH explained the situation by making Biblical reference when she observed that, “Some people want to point at the speck in other people’s eyes, when they have logs in their own eyes.”

LT explained the situation this way, “I avoid showy children who want to tease me. I do not give them the chance to do so.” SM said, “I get angry when some children laugh at my shaven head. They just want to show-off for nothing!” This idea of showing-off is linked to how these AIDS orphans interpreted, understood and responded to the stigma that they sometimes suffered at the hands of others, which forms the subject of our next sub-theme.

### *Stigma and ‘Othering’*

In the context of the study area, stigma has always been a structural aspect of social life. Elder Ngocha explained how, during Zimbabwe’s civil war, individuals suspected of being *vatenges* (sell-outs) were shunned by the whole community and stigmatized. Their families were avoided and lived in isolation. It did not require concrete evidence to believe that so-and-so was a sell-out. Once someone whispered the accusation, it became fact. Many innocent people lost their lives as a result of such accusations. The same applied to witchcraft accusation, Elder Ngocha added.

Historically, albinos were shunned and avoided by their communities, said Elder Ngocha. Contemporary HIV/AIDS stigma is grounded within this Shona culture defined by structural malicious gossip and unmerited accusation. Historically, stigma (*rusarura or kusema*) was expressed through the coining of derogatory terms to refer to the stigmatized individuals or groups. Thus an albino was referred to as a *murungu dunhu*. The term *murungu* means a white person. *Murungu dunhu* linked a black person to whiteness, but an abominable kind of whiteness, a kind of an abomination to the land, Elder Ngocha disclosed. Similarly, sell-outs during the war were referred to as *varungu vatema* (black whites) or *zvimwasungata* (white men’s puppies or puppets).

In my study area, HIV/AIDS stigma was expressed through the use of the term *murungu* to refer to AIDS sufferers and their family members. The term was used to identify known AIDS orphans. The linking of a black person to whiteness has thus always been a way to confer a kind of spoilt-identity label on a stigmatized individual. Incidences where the term *murungu* was used in my study area are several within the field data.

TN explained that:

The Red Cross pays my school fees. If people know this, then they laugh at you saying you are an AIDS orphan who has no parents to pay your fees. They call you a *murungu* I do not care what they say. They also want the free food and school fees but cannot get them. They are just jealousy.

SM's aunt had this to say about the girl's case:

Yes, when people started knowing (that SM was an AIDS orphan) they also started talking. They would whisper to each other that (SM) was a *murungu*. It got so bad until I told them that if my child was a *murungu* then they were all witches and prostitutes!

MN put it this way:

I'm not comfortable when people talk about AIDS because they say bad things about suffering people. They enjoy hurting and embarrassing you calling you a *murungu* or *muvheti* (local slang for a white person).

When MN's younger brother, SL, beat up another small boy as they were playing, the beaten boy's sister shouted at little SL from the street saying, "*Saka kaine chirwere! Kamurungu kemunhu!*" (That's why you have the disease! You white black person!). When MN tried to intervene, the other girl shouted that she did not care about MN and her whole family, who all had the disease.

An adult respondent, Pastor KG, explained that AIDS stigma was becoming a serious problem among his congregation. He said, "People talk to each other in whispers. We as a church are trying to educate our members against shunning each other. We are all parts of the body of Christ. The use of the word *murungu* by Christians should be strictly avoided."

Councillor MK noted how the same families that earned themselves the reputation of being *vatenges* (sell-outs) during the war appeared to be the ones now being shunned for being *varungu* in the context of AIDS. In her opinion, HIV/AIDS stigma was not about HIV/AIDS itself, since no family within the local community could be said to be completely unaffected by the disease. Rather, stigma arose from historical perceptions of certain families as being bad or blameworthy. Some families had historically been associated with witchcraft for instance, councillor MK noted. These were now being shunned for being associated with recurrent AIDS deaths.

Councillor MK reasoned that an exclusionary consensus constructing certain individuals and families as 'other' was required in order to understand the experiences and the new challenges during the civil war. This consensus had thrived on gossip, rumour, suspicion, hatred, and accusation; factors that had now become an integral part of the current response to HIV/AIDS by locals in the study area. As Silin (1995) puts it, public opinion becomes structured ignorance. Stigma was interpreted as being just one way in which malicious people attempted to hurt others. This required that AIDS orphans and their families protect not only their bodies, but their homes and property as well. I move on to this sub-theme next.

#### *Family Protection from Malicious Forces*

In a context of fear, poverty, suspicion, gossip, jealousy, and envy, protection of the family and of the homestead becomes very crucial for self-assurance, especially for those families affected by HIV/AIDS. Elder Ngocha told me about how every Shona home was protected in the past:

An n'anga (traditional healer) would be contracted by a family to secure the homestead against evil forces. This normally involved the driving of wooden pegs (*hoko*) treated with medicines into the ground at the four corners of the yard, as well as at the main entrance to the homestead. In addition, medicine contained in a wild animal's horn would be hidden in the thatch of the main sleeping hut, where the father slept. If anything unusual happened, such as when a child was taken suddenly ill or started behaving strangely, *mbanda* or *zimhani* (aromatic medicinal herbs) would be burned to ward off bad spirits. *Zimhani* was also placed in water and people would wash in it to rid themselves of the lingering spirits of the dead, for example after burying a relative.

In my field experience, the families of the orphans said that they did not have *hoko* on their properties. However, the Apostolic sect families kept a blessed stone (*muteuro*) hidden in the house for protection. The stone was taken to the ritual place of prayer (*masowe*) regularly to be prayed for, and so to renew its power.

I witnessed *zimhani* being used when TN's uncle was buried, and when TN was having bad dreams. Members of MN's and LT's families also burnt *zimhani* when their babies became ill. SM's aunt said that she used water in which *muteuro* or *zimhani* was immersed to sprinkle around her yard and inside her house whenever the family felt threatened. This was done in addition to the fasting. Malicious unseen forces were seen to be a threat not only to bodies, but to inanimate objects such as household belongings as well. The lives of these AIDS orphans were thus characterised by constant fear of the unknown as well as by doubt. This doubt extended to the school field as well, an issue I now move to below.

### ***The Need for Recognition, Doubt, and Preference for Anonymity at School***

It emerged in the field data that there was conflict between the way in which AIDS orphans behaved at school, and the way they described themselves. There was also conflict between the way the children conceptualized themselves and the way the school authorities described the children. A few examples might highlight these observations.

AH described her experiences within her school this way:

Life at school is more interesting than that at home. On Fridays I even become sad that I will be going home for the whole weekend. At school...I'm always busy. There is little time to be bored. There are so many people to interact with...I feel very comfortable in my class.

AH's Form Teacher, however, described the girl as being shy, reserved, unconfident, and unsociable. She was said to be too quiet, she avoided others, and did not participate in class. The Form Teacher said of AH, "She has low self-esteem, is very unpredictable and reserved, and regards herself as being inferior to other children."

AH came from a well-to-do 'middle-class' family.<sup>8</sup> She was always well-groomed and smartly dressed. She brought a good lunch as well as pocket money to school. On civvies days she was the best well-dressed girl in her class. She spoke English with a good accent. Because of these characteristics she was regarded as being a snob or, in local slang, a 'salad' (as I described above) as well as a 'nose-brigade'.<sup>9</sup> She was therefore always outstanding in a group, and tended to be avoided for this reason.

My own observations of AH revealed that she tried hard to befriend others, but was often shunned for being socially superior. Her aunt taught at AH's school, so AH was associated with authority, and was treated with suspicion and mistrust by fellow pupils. AH was therefore not reserved or unsociable as her Form Teacher claimed. Instead she was avoided by others, and saw this as being victimization resulting from jealousy on the part of her schoolmates.

These issues tended to mask the fact that AH was an AIDS orphan with special emotional and psychological needs within the school. Her aunt told me about the way AH sometimes cried at school in her attempt to gain sympathy, or out of her frustration at being unfairly victimized. This, unfortunately, was interpreted by the authorities as being a sign that AH was spoilt, and wanted to arm-twist the school system to suit her life-style at home. This conflict isolated AH, who ended up withdrawing and trying not to be noticed.

In a different case, TN was considered by his teachers to be stubborn, non-conforming, disobedient, and extremely rude. In the TST, however, TN described himself using phrases such as:

"I am bright in class."

"I am a smart boy."

"I am a good boy."

"I am a hard worker in my school work."

"I am a clever boy."

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<sup>8</sup> Social classes are not clearly defined in Zimbabwe because of wide-spread poverty which has largely obliterated the middle-classes.

<sup>9</sup> A Shona person who spoke English with a nasal accent. The phrase was used in a derogatory manner, similar to the way the term 'salad' was. Both implied someone deemed to possess a confused identity.

These self-descriptions were very different from the comments written by TN's teachers in the boy's school progress reports, such as:

“He comes late to school.”

“He is playful.”

“He must be more serious with his school work.”

“He should take learning more seriously.”

His Form Teacher described TN as, “a shy and unconfident boy. He does not have proper uniform, and most of the time appears angry at you. He suffers from a low self-esteem and feels inferior to others. He is usually harsh on girls...”

TN was always on punishment, and he felt victimized by the school. He was given a hard time by both his teachers and other children, who laughed at the way he dressed. He reacted by dressing even more provocatively, maybe to turn attention from the fact that he lacked proper uniform, to his daring antics. He did manage to gain recognition and admiration from fellow pupils. His classmates would all chorus together on my entering their classroom, “(TN) has run away as usual. He will be serving punishment again tomorrow!”

However, TN was always plagued by doubt and fear. He took great pains to hide the fact that he was an AIDS orphan from his schoolmates. In fact, all the study children indicated that they preferred others not to know their status as AIDS orphans. Their lives in the school revolved around this fear of exposure and disclosure. This conflicted with these children's need to be recognized as AIDS orphans for other purposes. TN, for instance, wanted to be allowed to come to school late and to dismiss early, because he had to queue up for free food aid regularly, and also had to help his mother at home. There was therefore always conflict between TN's need for recognition as a vulnerable child within the school, and his equal need for anonymity. Such conflict also characterized the way the rest of the study children saw themselves, and were seen by others, as members of their school.

## **Conclusion**

This chapter gave a general overview of the major themes and the sub-themes that emerged from a study of the field data. The overall hypothesis that appears to be

forming from the above discussion is the idea that, HIV/AIDS affects the experiences of orphaned children and their families in historically entrenched ways that are structured by the manner in which major crises have always been understood in Shona society. Themes such as the fear of death and the unknown, witchcraft accusation, and stigma in the HIV/AIDS context were shown to be constructed in a way similar to how people tried to make sense of social life during the challenges posed by the Zimbabwean civil war.

It was also suggested that there appeared to be conflict between the traditional requirement that children respect their elders and the recognition by AIDS orphans that sometimes adults cannot be trusted. Similarly, it was suggested that there was conflict between the way AIDS orphans described themselves, and how they were viewed by their school authorities and fellow pupils. There was particularly conflict between the AIDS orphans' need for recognition as vulnerable and disadvantaged members of the school community, and their preference to hide the fact that they were AIDS orphans.

In the Following chapter I analyze the issue of witchcraft accusation and ancestral curse further, as this appears to inform the habitus of all the study children and their families the most. I will also examine the modern worldview which emphasizes the role of the individual in self-monitoring, and see how the two worldviews manifest themselves in how AIDS orphans understand their 'selves'.

## **AIDS ORPHANS' UNDERSTANDING OF THE SELF: A DISCUSSION**

### **Introduction**

In the literature review chapters earlier on in this study reference was made to the way in which Bourdieu's theory of social practice resolves the dualism between objectivist and subjectivist viewpoints that characterise classical social theory. Bourdieu's theory was shown to argue that social life must be understood in terms that embrace both objective material, social, and cultural structures on the one hand; and the constituting practices and experiences of individuals and groups on the other hand. This conceptualisation of the dualism as a duality of structure (Giddens, 1984) was said to be based on the incorporation of time-space into social theory, so that structure and social practice are reproduced over time-space.

In this chapter I revisit these ideas in an attempt to apply them to our understanding of how HIV/AIDS influences the agency of AIDS orphans within the context of the established Shona social structure. The aim is to show how forms of social conduct which inform contemporary behaviours and understandings are produced and reproduced over time-space, how temporality is contested in forging new identities under new stressful situations, as well as how temporal-spatial structures constrain the degree to which contestation can succeed.

The central concepts guiding this study are Bourdieu's principles of habitus, field, and capital. These concepts frame the ideas about agency and structure. They act as structural controls on behaviour and identity, and provide a framework for our understanding of the way in which new challenges in society impact on individuals and groups. For the present discussion, the concepts of habitus, field, and capital provide the analytical framework which will guide the argument presented.

### **Habitus, Field, and Capital as Structural Controls**

The habitus, the field, and capital were defined in an earlier chapter, and I do not intend to re-define them here. However, it is important to clarify the context in which the terms are applicable to the current analysis. The concept of habitus is linked to the

idea of predisposition to act in a certain manner. The historical structure of a given society predisposes individuals and groups to understand their world and their actions in a particular way. The habitus influences the choices and the opportunities available. But it also delimits the boundaries of those choices and opportunities by placing conceptual and perceptual limitations. The capital, which is a functional dimension of the habitus, can also impose material as well as symbolic limitations on behaviour. The agents, their habitus, and their capital all interact within the field in ways that are structurally controlled but which can also be contested.

The habitus, the field, and the capital are thus linked to agency, which involves individual and collective trajectories in society. Agency draws on cultural capital, which is employed in making value-laden decisions about reality. In all these processes there is interplay between past and present, producing a kind of a symbolic writing slab on which the changing episodic scripts of a history are superimposed on each other, occasionally fusing with one another inter-digitally. This is the idea behind the concept of the new syncretised forms of modernity in Africa, an idea which forms the central thesis of this chapter.

The habitus, the field, and the capital are also linked to the idea of embodiment. Our understanding of our world is embodied within ourselves. We understand our world through our bodies (Comaroff, 1985), which house our thoughts, our perceptions, our techniques of the self (Reynolds, 1996). This issue around the body was discussed at length in an earlier chapter. Here it suffices to say that people in different cultures relate to the body in different ways, and these ways inform the manner in which new challenges are contextualised, conceptualised, understood, interpreted, and responded to. This framework is not a linear progression, but represents a circular interaction of elements as shown below:

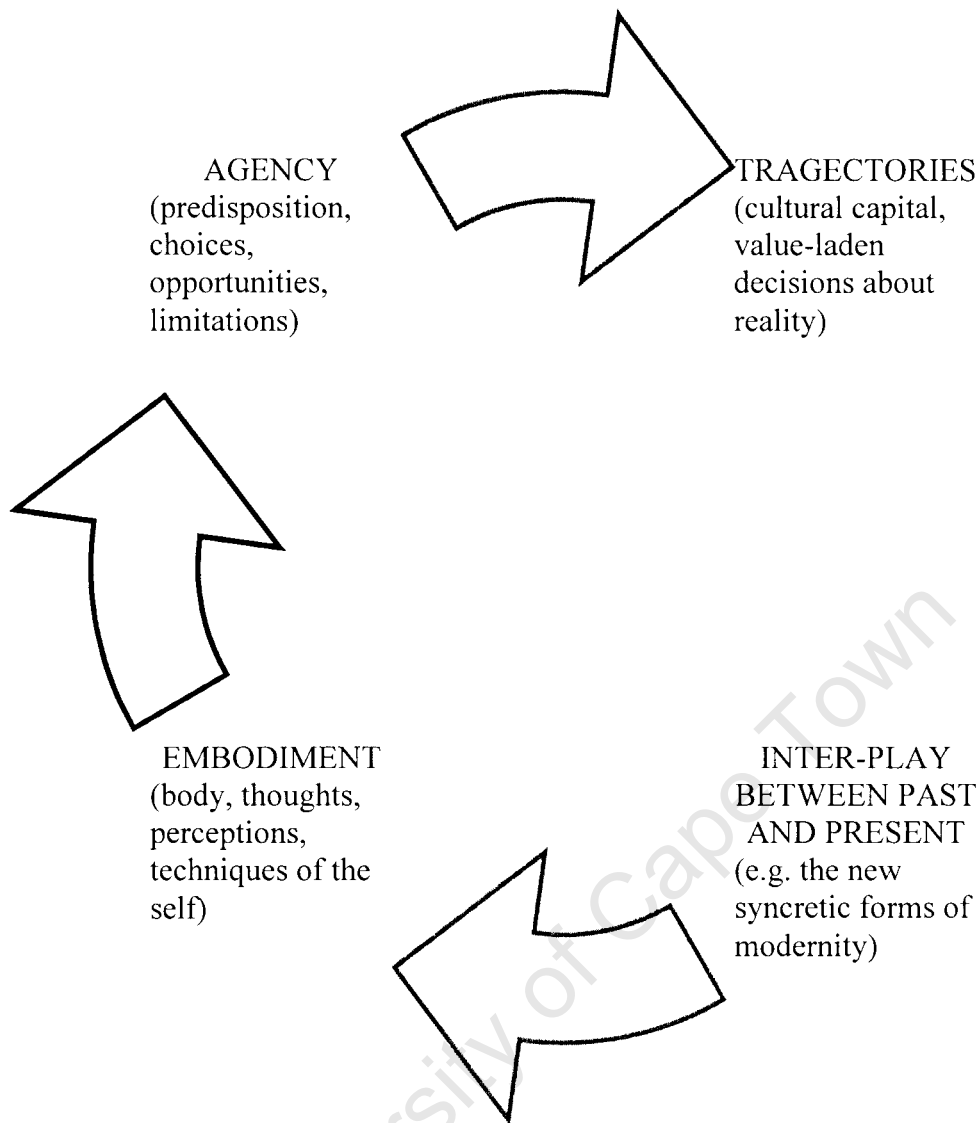


Figure. 1: Elements Constituting the Conception of the Self

In the discussion that follows, the construction of self-identity by AIDS orphans will be treated as being a part of the way structure and history produce and reproduce agency by generating the habitus, the field, and the capital within which reality is created and understood. However, this framework should not be seen as treating these children in essentialist terms. While they capitulate to structure, they simultaneously challenge and contest it in various ways, as I will try and show. It will be argued that AIDS orphans do not define themselves primarily as such but, rather, as subjects constructed by specific historical structures interacting with contemporary understandings and contexts. I chart this argument by analysing three themes that appeared to inform the lives and the self-understandings of these children and their

care-givers the most, namely: a) witchcraft accusation b) ancestral curse and c) spiritual and apostolic sect churches.

### **AIDS Orphans and Witchcraft Accusation**

Witchcraft theorists such as Gluckman (1959) have described the function of witchcraft in Africa as being a release of tension within certain African social structure. In this sense witchcraft belief and accusation are seen to be the outcome of social instability such as that related to famine, *disease*, rapid economic and social change, oppression, war, and economic distress. According to this thesis, witchcraft belief is a psychological response by marginal people suffering from misfortune and a sense of helplessness. In other words, witchcraft belief is rooted in the habitus, the field, and the capital of people living in marginal communities. This theory is linked to critical social-psychology which argues that because no African clan member can live in un-relatedness, in times of misfortune the cause is sought within the community itself, from the 'enemies within' (see, for example Mkhize, 2004).

The above views of witchcraft theorists are placed in clearer focus by ethnographers such as Comaroff and Comaroff (1993), who argue that witchcraft in Africa is no longer 'traditional', but forms an important aspect of modernity. Witchcraft belief thus reflects transformations occurring to the habitus, the field, and the capital of marginal people living in changing worlds. According to Comaroff and Comaroff (1993), witchcraft provides images and symbols by which to define modern problems (such as HIV/AIDS), and for the consumption of modern commodities. Witchcraft belief is employed in inter-personal relationships within various social fields, in politics, as well as in business. Comaroff and Comaroff stress the fact that for the African such images are real and deadly.

Agency, collective and individual trajectories, the inter-play between past and present, as well as embodiment of knowledge, are all especially incorporated within witchcraft belief. As Comaroff and Comaroff (1993) observe, witches are thought to feed on human flesh (Austin's [1993] concept of 'eating'), to cause material losses in people, *infest people with diseases, and make people engage in misdeeds which harm them and others*. There is a predisposition to interpret all misfortunes as the work of

witches. Life-threatening unseen forces can be seen as representations of specific fears that have historically been embedded within the local cultural ethos (ibid.).

Witchcraft in post-colonial Africa is a barometer to measure the impact of global cultural and economic forces on local relations, Comaroff and Comaroff (1993) argue. Witchcraft is seen as being used to frustrate those making economic progress. In other words, it is used to inhibit the capital of those perceived to be extricating themselves from the limitations imposed by the historical structure. Austen (1993) refers to this kind of jealousy witchcraft as ‘vertical witchcraft’, which also occurs when the economically well-off amass wealth through the appropriation of their poorer kin’s human material through the use of goblins (*zvikwambo* in Shona). The belief is that witches appropriate the life-force of weaker people and use it to boost their own capital, in a field characterised by unending conflicts waged in the spiritual realm. Suspicion and a fear of the unknown are thus central aspects of the habitus of people living in these contexts. We can illustrate this two-way witchcraft process as shown here:

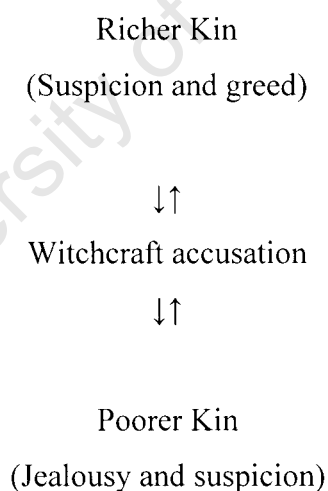


Figure. 2: Vertical Witchcraft Accusation between Close Relatives (after Austin, 1993)

In the Zimbabwean context, this type of vertical witchcraft is gendered. Men, who have historically controlled the cultural resources of production, are considered to be the most implicated in this kind of witchcraft. They are suspected of employing sinister dark forces to boost their wealth accumulation, through the use of *zvikwambo* (goblins) which can ‘make money’ for their owners by sacrificing the lives of other



well as to how they interact at interpersonal and group levels within their social field. This claim by Austin (1993) sounds very essentialist. However, her arguments appear to be supported in my current study, the data of which suggests that witchcraft belief is a structural component of Shona cosmology by which all events and social processes are understood and interpreted. The lives of the AIDS orphans' families that I worked with were all characterised by an over-emphasis on conspiracy and blame. The children's selves appeared to be understood in terms of the construction of certain of their relatives and other people in their community as dangerous.

The problem with this conspiracy theory, one might be tempted to conclude, is that it tends to position AIDS orphans as victims, leaving them little space to cultivate their own sense of control and being. This might produce a divided self in the child in the fields of community, home, and school, it might be argued. At school and at church, for example, children are discouraged from believing in witches, while at home this belief is central to how they conceptualise reality. However, the situation is not that simple, as we shall see later, since people in marginal communities have ways of contesting structure and forging new identities.

Witchcraft belief offers a useful framework within which to analyse the meanings AIDS orphans in Shona communities attach to their lived reality. Witchcraft offers an idiom to articulate the otherwise unexplained contradictions between meaning and power, morality and wealth accumulation, and community and death (Comaroff and Comaroff, 1993). HIV/AIDS, considered within the witchcraft framework, clarifies the post-colonial experience of modernity and post-modernity. As Austin (1993) stresses, the witchcraft idiom in African contexts reflects the articulation of the uneasy relationship between local communal norms and the context of modernity. HIV/AIDS can be understood to be an aspect of this articulation, being linked as it is to the commoditisation of sex, to families separated by work obligations, to familial feuds over a deceased's wealth, to accusations of jealousy, and so on.

Witchcraft in this context gives human expression to structural contradictions (Comaroff and Comaroff, 1993). Witchcraft embodies the contradictions of modernity and its material and sensual temptations, and helps to articulate modernity's marginalising discourses, such as that surrounding HIV/AIDS, as well as to make

sense of modernity's negative social impacts (ibid.). Shona cosmology, for instance, links witchcraft with the economic exploitation of victims' labour in nocturnal activities. Victims can be made to work the fields of witches at night without the victims' knowledge, a reason why sleep-walking is treated with fear and suspicion. Human body parts are used to make potent medicines believed to enhance modern businesses (Elder Ngocha).

Through the metaphor of 'eating', which was touched on in the previous chapter, witchcraft is seen as being exploitative and predatory, and goes against the Shona philosophy which treats communal life (*kugarisana*) as the ultimate good (Elder Ngocha). This is one example of the conflict presented by the articulation between old cultural beliefs and modernity. The linking of witchcraft to modern material production, as was seen in the cases of TG, SM, and MN discussed in the two previous chapters, upsets the traditional social structure by elevating individual wealth accumulation above communal enterprise, leading to the breaking of social taboos around the sanctity of human life, and respect for the human body. HIV/AIDS has particularly highlighted this tension between wealth-seeking and communal living. In contexts such as the one in which my study children lived, HIV/AIDS appears to be a disease embedded in these contradictions between the old social structure and the new economic dispensation.

Modernity introduced money and labour markets into local cultures. In Zimbabwe, as elsewhere in Africa, this led to the separation of families, as men (mostly) went to work elsewhere. This had several significant impacts on traditional social structures. Absent men suspected their wives at home of infidelity, and vice-versa. Witchcraft was resorted to in response to this new challenge. Women employed *mupfuhwira* (the use of potent love potions) to ensure their husbands continued to love them and to prevent the men from noticing other women. The men 'fixed' their unsuspecting wives with *runyoka* (medicine which kills any man who sleeps with the 'fixed' wife of another). Because of its embedding in suspicion and mistrust, HIV/AIDS has come to be associated with *mupfuhwira* and with *runyoka* in Zimbabwe, a reason why an AIDS death is seen as being shameful. A *runyoka* death shows that there has been infidelity.

In these developments, there is a structurally-controlled perception of women as fertile and natural sites of nefarious practices (Comaroff and Comaroff, 1993). Women are seen as being essentially mischievous, as well as being the embodiments of evil (ibid.). Urban women who are sexually liberated are especially viewed as being witches, particularly by virtue of their having rebelled against traditional institutions and taboos. Urban prostitution, in patriarchal terms, replaced the old institution of polygamy, it can be argued)<sup>1</sup>, but in ways that portray women as the personifications of the contradictions characterising changing times. HIV/AIDS intruded into these contradictory social developments, further complicating them, and generating responses which linked the new challenge to structurally-controlled witchcraft.

The mistrust and the suspicion always attached to HIV/AIDS can thus be seen to be widening the cracks already existing in social structures such as the extended family and its related community of the dead, as a result of the articulation between traditional values and modernity. HIV/AIDS, in this context, is associated with witchcraft because it threatens people in the realms of sexuality, reproduction, community, and production (Austin, 1993), areas which are crucial in forming ritualised ideas about the self. In the same vein, HIV/AIDS is associated with the spirit world because the ancestors are the custodians of life, and ancestral curse opens the doors for the disease to enter the family field, as I discuss later.

Instead of the self being immersed within the extended family, the clan, and the community of the dead, in the cosmology of doubt and suspicion generated by HIV/AIDS the self becomes defined by fleeting and shifting alliances between selective kin, based on shared experiences of exclusion, suffering, and death. These alliances are based on what I suggest is a severing of kinship ties with perceived dangerous elements within the community of the living and the dead. Such a 'disposing of kin syndrome' is seen in statements that were made by my study children, such as, 'I do not care what my relatives say about me. I do not eat at their homes'. Instead of the AIDS orphan defining his or her 'self' within the context of

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<sup>1</sup> See, for example, Magesa (2004), who narrates how most urban African men maintain relationships with 'mistresses' whom they house and generally look after, a phenomenon Magesa (2004) terms the 'second office'. In Zimbabwe such liaisons are called 'small houses' in contemporary local urban slang.

‘perpetual kinship’ (the self existing by virtue of its membership of a wide circle of living and dead kin), the self is defined by denying and excluding some sections of the kinship circle. This denial is perceived of in terms of the linking between the orphan’s lived experience and the perceived material greed of certain kin, the context in which HIV/AIDS is understood.

The association between HIV/AIDS and poverty in most instances fuels the culture of suspicion and mistrust characterising the families affected by the disease. Austin (1993) observes, convincingly, that African beliefs identify wealth accumulation with witchcraft, and norms of collective surviving are suspicious of those who accumulate more wealth than others, since it is believed that all profit is gained at a close kin’s loss. As I mentioned in an earlier chapter, a baboon was believed by locals in my study area to have been used by witches to ‘eat’ the body materials of living victims, sapping their life-force out for the economic benefit of the witches, an observation that was also made in the discussion about *zvkwambo* above. So, not only do suffering people suspect their wealthier kin of mischief, they are suspicious of most people around them. This observation is in tandem with the findings made by Farmer (1992) in a study of HIV/AIDS and social life in a remote area of rural Haiti, as was reported elsewhere in this study. This suggests that observations about the role of witchcraft in the social and economic lives of marginal societies made by writers such as Comaroff and Comaroff (1993) and Austin (1993) are widely applicable.

Profit-oriented entrepreneurship at the local community level had become the norm in Zimbabwe in 2005, when I lived and worked among my study families. The harsh economic situation in the country then forced virtually everyone to engage in some form of petty-trading. SM’s aunt operated a flea-market stall. TN’s mother was a vegetable vender. MN’s step-mother sold sweets and potato-crisps at the gates of the local primary school. TM’s aunt sold fresh vegetables from her garden at her house. Within this context, competition for scarce custom generated accusations and counter accusations of witchcraft. For example, whenever the woman who owned the flea-market stall next to SM’s aunt’s attracted more customers, SM’s aunt would complain that the other woman was using witchcraft to divert customers from the former. A peasant farmer whose farm had a better crop than his or her neighbours’ would be accused of using *divisi* (a charm which diverted fertility from other people’s fields to

a witch's), Elder Ngocha informed me. Such horizontal witchcraft accusation was gendered, with women mostly implicated since they were the most involved in the peasant and the informal sectors.

The linking of HIV/AIDS to witchcraft was therefore a response to a general deep sense of insecurity already existing within the community. Witchcraft accusation appeared to be a way of shifting attention from the immediate plight of marginal and painful existence, to those constructed as being a menace to society, the witches, who Comaroff and Comaroff (1993) have described thus:

...African witches have a long legacy. Their signifying potential, moreover, has proven to be unusually dynamic and versatile. They travel across broad horizons, take up residence in towns, become mistresses of money, markets, and motorised transport, wear make-up and modish attire... They also become the personification of capricious commodities, the sirens of selfish desire (p. xxv).

Modern symbols are often welded into local cultures, creating contested realities and multiple subjectivities, Comaroff and Comaroff (1993) suggest. HIV/AIDS symbols add to the complexity of this mosaic. As Golinski (2004) asserts, private and public spaces constitute surroundings with images, messages, and symbols that work to complement or complicate individuals' images of themselves. HIV/AIDS messages on posters, on television, religious messages about HIV/AIDS, school messages such as teachers' comments, community messages such as labelling, totems, relatives' utterances; all impact on the selves of AIDS orphans in different ways, and provoke different responses which, in the language of Comaroff and Comaroff (1993), are ritualised. Thus we need to examine the role of ritual in localised modernity, how people struggle to empower themselves in contexts of adversity, how they attempt to gain control of their own worlds and destinies, how they try to understand themselves and create meaning in their lived realities. For the AIDS orphan meaning appears to be found in ritualised religious faith, as well as in daily personalised rituals. It might help if we examined this issue of the understanding of self through ritual in more detail.

## Ritual and Identity

Comaroff and Comaroff (1993) examine the idea of ritual as 'intentional communication' or 'signifying practice'. Whereas in previous academic writings on ritual emphasis was placed on the higher-order rituals (death, marriage, rain-making, rights of passage, and so on), Comaroff and Comaroff (1993) argue that it is in the way in which the mundane activities are ritualised and routinised as practices of subjectivity that marginal and powerless individuals build their sense of self-identity. It is through these lesser daily rituals that individuals build and contest social realities through communicative action.

All my study children demonstrated a limited knowledge of the higher-order Shona rituals, largely because they lived in repository families in which they were cut-off from the extended family, but also because their maternal and paternal extended families were involved in ongoing feuds, so that the orphans were caught in-between and were largely excluded from ritual participation. However, the children expressed an active subjectivity as well as agency in their daily ritualised behaviour. TN's gesture of covering his mouth when someone sneezed, TM's meticulous attention to grooming and hygiene, SM's physical flirting with her uncle, TN's unconventional dressing and quick temper, the use of indirect language (*chibende*) to express displeasure at the behaviour of an adult, talking through the baby, AH's careful use of the English language, TG's use of money to buy his way out of trouble; were all forms of *ritualised* behaviour through which identities were forged through expressive communication by which reality was constructed or contested by the AIDS orphans. The everyday cultural expressions seen in dress, terminology, and bodily gestures can thus be tools of resistance or of contestation used by the seemingly powerless to position themselves and assert their agency.

The children's daily rituals reflected the articulation between the traditional Shona culture, Christianity, and modernity. Daily prayer and weekly fasting both existed side-by-side with the use of course language as well as with witchcraft accusation in the lives of these children. The church, the home and the school are all fields in which identities are forged through ritualised action. Ritual in these settings can be seen as drawing power from spiritual and mystical forces, such as when TM prayed with expressive bodily abandon and when the other children prayed facing east and holding

their *miteuro*, or when the children fingered their *miteuro* and prayed silently in class before writing a test. But ritual here can also be seen as producing power, such as when most of the children subjected themselves to Apostolic sect rituals performed to excommunicate them from evil spirits, or when they deliberately sought to sever ties with their ancestral spirits, and portrayed those who stigmatised them as witches and social deviants.

When MN used *chibende* to voice her displeasure at the way her step-mother treated her, MN etched a powerful family niche for herself and acquired voice. When witchcraft and other forms of accusation are made as a way of contesting the social reality of being an AIDS orphan, this is producing power. However, when witchcraft is feared by the AIDS orphan because it is believed to have contributed to his or her condition, then this is appropriating power, and another form of ritualised action is then sought in order to restore the lost balance. Daily low-order rituals are inadequate to deal with this situation. Such power is to be found in higher-order rituals. But since the orphan is unable to participate in clan higher-order rituals because of his or her marginalised position, an appeal has to be made to the sect church, which is able to offer the child ritual items of self-protection such as *muteuro*.

Ritual thus shapes the identity of the AIDS orphan in two ways. First, ritual produces a sense of powerlessness and vulnerability by constructing the orphan as victim, as an object of pity. Ritual, or an exclusion from ritual participation by the extended family, renders the child vulnerable. Second, ritual engenders a sense of meaning, power, and control by providing the AIDS orphan with symbolic as well as functional tools of self-protection and self-worth. Ritual generates a discourse of witchcraft which positions the orphan as a target of ill-intent, but which also constructs the child as a powerful agent capable of 'Othering' those conceptualised as being parasites and negative beings in society. Rituals and rites effectively serve to explain the confusions and the meaninglessness of human existence and experience, generating power, and making the presence of absent possibility felt (Comaroff and Comaroff, 1993).

The symbol, being the smallest unit of ritual, represents and reproduces meanings arising from enculturation (the habitus). Symbols are expressed in the values, beliefs, and conflicts arising from the received social structure (ibid.). Ritual, through symbols

and images such as *muteuro*, witchcraft idioms, and so on, re-defines meanings in the light of shifting perceptions of reality or new social challenges, producing new syncretised forms of identity.

Comaroff and Comaroff (1993) argue very persuasively that signs and meanings, or symbols, derive their power and significance from the historical context in which they acquire their meanings. As our schematic model of agency above shows, in attaching contextual meanings to new experiences and challenges (such as those presented by HIV/AIDS) there is always an inter-play between past and present. Meanings are made within time-space. So, faced with new challenges, local people appeal to familiar values for meaning, establishing a flow of temporality linking the received social structure, which represents past history, and the new experience. New meanings are derived from old understandings, as are new notions of evil and suffering, new modes of practice, new identities, and new forms of consciousness (ibid.). The new or the strange is assimilated into the old structure, producing hybrid forms of understanding the self, based on reconceptualised belief systems such as traditionalised Christianity and modernised traditional rituals. I discuss the issue of the new syncretic religions later below.

Comaroff and Comaroff (1993) conclude their analysis by advancing the thesis that, in marginal communities, ritual is less about giving voice to shared values (creating a consensus) and more about creating spaces for contestation, providing the medium through which people located in changing worlds may wrestle with each other and form alliances and opponents (i.e. position themselves and forge new identities). It is this idea about forming alliances and opponents which informs my analysis of identities which are formed as a result of the rejection of certain kinship ties. This conceptualisation of ritual as conflict is in harmony with the Freudian ideas mentioned in the literature reviewed in the opening chapters of this study, which see power in the family and other social fields as reflecting the way in which individuals are able to accommodate to, as well as negotiate their way through the contradictions characterising interpersonal relationships.

In an earlier chapter, it was pointed out that a useful understanding of culture is one which views it as arising through conflict, and not consensus. This study is guided by

this conceptualisation of culture as put forward by Erickson (1991), and supported by McLaren (1991). Rooted in critical social theory, this view of culture sees it as a multiplicity of voices reflecting a wide range of conflicting and competing discourses. As was noted before, identity in this case arises through the ways in which individuals are positioned in relations of power within their social fields. In the context of the Shona AIDS orphans who are the focus of this study, positioning in relations of power relates to the role played by ritual in interpersonal relationships. The ritually-determined positions historically occupied by different subjects can be contested in the light of new social realities.

The field data collected for this study suggests that AIDS orphans and their caregivers are often excluded from the circle of the living and the dead kin. As a result of this the orphans are largely alienated from the connectedness so often claimed as being central in Shona cosmology (see for example Reynolds, 1996; Gelfand, 1979; Owomoyela, 2002). This exclusion often takes the form of members of the extended families refusing to participate in the burial and death rituals involving a relative known or suspected to have died of AIDS, as happened in the experiences of MN and TN discussed in an earlier chapter. This isolation and alienation from the connectedness represented by the higher-order clan rituals, or an absence of them, appears to be the main reason why AIDS orphans and their repository or recomposed families resort to prophetic sect churches for ritual participation and performance. Exclusion and abandonment by the extended family also relates to a belief in ancestral curse, and to the practice of kin disposal by AIDS orphans. I move to these issues around the significance of prophetic churches and ancestral curse in the lives of AIDS orphans in more detail in the following sections.

### **AIDS Orphans and Apostolic Sect Churches**

Moyo (1988), writing about religion and political thought in post-independent (or post-colonial) Zimbabwe, examines the way in which syncretic beliefs have come to characterise modern Zimbabwe. Because of black Zimbabweans' holistic perception of reality (Reynolds, 1996), as well as the contemporary economic, social, and political structural challenges being faced in the country (at the time of writing in 2006) material concerns had come to play a significant role in people's religious consciousness.

Mkhize (2004) claims that 'selves' in Western thought are conceived of in futuristic terms, while in African thought the self is rooted in the past and present. Moyo (1988) uses this claim to argue that people in Zimbabwe perceive the role of Saviour as being largely to alleviate their suffering in the here-and-now (see also Magesa, 2004). This perception is what is seen to have made Prophetic Apostolic and Spiritual sect churches (which Magesa, 2004 calls the African Initiated Churches) very appealing to suffering, vulnerable, and marginalised sections of Zimbabwean society in search of an identity. These churches have a primary concern with divine intervention in the day-to-day problems in people's lived reality.

The AIDS orphans that I worked with were mostly less concerned about spiritual salvation per se, and more with the role the church could play in their daily survival. The children were more concerned with their health and socio-economic survival than with the doctrine of sin and forgiveness. Concrete material help that the spirits (Holy Spirit?) could provide in the present was what seemed to attract these orphans to Apostolic sect churches.

The Prophetic or Apostolic sect churches employ African symbols such as the use of charms and amulets, and the mediatory role of ancestral spirits in exorcism and spirit possession (Cox, 1996; Magesa, 2004). In this way these churches are felt and understood to be in harmony with the Shona habitus which is based on supernatural mediation. Although the Bible is not read during church services, or at any other times, prophets interpret verses from the Bible, which they claim to receive from the Holy Spirit during each service (Magesa, 2004). The sect members therefore regard themselves as being Christians. We could describe them as being neo-Christian (ibid.).

An informant from an apostolic sect church, Prophet Madzibaba Sedijs, explained to me how Apostolic faith churches work within what might be termed a primal cosmology (Cox, 1996) which locates the person at the centre of ever-present hostile forces which are stronger than the individual. People are continuously exposed to supernatural evil, an observation also made by Reynolds (1996) from a Shona cosmology point of view. The Shona, according to Reynolds, believe that 'a tree can

be shaken at any time', meaning that evil can enter one's life at any point in one's life-span. The same cosmology guides the Apostolic sect churches.

As was analysed in a previous section, witches manipulate the spiritual realm for evil purposes. Evil prevents people from enjoying life and from realising their potential. From my discussions with my informant, Prophet Madzibaba Sadius, I was made to understand that negative and harmful power is continuously being directed at individuals and families, and salvation involves cleansing and protection from this negativity. This is achieved by harnessing the positive spirit forces, and embodying them in natural objects such as stones, leaves, sticks, or water. So embodied, the positive power can be carried around by cleansed individuals for self-protection. There is a continuous cosmic battle between good and evil, and children are particularly vulnerable to this evil. Reynolds (1996) makes similar observations. AIDS orphans are even more prone to evil by virtue of the fact that their status indicates that 'evil door-ways' were opened within their families, which is what caused evil to enter in the form of HIV/AIDS. Prophet Madzibaba Sadius stressed this point, which was also mentioned by another informant, Elder Ngocha, from a Shona traditional point of view.

Apostolic sect churches formed an important part of the habitus of my study children, and the objects of self-protection that these churches could provide, as well as a strong faith in these objects' symbolic and functional power, formed a strong component of these children's technologies of the self. The children found great comfort in the way in which their churches demonstrated authority over evil. For example, every new sect member was first delivered from evil spirits, including troublesome clan spirits, before they were provided with protection. Cleansing at these churches is a physical process which works on the body to produce visible and undoubted signs of change. Blessed water is sprinkled over the troubled person's body while a kind of rhythmic chanting interspaced with a peculiar kind of singing is made by the congregation. The prophet makes active bodily gestures of wrestling with the evil spirits. The one being cleansed makes audible sounds of struggle, such as groaning, moaning, weeping, yelling and shouting, and screaming.

Successful cleansing is seen in visible and un-doubtable signs such as the cleansed person vomiting, urinating, or defecating. The prophet works on the body as the site of evil possession and contamination. This demonstration of the power of good over evil and cleanliness over filth, demonstrated in the cleansing of bodies, appealed very much to the AIDS orphans, whose experiences of seeing the weakness and the filthiness of the body in their dying parents traumatised them. The cleansed body is protected from further evil with visible objects such as blessed-stones (*muteuro*). Cleansed persons are regarded as 'new beings', and should continue to vanquish evil through the exercise of the power of mind over body. This they achieve through the sacrificing of their bodily comfort by fasting once every week. They also sever any ties with their un-cleansed, hence dangerous kin. In short, they acquire new identities.

The Apostolic sect churches (and certain Pentecostal Spiritual churches) represent the articulation between traditional beliefs and modernity. They are a further manifestation of the way in which HIV/AIDS has been understood in syncretic terms, producing hybrid ways of understanding the self. As critical social-psychologists such as Mkhize (2004) have suggested, at the heart of every culture is a worldview from which their habitus derives. The 'worldview' is how local people perceive, understand, and interpret reality, which is the major research question being addressed by this study. The practice of religion is aimed at achieving what is considered to be the highest good in a given culture, and religion is centrally positioned in the worldview of the Shona people (Reynolds, 1996).

My informant, Elder Ngocha, stressed that religion in Shona culture is seen as being holistic, addressing the total needs of the total person (physical, spiritual, emotional, and psychological). Religion in Shona terms should be able to provide answers for the person's everyday problems, needs, fears, and anxieties, Elder Ngocha disclosed. According to this observation, the reason why AIDS orphans were flocking to the Apostolic sect churches was that the conventional churches were failing to provide answers for suffering people's real life issues. The same argument was raised by another informant, councillor MK, as was reported in an earlier chapter.

While conventional churches denied the existence of supernatural forces, labelling belief in them as superstition, the Apostolic sect churches placed these forces at the

centre of their religion (Magesa, 2004), hence appealed to the self-understanding of AIDS orphans which was rooted in a habitus of Shona symbolism embedded in witchcraft belief. The need for physical protection, security, and economic well-being (the latter more so for the poorer children than for TG and AH) appeared to be central in the minds of the AIDS orphans as they identified with the Apostolic (and Pentecostal) churches. However, the link between tradition and Apostolic sect belief systems is not without its contradictions, as the latter is linked to my concept of the 'disposing of kin syndrome', a concept which goes against the ideas that view Shona cosmology as being based primarily on perpetual kinship and on the connectedness of all things. Let us look at this contradiction in a little more detail, and analyse how it influences the selves of AIDS orphans.

### **Apostolic Sect Churches, Ancestral Curse, and the Disposing of Kin**

Cox (1996) refers to what he terms 'primal spirituality', that is, "the largely unprocessed nucleus of the psyche in which the unending struggles for a sense of purpose and significance goes on" (pp. 60-61). In this search for meaning, primal spirituality overlaps well with Shona traditional spirituality which emphasises the connection between misfortune and evil forces, and seeks relief through consultation and ritual.

One way in which evil can enter the lives of the living is through what Comaroff and Comaroff (1993) have termed 'ancestral curse' Reynolds (1996) also recognises this phenomenon. This is the idea that witchcraft is linked to one's clan spirits who, if angered, can work together with witch-spirits to punish the wrong-doer and his or her family line. The ancestral spirits lift their protection, allowing one to fall victim to witchcraft. My informants, Elder Ngocha and Headman ZN, both also mentioned this phenomenon in the context of the Shona peoples' understanding of misfortune.

According to Comaroff and Comaroff (1993), ancestral curse is the belief that wrongs done by an individual are recurrent in their family lines, causing endless misfortunes, and leaving the family open to witchcraft and evil spirits. Ancestral curse is linked to the concept of perpetual kinship, which sees members of the kinship circle as comprising related living and dead people, whose roles can be ritually interchangeable (Gottlieb, 1989), and who can be held liable for each other's actions. Evil doorways

which the ancestral spirits open include sinful deeds (such as adultery and promiscuity), emotional pressure in childhood (what might be thought of as childhood trauma), or the recurrent deaths of loved ones (which is why AIDS deaths are often attributed to ancestral curse or witchcraft). Evil forces are seen as being ever-present when sinful behaviours or diseases are present in people's lives (Reynolds, 1996).

While Cox (1996) argues that in Apostolic sect and traditional Spiritual churches people are able to share their fears arising from ancestral curse and to seek protection from them by re-establishing good relations with their estranged ancestors through traditional rituals (an observation Reynolds, 1996, also makes), my field experiences did not support this claim. What was established in my interaction with the families of my study children was that, instead of seeking to re-establish relations with their supposedly angry ancestors, AIDS orphans and their care-givers sought to ex-communicate themselves from these ancestral spirits. People sought new identities by freeing themselves from the perceived evil in their family lines or clans, and forging new relationships with sect members who became their new 'clan' or 'extended family'.

By disposing of their clan spirits, the sect members automatically cut themselves off from their living ritual kin, since ex-communication from clan spirits disrupts the connectedness of all things which is central in Shona cosmology. An example of this process of ex-communication was presented by TN's case. When the boy complained of having bad dreams in which his late grandfather, his late father, and his recently deceased uncle all threatened to 'take him away', the prophet at his church performed a ritual to separate the boy from the spirits of his dead kin. TN was given *muteuro* as well as a ritually-treated *muchakata* tree leaf to place in his bath water for three consecutive days, in order to wash-off the evil in his clan line. The prophet instructed TN to dispose of the used *muchakata* leaf in a public path for strangers to trample, a process which would confuse the boy's clan spirits and lead them away from him.<sup>2</sup> TN and his mother were instructed to avoid any communication with certain ritually powerful living members of TN's clan.

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<sup>2</sup> TN had complained about having bad dreams involving his late paternal grandfather, his late father, and his recently deceased uncle. In the dreams TN had claimed seeing these three deceased persons trying to pull him across a flooded river, away from his screaming mother. I was fortunate enough to attend TN's cleansing ritual at his church.

After initiation into sect membership through the cleansing and protection rituals, the Apostolic sect church assumes the ritual roles of one's extended family and one's clan. That is why when TN's uncle died and his paternal relatives refused to attend the funeral to perform burial rituals, the sect members filled-in this role and performed their own brand of rituals. Thus TN and his mother assumed new identities by so disposing of their kinship circle, and of the ancestral curse believed to characterize that kinship circle.

Another orphan, TG, summed up the issue of ancestral curse and the need to dispose of perceived dangerous kin when he stated that he and his family would not meddle in traditional clan beer ceremonies to appease the ancestral spirits, because these rituals can be used by those performing them to divert the curse from themselves onto other clan members. TG also thought that, "Once you start brewing beer for the ancestors you cannot stop. The ancestors will deliberately torment you to force you to continue brewing more beer for them." TG thus saw the ancestors as being dangerous and greedy spirits who were more interested in their own selfish needs than with looking after their living kin. As such, TG did not want to identify with his ancestors. That is why he did not even remember his clan totem.

A similar philosophy held for MN's family, who also declared that they had nothing to do with the traditional ancestral beer rituals which were performed regularly by TN's extended family members. Likewise, SM's aunt always felt that the girl needed to be ex-communicated from her clan spirits, in order for SM to escape the evil streak in her paternal family line. This disposing of kin had less to do with a belief in Christianity, and more to do with a feeling of alienation and of being exploited and exposed to fearful unseen forces if one opened oneself to ancestral spirits.

While the maintenance of sound ritual ties with the ancestors is seen to be a central aspect of Shona identity by writers such as Gelfand (1979) and Reynolds (1996), my experiences with Shona AIDS orphans and their families revealed that their identities were instead based on the severing of any ritual ties with their ancestors. This course of action was based on the belief that the misfortunes they faced in their daily lives were a result of the manipulation of the ancestral realm by certain malicious ritual kin

within a social field characterized by unequal access to clan ritual resources. This feeling of alienation from clan ritual capital resulted in the buttressing of an already existing habitus of mistrust for certain sections of the clan circle arising from suspicions of witchcraft. Such ill-intentioned kin perceived to abuse clan ritual capital were seen by AIDS orphans and their care-givers as being dangerous and to be avoided, since they were able to manipulate the evil doorways and cause harm to others. Most AIDS orphans felt especially alienated by the fact that they lived with their maternal relatives who, in most cases, were involved in feuds with the children's paternal relatives. As such, these children were excluded from clan rituals, even if they wanted to attend. It is this fact that the orphans had no say in these rituals that caused them to feel vulnerable and at the mercy of those who performed the rituals, since the latter were free to send the curse to the orphans in their repository families.

The understanding that I appear to gain from this analysis of ancestral curse and the disposing of kin concepts is that, there is a deep belief as well as fear among AIDS orphans and their families that HIV/AIDS found its way into their lives through the wicked machinations of those kin entrusted with looking after the spiritual welfare of the clan or the extended family. Such kin (usually paternal uncles and aunts, and clan elders such as paternal grandparents) are believed to work together with witches to manipulate ancestral spirits for the benefit of the ritually powerful kin themselves, at the expense of marginally positioned and powerless relatives. The ritually marginal kin's productive resources are thus appropriated by the more powerful clan members through an abuse of their positions as the custodians of the clan's ritual resources or capital. This belief generates suspicion, in a similar way to the way the belief in *zvikwambo* does, as was discussed earlier on in this chapter.

The disposing of kin is therefore a response by clan members who feel that they are not in control and are being abused. In the same way that corruption and witchcraft appropriate others' productive resources, ancestral curse is manipulated by a few for their own benefit at the expense of the many, since it is through performing the higher-order rituals of appeasing aggrieved ancestral spirits that some clan members derive unfair advantage. The only way to take control of their own productive resources is for the AIDS orphans and their families to sever ties with the exploitative and dangerous ritual kin and with the ancestral spirits that they manipulate.

The disposing of kin concept runs contrary to the essence of the Shona traditional belief system. For example, my informant Elder Ngocha explained to me that one important death ritual in Shona culture involves the 'bringing back' of a deceased relative's spirit into the family. When TN was ritually cut-off from the spirits of his late paternal kin, this constituted a serious departure from tradition, and symbolised a fundamental shift in identity. The contesting of perpetual kinship through the disposal of one's kinship circle presents another dimension of the complex ways in which modernity interacts with local cultures in marginal communities characterised by the scarcity of resources. AIDS orphans attempted to maximise their opportunities and minimise the constraints imposed on them by the context of their habitus, their field, and their capital by removing from their lives what they saw as being an obstacle and a threat to their enterprise and security. They severed ties with some of their kin. From a Shona cultural point of view, this constituted a serious sacrifice of primary identity, the identity symbolised by one's clan totem. HIV/AIDS, within the context of poverty and inequality, produces responses based on mistrust, resistance, and outright rebellion against structure, producing new identities and new subjectivities. This process can be represented schematically in stages as shown below:

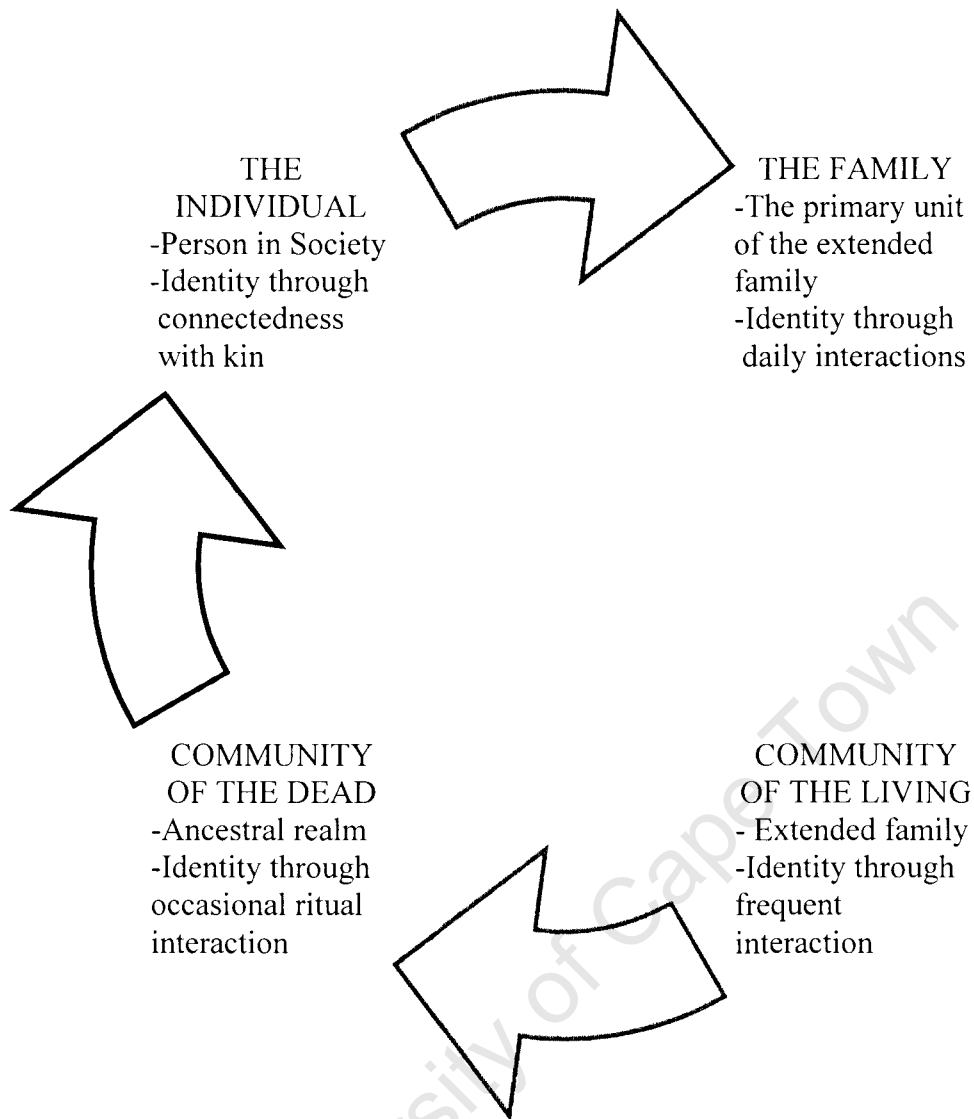


Figure. 4: Stage 1: Perpetual Kinship as a Circle of Kin Relationships Defining Selves

This conceptualisation sees the self as existing only by virtue of its belonging to a wide circle of living and dead kin. The self here is conceived of as an extension of other similar selves to which it is bound by a shared totem as well as shared clan rituals. The conflicts associated with the introduction of the concept of ancestral curse result in the following changes occurring in interpersonal and group relationships within the clan-setting:

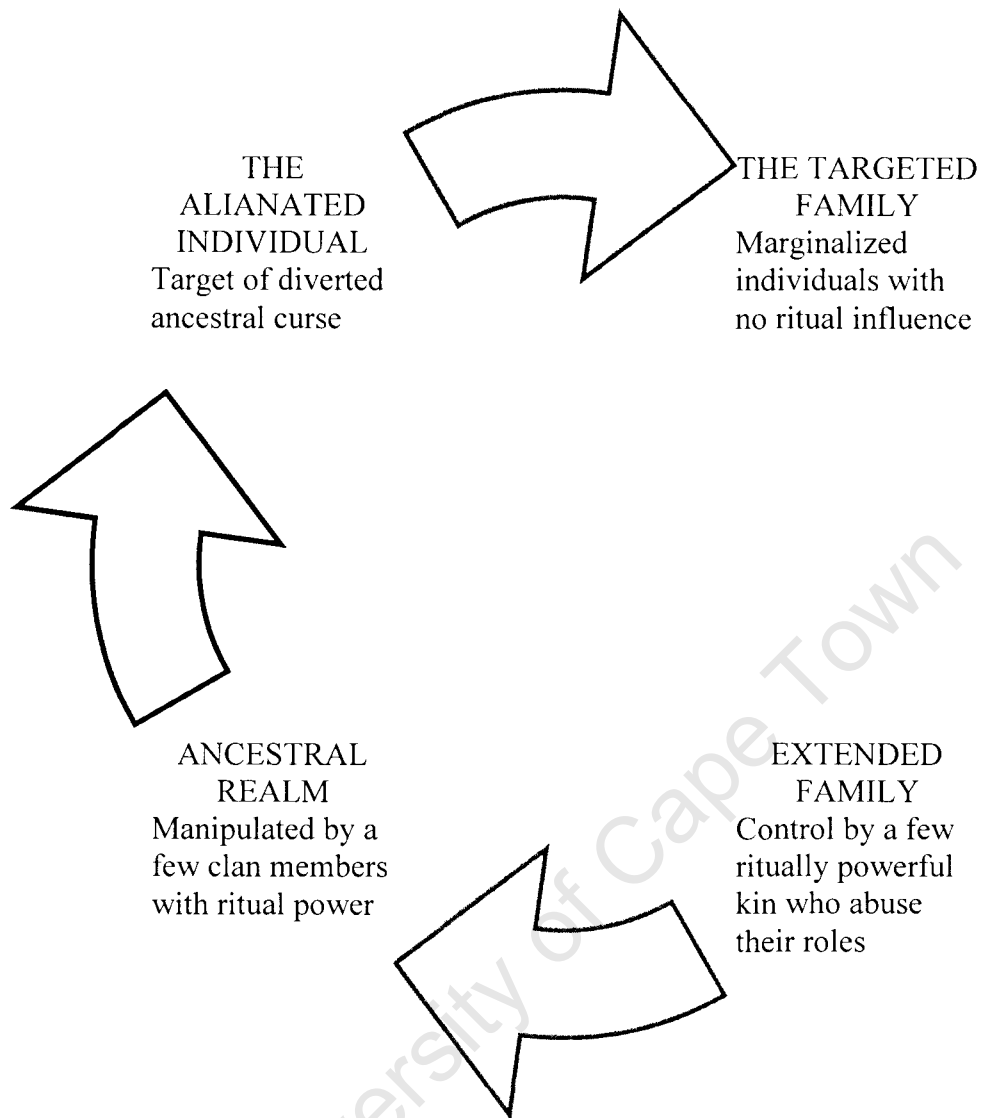


Figure. 5: Stage 2: Manipulation of the Ancestral Realm by a Few Powerful Ritual kin

At this stage the connectedness of things is upset by the abuse of the clan's ritual resources by those clan members who control them. This alienates and marginalises those clan members in weaker positions, such as AIDS orphans. The so alienated become fearful and suspicious of the intentions of those who wield power over clan ritual resources, and the former respond as shown below:

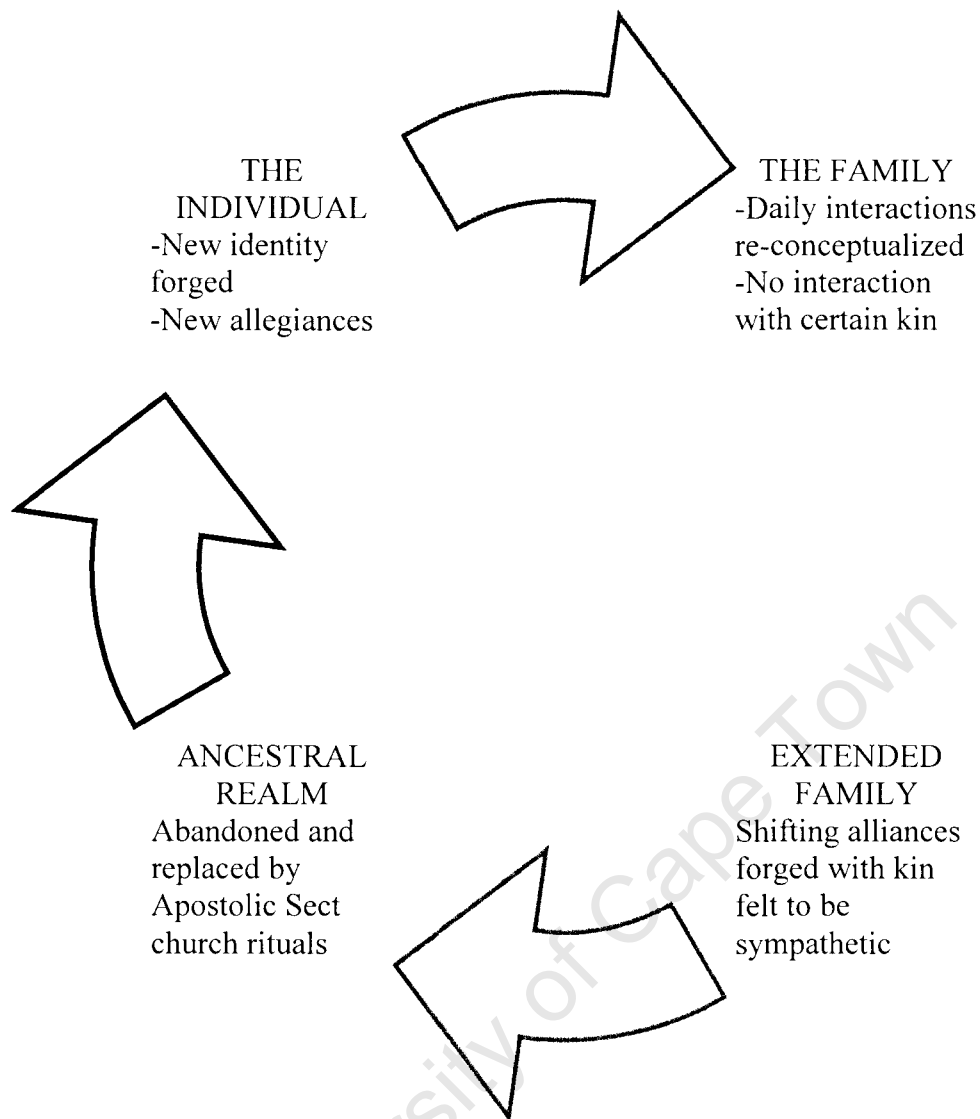


Figure. 6: Stage 3: Disposing of the Circle of Living and Dead Kin by Targets of Perceived Malicious Forces

At this stage vulnerable, marginalised, and exploited clan members sever ties with the wide extended family, opting to form temporary and shifting alliances with individuals they see as being understanding and more sympathetic to their plight. This might include those relatives of AIDS orphans who periodically visit them or contribute materially to their welfare. The Apostolic sect churches replace the circle of living and dead kin as ritual institutions and as the basis of identity and belonging.

Witchcraft, ancestral curse, and kin disposal are concepts that present an interesting way of looking at Bourdieu's central ideas about the habitus, the field, and capital in an African context. I will address this issue about the suitability of Bourdieu's

concepts to African social settings in the final chapter. These concepts are a manifestation of the struggles for power, position, and recognition that are waged continuously by marginalised and disadvantaged local people within social spaces (fields) characterised by a habitus of suspicion and mistrust, and by a strong belief in the role of the supernatural as well as in the ability of some people to manipulate unseen forces in events that chart the course of daily lives and life experiences. HIV/AIDS is superimposed on this structure, being interpreted as just one, albeit new, way in which the marginalisation and the exploitation of the weak by the more powerful is achieved within the inequitable relations of the circle of kin.

The disposing of kin represents an attempt by AIDS orphans and their families to take control of their field of interaction and of their capital resources, both symbolic and material. Kin disposal is a process of constructing new, more empowering identities by parting ways with the old patriarchal traditions, and forming new alliances, based on choice, with those members of the extended family perceived as being sympathetic and supportive of the AIDS orphans and their care-givers. By disposing of the exploitative institution of perpetual kinship and embracing the largely unconditional security and protection offered by the more flexible Apostolic sect churches, AIDS orphans and their care-givers acquire power as well as voice. They assume more liberated identities and assimilate new forms of cultural capital. This observation throws into doubt the essentialism linked to Bourdieu's organising concepts of the habitus, field, and capital, which largely portray people as being passive recipients of structure and of the received culture (see Silva, 2005). While the idea of perpetual kinship seems to fit into Bourdieu's model easily, the concept of the disposing of kin challenges the framework, since it indicates how people in seemingly powerless positions can successfully contest, challenge, and reject structure. I will consolidate these arguments in the concluding chapter.

## **Conclusion**

This chapter focused on the syncretised manner in which AIDS orphans appear to understand who they are within the context of the conflicts characterising the articulation between traditional beliefs and Apostolic sect churches. The habitus of the orphans was shown to be informed by a belief that there was conspiracy against them manifesting itself through an alliance between their ancestral spirits and powerful

living ritual kin on the one hand, and dangerous witch-spirits on the other hand. This alliance was believed by the orphans and their care-givers to be dangerous and potent, since it was able to divert ancestral curse from those who controlled clan ritual resources to relatives in weaker and vulnerable positions.

It was argued that AIDS orphans resolved their sense of marginality and vulnerability within the clan circle by seeking the help, the protection, and the mediation of Apostolic sect churches, whose rituals then replaced those of the rejected (and rejecting) clan or extended family in the lives of these children. The 'selves' of AIDS orphans in this model were conceptualised as being understood in terms of the overturning of the idea of perpetual kinship, and its replacement with the concept of the disposability of kin.

The concepts of witchcraft, ancestral curse, and syncretised religion were explained as being the barometers by which the degree of articulation between tradition and modernity could be measured. HIV/AIDS was in this sense understood to be a component or dimension of this articulation. However, the analysis is incomplete if it does not look at another arena of this articulation, represented by the field of the school. Education presents further contradictions in the lived experience of AIDS orphans, as was alluded to in the literature review chapters at the beginning of this study. The next chapter will re-visit this concept in the light of the field data summarised in the previous chapter.

## **THE SCHOOL AND THE DEVELOPMENT OF A CONCEPT OF SELF BY AIDS ORPHANS: A DISCUSSION**

### **Introduction**

The rationale of studying the interaction of AIDS orphans within the school as a way of understanding how these children know themselves was discussed in the literature reviewed at the beginning of this study. The major assumptions around the issue of the AIDS orphans' construction of a concept of self within the school were pointed out. Among these assumptions, it was revealed, was the idea that the school is an important field of socialisation for the child outside the circle of family and the extended family (Dreeben, 1968; Datta, 1984). It was pointed out that it is partly in the day-to-day activity of social actors within the school that the child's sense of self develops as a result of the way the child manages to cope with the expectations of the various actors such as the teachers and peers.

Furthermore, it was mentioned that the interpersonal relations of actors within the school was not simple and unproblematic, since they reflect unequal distribution of power and conflict amongst them (McLaren, 1991). The AIDS orphan has to negotiate a position or space within these unequal power relations, it was argued. It was also stated that there are two opposing schools of thought with respect to the school as a field of interaction and a space for constructing a self-identity by AIDS orphans. Critical social theorists such as McLaren were said to argue that the school is a field characterised by conflict, tension, and contradictions which can work to increase the vulnerability of marginalised and vulnerable groups. AIDS orphans appear to fall into this group of vulnerable persons. However, it was also noted that a different point of view portrays the school as a site for the restoration of AIDS orphans' confidence and resilience, since the school here is seen as representing continuity, stability, and normality in the otherwise disrupted lives of these children (Kelly, 2004; Bray, 2003; Richter *et al.*, 2004).

Other assumptions about the role of the school in shaping the self-concept of AIDS orphans were said to include the idea that teachers assume the role of parents for these

children (David, 1980), and that teachers can be able to counsel traumatised AIDS orphans (Cook *et al.*, 2003). It was also shown that the school is often thought of as being a reflection as well as a continuity of the cultural and the structural arrangements of the wider society (Giddens, 1984). In this sense schools were considered as being best placed to incorporate aspects of traditional local culture in their programmes to facilitate the rehabilitation and socialising of AIDS orphans, it was pointed out (Cook *et al.*, 2003; Pillay, 2003). The school was also thought to be best positioned to change attitudes towards AIDS orphans and to fight the stigma and segregation often directed towards these children.

However, it was also revealed that some critics dispute the above claim about the school being representative of the wider culture, since the modern school focuses more on issues of efficiency, good management, and accountability, issues seen as diverting attention from a concern with justice, equality, or enculturation (McLaren, 1991; Torres, 1998; Woods and Grugeon, 1991). The rigid official curriculum in the school was seen by some to work against the time requirements of the non-examinable activities in the school, such as the counselling of AIDS orphans or their involvement in healing and socialising cultural activities (Kelly, 2003). It was further shown that writers such as McLaren (1991) and Levine (1989) have argued that there is conflict between home culture and the culture of the school, the degree of which can be measured using the Goodness of Fit Model (Lerner and Lerner, 1989).

This recapping on earlier discussions is meant to provide the context for this chapter in which I re-visit these various arguments in an attempt to understand the way in which the AIDS orphans studied in the field understood themselves within their school. I use the field data to either support or refute the various assumptions about the school and the selves or identities of AIDS orphans in the context of the specific case that I studied.

### **The School as an Extension of the Family: Cultural Continuity or Cultural Gap?**

Teachers, parents, and pupils are all members of unique cultural groups. Teachers and pupils therefore bring to the school field their individual beliefs grounded in their habitus. The characteristics of organismic individuality influence, and are influenced, by the psychosocial context within which they are expressed (Lerner and Lerner,

1989). This means that all actors within the school bring their individual characteristics and experiences to the interactive field of the school, but the school in turn places specific demands and limitations on the child which compel him or her to adapt. It is in this requirement to modify his or her habitus to suit the context of the school that the AIDS orphan often encounters problems, since the habitus cannot be modified but only added to in ways that can be destabilising and disruptive to the way the child understands his or her world. This argument sheds some doubt on the view which sees the school as an unproblematic extension of the family and the wider community.

As was discussed in Chapter 5, the studied children were all careful to protect their family secrets from 'outsiders'. Teachers and fellow pupils were seen by AIDS orphans as being outsiders who were largely bent on antagonising the AIDS orphan once he or she was identified as such. While there was a strong loyalty to the family by these children, based on the perceived need to protect each other as family members sharing a common experience of loss and pain, the school was treated largely with suspicion. The school was important only as an instrument to lift the self and close ones from the present predicament in some distant future. The school was a site of the teasing, labelling, taunting, and punishing of AIDS orphans. AH was fond of saying "*vamwe vana vanozvida pasina ava!*" (Some school children are proud and conceited for nothing!) AIDS orphans such as AH felt that their private selves were being invaded by intrusive others through malicious gossip. This however occurred not only within the school, but in the community as well. The private space of self becomes publicised, violated and abused.

TG complained that, "the prefects always punish me for things that others are not punished for to force me to give them money". TN complained that,

I am always being punished because they say that I am dirty and I do not dress properly, and I come to school late and run away from school. They say I do not like school, but I have to help my mother at home.

AH complained that she was ridiculed and teased for speaking better English than her classmates. "Some children say that I am proud for nothing", AH complained. All the children complained of having been labelled a *murungu*, a 'salad', or a *musvuu* by

fellow pupils at one point or other, as we saw in earlier chapters. Within their families, the children all enjoyed some degree of sympathy and understanding. Most were actually pampered and spoilt, within the constraints imposed by the available capital within their family field. However, at school these children felt vulnerable and uncertain, and did not feel that the school was an extension of their home experiences. The school was instead seen as largely working against the children and their families.

The children did not see their teachers as being good role-models either. TG complained that, “some teachers gossip about the families of school children”, particularly the vulnerable ones such as him. He also complained that, “some teachers borrow my money and don’t pay it back,” as had happened to him several times, he claimed. TM intelligently reasoned that, “some of our teachers do not want to teach about AIDS because some of them have it themselves.” However, it is important here to also mention that there was an overlap between home culture and the culture of the school in this respect, since in Shona society it is considered to be inappropriate for adults to talk about sexual issues with young children. The teachers thus felt uncomfortable teaching about HIV/AIDS or counselling AIDS orphans, a point the school’s Guidance and Counselling teacher raised and which the MoEC acknowledged.

While at home the children’s lives revolved around their spiritual faith in their *miteuro*, as we discussed in the previous chapter, at school they had to hide these objects of self-protection and symbols of their faith because the authorities did not allow ‘charms’ within the school. However, other religious objects of faith such as rosaries were not disallowed. The school’s disrespect for the objects of faith which constituted an important aspect of the AIDS orphans’ self-concept at home had a profoundly destabilising effect on the children’s sense of belonging in the context of the school. For example, SM felt insulted one day when her mathematics teacher shouted at her in class. The teacher was announcing the marks obtained in a previous test. SM had scored 28%, and the teacher asked the girl angrily, “do you think that at this rate you will pass the O-level exams one day, hum?” SM had replied, “God-willing, I will madam.” This answer incensed the teacher even more and she screamed, “Shut up! God-willing, God-willing, do you think God will do the reading for you? A child like you should be more concerned about your future. You should

persevere, as your name reminds you!” SM made an entry in her diary complaining about this incident.

Unlike the field of the extended family in which the AIDS orphans were able to ritually dispose of certain of their kin because the children *did not eat at the kin's homes*, the relationships between the children and their teachers could not be terminated unilaterally. While the orphans could opt to replace the extended family's higher-order rituals with the rituals of their spiritual churches, the more rigid and formal rituals of the school were not always open to choice, negotiation, or compromise. The unequal power relations within the school field were less negotiable than those at home. However, these children always found ways of contesting or circumventing authority, as will be seen later. AIDS orphans could not forge shifting alliances with sympathisers within the school in the same way that they were able to do in the family field. The terms and the rules of engagement were largely different between the two fields of home and school. This was problematic for the AIDS orphans, as there was a perceived 'bad fit' between their home and school experiences with regard to the way they understood who they were. While their family field was characterised by adjustments and transformations (such as those represented by the disposing of kin) the field of the school continued to reproduce its culture in ways that mostly failed to accommodate the needs of AIDS orphans. While the school represented 'normality' for these children, it was a normality which at the same time was alienating to AIDS orphans.

We should, however, not fall into the trap of treating these children in deterministic terms. Indeed it has been one of the criticisms of Bourdieu's conception of capital that his concept fails to recognise the way subjects can occupy positions across separate fields and interact within two spaces in contradictory and ambivalent ways (Silva, 2005). The children here were able to make intelligent assessments of their positioning within the school and within the home, and to come up with strategies designed to make sense of these positions and to challenge adversity.

While there has been considerable enculturation in the religious field in Zimbabwe, as we saw with the Apostolic sect and indigenous Pentecostal churches, the educational field has remained largely exclusive of traditional knowledge and beliefs, as my

informant Elder Ngocha (who was a school headmaster as well as a member of the District Task Force on Culture) observed. This observation indicates the way in which education historically intruded into the lives of colonised Africans as an alien but superior culture by virtue of its links with the ways of the colonising white people, who were viewed by locals in awe and admiration, Elder Ngocha suggested.

The articulation between modern education and African cultures was problematic in that it resulted in two apparently separate worldviews among the Africans. The traditional worldview continues to be appealed to in matters of ritual and in times of unexplained crises. However, it is the modern worldview which now defines what it means for the African to be prosperous, progressive, successful, and respectable. Education is a major component of this modern worldview, and has come to be viewed in instrumental and functional terms, more as a tool for advancement in a modernising world (as I will discuss in more detail in another section below) than as a means of understanding oneself. This view of education as a tool for economic and social progress continues to characterise the attitudes of local peoples towards academic knowledge which is seen as being superior to traditional knowledge, a fact which has maintained the conceptual and perceptual gap between traditional culture and school culture in the post-colonial context.

Traditional and religious sect worldviews are seen as being concerned with the past and the present, while the modern worldview, expressed through education, concerns itself with the present and the future (Mkhize, 2004). These worldviews are thus often seen as being irreconcilable. However, as I discussed in the previous chapter, modernity in many African settings has come to be understood through traditional cultural and structural frameworks such as witchcraft belief. Similarly, overlaps can also be identified between the traditional and the modern worldviews with regard to the way parents and pupils understand the school and modern education. For example, my informant, Headman ZN, informed me that it was not uncommon for people to perform beer-rituals to seek the favour of the ancestors when a child was going to sit an important school examination. The ancestors were believed to possess the power to intervene in modern contexts and to influence outcomes within these contexts.

The fact that the AIDS orphans I studied trusted their *miteuro* to bring them luck in tests at school also indicates how the two worldviews overlap in the self understandings of these children within the school. The problem is that, while school children and their adult care-givers might hold such overlapping worldviews, the school sometimes inadvertently suppresses the traditional worldview, whose knowledge-base is regarded by teachers and other educators as being illegitimate and unworthy of their status and image as modern professionals (this despite the fact that the teachers themselves might be privately engaged in traditional beliefs and may be participating in clan higher-order rituals, as Elder Ngocha explained). At the school which I studied, for example, the headmaster and staff insisted that pupils communicate in English at all times, except during Shona lessons (which were often taught in English as well!).

If we consider Manganyi's (1981) argument that the English language alienates Africans from their African-ness by introducing them to new ways of thinking, of experiencing, of doing, and of knowing oneself (as was discussed in an earlier chapter), then we observe some conflict in the ways children experience their 'selves' at home and at school in settings such as the one in which my study children interacted. The studied school's formal rituals often contradicted the lower-order rituals that the children experienced at home. For example, whereas at home the children were required to sit down and clap their hands when they greeted adults, at school they were asked to stand up to attention for this purpose. While at home the children were taught to co-operate and to share in all things, and to consider others above self, at school they were socialised to be individualistic and competitive. At home the children lived within a habitus which pre-disposed them to interpret all things in spiritual terms and to believe without seeing, but at school they were taught to be objective and rational, to search for evidence and proof about the existence of phenomena and processes.

While the symbols associated with the studied children's lived experience at home interpreted and helped explain these children's social positioning as AIDS orphans as arising from the actions of malicious forces, the messages and symbols within the school, such as the HIV/AIDS messages on the posters on school notice boards, appeared to place the blame squarely on the orphans' late parents. The dissonance

these symbolic contradictions caused in the orphans' understanding of self explains why they largely did not feel that the school was a comfortable place for them. The contradictions made the children waver between defining themselves by apportioning blame to their late parent/s, and defining and understanding the self by acknowledging their late parent/s as being victims of dark unseen forces in a world characterised by ever-present and dangerous phenomena to which the children were themselves exposed. It was in the way that these children tried to make meaning of this gap between home culture and school culture and to surmount the gap that they understood themselves.

However, it would be too simplistic and wrong for us to view the studied school as being a totally isolated, hermetically sealed cultural space used by the authorities like an instrument of torture against the children. The fact that teachers bring some elements of their own home cultures to school implies that there are areas where these cultures overlap with the culture of the school. One such area is that regarding manners and integrated personhood. The school's Guidance and Counselling teacher, for instance, pointed out that the many rules and controls in the school were meant "to develop *hunhu* and proper *tsika* (integrated Shona personhood and good manners) in the children." Thus all the children were required to be polite, respectful, orderly, clean, obedient, and to generally behave like well brought-up Shona children. So, both Shona customs and the school's culture promote a sense of community which is inherent and implicit in personal qualities such as politeness, correctness, mutual respect, and dignity.

On their part, the teachers did consider themselves to be the 'parents' of the school children and, in this capacity, endeavoured to treat all the children equally, which is why the school found it difficult to introduce or implement a programme that would identify and treat AIDS orphans differently.

The problem with these cultural overlaps, however, is that, as we saw in Chapters 5 and 6, the AIDS orphans had a general mistrust for adults, who had demonstrated in these children's experiences that they could not always be relied upon to behave as expected by society. Thus some of the AIDS orphans did not consider their teachers

to be playing the role of 'parents' sufficiently, as we saw in the cases of TG and TM earlier in this section.

Another area in which home and school cultures overlapped was that of body inspection. The school's close inspection of pupils' bodies for cleanliness was ritually similar to how the AIDS orphans' bodies were intimately cleansed at their Apostolic sect churches. These children were also familiar with close body inspection at home. LT explained how her paternal grandmother would carefully inspect the girl's ears, neck, and ankles to see whether she washed properly. TG reported how his maternal grandmother always judged his condition on how well-fed the boy looked. She would squeeze his cheeks and feel his calves, and TG complained that this embarrassed him.

Despite these similarities and continuities between the children's home and school cultures, at home the ceremoniousness of life was not rigid, nor did it assume empty or elaborate forms. For the Shona child work and play are not divided sharply (Laye, 1959; Gelfand, 1979). However, at school the two are rigidly separated, which is why TN often failed to conform, insisting as he did to combine work and play.

Singing and soccer provided emotional outlets for the AIDS orphans both at home and at school. TM and TN particularly found meaning in the two activities. However, TN could not make the school junior soccer team because "They think I am too small", he complained. Gelfand (1979) and Owomoyela (2002) both describe in detail how singing forms an integral part of how Shona children come to understand themselves within their world. All the child subjects were involved in a great deal of singing at their churches, and they all sang when performing chores around the home. At school all sang at the Scripture Union (SU) club (which I will discuss in more detail later in this chapter. These children all sang with feeling and emotion, and appeared to achieve peace of mind through song. While they could abandon themselves in song at church, these children had to control their emotions within the more orderly life of the school. So, despite the cultural overlaps existing between the AIDS orphan's home and school cultures, gaps still existed between these two cultures.

Silin (1995) discusses the gap between children's lived experiences at home and the orderly and rigid life of the school in the context of HIV/AIDS. Although Silin's study was done in the USA, his arguments appear to be particularly relevant for the present study, and I outline some of these ideas at length in this chapter. In Silin's opinion, children find it exceedingly difficult to reconcile the social identity required by the school setting with who the children feel they really are (their self-identity). According to Silin (1995), children ask themselves the question, "What is the connection between my inner life, which so easily runs amok with the most unimaginable emotions, and the orderly world of the school...?" (p. 114). Silin concludes that children find it difficult to bridge the distance between self and school.

The school, Silin (1995) argues, fails to see that children know and understand death and suffering, which they interpret in ways that make the unbearable manageable to them and their families. Instead, the school focuses on children's cognitive limits, and not on their lived realities and life experiences, and how the children understand and interpret them. Silin (1995) attributes this situation to the teachers' belief that children are innocent and ignorant, and need to be protected against frightening topics such as death. Silin thus sees an emotional gap between teachers and children in representing reality. While these children understand their lived worlds, teachers assume that they know what is good for the children better. In line with this observation by Silin (1995), Reynolds (1996) points out that, Shona children have sound knowledge about what is presumed to be adult domains, a claim that appears to be supported in this study.

While the teachers at TN's school wrote on the boy's progress reports comments such as, "He comes to school late and needs to be less playful", "You should write all given work!", "You need to be more serious with your school work!", "Take learning more seriously!", "At this rate your future is in great jeopardy!", TN himself was more concerned with other issues when he complained that, "It does not help to tell the teachers that my uncle is sick and I have to help my mother to look after him. They just say get up early."

Silin (1995) accuses schools of removing children from the familiar context of home and family, rendering the child's lived experience of the world irrelevant to the field

of the school. The school's own culture takes centre-stage. According to Silin, the school values the abstract over the concrete, the distant over the near, and difference (in terms of aptitudes and abilities) over connection. The school views children in terms of what they do not know, ignoring what they know at first hand (ibid.). Silin (1995) also concludes that, "Deprived of a personal history or socially meaningful context in which to act, in need of constant supervision and surveillance, the student is a stranger in a foreign land" (p. 122). The school forces children from non-Western or non-middle-class settings to operate in an alien world with alien values.

These observations by Silin (1995) challenge the idea that, in the context of the AIDS orphan, the school can take the place of the disrupted family. While the home is primarily concerned with the physical, emotional, and the spiritual welfare of the AIDS orphan, the school focuses more on cognitive development and academic performance, psychological areas in which most AIDS orphans are often found wanting. The negative comments written in my study children's progress reports by their subject teachers, their Form teachers, and their headmaster support this observation and contribute to the AIDS orphan's sense of alienation within the school.

Instead of focusing on academic handicap, Silin (1995) suggests that the school should open spaces in which AIDS orphans can express the personal frustrations, fears, and anxieties inherent in them as a result of their lived experiences. Teachers should try and understand the lived worlds of vulnerable children more by emphasising the social and emotional aspects of these children's life worlds, Silin suggests. In the setting such as the one in which I worked, this could be achieved through the training of some teachers in counselling skills, as well as by the teachers gaining more insight into AIDS orphans' religious and cultural beliefs through relaxed informal activities and conversations with these children. Teachers could try to be more friendly and accessible to children socially, instead of maintaining social, emotional, and professional distance and standing separate from the world of the child.

However, as the studied school's Guidance and Counselling teacher explained, teachers themselves are dogged by their own fears and embarrassments around the issues of sex, HIV, and AIDS., which, as was mentioned earlier, are considered to be

taboo in Shona society. This is the reason why the teachers were reluctant and unwilling to teach about HIV/AIDS, as TM cleverly observed. All my study children attended only one HIV/AIDS lesson throughout the field-work year (2005). The teachers were not at all confident about talking about HIV/AIDS with school children, and claimed that highlighting the situation of AIDS orphans within the school would only result in the children being stigmatised by others.

Elder Ngocha, one of my informants, was of the opinion that the school can never play sufficiently the cultural role of the family within the Shona context, because the Shona family is based on kinship ties linked to totems and to specific rituals and ways of relating to the self and to others. The fact that in a school the teachers and the pupils all come from different totemic or clan groupings which practise different rituals and attach different meanings to similar rituals make it impossible to think of the school in terms of a family in the mind of Shona children and their teachers, Elder Ngocha argued. According to him, the often suggested idea that school teachers should assume the ritual roles of uncles, grandparents, and aunts in socialising and counselling school boys and girls, in place of the weakened extended family institution, was unworkable. He argued that at home children developed a sense of self through the daily practical lower-order rituals such as work, meals, how to show gratitude or appreciation, gestures of respect or submission, gestures of showing dominance and control, various kinds of ritualised interactions and taboos, sensual and bodily involvement in doing, and so on. As we saw in the previous chapter, Comaroff and Comaroff (1993) also recognise these lower-order rituals as being central to the development of a self-concept. According to Elder Ngocha, such finer aspects of ritual varied from one family to another, and could not be replicated in the school context. This observation by Elder Ngocha might be one reason why teachers at my study school found it difficult to open up to AIDS orphans.

Silin (1995) argues along similar lines when he notes that, in the context of the family, children construct meanings about themselves and about others through intimate knowledge of self and other. Such embodied knowledge is acquired through constant exposure to sensual stimuli such as excited sounds, fragrant smells, active movements, messy touches, silences, as well as through conflicts such as arguments and fights (*ibid.*). In the previous chapter we saw that these sensual stimuli and

gestures were part of what Comaroff and Comaroff (1993) have termed the 'lower-order rituals' which are involved in self-identity formation based on mundane daily activity. While all these sensual stimuli and gestures formed part of the lived worlds of my study children at home, they had to be toned down or modified once the children entered the school gate. Within the school the children were required to become more self-conscious and less spontaneous. Although this requirement is in line with the Shona custom of *kuzvibata* (self-control), the need to be self-conscious and to be always mindful of whether one was blending-in with the rest constantly reminded the study children that they were AIDS orphans.

The child subjects responded to the cultural gap between home and school in different ways. TN rebelled against the rigid rituals and rules of the school. He would not sing the national anthem at assembly, but stood at attention facing ahead, his head slightly lifted up in defiance and his mouth firmly shut. He did not repeat the Lord's Prayer with the others, a practice which was a far cry from the prayer rituals at his own Apostolic sect church, which involved vigorous bodily movement and induced a feeling of being *in* control, and not *under* control. TN also dressed wrongly and made a noise in class. He often did not follow teachers' instructions. He came and went much as he pleased, and appeared to enjoy being out serving punishment than in class attending lessons. He appeared to find pleasure in antagonising the prefects and the teachers, who were all exasperated by him. When someone wrote TN's name on the AIDS posters on the class notice-board, TN responded by tearing all the posters down.

The other children responded in other ways to the school context. AH tried to arm-twist those in control by sulking and crying when she could not get her own way, but was often ignored or laughed at for her trouble. While her black-mailing antics worked with her family members at home, they had no place in the school. TG paid bribes to prefects and lent money to his teachers in order to be left alone. TM, LT, and TG followed the school rules and observed its rituals to the letter. SM behaved much the same way TN did, rebelliously. MN kept largely to herself and avoided trouble as much as she could. Although all the children claimed in our initial interviews that they enjoyed being at school more than being at home, they appeared to give this answer only because they thought this is what I wanted to hear (since they all knew

that I was also a teacher). When I later asked them to rank given phenomena in the order in which they were significant, exciting, and important in their lives, all the children ranked their family first, followed by their church, then their community and school.

As was observed earlier in this chapter, Silin (1995) argues that teachers, being adults, often act in habitual ways that ignore children's worldviews. We saw that according to him, this reveals the school's ignorance about children, particularly the vulnerable ones. Silin sees gaps in teachers' conception of what children want (what is considered to be the children's needs, i.e. what teachers think should define what and who the children are), what children actually want (their self-reality), and what the teachers want. In an earlier chapter I referred to Bray's (2003) criticism of a needs discourse which failed to acknowledge that AIDS orphans had ways of coping with their lived realities without adults defining what their needs are. Bray's criticism is in line with what Silin (1995) is arguing here.

The problem with the teachers' attitudes in the light of these arguments lies in the fact that the teachers want to define what is at the origin of AIDS orphans' actions from the teachers' own assumptions about reality. Such imposed definitions of AIDS orphans' self-identities are in conflict with Giddens' (1984) ideas about the self. In an earlier chapter at the beginning of this thesis we mentioned how Giddens (1984) defined the self as being the sum of those forms of recall in which the agent reflexively characterises "what is at the origin of his or her actions. The self is *the agent as characterised by the agent*. Self, body and memory are therefore intimately related" (ibid: 51, my emphasis). It is this inability or failure by the teachers to understand the AIDS orphan's self-definition which problematises the way these children position themselves and are positioned within the school.

For Silin (1995) the solution to this problem lies in finding a way to collapse the emotional and the social distance between teachers and pupils, so as to reduce knowledge to issues of inter-subjective communication and trust. To facilitate this communication and trust, in the context of AIDS orphans, teachers need to recognise and respect AIDS orphans' fears (such as the fear of the unknown), as well as to understand and respect the religious and traditional beliefs which define who these

children are in the children's own understanding of themselves, as I mentioned earlier on.

The school within which I worked did not appear to be sufficiently aware that AIDS orphans constructed their self-identities within the context of *loss* and *separation* (from their late parents, from other kin, from their ancestral spirits), the *absence* of their biological parents and of security and safety, the perceived *presence* of evil and ill-will, and the perceived *presence* of good which has power over evil. These were issues central to the way the context of the home and the family shaped the identities of these children. The identification of this cultural and conceptual gap between the home and the school contradicts claims by writers such as Giddens (1984) that institutions such as the school draw upon and reproduce the cultural features of the wider society in which they are embedded, as was observed in an earlier chapter. What is reproduced is the culture of modernity on which education is based.

The way in which AIDS orphans attempted to find spaces in which to negotiate their identities amid adversity at the studied school can be illustrated by the way the school dealt with the issue of the Scripture Union (SU) club. MN, SM, AH, TM, and TG were all members of the club, whose co-ordinator and advisor was the Guidance and Counselling teacher. SM always volunteered to pray either to open or to close the meetings of the club. She would pray in words such as,

In the name of Jesus, in the name of Jesus, I pray in the name of Jesus! I pray for our teachers. I pray for our families. In the name of Jesus, I pray for the sick. I pray for the dying. I pray for our enemies and for those who think they know. In the name of Jesus, I pray for our churches. Alleluia! In the name of Jesus, I pray for all those possessed by demons. Help them Lord Jesus, I pray. Amen!

The teacher-in-charge was critical about the way the AIDS orphans prayed with bodily abandon during SU meetings, but the practice was soon adopted by most members of the club. At the SU meetings, the AIDS orphans were able to bridge the emotional and the conceptual gap between their home and school experiences. But when some children began praying 'in tongues', the school authorities became more worried, and drew up rules to regulate and to control the SU proceedings. These included the rules that:

- No religious apparel could be worn at SU meetings

- No ritual items of faith could be brought to these meetings
- No simultaneous mass prayers could be said (except the Lord's Prayer)
- No names of people could be mentioned in prayers

So, once again, the children were alienated from the things they knew and had faith in, from the things they felt defined who they were. This section has argued that a conceptual and perceptual gap largely existed between the home cultures of the child subjects in this study and the culture of their school. It was also mentioned that an emotional gap existed between the teachers and the AIDS orphans. It is, however, important to also mention that these gaps were not absolute, since there were always points at which the two cultures overlapped in the lived reality of these children. In such moments the children then attempted to respond to the adversity in their school field by using familiar ways that they employed in their home field. I should also explain here that it was not only the AIDS orphans who experienced alienation within the school field, but all the children can be assumed to have experienced, at various times and in different ways, some degree of adversity.

The fact that not everyone in the school explicitly reflected this alienation implies that there were moments of and spaces for acceptance and recognition, so that it would be wrong to simply caricature the school studied as a hopeless failure in the way in which it engaged with the lived worlds of the AIDS orphans. The school obviously made some attempts to include the AIDS orphans in its structures on the same footing with the rest of the children, since any form of affirmative action would be interpreted as being discrimination or favouritism. From a Shona point of view, though, positive discrimination has always been accepted as a way to assist widows and orphans, as is seen in the practice of *zunde ramambo* (the Chief's common granary for the poor). Apart from assistance with school fees, the school discouraged positive discrimination in the context of AIDS orphans.

While the school might have allowed spaces for all children to feel that they belonged, the special home circumstances of some of the AIDS orphans continued to place them at a disadvantage in the school setting. Some of these children managed to exploit the spaces opening up for them, but others always found something to

complain about. TG earned recognition for being in the cast of the drama club's play about HIV/AIDS, which was presented at the school's Annual Prize-giving Day. TN received a prize for best student in Physical Education (PE) in his class. LT received a prize for best student in Fashion and Fabrics. However, she was hurt that her aunt was not present at the Prize-giving Day event. The parents of her class-mates all attended. LT felt embarrassed by this *absence*.

It should also be mentioned that the AIDS orphans were, in most things, just children like all the others. They engaged in all the little misdeeds children engaged in. TN made fun of the teachers during lessons. He communicated with his friends by sign language. The boys winked, frowned, pointed, and nodded to each other in these communications. So, we should not view the AIDS orphans as having been completely shut out from the lived world of Shona childhood. All the same, because of their vulnerability, these children generally appeared to suffer more from the unequal power relations within the school, as I explain below.

### **The School as the Site of Unequal Power Relations**

This study makes use of critical social theory in its analysis of the interaction of social actors within the field of school. As was mentioned above, writers such as McLaren (1991) view the school as a space characterised by conflict, with some individuals occupying privileged cultural vantage points from which they interpret and judge others' actions within the context of their own prejudices or assumptions based on a lack of sufficient knowledge. My field data appear to support this view.

At the study school, TN and TG complained that the class-monitors, prefects, team captains, the head-girl and head-boy and their deputies, were all selected by the headmaster and his staff with no input from the student body. While the school authorities claimed that the list of privileged pupils above formed the school's 'representatives of the student body', pupils regarded these 'representatives' as being teacher-imposed 'controllers' of other children. In the thinking of the children I worked with, school prefects enjoyed positions of privilege by collaborating with the school authorities in victimising the rest of the school population. TG, TN, and SM felt particularly oppressed by the prefects. TG was forced to bribe the prefects to avoid being unfairly punished. TN and SM, who did not have the money, were

punished virtually on a daily basis. TN borrowed terminology used during Zimbabwe's war of liberation when he described the prefects saying, "*Ah, vapi vatengesi ava, zvimwasungata zve maticha izvi*" (These prefects are nothing but sell-outs and puppets of the teachers).

The criteria used in the school in the selection of student representatives were:

- Smartness of dress and appearance
- Academic prowess
- Good behaviour (conformity to school culture, norms, and rules)
- Gender balance
- Self-confidence and good spoken English

Because of their difficult circumstances and structural disadvantage, AIDS orphans often never qualified for selection to any of the above positions of responsibility, because they could not meet some of or all the criteria. TN and SM had incomplete school uniform and always appeared scruffy. Both of them often violated school rules. TN was quarrelsome and had a sizzling hot temper. AH, LT, MN, SM, and TN were all in the lower streams because they were not good academic performers. All the children were reported by their teachers as being unconfident, save for TM. Because of their positioning as misfits within the school, these children did not enjoy any power or privileges. They were instead located peripherally within the power relations of the school. When I asked TN whether he would want to become a class-monitor or a prefect he answered, "Ah, who would select me? They think I am not a good example. I don't want to be a prefect, anyway. I don't have the time."

The issue of unequal power relations within the school can be linked to the question of the articulation between local institutions and the global context. Torres (1998) offers the argument that globalisation<sup>1</sup> is exerting pressures on national governments to have new political, social, and economic priorities in response to processes of economic restructuring. These pressures have seen a shift in the educational goals of nations and in the forms of educational governance (ibid.). According to Torres

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<sup>1</sup> Held (1991) defines globalisation as, "the intensification of world-wide social relations which link distant locations in such a way that local happenings are shaped by events occurring many miles away and vice-versa" (quoted in Torres, 1998:9).

(1998) the new educational parameters are being delimited within the contexts of vocationalisation, marketisation, standardisation, decentralisation, privatisation, and individualisation, contexts required by the new market-based economic structural adjustment programmes being advocated for African governments by global multilateral institutions such as the World Bank and the International Monetary Fund (ibid.). These developments are creating new and subtle imbalances of power in education. Within this new setting, education is now being seen in increasingly instrumental terms.

At the local level, the school is being forced to focus more on improving results in line with this instrumental paradigm. The school adopts a quasi-market-based form of governance, guided by principles of competition and consumer choice, and market-style accountability implemented through School Boards, Torres observes. My observations about the way the school I studied was run seem to agree with Torres' (1998) observations. The studied school had a Mission Statement and Service Charter. The main focus was on improving its position on the Regional School Examinations Results-Tables published annually by the Ministry of Education, Sport and Culture. The School Development Authority (SDA), a school-based committee comprising elected parents and the school authorities, formulated school policy and set the targets, and levied parents to increase revenue for the operations of the school.<sup>2</sup>

The school thus focused primarily on improving standards and grades. This involved the promotion of a culture of competitiveness which shifted the efforts of the school from a concern with the issue of the structural group disadvantage of vulnerable children such as AIDS orphans, to a concern with individual academic handicap and fault-finding. Instead of focusing on the problems faced by AIDS orphans in fitting into the school, the school concentrated more on their individual aptitudes and cultural short-comings. This, within the context of the orphans' structural disadvantage as a group, meant that these children often found themselves in the lower streams, as well as in other marginalised spaces, such as serving punishment in the school grounds. A focus on academic performance thus meant that the diversity of

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<sup>2</sup> The school belonged to the Zimbabwe Mining and Smelting Company (ZIMASCO), which was responsible for financing the school. Government also subsidized the school.

lived experience within the student body was ignored in the quest for standardisation of behaviour to control output.

In this quest for efficiency, competition, merit, and individuality, alliances were forged between a few members of the student body and the authorities, who then acted to control the rest of the pupils who became objectified. The most vulnerable pupils emerged as the most marginalised in this process. This is the reason why TG lamented that he could not do anything about the way prefects always demanded bribes from him. Reporting the prefects to the school authorities was of no use, TG complained, because teachers always sided with the prefects. TN also complained that prefects and teachers never listened to his excuses when they punished him. School rules were school rules, and no pupil was above them, they would remind TN.

Everything in the school I studied was designed to maintain order and promote efficiency, conditions necessary to produce good academic results<sup>3</sup>. Within this climate of competition, emphasis was placed on uniformity in pupil behaviour and conduct, rather than on difference. This is why TN complained that:

The prefects always spy on you to find out what language you are using in the school, whether you are greeting teachers in the corridors, whether your shirt is properly tucked-in and your socks pulled up. They check how long your neck-tie is, and if you have polished your shoes.

TN felt victimised for always being punished for failing to meet the long list of requirements. The school was trying to introduce these children to middle-class values which most of them did not associate with in their real worlds. The AIDS orphans' feeling of powerlessness in the school compelled them to respond in various ways to their situation, as has already been explained above. TN, as we saw, rebelled against protocol and authority, because he was forced to choose between complying and avoiding trouble, or breaking the rules and helping his poor mother. TM, LT, and TG complied with the school rules to the letter to avoid trouble. SM largely ignored

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<sup>3</sup> In terms of results, the school was actually doing very well as a result of this policy of strict control. In the O-level results of 2004, it beat the other two secondary schools in the mining settlement by a wide margin, coming twelfth in the whole district which has over forty secondary schools (source: The District Education Office, Gweru).

instructions the way TN did. AH and MN kept largely to themselves and, as their Form teachers said, by avoiding company they also avoided trouble. There was a general feeling among all the seven children that they were positioned at a disadvantage in the power relations of the school, and had to take some kind of action to re-position themselves more favourably, such as being active in the Scripture Union club. One way in which such children could be helped to re-position themselves is through counselling, as is suggested by Cook *et al.* (2003), and I move on to this aspect below.

### **The School as a Counselling Institution, and as a Tool to Fight Stigma**

At the beginning of this chapter I reminded the reader that one view of education sees the school as being best placed to foster resilience and induce a sense of normality and continuity in the AIDS orphan (Cook *et al.*, 2003). The Ministry of Education, Sport, and Culture in Zimbabwe recognised this important role of the school, and developed HIV/AIDS syllabi for all levels of the primary and secondary school sectors.

According to a 1992 Ministry of Education, Sport, and Culture (MoEC) publication titled: “HIV and AIDS: A Teaching Guide for Teachers”, the aim of the secondary schools HIV/AIDS education programme is, “to help reduce HIV infection among the school children and youth through education” (p. 1). The objectives are listed as:

- To provide information and to correct misinformation about AIDS and the transmission and prevention of HIV infection
- To encourage responsible behaviour in relation to sexuality through the development of personal and interpersonal skills, with regard to moral and legal considerations
- To provide information and encourage responsible behaviour in relation to drugs
- To help young people develop and identify networks which encourage informed and responsible decision-making.

Schools are encouraged to develop their own aims and objectives for implementing this programme, taking into consideration the local context of tradition and culture,

religion, and health situation. The teaching of HIV and AIDS should be integrated across the curriculum as part of the school's overall programme for personal, social, moral, and health education, the Guide advises.

While this is an important teaching tool, a closer look at the aim and objectives reveals that the programme is primarily targeted at life-skills training, and has little to do with the way AIDS orphans in schools understand their world. As was mentioned in the earlier chapters of this study, some writers have voiced their concern at the way the school continues to focus on middle-class life-skills that are quite alienated from the life-skills that the children learn at home. There is therefore need for a deeper re-thinking of the whole concept of the school in order to make it more responsive to the real life-situations of AIDS orphans (see for example Kelly, 2003; Bray, 2003; Richter, 2004; Guest, 2001).

A non-governmental organisation, The Zimbabwe National Family Planning Council (ZNFPC), attempted to augment the efforts of the MoEC in providing HIV and AIDS education. The ZNFPC, through its Youth Advisory Services Unit (YASU), came up with a parallel programme to that of the MoEC. YASU developed a curriculum and a resource manual for the teaching of Family Life and Human Sexuality in secondary schools. This is a wider curriculum than that of the MoEC, and its aim is, "To provide young people with the necessary knowledge and communication skills needed to promote healthy attitudes and behaviour, so that they may become responsible citizens in society" (p xi). The objectives of the curriculum are listed as:

- To improve communication between children and their parents (or care-givers) through the Family Life/Human Sexuality Programme
- To empower young people to govern their behaviour, and to equip them to make wise choices for themselves and their loved ones, now and in the future
- To build an understanding of moral values among young people
- To provide factual information and dispel misconceptions about human sexuality<sup>4</sup>

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<sup>4</sup> Source: Zimbabwe National Family Planning Council, Youth Advisory Services (1987) Curriculum Guide and Resource Manual for Teaching Family Life and Human Sexuality: A Course for Zimbabwe Youth In and Out of School. Harare: ZNFPC.

While the YASU curriculum adds the dimension of the family and communication to the HIV and AIDS education programme, it too is still focused mainly on life-skills acquisition. The YASU syllabus is useful in helping the AIDS orphan understand his or her positioning within the family, but offers nothing at all in the area of interaction within the school.

These weaknesses notwithstanding, it is through the teaching and learning of HIV and AIDS as well as of Family Life education in Zimbabwean schools that AIDS orphans are supposed to be counselled and helped to understand and accept their situation, and stigma overcome or reduced through the cultivation of positive perceptions and attitudes towards those affected by AIDS. However, at the school where I gathered the data for this study, no school programme actually existed to facilitate the implementation of the two curricular. Not a single one of the teachers had received any formal training in the special skills required to deal with the sensitive issues involved in teaching about HIV/AIDS. Even more disturbing, not a single teacher within the school had any formal training in child counselling, a situation which applied to all the secondary schools in the district<sup>5</sup>. Child counselling should form a basic component of the HIV/AIDS education programme, if the programme is to have meaning to AIDS orphans in the school. The District Education Office (DEO) revealed that there were only ten professional educational psychologists based at the Provincial Education Office (PEO), and these had to cater for the counselling of children in the whole of the Midlands Province. Educational psychologists were not specially trained to counsel AIDS orphans, and only visited a school by request, and only in special circumstances such as to attend to cases of child sexual abuse.

While writers such as Cook *et al.* (2003) see the school as being the best context for fostering a positive sense of self in AIDS orphans, the lived reality of these children in settings such as the school I observed does not support this claim. The studied school's internally appointed Guidance and Counselling teacher had no formal training, and was only chosen because of her motherly disposition as well as her strong Christian morals (she was an Anglican). The teacher admitted that she had never counselled any AIDS orphans in the school in that specific context. Although

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<sup>5</sup> Source: District Education Office.

she had talked with TN about his disciplinary problems within the school, no reference had been made to his positioning as an AIDS orphan in the school during that conversation. The school counsellor explained that, attempting to understand the private lives of AIDS orphans would only open old wounds and make these children feel as outsiders in the school. Ironically, it was this reluctance to encourage openness about HIV/AIDS which appeared to perpetuate myths about those affected by the disease, and to encourage their labelling as *varungu* within the school and the community.

An example of the myths held in the school about AIDS orphans is presented in the case of TN. During a wood-work practical lesson one day TN cut his finger with a chisel and bled on the floor. Another boy close to him muttered, "Go outside. You are messing the floor with your bad blood." The teacher heard this remark and he sent the boy who had made it on punishment. TN later caught up with the offender on their way home and beat him up.

So, while in theory a programme was in place to cater for the emotional, social, psychological, and spiritual welfare of AIDS orphans in Zimbabwean schools, the situation on the ground indicated that the programme was not being implemented. At the school where I gathered data, HIV and AIDS education and Family Life education, which were collectively referred to as 'Education for Living' (EFL), were not even included on the school time-table. The school was too occupied with implementing the examinable curriculum to involve itself with issues to do with AIDS orphans, who were left to figure out for themselves who they were in the context of the school, and what their place was. The school adopted a fire-fighting approach, only moving in to punish pupils thought to have demonstrated discrimination against known AIDS orphans.

McLaren (1995) argues that the school should provide pupils with opportunities for understanding the meaning and purpose of living in their world, a view shared by Silin (1995) as we saw in an earlier section of this chapter. However, McLaren also recognises that issues of school governance divert efforts and time from concerns with issues of justice and the personal lives of children. As we saw earlier, Kelly (2003) also observes that pressure from the official curriculum pushes the issues to do with

the subjective lives of pupils to the periphery of school priorities. For the AIDS orphan, the school becomes a foreign yet familiar space characterised by on-going struggles to move away from the periphery towards the centre to regain subjectivity that will restore the child's dignity and earn her or him recognition (Golinski, 2004), while at the same time striving for anonymity and sameness, as was discussed in an earlier chapter.

While writers such as Cook *et al.* (2003) suggest that schools can help AIDS orphans to understand their 'selves' by holding high expectations about these children and by acknowledging their individual value through praising and showing appreciation for them, the experiences of the orphans I worked with were often quite different from this ideal. Teachers' comments often concentrated on the deficiencies and the inadequacies of the children, who always lacked something (ranging from not having proper or complete uniform, to poor academic performance and bad behaviour). This deficit assumption about the children did not help them to feel confident about themselves within their school.

### **The School as a Tool for Personal Progress**

As we saw in an earlier chapter, the articulation between local culture and modernity produces new subjectivities and new ways of understanding one's purpose and position in one's world, and in the worlds of others. These new understandings and new ways of relating often overlap with old belief systems. One area in which the effects of articulation manifest themselves is that of education.

Earlier on in this study I discussed the way in which modernity has been understood in terms of old belief systems such as witchcraft. Education, being an important component part of modernity, is also regarded as being a tool for material progress, hence a target of jealousy and malice. This realisation results in education being linked to traditional and neo-Christian rituals designed to enhance the educational capabilities of children, as well to protect bright pupils from the perceived malice of others.

This understanding of education within a discourse of progress and modernity results in a kind of a distorted idea about a middle-class way of life among locals. The whole

agenda of the education discourse in Africa appears to be about transforming the habitus of a largely traditional people living within settings such as the one in which I collected data into a modern, Western worldview assumed to usher in development in poor societies. In actual fact, the education discourse is about furthering the globalisation agenda which is designed to incorporate the poor regions of the world into global capital as exploited peripheries. At the local level, the lack of fit between the lived experiences of poor people and the discourse of modernity and progress towards a modern or middle-class way of life translates into a distorted or confused conception of modernity by local peoples. Silva (2005) mentions how it is often claimed by Bourdieusian writers that schools always teach curricula that represent the cultural capital of Western middle-classes. This, the argument goes, is an attempt to enable non-middle-class children to adopt this higher-culture. But, since the habitus is not easy to transform, these attempts always fail. In many parts of Africa this failure is seen, for instance, in the high numbers of unemployed (and unemployable) educated people who cannot achieve middle-class status but who, at the same time, have been alienated from their traditions by the elusive promises made by the education discourse. The habitus of such people remains largely 'traditional', so they cannot interpret or apply their acquired Western concepts to their lived worlds.

While education is seen by many people in marginal spaces as representing the ultimate tool for individual progress, its lack of real fit with the lived worlds of these people is seen, for instance, in the ridiculing, caricaturing, and cartooning of the educated by children in poor communities such as the one in which I worked. The child subjects in this study recognised the gap between education and their lived experiences. The case of SM highlights this observation. One day SM and her two nephews were at play, dramatising a work-place scene in which poor manual workers (of the children's social class) made fun of their 'chef' (Zimbabwean slang for a person in a position of leadership, such as a manager) who boasted that he was educated and important. The dialogue between the actors went as follows:

'Chef': Hey, you, why do you want a pay rise when you are not educated? What do you know about using money, huh? You lazy African, go back to work!

Worker 1: But, Chef, am I not supposed to also buy a TV set and a cell-phone?

'Chef': You ungrateful baboon! What would a monkey like you living in a shack do with a TV set and a cell-phone? Go back to work I said!

Worker 2: Well, good things are enjoyed by the likes of you so-called educated people who spend your time lazing about while we the un-educated do productive work. So, who is the real person here? (*Munhu chaiye ndeupi apa?*).

So, while education is seen in instrumental terms within a discourse of modernity and progress, education's bad-fit with the local values and with the lived realities of marginal peoples is also understood, even by children. The tensions between education and local realities is seen in the way in which the child subjects in this study revealed some contradictions in the way in which they placed value on academic subjects for instrumental reasons, and on some non-academic subjects for sentimental reasons, as is reported below.

However, despite the contradictions characterising the way the role of education is understood, the linking of education to personal progress towards modernity means that the education of individuals is also seen as a tool for family and clan progress in many African settings, the main reason why education is often ritualised. This is seen in practices such as the performance of beer rituals to request the intervention of the spirits in the academic careers of children, as mentioned earlier. For AIDS orphans who may no longer have bonds with the extended family (or sections of it), sect or church rituals are substituted for the traditional ones, as was discussed in the previous chapter with regard to the disposing of kin.

The point here is that, for many African children, education is understood as the means to a more progressive modern life, but in ways that always link with the overall ritual life. Education is not seen as the ultimate good in itself, but as just the means to obtain a job. Education does not form part of the child's cultural capital in the Bourdieusian sense, but is only a means to improve the chances of increasing economic capital in the future. The child understands the self in the school in terms of the need to remain linked to the self in the family, which is why the lack of understanding of the lived worlds of school children by their teachers is quite disorienting for these children, for it adds to the general confusion already existing in

how these children understand the school and the role of education in their lived worlds.

Personal progress in the Shona context is always thought of in terms of the progress of loved ones. TM said that, “I want to be a pilot or an accountant one day so that I can help my aunt who is struggling to educate me.” LT also said, “I want to be a pilot when I grow up so that I can earn enough money to help my grandmother raise the other younger orphans she is looking after.” SM and AH wanted to be nurses for similar reasons, to help uplift other suffering loved ones. TG wanted “to be a successful businessman so that I will be able to provide luxury for my mother in her old age.” AH’s ambition was “...to have a good job. I wish to extend our house and to accept everyone in our family to live in it. If you learn you will have a better job.”

This instrumental way of understanding education is linked to the idea that academic subjects are superior to vocational or practical subjects in the school. Children (and their parents or care-givers) believe that academic subjects have greater future utility value than practical subjects. This perception points to the complex manner in which the articulation between traditional and modern knowledge systems, economic systems, and psychosocial systems occurred during colonisation. While local Shona traditional knowledge is based on bodily participation in doing (Elder Ngocha), modern knowledge is perceived by locals as being based on thinking, and on making others do for you. This conception resulted from the fact that, during colonialism, educated Africans were observed to forsake manual toil and to take up white-collar office jobs (as clerks, teachers, and so on, which required brain). From the earliest introduction of formal education for the Africans, therefore, brain was elevated over brawn in the Africans’ understanding of the new phenomena.

Efforts by the colonial administrators to introduce an education adapted to local practical needs, such as agriculture and building, were resisted in many parts of colonial Africa, with Africans preferring academic education which they had come to associate with progress and modernity (see, for example, Morrison, 1976; Mwiria, 1991). This situation survived independence in many post-colonies up to the present time. In Zimbabwe the government continues to face resistance in its efforts to vocationalise the school curriculum.

This perception of academic subjects as being superior, more prestigious, and more useful was held by the AIDS orphans with whom I worked in the field. This perception was, nonetheless, often in conflict with other considerations. An example of this conflict is seen in how LT's subject preferences were influenced by both instrumental and sentimental considerations. This comes out in two contrasting entries she made in her diary. In the first entry LT wrote:

I went to school...I was happy because I had passed my Science test. I want to work hard and pass well so that next year I can be in Form 3A and can do Physics, Chemistry, and Mathematics. I can become a pilot with these subjects (diary entry dated 14/06/2005).

The above subject choice and the reason given for it contrasts with the entry made in LT's diary later in which she wrote, "I had my studies at school. I went to my most favourite subject which is Fashion and Fabrics. We had our practical for three periods, and I enjoyed it very much" (dated 06/07/2006).

LT preferred academic subjects because she linked them to finding a job. However, she also favoured a vocational subject, Fashion and Fabrics, because that is what her late mother had taught. Other subjects were disliked by the other children for other reasons. SM, for instance, entered in her diary that:

On Wednesday we go for PE (Physical Education) with our sports teacher. I do not like PE because I do not have sports uniform, and PE makes my school uniform dirty. Sometimes there is no soap at home, and when I come to school in a dirty uniform I get punished (dated 14/09/2005).

LT also had a similar diary entry which said:

Today I was angry because my class-mates laughed at my big jogger-shorts at PE. The teacher forced me to roll the shorts up my legs because they disturbed my exercises. She wants me to buy proper shorts but I said I have no money. I hate PE (dated 13/06/2005).

These hard times of school form a part of how these children understood their positioning within their school. LT refused to wear the brief shorts that was part of the proper sports uniform because she was rebelling against her abusive step-mother who always wore short skirts and tight shorts. But because of the emotional gap between

the teachers and the pupils, LT could not explain this to her sports teacher, and her class-mates could not understand why she insisted on wearing her oversized shorts. LT responded by hating PE. By making attempts to find the real reasons why AIDS orphans behave the way they do, teachers can be able to understand these children's actions better.

However, the AIDS orphans' preference for academic subjects was frustrated by the structure and organisation of their school. Only the A-streams at the school were offered a purely academic curriculum. The B and C-streams did a few core-academic subjects (Mathematics, English, Shona, combined-Science) plus some technical-vocational subjects such as building, carpentry, cookery, fashion-and-fabrics, and agriculture.

TG and TM were the only two of my study children in the A-stream. AH, LT, and MN were in the B-stream, and SM and TN were in the C-stream. The A-stream comprised the best academic performers and the C-stream the worst performers. The academic subjects offered in the A-stream were considered to be more challenging, hence more prestigious, than the curriculum offered to the B and C-streams. The knowledge associated with the academic subjects was given a higher status than that associated with the technical-vocational curriculum. Most of my study children thus felt demoralised and marginally-positioned within their school by virtue of their being in the lower streams, especially since teachers tended to have a negative attitude towards the B and C-stream pupils.

Pupils had the opportunity to move up the streams if they improved their performance. It was also possible to be demoted to a lower stream if one's performance dropped. It was this emphasis on individual aptitudes, the elevation of academic subjects above the technical-vocational subjects, and the understanding of education in instrumental terms which caused my study children to rely on ritual to try and enhance their academic performance or maintain it at a high level within the school.

As was argued earlier on in this chapter, the studied school's emphasis on merit, homogeneity, and equal opportunity removed the issues of structural disadvantage

and difference from the power-relations equation. This way the issues of the real social, psychological, emotional, and economic disadvantages of the AIDS orphans became eclipsed and marginalised, and these children were left to wrestle with their fears and frustrations as best as they could on their own. Faced with these challenges, the orphans appealed to the way they always made sense of their lives at home, and placed their faith in their *miteuro*.

Whenever they diverted from the norm, this was un-problematically attributed by their teachers and by the prefects to the children's individual indiscipline, which warranted some physical punishment. Personal progress within the school was therefore always linked to sad experiences, with the AIDS orphans' bodies often becoming the easy and accessible sites of subjugation by others (e.g. through caning by teachers, or being forced to perform hard manual work by the prefects). It was in response to this feeling of being objectified, of the appropriation of one's body by others, that children such as TN and SM became involved in subconscious acts of defying domination through rebellion. Golinski (2004) suggests that rebellion is an indication that the actor is not understood, and may not even understand his own self or her own self, but is driven by a need to assert self. I venture to say, this need to assert self indicates that one has come to understand oneself as needing to reposition the self in a context in which others want to define who oneself is.

The 'selves' of my study children within the field of the school were caught up between a perceived need to do well academically as a means to a better future, and the perceived obstacles within the school working to frustrate the realisation of this goal. Just as the children thought of some of their ritual kin at home as well as some unseen forces as being obstacles to the children's realisation of the good, the orphans saw some persons and structures within the school as doing the same. The solution to the problems in both contexts lay in their spiritual beliefs. But these, too, were often frustrated by the school, as the case of the SU above shows.

Unlike their churches which regarded these children as being largely equal to all other members, membership within the school was always conditional, with some members occupying peripheral positions from which they tried to understand who they were. In the school the AIDS orphans appeared to feel themselves as always being judged,

labelled, and condemned. It was in their various efforts to resist these assaults, as well as to position themselves favourably against the competition which characterised all interpersonal relationships, that these children managed to forge an identity for themselves as subjects capable of struggle and resistance, and of self-understanding in adversity.

### **Conclusion**

Children need to be granted conceptual autonomy through which their own being, having, and doing can be expressed, and by which vulnerable children can obtain subjectivity and agency in the fields of home, school, and the community (Brannen and O'Brien, 1996). Meaningful efforts to reveal the life conditions of children and the status of these children in the context of the world of adults are hampered by the historical myths about childhood that the adults hold (*ibid.*). Children's own perspectives about who they are as social actors within their worlds need to be considered seriously by the adults in these children's lives.

This chapter has revealed how AIDS orphans at the studied school were frustrated by the way the adults (teachers) failed to understand these children's worlds. We saw how the school authorities hid behind the need to protect the children from the uncomfortable realities of their lives by avoiding openness around the issue of the positioning of the AIDS orphans within the school. However, it was pointed out that writers such as Silin (1995) and Reynolds (1996) see this need to protect children as being a mistake, since children have knowledge about concepts often considered to be the domain and the preserve of adults. Children were shown to be capable of making sense of their own worlds based on their lived experience, as well as on their contestation of the essentialism and the determinism associated with what has historically and traditionally been regarded as the norms of the school.

For instance, TG's bribing of the prefects runs against the culture of honesty and submission to authority historically demanded and un-problematically assumed of pupils. However, this use of money represented for TG a way of assuming a subject position which enabled him to manipulate and to control the established order in the school setting in a subtle way. TG's greater access to material capital placed him at a strategic advantage over those with only symbolic capital represented by power and

authority within the school. By using the power of money, TG was able to both materially and symbolically offset the balance of power within the school. Teachers who owed him money were unlikely to exercise the same kind of control on TG that they exercised on other children. TG positioned himself on moral high ground in relation to those in authority who abused their positions. The child subjects were thus able to make value-laden judgements about the positioning of significant others within the school field, based on these children's own experiences rooted in their habitus and in their capital.

Brannen and O'Brien (1996) bring forward the idea that adults often fail to take children's accounts of themselves seriously because children are assumed because of their age and immaturity to lack the competence and ability to understand their own worlds. In Brannen and O'Brien's (1996) opinion, there is need to find a balance between children's vulnerability and need for protection on the one hand, and their right to empowerment and self-determination on the other hand. This study shares this view, and advocates that schools should find ways to gain insights into the real worlds of vulnerable children whose selves are defined by absences, presences, and presences of absent possibilities. With such insights, the school will be better positioned to work out more effective programmes of accommodating these children and integrating them more meaningfully into the school community.

As one of the social fields within which AIDS orphans find themselves, the school represents a social context within which these children discover their identities as 'children' and as 'selves' among other selves. Teachers should endeavour to find out and understand what AIDS orphans actually think, believe, and do, if the teachers are to play any meaningful role in socialising these vulnerable children. Because teachers spend large amounts of time with the AIDS orphans, the teachers are best placed to be ethnographers within the school, observing with purposeful interest, recording, and analysing the daily lives of these children within the school. Teachers need to open themselves up more to AIDS orphans in order to create the much needed trust, taking into account that the habitus of these children at home is characterised by doubts, suspicions, and mistrust for adults, a situation I propose to term the 'cosmology of doubt'. This cosmology of doubt is brought to school by these children, causing them to relate to others in ways that are often considered by the authorities to be intentional

disobedience warranting physical punishment and negative comments in school progress reports. Teachers can share their own difficult experiences with these children, and encourage the orphans themselves to share their experiences with each other as well as with other children. Chisango and Goldstein (2004) advocate the use of theatre, for example, to encourage openness and communication about HIV/AIDS within the school. This edutainment can be designed with the participation of AIDS orphans, who have first hand experience of this world.

Teachers need to see AIDS orphans as competent actors capable of making decisions, accept authority, or contest reality, based on their understanding of their world. The school should desist from perceiving these children un-problematically in biological and psychological terms which focus on the deficiencies and the shortcomings of these children in judgemental terms. Instead, a conscious attempt should be made to understand the children as people with histories (of loss, pain, disconnection, re-connection, rejection, frustration, contestation, re-conceptualising, and so on), genders, relationships, beliefs, fears, ambitions, expectations, values, and opinions which may or may not overlap with those of the teachers and of the other children within the school. As James and Prout (1996) have put it, “What is new in the sociology of childhood, is the very attribution of agency to children. And it is a discussion of what this agency might look like— how we might think about children as social actors and theoretically account for this— which forms a central part of our discussion” (p. 42).

Cheney (2003) sums these ideas up for us when she writes about how children negotiate the problematic space of childhood as follows:

Children must negotiate their identities in areas where they experience tensions between disparate identity constructions of ideal children and childhood: children as non-productive people who need to be provided for versus children as citizens in their own rights, currently contributing to national development; children as productive citizens while still deserving special protections as young people; children as history-less and memory-less versus children possessing national identities derived from a history of conflict; children as simultaneously loyal to ethnic affiliation, local community, family, nation, and world while trying to integrate the particularities of childhood constructions at each level. Yet they often (find) themselves caught between the contradictory notions of

the child subject position, their actual experiences as children, and the kinds of claims that people...(make) of them (p. 87).

Cheney (2003), in her study of Ugandan school children, also observes how teachers often fail to understand children. She explains how some teachers responsible for the school choir at a school she studied ignored the physical limitations of small children, who were made to practise three times a day, and were expected to be carefree and happy in their dance routines, facial expressions, as well as their tones of voice, despite their tiredness. "Their teachers suggested that if the children were not actually happy, they should either force it or fake it; after all, they are children, and it is their right to enjoy their childhood" (p. 88), Cheney writes. It is this misunderstanding of children's worlds by teachers that needs to be changed. At my study school the AIDS orphans defined themselves and their roles within their school by contesting the way in which they felt adult authority and experienced powerlessness. They negotiated their identities in subtle ways, such as not singing the national anthem and bribing the prefects. These methods of identity negotiation might not appear to be much but, as Comaroff and Comaroff (1993) argued in a previous chapter, it is through such subtle daily rituals that true identities are forged, and established values and norms contested.

The following concluding chapter of this thesis sums up and attempts to knit together the various findings made in the study. The major discussions and points raised in each of the previous chapters will be summarised. Mention will also be made of the major contribution this study has made to existing knowledge in the field. I conclude the final chapter by making recommendations for areas of possible future research.

## GENERAL CONCLUSIONS

### **Introduction**

In this concluding chapter I will consolidate the main points raised in the preceding chapters. I focus mainly on what the major research findings are, in relation to the major research question spelt out in Chapter One. I will also, briefly, present a further critique of Bourdieu's theory of social practice, in the light of the whole research and what has been learnt from it. I then conclude with a few recommendations as well as the areas future research in this field might need to focus on.

### **The Research Findings**

This research project was designed to gain insights into how teenaged secondary school children orphaned by AIDS in the Shurugwi District of Zimbabwe understood, experienced, and positioned themselves within their changed and changing family context and within their school. The main focus was on how these children negotiated their self-identity within a largely adverse social environment in which they were viewed as being different in some way. In this section I will try and unpack the various concepts involved in this research project in my attempt to consolidate the findings and to present a more precise answer to the research question.

How does one come to understand oneself? How does one experience oneself? How does one negotiate a 'self' and position this alongside others and 'Others'? These questions take us back to the debate about how we can best understand society and the place of the individual within it, an issue that was discussed in Chapter Two. The questions also bring into play the old issue of individualism versus collectivism as ways of understanding how individuals in different cultural settings construct their concept of self. The questions also direct our attention to the theories about society on which this study is based, i.e. critical social theory, theory of social practice, structuration theory, and post-colonial theory. These various theories were discussed in Chapter Two. In considering all these issues we need to also keep in mind the dangers associated with essentialism, as I will highlight below in the section where I

discuss some criticisms that have been levelled against Bourdieu's theory of social practice.

### **How do AIDS Orphans Understand, Experience, and Negotiate a 'Self'?**

Here we might say we are centrally concerned with gaining insights into how the child subjects in this study thought and felt about who they were, how they were conscious of themselves and of the nature of their relationships with others. Consciousness of self is socially derived (Hook, 2004) and involves the meanings people negotiate in social interaction (Gough and McFadden, 2001). To answer this question of how AIDS orphans understand themselves as 'beings', I appeal to critical research methodology which emphasises the variation, complexity, and contradictory qualities in human experience and situates individuals within wider social settings (ibid.), as was discussed in Chapter Three. It is important to acknowledge that self-understanding, or consciousness, is, to a large extent, dependent on "the ways in which everyday talk is structured or framed by prevailing cultural norms or discourses" (ibid. 46). Self-understanding is therefore achieved through the articulation between the individual interpersonal construction of meanings and the socio-cultural level of contemporary discourses.

AIDS orphans develop a self-awareness through the ways in which, at the individual level, they are able to negotiate meanings out of their lived reality represented in their mundane everyday interactions with others, with various symbols, and with various objects. This study has revealed how this is achieved by these children through the use of techniques such as *chibhende* (indirect talk), *bembera* (non-specific accusation), as well as the addressing of grievances to adults by means of pretending to address these grievances to the baby.

At the socio-cultural level of discourse, this study revealed that AIDS orphans acquire their self-understanding as agents within various social fields by attempting to locate themselves favourably within the dominant prevailing discourses around HIV/AIDS. Among these prevailing discourses, we identified witchcraft belief and accusation, the use of labelling terminology, the use of various metaphorical references, as well as religiosity as being some of the contexts within which AIDS orphans construct meanings of self and others.

Language is a central aspect of this process of meaning construction (Hook, 2004; Gough and McFadden, 2001; Manganyi, 1973). As Gough and McFadden (2001) assert, the language people use to communicate draws its terms and assumptions from the surrounding culture. Hence, the languages associated with the various contemporary discourses around HIV/AIDS draw from the various cultural symbols in the lived experiences of these children in ways that enable them to develop a consciousness of self and of others. On this aspect, it was noted earlier in this study that AIDS orphans relied on the lower-order everyday rituals performed by themselves and by others for their self-understanding. Malicious gossip by others was, for instance, shown to be interpreted by AIDS orphans as being the result of jealousy and envy, enabling these children to understand themselves as the victims of evil intent, but also as victims occupying positions of moral superiority in relation to their victimisers. In this way, these children understood themselves to be the survivors of evil intent, not its victims.

Gough and McFadden (2001) present three key features of verbal communication through which meanings are constructed out of prevailing discourses, attached to one's concept of being and of location, and negotiated in this process of self-understanding. These key features are *variability*, *construction*, and *function*. In this section these key features are used to complement Bourdieu's terminology which framed this study, as was alluded to earlier in Chapter Two. Variability refers to the multiple and conflicting ways in which people account for something. For example, the AIDS orphans in this study understood education as a valuable resource necessary for their uplifting from their current marginality. However, they also, at the same time, viewed becoming educated as being a stressful process as a result of the hard times they often experienced at school. While in our initial interviews all these children described their families (defined in the extended sense) as being the essence of their identity and belonging, later on in our work most of these children revealed that their families were actually conceptualised in exclusionary terms which left out certain members. It was from this observation that I developed the concept of the disposing of kin in Chapter Six.

In terms of variability therefore, the AIDS orphan's understanding of 'self' was not a fixed variable, but one which had porous boundaries, was fluid and flexible, and

shifted with the addition of every new experience. Variability presents the AIDS orphan as possessing a constantly problematised sense of identity which is often ruptured and appears to be at war with itself. The AIDS orphan does not possess a single identity, but displays a multiplicity of identities which constantly shift. This can be illustrated by the way in which these children defined kinship in terms of shifting and changeable alliances with certain members of their extended families, at the exclusion of other members, as we saw in Chapter Six. Variability here reflects the way these children existed within a cosmology of fear and of doubt. However, this variability and the cosmology of doubt also are an indication of how AIDS orphans understand their need to be in more control of their own lives (their own capital), which explains why they both materially and symbolically disposed of certain of their kin and converted to Apostolic sect churches, a concept I discussed in Chapter Six.

Construction, the second of Gough and McFadden's (2001) key features of conversation, refers to the use of language to produce a particular account. Construction involves the categories and the strategies used by people in creating meaning (ibid.). In this study we saw how some of the AIDS orphans were offended by the use of terms such as *murungu* (white person- derogatory term used to refer to AIDS sufferers or AIDS orphans), *mu-salad* (Shona person seen as being too fond of Western values and Western life-styles), *musvu-u* (bald-headed member of an Apostolic sect church), and *shuramurove* (white stork bird- derogatory term used to refer to the white robes worn to prayers by members of Apostolic sect churches). Hook (2004) refers to what he terms psychological violence or indirect violence which can result in a subjugation of the psyche and the "systematic undermining of an individual's physical or psychological resources" (p. 103). Such violence can be damaging to the subjectivity of targeted individuals, Hook observes, and there is a need to replace the negative self-image resulting from such labelling with an affirming and positive identity.

We saw in this study how the AIDS orphans were able to construct affirming identities by objectifying their detractors, and portraying these as being ignorant, jealous, and morally-deficient. This way these orphans were able to forge a self-understanding based on their vision of themselves as being morally superior people of faith, and not as bearers of a spoiled identity. The children were able to forge

empowering identities based on moral and spiritual supremacy through such rituals as body and soul cleansing at Apostolic sect churches, as well as by regular fasting, which 'lesser' individuals were unable to do. *Construction* in the present study also involved the labelling of certain persons as witches by the AIDS orphans. We revealed the fact that prostitutes as well as perceived dangerous elements within their circle of kin were constructed as being witches by these children. This construction served to divert marginalising local discourses from focusing on AIDS orphans to a focus on 'other' more sinister and malicious objects.

The construction of their late fathers as having been moral failures by AIDS orphans served a similar purpose in determining the way in which these children understood themselves as being not only the survivors of adult moral failure, but also 'better' persons. This construction and understanding of adult failure was also extended to the children's field of school, where some teachers were also objectified as negative role-models by AIDS orphans. AIDS orphans were able to draw on the historical war discourse in Zimbabwe to construct school prefects as being the *vatenges* (sell-outs) as well as the *zimbwasungata* (puppets) of the school authorities. It was through such verbal constructions, based on contemporary contexts as well as on the structural-historical understandings of Shona society, that AIDS orphans were able to position and to understand and experience themselves relative to others.

This is not to say that these children understood themselves only through objectifying others, since they also defined themselves by the ways in which they were able to forge alliances with sympathisers within their social setting. Among such sympathisers were the orphans' care-takers, particular other relatives in the kinship circle who occasionally visited these children or contributed to their upkeep, and the various members of the orphans' Apostolic sect churches.

Gough and McFadden's third key feature of conversation is *function*, which refers to the social effects of spoken words within discourses. Spoken words, which represent the interconnectedness of individuals who are embedded in their community, can serve to position the child as a victim of adult injustices, for example. Children can also react to the words spoken or written about them, such as the HIV/AIDS messages in the media or on school charts, by rebelling. Elsewhere in this study, for example, I

explained how one boy tore down HIV and AIDS education charts from the classroom notice-board, because someone had written the boy's name on them.

Messages and symbols can, as Golinski (2004) observes elsewhere in this study, work to compliment or complicate AIDS orphans' images of themselves. By raising these children's consciousness, words used in contemporary discourses can enable AIDS orphans to become more aware of their condition, as well as of the oppressive micro-political conditions of their existence within the family and the school fields. At the same time, this awareness can generate subconscious acts of defiance against perceived domination leading to what may be interpreted as being rebellion against norms. In this study we saw how the actions of some of the AIDS orphans were unproblematically dismissed as being ordinary indiscipline by their teachers, while these behaviours were in fact driven by a need to assert and to (re)locate the self.

Located within critical social psychology, Gough and McFadden's discourse analysis framework sees the individual as being embedded within his or her society, and this view overlaps well with Bourdieu's theory of social practice. Both see the social setting as being of primary importance in the individual's development of a self-concept. However, while discourse analysis asserts that, "...discourses within which we are inscribed or in which we define ourselves will shape relationships with others and produce concrete consequences" (Gough and McFadden, 2001: 92), social practice theory addresses more than just language in defining the social setting in which identities are forged. Language is but one of the components of cultural capital, and other symbols and rituals are also accommodated in Bourdieu's formulation. Language is also a natural part of the habitus and the field. So, Bourdieu's concepts of habitus, field, and capital offer a keener and more precise analytical tool for our purpose in this study since they present a more nuanced picture of the social milieu in which agents interact. Discourse analysis theory, however, was useful here in presenting us with terminology which assisted us in analysing how AIDS orphans understood themselves by positioning themselves favourably within the current local discourses about AIDS.

As we seek to understand how AIDS orphans understand and experience themselves, it is important that we continue to locate these children within their lived world.

Whereas the habitus of Shona children is often said to pre-dispose them to silence and to position them as passive recipients of their culture (see Gelfand, 1979, for instance), this study re-conceptualises these children as active social actors who rely on the active or performative capacity of everyday talk as well as on the power of the rituals of mundane daily life to either embrace and exploit or to reject and discard certain aspects of their community's cultural capital in forging identities for themselves. To achieve this positioning, these children consciously exploit and manipulate concrete social interaction opportunities in becoming the users, rather than only the subjects or the objects of the discourse about HIV/AIDS.

The HIV/AIDS discourse in the community in which the child subjects in this study lived was clearly oppressive in that it represented AIDS orphans and their families as being somewhat abnormal, inferior, or dangerous to others. As we saw in Chapter Five and Chapter Six, this discourse about HIV/AIDS was linked to that about witchcraft and evil. We saw how children managed to turn these discourses around in ways that always portrayed themselves as being the survivors of malicious intent, while positioning others such as jealous peers, step-mothers, uncles, and other non-relatives as being the embodiments of evil.

This should not be interpreted to mean that the seven children in this study all responded to adversity in exactly the same way, as this would amount to essentialism. While all of them generally displayed a fear of evil, as their habitus clearly pre-disposed them to do, each one of them nonetheless demonstrated an individual trajectory in matters involving the little daily rituals on which his or her experience of selfhood was based. These children all came from different socio-economic backgrounds, as we saw in Chapter Four. So, while we apply concepts such as *habitus* and *discourse* to our analysis of social processes in settings such as these, we should always be careful not to over-generalise our observations.

People are not un-problematically placed in already carved out niches in society, as the concepts of habitus, field, and capital might be understood to suggest (I will address this in more detail in another section below). Forms of discourse analysis which concern themselves with discourse as producing and maintaining subjects within particular positions and relationships (Gough and McFadden, 2001) also tend

to essentialise human experience in a similar way, as does Giddens's (1984) structuration theory (see Hall 1990, for example). The emphasis on structure and conformity that all these paradigms appear to place on social processes tends to mask the way in which individuals are able to subtly resist oppression through the ways in which they engage in minor daily rituals (Comaroff and Comaroff, 1993). It is here that post-colonial theory and the other 'critical' family of theories of society are more useful. Whether we regard the 'self' as being de-constructed (Gough and McFadden, 2001), processual (Mkhize, 2004), de-centred and saturated (Gergen, 1991), or dialogical (Mkhize, 2004), the point remains that each individual will, from time to time and in different contexts, find subtle ways of contesting power and asserting the 'self'. This means that subjects are critically (re)located within the field as agents who place personal meanings on and derive personal feelings from the various subject positions they occupy at different times.

So, while the child subjects in this study were all united by their positioning as AIDS orphans in the home, the community, and the school, their individual trajectories (a concept Bourdieu acknowledges) were refined by their individual circumstances and how each one of them responded to these. One girl flirted with her uncle to consolidate her position within her repository family. Another sulked and cried to achieve the same purpose. One boy bought his way with money while another literally fought his way through trouble with his fists. It can be concluded here that, in the matters of the higher-order rituals of the family, the church, and the school, these children appeared to all understand well that they were just AIDS orphans. However, it was in the more variable and personalised lower-order daily rituals that each one of them truly found himself or herself, and this determined how each understood and experienced his or her selfhood. The 'self' of an AIDS orphan is thus understood here in terms of a habitus of contested and contestable higher-order rituals embedded in a culture of mistrust, doubt, and a fear of the unknown, as we saw in Chapter Five. But the finer details of this contestation are dependent on the individual circumstances of each child, which determine the texture of daily lower-order rituals and how these translate into an understanding of 'self'. It is through this linking of lower-order daily rituals to the higher order ones in contesting the habitus that AIDS orphans are able to negotiate a self and to position themselves alongside others as well as "Others".

Bourdieu's concepts of habitus, field, and capital framed this study, and offered a useful way of considering how to structure the analysis of the field data in Chapter Six. However, as I alluded to in that chapter, as well as earlier in Chapter Two, questions can be asked about the extent to which we can successfully and effectively analyse social problems in African settings using conceptual frameworks borrowed from the West. Below I once again revisit this important theme, but this time with hindsight.

### **Revisiting Bourdieu's Theory of Social Practice for Analysing African Social Problems**

In the literature review chapter at the beginning of this thesis I engaged briefly with the issue of the extent to which we can apply Bourdieu's framework to an analysis of African societies. In Chapter Six I made another brief reference to this issue as I attempted to apply Bourdieu's concepts to the analysis of the field data collected for this study. My continued return to this matter indicates how important I feel it is for us to be clear in our minds as African academics about how we should go about constructing knowledge about ourselves in ways that are meaningful in our own settings, and that are not unduly compromised by our over-reliance on borrowed analytical lenses. It is important that I make it clear that by 'African' I am referring here to the Black peoples of post-colonial Southern Africa.

In the engagement with Bourdieu's theory made in Chapter Two I suggested that his framework placed great emphasis on class difference and competition, concepts which, I argued, were not in line with the view that sees Africans as being communally-oriented and largely co-operative in their understanding of daily life. Later in that chapter I located this argument in the debate about the extent to which individualism and collectivism applied to African societies.

In this section I return to these earlier arguments with the benefit of hindsight, after my field experiences as well as further reading on these issues. The earlier view about Africans being largely unified peoples who were not competitive was later challenged by the findings reported in Chapter Six, where we saw how the articulation between modernity and tradition in African settings has resulted in great individualism and competition rooted in witchcraft belief and linked to markets and to money. In this

sense, Bourdieu's concept of the field as a site of contradictions and conflicts, and that of capital as being unequally distributed within the field so that individuals have to jostle with each other to access it, offer an effective and workable tool of analysis enabling our understanding of these complex processes. The field, as an arena of struggles and conflicts, is clearly represented in how people in marginal locations compete for scarce economic as well as cultural and symbolic resources within a habitus which understands modernity in supernatural terms. In Chapter Six we saw how struggles for power, position, recognition, and control over self occurred not only within the family and the extended family, but also within the larger local community in which sinister forces are always appropriating the resources of others. Later, in Chapter Seven, we then witnessed how struggles for position and for the asserting of self by AIDS orphans occurred also within the school field in various forms. In these respects, the concepts of habitus, field, and capital offer an organised and meaningful way of articulating these highly complicated processes.

However, Bourdieu's model has been criticised by some recent writers for being too concerned with social reproduction and for failing to explain adequately how social transformation and change occurs. Silva (2005) emerges as one of the major recent critics of Bourdieu. Silva sees Bourdieu's theory as largely essentialising experience, particularly in the way in which it treats the issue of gender. Bourdieu's concept of cultural capital is viewed in this critique as being concerned with reproducing gender which is considered by Bourdieu to be natural and normal, according to Silva (2005). If Bourdieu's theory does not concern itself adequately with an explanation of new social situations, this makes its application to the context of HIV/AIDS problematic, since within this context explaining the process of social change in the face of new adversity is of primary importance.

However, Savage and Bennett (2005) point to the fact that there are contexts in which the theory of social practice has been used successfully as a means to interpret socio-cultural change. They give the example of the debates about the rise of post-modern alternative cultures and new forms and patterns of consumption in the West. All the same, Savage and Bennett (2005) also note, as Silva (2005) does, that Bourdieu's discussion of new cultural intermediaries forms only a small part of his vast literature, most of which concerns itself with the reproduction of class inequality.

This argument portrays Bourdieu as one who sees the habitus, the field, and capital as being largely rigid, inflexible, and static concepts with respect to a given social class or cultural group. It is this claim that Silva (2005) disputes, arguing instead that enculturation impacts differently on different members of the same culture. Silva thus sees the habitus as being variable over time and space, since our understanding of ourselves and of our world shifts daily with new situations or experiences. Silva (2005) also sees the habitus as being open to challenges and to contestation, a line of argument this study supports.

We saw in Chapter Six, for example, how AIDS orphans challenged their habitus and capital within the social field of the extended family by disposing of some dangerous kin and maintaining family ties only with preferred relatives, and attaching themselves to the new social field of the Apostolic sect churches. This development raises questions concerning the point that was raised earlier, in Chapter Two, where it was claimed by some writers that the major aim of African traditional societies was to conserve and to transmit cultural capital through consensus (e.g. Gelfand, 1979; Owomoyela, 2002). In this aspect Bourdieu's framework serves us particularly well in understanding and explaining the contradictions and the tensions characterising the lived worlds of AIDS orphans in a Shona setting.

Both Silva (2005) and Gunn (2005) criticise Bourdieu's concept of cultural capital, which they see as addressing itself to 'normal' social fields (normal families, normal schools etc.). Silva (2005) asks, "what is normal?" (p. 97). It could also be asked, 'normal for whom?' Silva (2005) argues from a feminist point of view, and in her opinion the concept of cultural capital fails to acknowledge, at least in the context of gender, that there are many different forms of 'family'. I discussed this issue at length in Chapter Two, and we saw then how Mvududu and McFadden (2001) make similar observations, also from a feminist perspective. Western anthropologists have always been criticised for essentialising family in their own understanding of the term (see Ncube *et al.* 1997, for example). The failure by Bourdieu to acknowledge the existence of many different forms of 'family' also indicates his failure to appreciate the fact that there are many different cultural settings which place value on different things than the Western ones. This presents a problem in our application of his model

to situations which fall outside his idea of 'normality'. AIDS orphans live within changed and changing families, and we saw in Chapter Two and Chapter Six how these children are often excluded from membership of their 'normal' extended families. These extended families are themselves being transformed over time, as Ncube *et al.* pointed out for us in Chapter Two, so that we can no longer talk of 'normal' extended families. The extended family in Zimbabwe is now characterised by a dispersed form, and the relationships, the interactions, as well as the rituals performed within it are being re-defined and re-conceptualised in the context of HIV/AIDS, as the concept of the disposing of kin illustrates.

Savage and Bennett (2005) suggest that Bourdieu was, in the context of social change, primarily interested in examining the role played by social groups perceived to be different in their positioning as the bearers of new forms of cultural capital. I find this suggestion by Savage and Bennett (2005) to be quite interesting in that it makes us begin to think of AIDS orphans as being the bearers of new ways of looking at and of understanding the world and our relations with others. HIV/AIDS and its related metaphors represent a form of new cultural capital which we can only fully understand through the accounts as well as the behaviour of those with first hand experience of what it means and how it feels to be an AIDS orphan. What it means and how it feels to be an AIDS orphan is in itself a new form of cultural capital which these children already have, and which we are attempting in this study to get to grips with and to gain an understanding of.

If we consider further this idea about the possibility of new forms of cultural capital emerging among new categories of social groupings such as AIDS orphans, then it would appear that the criticism we levelled against Bourdieu's theory in Chapter Two, that the theory is historically specific, rigid, and ambiguous in some ways (as Calhoun, 1993 charges, for instance) is a bit harsh. The fact that Bourdieu realises that there are different forms of cultural capital to be found in different social fields, and that cultural capital evolves with time, makes his framework applicable to diverse social settings. It follows therefore that the theory is also applicable to African settings such as the one which we analyse in this study. However, the theory also needs to work together with other more critical theoretical paradigms such as feminism, post-colonial theory, as well as critical social-psychology. This study

attempted to incorporate ideas from these various frameworks in analysing the question of how AIDS orphans constructed their concept of self within various social fields.

So, where does all this lead us? The wide-ranging literature reviewed in Chapter Two was meant to reveal the gaps existing in our knowledge about HIV/AIDS, society, social change, and the development of personal identities in African settings. We considered the issue of how the concept of 'risk' is understood in Western society, so as to contrast this with how the concept is understood in African settings. I developed this concept of risk further in subsequent chapters, where we began to see that 'risk' was, in the local Shona context, understood more in terms of potential evil, than in the Western sense of a threat to mainstream society arising from those constructed as being different and 'Other' within a discourse of Western values and ideals. We discussed some literature around stigma and child-abuse in Chapter Two, and subsequently found out, in the later chapters, how stigma and abuse in the community where the child subjects here lived were understood in terms of jealousy, malicious gossip, and the historical construction of certain families and groups as bad. It was suggested that HIV/AIDS stigma in Zimbabwe followed the same pattern as the stigma experienced during the war of independence. All these discussions were made within the understanding of Bourdieu's social field as an arena of struggles for power and for meaning. Bourdieu's model framed all these discussions well, and it is my conclusion here that the framework is very valuable as a conceptual tool with which we can analyse and understand African social problems better.

All these issues can be summarised in a single sentence. This whole study was about delving deep into the lives of AIDS orphans, in order to unravel how they acquired new forms of cultural capital which they could add to their habitus, and through which they could contest some aspects of this habitus as well as the nature of their interactions and relationships with others within their family and their school fields. It is through such contestation that these children were able to gain self-understanding and to understand others as well as their own positioning within their world. This study attempted to identify the obstacles that stood in the way of these children as they tried to assert themselves and forge identities by moving from the periphery towards the centre of their world. Some of these obstacles were experienced within

the family and the extended family, while other obstacles were encountered within the school. It is the question of how some of these obstacles can be removed from these children's social fields, or their effects reduced, that the next section touches on.

### **Implications of the Research Findings and Suggestions for Future Research**

It was indicated in Chapter One that this study aims at doing two things, namely:

- To examine how AIDS orphans acquired consciousness through their experiences of living and interacting with others within their families, community and school, social fields which are often characterised by stigmatising symbols and behaviours.
- To focus on the AIDS orphan as a person with a cultural identity (as well as a perceived spoiled identity) which he or she brings to school, and how these identities interact with the culture of the school field in determining the way in which that child will position himself or herself within the school.

The implications suggested in this section should therefore be seen as attempting to make these processes of consciousness and self-identity building less problematic and less stressful for these children. I will begin by suggesting what could be done within the extended family and the community fields to foster a sense of belonging in AIDS orphans.

#### ***Implications for the Extended Family and Community Structures***

One of my key respondents on matters involving Shona cultural beliefs and practices which have a bearing on AIDS orphans was Headman ZN. When I asked him how the traditional institution of headmen and chiefs was addressing the issue of AIDS orphans and their integration into the community in the study area, Headman ZN had a great deal to say on the subject, and I refer to some of his ideas here.

Headman ZN was worried that the institution of the extended family in his area had become so weak that it was now ineffective in dealing with the contemporary social issues affecting people's lives. Although feminists such as Mvududu and McFadden (2001) have deconstructed the concept of the extended family and reconstructed it as being an oppressive institution, Headman ZN maintained that this institution should

be re-empowered, so that it continues to perform the clan higher-order rituals on which Shona identity is said to be based. Another respondent, Elder Ngocha, concurred with this view, arguing that no other institution can effectively take up the neglected roles of the extended family. Elder Ngocha lamented this observation, since for him the failure of the extended family to adequately perform its historical roles spelt doom for AIDS orphans who were often the ones excluded from benefiting from the cultural as well as the economic capital of the extended family. While writers such as Ncube *et al.* (1979) have pointed out how the younger generation in Zimbabwe interpret this call to re-strengthen the extended family as being nothing but a ploy by a de-franchised older generation to recover lost power and control over women, children, and young adults, even the government of Zimbabwe is calling for a return to old ways in the face of new social challenges such as HIV/AIDS and chronic poverty (Ncube *et al.*, 1997).

What is seen to be required by people such as Elder Ngocha and Headman ZN is a re-kindling of the dying authentic and legitimate Shona customs and traditions, especially in the newly resettled areas of Zimbabwe where people of diverse origins and backgrounds find themselves living as one community. In such areas, as well as in the crowded mining and commercial farming areas such as the one in which the child subjects in this study lived, there was little respect for tradition and ritual, the elders observed. This, according to them, meant that AIDS orphans often lacked community support and proper cultural guidance. The suggestion is therefore that the traditional roles of headmen, chiefs, and spirit-mediums as the custodians of the cultural capital of communities should be restored and strengthened. Through the performance of these roles, the traditional leaders can then encourage clan elders to re-assume their own roles as the custodians of extended family ritual resources.

What this line of argument calls for is a return to a belief in and practice of perpetual kinship in a legitimate and more authentic way. However, as this study has revealed, it is not possible to re-establish or to restore perpetual kinship for as long as clan leaders are seen by some clan members to be greedy and corrupt in the way in which they control and deploy clan cultural capital. I therefore suggest that, if the concept of the extended family and the clan as forming the essence of Shona identity is to be revived, and its historical roles re-established, a way has to be found to enable

marginalised clan members such as AIDS orphans find new confidence in these institutions and their higher order rituals.

AIDS orphans and their care-givers and other sympathisers can only find new confidence in the extended family if the latter is seen and understood to be fair, inclusive, democratic, and transparent in its treatment of all members. The myths and the mystery surrounding the way clan ritual capital is used need to be done away with, and these resources, which form part of a culture's heritage, should be used fairly. There should be some form of affirmative action in how these resources are dispensed and deployed, so that the clan's material, symbolic, as well as cultural capital actually favours widows, AIDS orphans, and other vulnerable clan members. In practical terms what this means is that, the culture of greed and uncontrolled consumption that has come to characterise production and consumption in these post-colonial settings should be abandoned. Such corrupt tendencies by the very people that children should respect and learn from can only lead to a loss of cultural identity among AIDS orphans, as we saw in this study. The exploitation of widows and orphans by those wielding ritual power in the extended family and the clan<sup>1</sup> should be discouraged through legislation which, for example, protects these vulnerable groups from losing their family property to unscrupulous relatives at the death of a husband and father.

Although it is illegal in Zimbabwe for the relatives of a deceased man or woman to remove the dead person's property from his or her home, Mvududu and McFadden (2001) note that the practice still continues. The widows and orphans left behind by a man who succumbs to AIDS are often blackmailed into parting with matrimonial property which they surrender to their in-laws who would have threatened to deny the orphaned children access to the clan spiritual world (Ncube *et al.*, 1997). It is such abuse of extended family and clan positions of control that alienate AIDS orphans from the ritual resources of their paternal family line. To allay these fears of exploitation that are often a part of AIDS orphans' construction of self, traditional leaders such as headmen and chiefs should mediate in these matters and educate their communities to dispel the myths surrounding these threats of ancestral curse made by

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<sup>1</sup> The concept of extended family covers several core or nuclear families grouped together by family name and totem. It normally groups together paternal uncles, aunts, grand-parents, nephews, and nieces. The Clan is a grouping of several extended families which can be traced back several generations to the same paternal ancestor (Owomoyela, 2002).

those paternal kin who wield control over the clans' ritual resources and hold AIDS orphans and their families to ransom. AIDS orphans and their mothers should not be made to suffer twice, from the loss of a loved one and bread winner, and from the loss of their extended family's material, symbolic, and spiritual capital at the hands of these greedy kin.

What needs to be done also, I suggest, is to elevate indigenous knowledge to the level of the nation and the state, in order to place these issues of the ritual and material exploitation of AIDS orphans and their immediate families within the institutions of the extended family and the clan into the public domain. This can be achieved by involving traditional leaders more in law and policy-making, and in selecting material for the school curriculum. I will discuss this issue of elevating indigenous or traditional knowledge further in the section below. The extended family institution, which Ncube *et al.* (1997) acknowledge as being alive still in Zimbabwe and as continuing to play most of its historical roles albeit in changing ways, needs to be deconstructed and re-constructed as a more inclusive and supportive field for AIDS orphans. This is a view writers such as Mvududu and McFadden have always advocated. Failure to reconstruct the extended family both conceptually and materially will see more and more AIDS orphans abandoning this institution and its rituals, and acquiring new forms of cultural, ritual, and spiritual capital within the new field presented by the Apostolic sect churches.

Besides this strategy of reforming the extended family and its roles, the work that is being done by the Apostolic sect churches in shaping the identities of AIDS orphans by giving these children access to new forms of capital in the absence of their extended family rituals needs to be acknowledged more at both the local and the national levels. These churches, in my opinion, need to be supported morally and materially, since they are bringing meaning into the lives of these otherwise compromised and traumatised children. One way in which the important work of the sect churches can be appreciated and supported is to stop demonising these churches and their followers. These churches should be allowed to register, as the conventional ones do. They should be allowed to practise their faith freely, without their members being stigmatised and labelled. Their objects and symbols of faith and of worship should be respected. This is another way of elevating local forms of knowledge or

capital to the same level with Western-based knowledge. There is a need for opinion-makers in society such as the media to start painting a more positive picture about these sect churches, and to stop focusing only on the churches' perceived negative aspects. An example of the biased picture painted about sect churches in the Zimbabwe media can assist us here.

In an article in the Zimbabwean daily newspaper, *The Herald*, which was titled: "Children Need Protection from some Religious Beliefs", the author made several accusations against the Apostolic sect churches in that country. Among these accusations the writer charges that:

- Children's identities are unilaterally linked to their parents' or guardians' religion from birth
- Faith-based decisions are detrimental to children's development
- Child-abuse within the sects is disguised as religious practice, e.g. sexual abuse, beatings, early forced marriages
- Religion is used to deny children some rights such as education, health, entertainment, and recreation
- Religion here is used to breed intolerance and segregation of others, and members view outsiders as sinners and as different
- Girls are induced into thinking negatively about themselves, as the originators and the embodiments of sin and disease
- Religion is used here for gender discrimination, with women and girls being relegated to the lowest rungs. Girls are made to feel guilty about everything they do
- Children are forced to fast with their parents or guardians, and to brave harsh weather to pray out-of-doors
- Children are forced to shave their heads, wear ridiculous apparel, and look different from other children, a fact which may traumatise them

(*The Herald Newspaper*, Harare, 4 July 2006).

While some of the charges made against these sect churches by the author of the article might be true, the article shows how such opinions often fail to critically examine the role played by these indigenous churches in the lives of the people

who attend them. The many people that have been helped to find peace with themselves at these churches are not mentioned. How these churches have helped to heal many sick people is of no consequence to the writer. How these churches are chosen freely by those who attend them because they are understood to be more in line with how these people already understand themselves and their world is not considered here. The charges made are overgeneralisations which are based on stereotyping and prejudice. My own experiences with the child subjects in this study and with the activities performed at their churches revealed that these children were not at all forced to do anything. They attended these sects by choice, and were free to leave when they chose. The children attached great value to their faith and found a deep sense of belonging, meaning, and identity within these sect churches, as we saw in Chapter Six.

It is such misplaced opinions and attitudes as those expressed in the above article that, in fact, compromise the integrity of AIDS orphans who would have searched long for elusive meaning within their extended families, within the conventional churches, and, to a large extent, within their school. So, as we attempt to revitalise and to re-orient the extended family, it is important for us to also exploit and support the new forms of cultural capital represented by these Apostolic sect churches in order to enable them to continue creating meaning for AIDS orphans. What needs to be done, in my opinion, is to equip AIDS orphans with the necessary skills by which they can be able to critique their church experiences from an enlightened and balanced point of view, so that they can select those aspects of the churches which they feel they need, and reject what they do not want. It is in this need to equip the AIDS orphan with critiquing skills that the argument extends to the idea that the school, as the provider of another form of new cultural capital, needs to be articulated more with the other social fields within which AIDS orphans interact with others, so that these children become critical in their ways of coping and interacting in all these social fields. This is why it is necessary to explore how the role of the school can be redefined in line with these new forms of cultural capital, an issue I turn to next.

### *Implications for Schools*

The preceding chapter addressed, among other things, the lack of continuity between the experiences of AIDS orphans within the fields of home and school. This section takes as its central theme the idea that there is a need to articulate more these two cultural fields, if the experiences that shape the self-identities of AIDS orphans are to have greater meaning for these children.

The way I see it, what needs to be done in this regard is to, once more, elevate traditional or indigenous knowledge to the status of the national educational curriculum. The Ministry of Education, Sport, and Culture (MoEC) in Zimbabwe is responsible for educating young people about the cultural aspects of the country's various peoples. However, on the ground there is little evidence that this role is being played meaningfully by schools. Where schools have attempted to incorporate cultural education into their programmes, this has invariably relegated these cultural aspects to marginal positions within the extra-curricula time-table slots. Cultural aspects have also been defined narrowly to include only song and dance<sup>2</sup>.

While the MoEC's HIV and AIDS education teaching guide encourages schools to include experts from other sectors such as health in their teaching about HIV/AIDS, such expertise is recognised in terms of hospital personnel only, and excludes the traditional healers and other custodians of cultural capital such as spirit-mediums, community elders, and traditional leaders such as headmen and chiefs. The HIV and AIDS teaching guide also encourages schools to "teach with the knowledge of...influential religious and community groups" (p. 3). However, these groups clearly do not include the Apostolic sect churches, whose symbols are perceived as being unsuitable for the modern context of the school.

One of the teaching objectives of the MoEC's HIV and AIDS education syllabus is "to include discussions of contraception, sexually-transmitted diseases, homosexuality, abortion, and substance abuse" (p. 7). This programme is clearly

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<sup>2</sup> Here I write as an insider, having taught in Zimbabwean schools for thirteen years and experienced at first hand how the system works on the ground with respect to the teaching of culture.

Eurocentric and elitist, focusing as it does on social issues that appear to characterise the youth in a middle-class Western setting. Nowhere in the MoEC's curriculum document is there any explicit mention of the traditional or cultural aspects or dimensions of HIV/AIDS that form part of the lived worlds of most children in Zimbabwean schools. These are aspects such as *chiramu* (sexually-suggestive flirting between brothers-in-law and their unmarried sisters-in-law, or between paternal uncles and their maternal nieces), *kudzingiswa* (circumcision), initiation practices, polygamy, witchcraft, inheritance feuds, exploitation of widows and orphans by relatives, and so on. But, as we saw in this study, it is these cultural aspects that form the basis of the lower-order and the higher-order rituals that frame who AIDS orphans understand themselves to be. Traditional knowledge is thus not meaningfully represented in the schools HIV and AIDS teaching programme in Zimbabwe. The suggestion here is that such indigenous knowledge should be incorporated into this programme. Even if proper counselling of AIDS orphans was being carried out within Zimbabwean schools, this would not have the desired outcomes for as long as this counselling continued to be embedded within an alien cultural ethos which employed alien symbols.

If the Zimbabwean secondary school is to become more friendly to AIDS orphans, then there is a serious need to re-conceptualise it in ways that acknowledge the local worldview. Local knowledge and local belief systems need to be incorporated critically and selectively into school teaching and school culture in a more purposive and more meaningful way. The school needs to also understand that AIDS orphans view schooling in both instrumental and symbolic terms. So, in working with these children, teachers and headmasters need to try and make their programmes more inclusive of the requirements of these children in areas such as which subjects they are allowed to pursue, which additional areas of interest these children might have in the school, which activities appeal most to these children, which religious and cultural beliefs these children hold, and so on. Comments written on these children's reports and in their exercise books should be sympathetic and supportive, and not negative and insulting. The comments teachers make orally in class about these children should also be sensitive and accommodating. Some rigid rules about uniform, etiquette, punctuality, and so on can also be relaxed or enforced selectively and creatively, bearing in mind the

delicate balance required between the orphans' need for recognition and their preference for anonymity.

The points raised in this study can be summarised on a model as I illustrate below. It is important for us to realise the importance of looking at the arguments holistically in ways that link the habitus, the field, and the capital of the children who were the focus of this research. By treating the discussion this way, it becomes possible for us to locate these children within the social milieu, a paradigm this study adopted right from the beginning. HIV/AIDS, as was argued from the beginning, adds new dimensions to the habitus, the field, and the capital of AIDS orphans and those close to them. It is these new dimensions that can be problematic in the way these children interact within the various social fields, and which present them with the context in which their self-concept is constructed. Below I present this context in a simplified model.

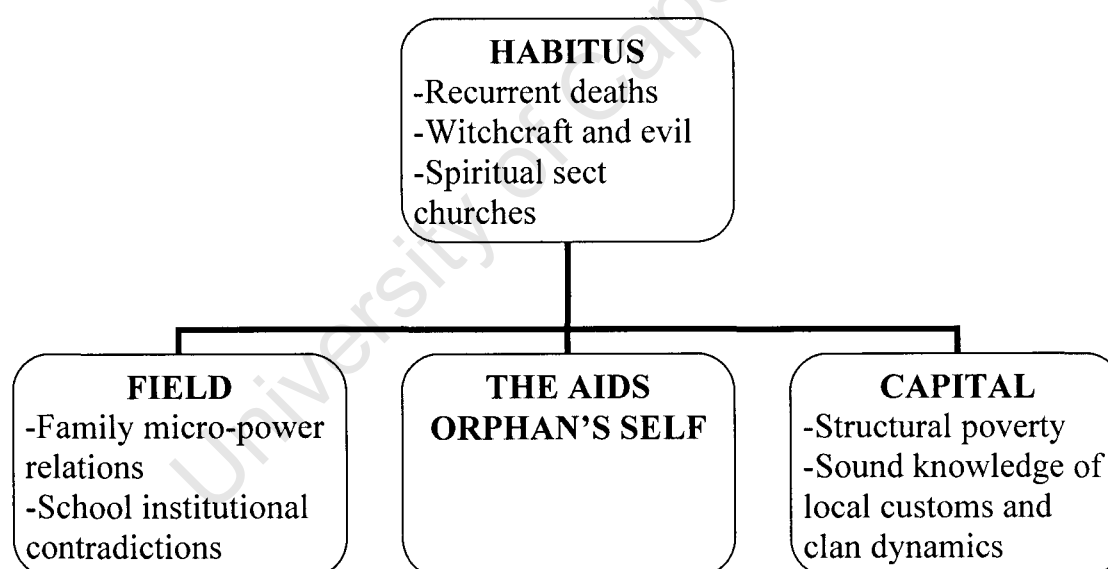


Figure. 7: Factors Influencing AIDS Orphans' Construction of their Self-concept

My argument for a reappraisal of the family, the extended family, the clan, and the school as primary fields of interaction for AIDS orphans is based on this need for a holistic approach to our understanding of the identity and social positioning of AIDS orphans within their world. It is in the light of this perceived need that I make some recommendations for the focus of future research in this area below.

### ***Implications for Further Research***

I have stressed in this chapter that my interest in this study lies in the elevation of local knowledge in improving the social fields in which AIDS orphans interact with other people. This is an area in which I feel much more work is still required. Future research needs to identify clearly-defined ways in which a body of authentic traditional knowledge can be built, and how this can be articulated with the Western knowledge that presently characterises all our formal institutions such as the legislature, education, the judiciary, the media, the church, and so on. The incorporation of indigenous knowledge into these institutions should be seen as the first step in changing public opinion about this knowledge. AIDS orphans have been among the pioneers in Zimbabwe in realising the value of new forms of cultural capital in constructing a concept of self. What remains is for us to articulate these new forms of cultural capital with the old ones, as well as with the Western-based ones on which our educational systems are based. How these articulations can be achieved and what new hybrid forms of cultural capital might arise from these articulations is what can be researched on in the future.

### **Conclusion**

This study attempted to answer the question about how AIDS orphans in a selected context in Zimbabwe constructed their concept of self as members of their families and of their school. In Chapter One the rationale for carrying out such a study was explored and it was suggested that the main significance of the research lay in attempting to re-think the concepts of home and school in the face of HIV/AIDS and how this was impacting on orphaned children. A gap was identified in the way in which previous research in the area of AIDS and education tended to concentrate on macro-level statistical issues, and not on micro-level qualitative consideration of the lived experiences of the children orphaned by AIDS. It was suggested then, in Chapter One, that there was need to focus more on AIDS orphans as persons with cultural identities which interacted with school cultures in determining how these children understand who they are. To enable this focus, it was necessary, in Chapter Two, to review a wide range of literature around the various issues that were assumed to be central to the contemporary debates and discourses about HIV/AIDS in Zimbabwe.

In Chapter Three the methodology of critical ethnography was adopted for the study, on the understanding that research of this nature required that I stayed with the child subjects within their changed and changing families for considerable stretches of time. The ethnography was important because it provided the only meaningful way by which I could manage to enter the worlds of these children deeply. Although various challenges were encountered in the actual field exercise, such as the shortage of fuel in Zimbabwe during the research period, and the loss of three of my child respondents who had to relocate before the fieldwork could be completed, the data collection process was highly rewarding and educative for me, and the data were presented in Chapters Four and Five. In Chapter Four I profiled the child subjects and their families and communities, so as to provide the background against which to begin to understand the worlds of these children. In Chapter Five I then summarised the major themes arising from analysing the field data. These themes represented the topical issues that characterised everyday life within the community in which the children lived. The themes indicated the nature of the habitus, the field, and the capital which formed the lived reality of these children. It was through an analysis of these themes, in Chapters Six and Seven that some suggestions could begin to be made about how AIDS orphans constructed their concept of self.

This final chapter attempted to recap on the previous ones, as well as to suggest what more needs to be done in this field. This whole study attempted to combine various separate but related debates and theories, so as to engage in a more intellectually satisfying academic enterprise. AIDS orphans expressed their voices in various ways. I found the work that I carried out within the children's homes to be more meaningful and rewarding than that which I engaged in within their more rigidly controlled school. Much more work still needs to be done in schools in this area of research therefore.

It is also important for me to point out here the fact that in this kind of research the researcher cannot afford or even manage to be an outsider looking inside the worlds of the subjects of research and making detached, objective, and disinterested observations. I found myself becoming increasingly emotionally involved in the daily lives of the children and their families. When the step-mother of one of my

child subjects went into labour, I was compelled by circumstances to ferry her to the hospital to deliver her baby. When the uncles of two of my other child subjects passed away during the course of the field-work, I participated in the mourning and burial processes. On many occasions I shared very intimate family moments with the families I was staying with. I helped them buy food and resolve minor family misunderstandings. I am not apologetic about this, since this attachment actually enabled me to gain deeper insights into the worlds of the children and their families.

The emotional involvement of the researcher in the lives of the researched is often cited as the major weakness of qualitative research such as the current ethnography, as was mentioned in Chapter Three. However, critical researchers, particularly those guided by feminist and critical psychologist paradigms, have always asserted that researcher involvement is desirable in qualitative research since it allows for a deeper understanding of the detailed texture of the subjects' lived worlds (see, for instance, Harvey, 1990; Green, 1998). As we noted in Chapter Three, Comaroff (1985) argues that it is through an intimate encounter with a people's culture as expressed in their form of dress, organisation of space, bodily gestures, and expression of emotions that we can gain a true understanding of how personhood is achieved. According to her, this deep understanding requires that we gain clear insights into the nature of the reciprocal interplay of human practice, social structure, and symbolic mediation.

It is my opinion here that such insights can only be gained meaningfully through the researcher becoming emotionally involved in the subjects' lived worlds, and not merely by the researcher standing aloof and making supposedly rational and objective interpretations of human behaviour that he or she cannot experience or feel. My being Shona thus helped me to understand and to feel those finer and intimate moments that I argue are of crucial importance in our interpretation of the interactions and the belief-systems of the subjects whose worlds we seek to enter and to analyse.

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DEMOGRAPHIC PROFILE OF FAMILIES OF SELECTED PUPILS AT  
PARKINSON SECONDARY SCHOOL

Please complete the questionnaire by placing a tick in the appropriate space, or writing down the response in the space provided. Thank you for your time.

1. How many people live in your household? Males\_\_\_\_\_ Females\_\_\_\_\_
2. How many of them are above the age of eighteen? Males\_\_\_\_\_ Females\_\_\_\_\_
3. Has there been a death within your family in the last twelve months?  
Yes\_\_\_\_\_ No\_\_\_\_\_
4. If you answered 'yes' above, what was the cause of the death?  
\_\_\_\_\_  
\_\_\_\_\_
5. Who is the current head of your family? Father\_\_\_\_\_ Mother\_\_\_\_\_  
Brother\_\_\_\_\_ Sister\_\_\_\_\_ Uncle\_\_\_\_\_ Aunt\_\_\_\_\_ Grand Parent/s\_\_\_\_\_  
Other\_\_\_\_\_
6. What is your average monthly family income? Below Z\$ 1million\_\_\_\_\_  
Between Z\$ 1 million and Z\$ 5 million\_\_\_\_\_ Between Z\$ 5 million and Z\$ 10  
million\_\_\_\_\_ Above Z\$ 10 million\_\_\_\_\_
7. Are any members of your household currently receiving government social  
welfare assistance, e.g. help with school fees? Yes\_\_\_\_\_ No\_\_\_\_\_
8. Are any members of your family receiving other private forms of assistance,  
e.g. food-aid from non-governmental organisations such as the Red Cross?  
Yes\_\_\_\_\_ No\_\_\_\_\_
9. Has any member of your family been placed on the Ministry of Health's  
home-based care programme? Yes\_\_\_\_\_ No\_\_\_\_\_
10. Do you live in a single-parent family Yes\_\_\_\_\_ No\_\_\_\_\_
11. If you answered 'yes' above, where is your other parent at present?  
\_\_\_\_\_  
\_\_\_\_\_
12. Has any member of your family ever suffered discrimination because they  
were thought to be suffering from HIV/AIDS? Yes\_\_\_\_\_ No\_\_\_\_\_

Thank you once more for your time and effort

**Information Regarding Numbers of Orphaned Secondary School Children in  
Shurugwi Area**

<b>School</b>	<b>Enrolment</b>	<b>Number on Beam Assistance</b>	<b>Number on Red-Cross Assistance</b>
School I: The Study School	559	49 (8.8%)	13 (2.3%), 100 children could not be assisted.
School II	532	60 (11.3%)	Nil
School III	466	67 (14.4%)	Nil

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## Interview Guide for Church Leaders

I would like to sincerely thank you for accepting my request to interview you.

1. How serious would you say the problem of HIV/AIDS is among your congregation?
2. Do you have any church-based programmes to assist these children in any way?
3. From your experience with these children in your church, do they relate easily with a) other children? b) adults? c) authority figures?
4. Do you think that HIV/AIDS affects the way in which AIDS orphans regard themselves as individual persons, in terms of how they understand their self-concept? If so, would you suggest in what ways?
5. Zimbabwean children are often caught up between traditional beliefs and customs on the one hand, and Christian beliefs and modernity on the other hand. Are there any ways in which this manifests itself in your church?
6. In your opinion? Can the practice of both traditional culture and Christianity develop a balanced sense of self in AIDS orphans?
7. Do you think it is important for AIDS orphans (as well as other children) to be taught about traditional culture in the home and at school?
8. Do HIV-infected people and AIDS orphaned children in your church come freely forward for counselling?
9. Are there any signs in your church that those known or suspected to be affected or infected by HIV/AIDS are discriminated against by other church members?
10. Does your church teach children about HIV/AIDS? If so, how does this affect AIDS orphans?
11. What do you think about the view that HIV/AIDS education alienates AIDS orphans?
12. Could you comment on the argument that teaching AIDS orphans about HIV/AIDS without giving them concrete material support is self-defeating, since poverty and need will result in these children engaging in prostitution, thus developing a poor sense of self-worth?
13. What do you think about the idea of placing AIDS orphans in institutions such as orphanages, i.e. what are the effects of this on their sense of self?

Thank you very much for your time.

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## Interview Guide for Local Leaders: Local Councillors

Thank you for accepting my request to interview you.

1. How serious would you say the problem of HIV/AIDS orphans is in your ward?
2. Do you have any official figures of the numbers of these children in the ward?
3. Are there any ward-based programmes aimed at assisting these children in any way?
4. From your experience with AIDS orphans as a councillor, do they relate well with: a) other children b) adults c) authority figures?
5. Do you think that HIV/AIDS affects the way orphaned children regard themselves as individual persons, in terms of how they construct their concept of self? If so, would you suggest in what ways?
6. Zimbabwean children are often caught up between traditional beliefs and customs on the one hand, and Christianity and modernity on the other hand. Would you say this manifests itself in how AIDS orphans in your ward understand their world?
7. Speaking from a traditional point of view, what cultural practices can be appealed to in an attempt to assist AIDS orphans in understanding who they are?
8. In your opinion, can the practice of both traditional culture and Christianity help to develop a balanced sense of self in AIDS orphans?
9. Do you think it is important for AIDS orphans to be taught about traditional customs and rituals in the family, the community, and at school?
10. Do you think that Shona cultural heritage is threatened by the advent of HIV/AIDS? If so, which aspects of culture do you think are most at risk, and how can this be mitigated?

Thank you very much for your time.

## Interview Guide for Parents/Guardians of AIDS orphans

Thank you for sparing your time to answer my questions.

1. Briefly, how would you describe the child----- as a person?
2. How would you describe his/her relationship with you?
3. How would you describe his/her relationship with other members of your family and extended family?
4. Could you give me the names and ages of the children who live here?
5. Would you say ----- is comfortable being a member of this family? Why or why not?
6. Does----- understand that he/she is an AIDS orphaned child? If so, how does he/she cope with this reality?
7. Which member of this family and the child's extended family would you say is closest to -----? Why do you say so?
8. Does----- have any friends that you know? If so, how well does the child relate to these friends?
9. What things or activities does----- enjoy doing most in his/her private time?
10. Does he/she ever complain about anything to you?
11. Does-----ever consult you or any other family member with his/her personal problems?
12. To what extent would you say the child's self-identity (*hunhu*) is shaped by traditional culture (*chivanhu*), by Christianity, by modernity, or by what he/she learns at school?
13. Does----- know his/her totem? If so, what does this mean to him/her?
14. Was -----named after any family member or other relative?
15. Do you think----- would think of or understand himself/herself differently if his/her parent/s was/were still alive? If so, how?
16. ----- is a beautiful child. Would you say he/she is proud of who and what she/he is (i.e. does the child take particular care trying to look good, e.g. make-up, grooming, hair-styling etc.)?
17. Is HIV/AIDS discussed in this family? If so, how does ----- feel about this?
18. Is ----- familiar with rural traditional life? If so, to what extent does he/she like it (e.g. food, work, relations, rituals, customs, etc.)?

19. Does----- ever visit his/her paternal and maternal grandparents, or other members of the extended family?
20. Does he/she use the paternal family name?
21. Were death and burial rituals performed for the child's late parent/s (e.g. *kurova guva, doro remvura*)? If so, did the child attend? If not, are these rituals to be performed in the future?
22. Does----- have his/her own bedroom, or does he/she share with others? If so, how does he/she feel about sharing private space?
23. Does the child sleep on a bed, or on the floor?
24. Does he/she share blankets?
25. What is the child's favourite food, and does he/she always get it?
26. When having meals, does----- pray? Does he/she clap hands?
27. What kind of work does ----- do here at home?
28. Does anyone in the family or extended family ever teach ----- about his/her family history?
29. Do members of this family go through initiation into adulthood? If so, has-----  
- undergone this, or will he/she undergo it in the future?
30. Do some people in your neighbourhood know that -----is an AIDS orphan? If so, does the child sometimes suffer discrimination as a result of this? If so, how does ----- cope with this problem?

Thank you very much for your co-operation and help.

## Interview Guide for Traditional Leaders

Thank you very much for accepting my request to ask you a few questions.

1. Could you, briefly, tell me about past disease pandemics (*mikondombera*) in the history of the Shona people?
2. Did people in traditional times recognise the trauma (*kushungurudzika*) caused by the terminal illness and eventual death of a parent or parents on the remaining young children?
3. In traditional Shona society, what were the signs and symptoms of trauma in bereaved and orphaned children?
4. How did traditional Shona society deal with traumatised children?
5. What methods were used in traditional Shona society to prevent parental illness and death from causing trauma and shock in the affected children?
6. What became of the orphaned children after the death/s of their parent/s?
7. What measures were taken to ensure that orphaned children were properly socialised and developed a healthy sense of self or personal identity?
8. Do you think that the current HIV/AIDS pandemic affects the way AIDS orphans regard themselves as individuals, in terms of their personal identity (*hunhu hwavo*)? If so, could you suggest in what ways?
9. Speaking from a traditional point of view, what Shona cultural practices can be employed to ease the social, emotional, spiritual, and economic plight AIDS orphaned children?
10. Zimbabwean children are often caught up between traditional beliefs, customs, and rituals on the one hand; and Christian beliefs, westernisation, and modernity on the other hand. Can the practice of both be encouraged? Why or why not?
11. Do you think that it is important for AIDS orphans, especially, to be taught about Shona traditional customs, practices, and rituals? If so, in what ways do you think this would help in developing a positive sense of self in these vulnerable children?
12. A major social problem of HIV/AIDS is stigma (*kusema, kusarura*). What Shona traditional methods could be used to ensure that AIDS orphans are not stigmatised, but accepted for who they are? Thank you so much for your time.

## Interview Guide for Children

I want us to talk a little about you today. Thank you for your time. We will be discussing a lot of things about you and your life for the next few days. I'm sure we will both enjoy our discussions, don't you think so?

Let us first talk about food.

1. What is your favourite food?
2. What do you think about traditional Shona foods such as *madora* (mopani worm) and *dovi* (peanut-butter)?
3. Are you able to prepare any traditional foods by yourself?
4. Do you always get the foods you like the most?
5. Have you ever heard about KFC? Or McDonalds? Or Wimpy? Or Chicken Inn? Or Pie City?
6. What do you think about the foods that are sold at these fast-food places, compared to your home-cooked foods?
7. Do you like eating from the same plate with someone else, or do you prefer your own plate? Why?
8. What do you prefer, eating with your fingers, or with a spoon, or with a fork and a knife? Why?
9. Do you pray first before you eat? Why or why not?
10. Do you clap your hands before and/or after eating? Why or why not?

Let us now talk about Clothes

1. What do you like to wear most and why?
2. Do you always wear what you like?
3. Do you like traditional African attire such as tie-and-dye outfits, *zambias*, and so on?
4. Do you like school uniform? Why or why not?
5. What do you think about civvies days at school?
6. Which famous person dresses the way you like?
7. What do you think about fashion-modelling?

Let's talk about television

1. Do you ever watch TV?
2. Which local TV programmes do you like most and why?
3. Who is your best TV personality and why?
4. Which do you prefer most, watching TV or telling stories and riddles and playing traditional games?

I need to know about your friends now

1. Do you have many friends at home? What about at school?
2. Who is your best friend and why?
3. Do your friends know that you are an AIDS orphan? If so, what do they say about this?
4. Do any of your friends ever tease you because you are an AIDS orphan? If so, how does this make you feel?
5. How do you manage to deal with people who tease or mock you?
6. Do you ever feel that your friends and other people are better than you? Why or why not?
7. Do you feel that it is important for you to have friends? Why or why not?
8. For you, what should a good friend be like, or what should a good friend do or not do?

Today I would like us to talk about your family.

1. Who is your favourite family member and why?
2. Is there a relative of yours that you do not like? Why?
3. When you have a personal problem, which of your relatives do you go to for help or advice? Why?
4. Is there anything you wish your relatives could do for you which they are not doing now?
5. Does anyone of your relatives ever tell you about your family history, or teach you about Shona traditional life and customs?
6. What is your definition of a family?
7. Do you have any brothers or sisters? If so, can you tell me about them?
8. What do you like best about being a member of your family?
9. What do you dislike most about being a member of your family?
10. What is your totem (*mutupo*)?

11. What does your totem mean to you?
12. Do you feel comfortable being a member of your family?
13. Do you enjoy the work that you do at home? Why or why not?
14. Who does most of the work at your home and why?
15. How do you feel about the way the work at home is shared by family members?
16. Do you think you do enough work around the house and home?

Let's talk about your school today.

1. Tell me about your school.
2. What do you enjoy most about school?
3. What do you hate most about your school?
4. Which one do you enjoy more, home or school and why?
5. Do you belong to any social club at school? If so, which one, and why did you join it?
6. Are you involved in any sport/s at school? If so, which one and why?
7. Have you ever been punished at school? If so, why, and how did this make you feel?
8. Which language do you prefer using at school, English or Shona, and why?
9. Do you hold any position of responsibility at school?
10. Do you feel comfortable being a member of your class? Why or why not?
11. Who do you prefer playing with at school, boys or girls, and why?
12. Do you feel comfortable when people talk about AIDS at school? Why or why not?
13. Do you ever feel that your teachers, schoolmates, or the headmaster treat you differently than other pupils because you are an AIDS orphan? Why or why not?
14. Does BEAM (Basic Education Assistance Module) or the Red Cross pay your school fees? If so, how does this make you feel?
15. Do you attend HIV/AIDS lessons at school? If so, how do you feel about these lessons?

Let us now talk about magazines and novels

1. Do you like magazines and/or novels? If so, which ones are your favourites and why?
2. Do you like films/movies?
3. Do you ever watch films/movies? If so where, and which ones are your favourite and why?
4. How often do you read magazines or novels?
5. Where do you read magazines or novels?
6. Where do you get these magazines and novels from?
7. Do other members of your family encourage you to read magazines and novels?

Today we will discuss your knowledge of rural life.

1. You live in a mining area which is half-rural and half-urban. Do you ever go to the rural areas? If so, what do you enjoy most about rural life?
2. Do you feel comfortable staying in the rural areas?
3. What do you know about Shona traditional culture in the rural areas?
4. Can you give me the names of any wild fruits you we find in the rural areas?
5. Can you give me the names of any farming tools used in the rural areas?
6. Can you give me the names of any buildings found at a rural homestead?
7. Can you name any traditional games children play in the rural areas?
8. Do you know the name of the headman of your rural area?
9. Do you know the name of the chief of your rural area?
10. What do you prefer, living in a rural area or living in an urban area, and why?

I want us to talk about church and religion now

1. Do you go to church?
2. If so, which one do you go to and why?
3. Tell me about your church.
4. Why is it important for you to go to church?
5. Do you feel comfortable being a member of your church? Why or why not?
6. What is of the most value to you: what you learn at school, what you learn at home, what you learn at church, or traditional culture and customs?

I wish to know about your future plans.

1. What do you wish to be when you grow up and why?
2. What kind of an adult person do you wish to be?
3. Who is your adult role-model (the person you wish you be like when you grow up) and why?

Today let us talk about general things. I am really begining to know you now.

1. Do you believe that there are witches in your home area? Why or why not?
2. If there was a traditional ceremony at your rural home, such as death rituals (*kurova guva*) or other beer rituals, would you attend? Why or why not?
3. Do you respect your late parent/s? Why or why not?
4. Would you visit the grave/s of your late parent/s to talk to them? Why or why not?
5. Would you place flowers at the grave/s of your late parent/s? Why or why not?
6. Have you heard about the initiation practices of *chinamwari* and *jando* where grown girls and boys are taught how to look after themselves? If so, what do you think about such practices?
7. Have you been initiated yourself? If not, will you be initiated in the future?
8. Where do you normally sit when you relax at home in the evenings: on a chair? Sofa? On the floor? Why?
9. Where do you sleep: on a bed? On the floor?
10. Do you share your bedroom or your blankets with others? If so, how do you feel about this?
11. Where do you keep your personal items, such as clothes, books?
12. Do you have any toys? If not, do you wish you had toys?
13. Are you proud to be a Shona child? Why or why not?
14. Have you ever been to an *n'anga* (traditional healer or witchdoctor)? If so, how did you feel about this?

Thank you. We had fun over the days as we talked about these things Mm?

## Interview Guide for the School Guidance and Counselling Teacher

Thank you for sparing time to answer my questions.

1. Could you briefly tell me what the main aims and objectives of the schools HIV/AIDS syllabus are, and what your school programme to implement these involves.
2. Do you know all the AIDS orphans within your school?
3. Are the HIV/AIDS teachers in the school aware that there are AIDS orphans within their classes? If so, how do they deal with these children?
4. In your opinion, do AIDS orphans have special needs in the school?
5. Have you ever counselled AIDS orphans here?
6. From your experience at this school, how well do AIDS orphans fit into the daily social life of the school?
7. Would you say AIDS orphans within your school are stigmatised and discriminated against by others? Why or why not?
8. Speaking from a social point of view, do you teach about any traditional or cultural ways by which society can fight HIV/AIDS, stigma, as well as ease the plight of AIDS orphans?
9. In the context of HIV/AIDS, children are often caught up between traditional beliefs (such as witchcraft) on the one hand, and Christian moral teaching and modernity on the other hand. Are these issues raised in your HIV/AIDS lessons?
10. In your opinion? Can the practice of both traditional culture and Christianity develop a balanced sense of self in AIDS orphaned children?
11. Does the school have a policy on how AIDS orphans should be handled?
12. Would you say the current school system offers vulnerable children such as AIDS orphans spaces within which to articulate and to understand their personal experiences (e.g. through speeches, debates, role plays, music, drama, story-telling, visual arts, and so on)?
13. Do you think it is important for children, particularly the vulnerable ones, to be taught about traditional customs and Shona rituals (such as *tsika*, initiation, totems, ancestors, witchcraft, song and dance, proverbs and riddles, and so on)?

14. In your opinion, does the current school system cater fully for the needs of AIDS orphans and other vulnerable children, to enable them to develop a healthy sense of self? Why or why not?

Thank you very much.

University of Cape Town

## Study Children Family Survey

Kindly answer the following questions as completely as you can. Your assistance is greatly appreciated.

1. Please write a few lines describing your family.
2. Write a short paragraph on the topic: 'What my family means to me'.
3. Briefly describe any changes that have occurred in the composition of your family since you started school. How have these changes affected you and other family members?
4. Briefly describe the roles (duties and responsibilities) and status (positions of power and privileges) of each member of your family.
5. How would you describe your own place and position within your family? What do you feel are the advantages and disadvantages of your own position within your family?
6. What do you like most about your family? What do you dislike most about it?
7. Who is the most considerate and helpful member of your family, and why?
8. How would you describe your relationship with other members of your family?
9. Are there any differences between male and female relationships in your family? If so, can you explain them briefly?
10. Prepare a table to show a) a list of three things you find it easy to talk about with your parent or guardians, on one side and b) a list of three things that you find difficult to discuss with them, on the other side.
11. What things would you change in your family, if you were able to?
12. What kind of a family would you like to raise yourself when you grow up?
13. Who has the most power in your family and why? Who has the least power in your family and why? How do you feel about this situation of the way power is distributed within your family?
14. Which one of the following factors do you feel most influences or determines the power relations within your family, and why? a) levels of education b) politics c) the local community d) family members' ages e) culture f) family changes g) the media h) foreign influence (westernisation and modernisation).

15. Kindly rearrange the following conditions in the order in which you feel they influence who you are, starting with the most important, and ending with the least important:

- A sense of connection and relationship to others
- A sense of your own individuality, uniqueness, and value
- A sense of helplessness resulting from the loss of parent/s
- A sense of trust in your own power and ability to stand up for your own interests
- A positive role-model you can imitate and identify with
- A fear of death and the unknown associated with the HIV/AIDS pandemic
- A sense of trust in God and your religious beliefs
- A sense of trust in education and its power to uplift you
- A sense of trust in your family

Thank you very much for your time and effort.

---

## Interview Guide for Form Teachers

Thank you for accepting to take part in this research exercise.

1. How would you, briefly, describe the child----- as a person?

Comments

- 2a. Would you consider the child to be very confident, moderately confident, or an unconfident person?

- 2b. Please briefly give reasons for this description

Comments

- 3a. To what extent would you regard----- to be a sociable child within the school?

- 3b. Please briefly elaborate on your position in this regard.

Comments

4. Considering that ----- is a disadvantaged and vulnerable child, how would you describe his/her temperament (the way he/she manages his/her emotions)?

Comments

5. Could you comment on the extent to which ----- demonstrates very strong, moderately strong, weak, or very weak coping strategies within the school environment.

Comments

6. To what extent would you describe the child as being resilient (i.e. able to push ahead with life despite his/her hardships)?

Comments

7. Would you describe the child as being a highly motivated, moderately motivated, or weakly motivated person within the context of the school?

Comments

8a. More Generally, how would you rate the child's personal drive in life?

Comments

8b. Please elaborate on this response.

Comments

9a. How would you rate the child's level of self-esteem?

Comments

9b. Could you please give reasons for your rating?

Comments

10a. In sum, what would you consider to be the child's strongest and weakest character features?

Comments

10b. Would you consider ----- to be in possession of a highly positive sense of self, a positive sense of self, a weak sense of self, or a poor sense of self?

Comments

From your personal experiences with and observations of vulnerable children such as ----- within the school, would you say there are any gender differences in how these children position themselves in relation to their school of the same sex, their schoolmates of the opposite sex, as well as their school authorities of both sexes?

Comments

13. As far as you know, does ----- have any disciplinary problems within the school? Please elaborate.

Comments

14. As familiar as you are with African practices in Zimbabwe in general, and in Shurugwi in particular, would you say the interrelationship between these traditional practices and modernity (e.g. school, dress, music, dance, food, role models, T.V., magazines, books, youth culture, manners etc.) finds expression in the way AIDS orphans negotiate their personal identities in the school and, perhaps, the community?

Comments

15. Finally, to what extent (as might be demonstrated by the behaviour of these children) could there be disharmony between the children's home culture and the culture of the school?

Comments

Once again, thank you for taking time to have this interview with me.

University of Cape Town

## Questionnaire for Children

Please answer 'true' or 'false' to the following statements in the spaces provided:

1. I do not feel like an orphan at all. I do not consider myself an AIDS orphan-  
True\_\_\_\_\_ False\_\_\_\_\_.
2. I sometimes miss my late parent/s, and wish they were still alive- True\_\_\_\_\_  
False\_\_\_\_\_.
3. Some people in my community dislike me because I am an AIDS orphan-  
True\_\_\_\_\_ False\_\_\_\_\_.
4. I feel I am a special person, and am proud of who I am- True\_\_\_\_\_  
False\_\_\_\_\_.
5. I sometimes feel that children with parents are better than me- True\_\_\_\_\_  
False\_\_\_\_\_.
6. I feel that my life is not very secure or safe without my biological parent/s-  
True\_\_\_\_\_ False\_\_\_\_\_.
7. I envy children with both parents- True\_\_\_\_\_ False\_\_\_\_\_.
8. I am not sure about my future, and feel afraid at times- True\_\_\_\_\_  
False\_\_\_\_\_.
9. I feel inferior to other people because I am an AIDS orphan- True\_\_\_\_\_  
False\_\_\_\_\_.
10. I am proud to be Shona- True\_\_\_\_\_ False\_\_\_\_\_.
11. I feel more Zimbabwean than Shona- True\_\_\_\_\_ False\_\_\_\_\_.
12. I feel that other people are inferior to me- True\_\_\_\_\_ False\_\_\_\_\_.
13. I think that it is better to be a Christian than to believe in Shona traditions-  
True\_\_\_\_\_ False\_\_\_\_\_.
14. HIV/AIDS does not change the way a person values himself or herself-  
True\_\_\_\_\_ False\_\_\_\_\_.
15. I only do those things I enjoy doing myself- True\_\_\_\_\_ False\_\_\_\_\_.
16. Being an orphan means that I cannot be the same as other people- True\_\_\_\_\_  
False\_\_\_\_\_.
17. Children orphaned by AIDS lack confidence in themselves- True\_\_\_\_\_  
False\_\_\_\_\_.
18. I only do things to please my family, friends, and teachers, not myself-  
True\_\_\_\_\_ False\_\_\_\_\_.

19. I am a self-centred person who is only concerned about myself. I have little time for other people- True\_\_\_\_\_ False\_\_\_\_\_.
20. My parent/s died of AIDS- True\_\_\_\_\_ False\_\_\_\_\_.
21. I do not want people to know that I am an AIDS orphan- True\_\_\_\_\_ False\_\_\_\_\_.
22. The most important thing in my life is myself- True\_\_\_\_\_ False\_\_\_\_\_.
23. My relatives do not love me enough- True\_\_\_\_\_ False\_\_\_\_\_.
24. I feel pity for myself. Why did it have to be me? True\_\_\_\_\_ False\_\_\_\_\_.
25. I was born in a different family- True\_\_\_\_\_ False\_\_\_\_\_.
26. Orphaned girls are more disadvantaged than orphaned boys- True\_\_\_\_\_ False\_\_\_\_\_.
27. I wish I had more food and more clothes than I have now. I am poor and miserable- True\_\_\_\_\_ False\_\_\_\_\_.
28. My friends do not really like me but only pretend- True\_\_\_\_\_ False\_\_\_\_\_.
29. My teachers treat me differently than other children- True\_\_\_\_\_ False\_\_\_\_\_.
30. I am afraid of speaking my mind at home and at school- True\_\_\_\_\_ False\_\_\_\_\_.
31. I feel powerless. I cannot control my life- True\_\_\_\_\_ False\_\_\_\_\_.
32. I am cleverer than most people I know. Many people wish they were like me and they are jealous- True\_\_\_\_\_ False\_\_\_\_\_.
33. I like being with other children of my own age. It makes me feel safe and wanted- True\_\_\_\_\_ False\_\_\_\_\_.
34. I prefer being on my own most of the time. People make me nervous and uncomfortable- True\_\_\_\_\_ False\_\_\_\_\_.
35. I wish I was never born. I feel so lonely- True\_\_\_\_\_ False\_\_\_\_\_.
36. People abuse me because I am an AIDS orphan. Everyone just wants to take advantage of me- True\_\_\_\_\_ False\_\_\_\_\_.
37. I feel angry at everyone and everything. Life is so unfair- True\_\_\_\_\_ False\_\_\_\_\_.
38. Being an AIDS orphan means that I have to be strong and resourceful, and must trust myself more than I do other people- True\_\_\_\_\_ False\_\_\_\_\_.
39. My life is in my own hands. I cannot expect other people to be interested in my problems- True\_\_\_\_\_ False\_\_\_\_\_.

40. School helps me to cope with my situation more than my family does-  
True\_\_\_\_\_ False\_\_\_\_\_.
41. I feel more comfortable with my friends than I do with members of my family-  
True\_\_\_\_\_ False\_\_\_\_\_.
42. My family is the most important thing in my life- True\_\_\_\_\_ False\_\_\_\_\_.
43. I am a very emotional person, and consider others before myself- True\_\_\_\_\_  
False\_\_\_\_\_.
44. If I am wronged, I would rather cry it off than fight for my rights- True\_\_\_\_\_  
False\_\_\_\_\_.
45. I am ashamed of accepting assistance from BEAM or from the Red Cross, as  
this would expose me as an AIDS orphan- True\_\_\_\_\_ False\_\_\_\_\_.
46. I consider myself as being a 'salad', and have no time for a traditional life-  
style- True\_\_\_\_\_ False\_\_\_\_\_.
47. My totem reminds me that I am an AIDS orphan, so I hate it when people  
refer to me by it- True\_\_\_\_\_ False\_\_\_\_\_.
48. Although I am an AIDS orphan, I have a great body and am proud of my  
looks. My childhood is just as normal as that of any other child in Zimbabwe-  
True\_\_\_\_\_ False\_\_\_\_\_.
49. Being an AIDS orphan has robbed me of my childhood. I have been forced to  
take up adult responsibilities before my time- True\_\_\_\_\_ False\_\_\_\_\_.
50. I blame my late parent/s for passing away and leaving me orphaned-  
True\_\_\_\_\_ False\_\_\_\_\_.

Thank you very much for your time.

## **Appendix Two**

Selected Responses from Various Respondents

University of Cape Town

Happy Monday SM'S JARY  
Dialogue / Summary

I work in the morning  
When I wake up, I cooked  
my breakfast. I wear my school  
uniform and I went to school.  
On this day, I was very  
happy because I went home  
very fast and my mother was  
cooking a delicious chicken and  
rice. When I came to school,  
I come with some money and  
lunch with rice and beef. When my  
father came, my mother <sup>gave</sup> brought me  
some ~~shoes~~ <sup>shirts</sup> and clothes. When I  
came to school, my friends bought  
some bread and we sat after that  
we play some interesting games.

26 APRIL 2005 SARA MARY

Sad Tuesday

I am very sad on Tuesday because I come late to school and I go to the punishment on Wednesday. After that we empty bins after others go home and I come late at home.

My mother asking what were you doing at school. I answer we was empty bin because on Tuesday I come late. I eat bread and margarine tea.

When I finish I went to the shop bought some vegetable to cook for the supper. The next the first

Friday

29 APRIL 2005

I was not writing because when I think to write I ignore and did not write for sure.

When my mother told me what I said ok. But what I was writing at the page I remove it is a lie because after that my mother forgive me. I thank my mother. I think God will forgive me for lie. I hope my mother.

On Monday we go to school at break I ate bread with my friends after eat we play some interesting games at break.

## Em's Diary Entries

29/05

Tuesday the day I like best. I was fasting. At night my mother tell us interesting stories because she want us learn what she tells us. Today we eat what we call (chubangamama hama) it was delicious because she put some vegetable roya and salt. This days I was very happy because our mother is giving ponds with energy. Our is in (man) when he come he gave us some money to eat at school. When he gave us we say thank you for your help.

I work up very early and I make some fire and put our porridge and when the water boil I wash my body. I go to school to learn. When I go to school I was very happy because my friend was giving me a present of a pen. After that they bought a pen to write. At school I sell perband watch. When I finishing to sell I give my mother and my the day. She did not have money to buy some sugar because every morning we cook porridge and drink tea. When we go for lunch we play games like country game with my friends.

14 September 2005

SM's diary entries

In Wednesday we go for P.E with Mrs Suva. My favourite subject is Shona because it is a subject. When I grow up I want to be a nurse treat ill person. I want help my mother to buy some of her cloth for wear and my father. We eat with boiled vegetable it was brown in color. And I look happy for this day. At school we do practical I like this practicals because help me to pass at Form four. In our family we are five. Two boys and one girl.

I like to go the church because we learn the word of which must live in our heart. God created the world when we were not there. After that he created a man for living. On Sunday it was a good Sunday because we go to Sunday school for learn the word of God Jesus is our God. At our home at 4.00 some-times at ~~4.30~~ 3.45 the actual time is 4.00. Every morning I must wash my face before touch any thing. My mother told me that Mike my brother because they give me some rope.

## Art: RESPONSES TO ~~Family~~ ~~Survey~~ ~~Survey~~

1. In my family we are <sup>four</sup> five six including father and mother we are four one boy and three girls.
2. My family means everything because live in peace and they do everything I need such as buying clothes, food, they help me when I am sick or I am in trouble.
3. Since I started school I wouldn't suffer because my aunt took me, when I was in Zichavane. I live with my grandmother. My grandmother treat me like her daughter. When My aunt took me my grandmother did not want me to come in Shurugwi. All my family likes me very much.

## AHS RESPONSES TO FAMILY SURVEY

3B This changes affect me that when my parents died it looks as if they are alive.

A When my <sup>mother</sup> mother died my father was alive, then she married another wife. after that he start sick and he wasn't talk. when my father died he was not able to talk. because my step mother give my father sickness of a dangerous diseases which cannot be cured.

BLAME

5A I am 14 years old now but my family live me with one month. I am cleverer in school work and reading newspapers or books. I thought I wouldn't be able to go to school when I had that I didn't have parents.

WIFE

## AH'S RESPONSE TO FAMILY SURVEY

SB

Advantage

Disadvantage

1) I ~~be~~ work hard than a child who have parents.

1) No one like to live without parents.

2) I live like a child who has parents.

2) live without your parents you wouldn't happy if you think about them.

3) No one know that I didn't have parent because my aunt bought me everything I want/need.

3) if your guardian always gets you in trouble you won't wouldn't enjoy with others.

GA I like to live in peace as a family.

B I Dislike people who always ~~heart~~ hate others.

## My Responses to Family Survey

10 Three thing that I find easy to discuss	Three thing that I find difficult
1) I find easy to discuss with my guardian about the past life.	1) I find it difficult to discuss about how my parents' death. ✓ DEATH
2) I find easy to discuss with my pen guardian about the tourism.	2) It difficult to talk about my life when I was growing up.
3) I find it easy to discuss with my aunt / my friend to discuss about the bible studying	3) I find it difficult to discuss why my father married another wife. ✓ RESTRAYAL

## Aunt Responses to Family Survey

- 7 My aunt is the most considerate and helpful because she is the owner of the house and <sup>she</sup> gave me a room and she keeps me like her daughter.
- 8 Our relationship with other members of my family is my <sup>father</sup> in law has two wives then my father's daughter is my aunt.
- ~~9 No difference between men and women.~~
- 9 No difference between men and women's relationships in our family.

## My Response to Family Survey

11) I finish up my Educating I want to have a job, I wish to firm extend our house as a farm and I accept everyone in our family to live.

12) When I grow up I accept to have one child as family.

13) Father is the most powerful in our family because his oldest and he raise up the house.

B) My young sister has the least power in my family because she is too young.

C) I feel it is better to have a guardian because you will live in peace because of those powers.

# AM'S RESPONSE TO FAMILY SURVEY

HOPE

14 Education levels because it is better to learn than stay at home, because if you learn you will have a better job.

CONCEPTS  
BEHIND

## THE MOST IMPORTANT THING IN MY LIFE

- 15 A sense of trust in God. ✓
- A fear of death and the unknown, associated with the HIV/Aids pandemic. ✓
- A sense of connection and relationship to others. ✓
- A sense of trust in our family.
- A sense of trust in education and its power to uplift people.
- x - A sense of your own individuality, uniqueness and value.
- x - A sense of trust in your own power and ability to stand up for your own interest.

# AA'S FORM TEACHER'S REMARKS

## Interview Guide for Teachers Ph.D. Study Research

My name is Gerwiniso Kwekwa. I am a doctoral student in the School of Education of the University of Cape Town in South Africa. My study focuses on the impacts of HIV/AIDS on affected or vulnerable children, in terms of the development of their personal identities and conceptions of the self. I would be very grateful if you spared a slice of your valuable time to answer a few oral questions for me, based on your personal knowledge of selected vulnerable children at your school.

Thank you for accepting to take part in this research exercise.

### Structured Interview Questions

1. How would you, briefly, describe the child AA as a person?

Comment:  
Reserved, unrevealed child

2a. Would you consider the child to be a very confident, a moderately confident, or an unconfident person?

2b. Please briefly give reasons for this description.

Comment:  
Unconfident Person!  
she is quite and shy to the extend that she cannot participate in class.

3a. To what extent would you regard AA as a sociable child within the school context?

3b. Please briefly elaborate on your position in this regard.

Comment:  
Partly sociable!  
She is unconfident, most cases she is quite avoid others!

# AH FORM TEACHER'S REMARKS

4. Considering that ~~\_\_\_\_\_~~ AH \_\_\_\_\_ is a disadvantaged and vulnerable child, how would you describe her temperament (the way she manages her emotions)?

## Comments

As someone without parents she is always unhappy and want to be ~~left~~ <sup>left</sup> alone.

5. Could you comment on the extent to which ~~\_\_\_\_\_~~ AH \_\_\_\_\_ demonstrates very strong, moderately strong, weak or very weak coping strategies within the school environment.

## Comments

Weak.

She need help especially when communicating with others. She has poor communication.

6. To what extent would you describe the child as being resilient (i.e. able to push ahead with life despite her difficulties)?

## Comments

To Much encouragement and push from the teacher in order for her to keep up with others.

7. Would you describe the child as a highly motivated, moderately motivated or weakly motivated person within the context of the school?

Weakly motivated

## Comments

Weakly motivated person.

Unhappy and fails to fit in with others.

8a. More generally, how would you rate the child's personal or social life?

## Comments

She need socialisation to suit/adjust the demands of life and to have insight of it.

# AAH FORM TEACHER'S REMARKS

8b. Please elaborate on this response:

Comments:

She has got full uniform and exercise books but she is only reserved.

9a. How do you rate the child's level of self-esteem?

Comments:

Low self esteem; very unpredictable  
Prefers to be quiet

9b. Could you please give reasons for your rating?

Comments:

She regard herself to be inferior because does not socialise with others.

10a. In what, if any, would you consider to be the child's strongest character features, as well as her/his worst character flaws?

Comments:

Weakest - very quiet, cannot participate in group work.  
Strongest - well behaved no disciplinary problems

13b. Would you consider ~~AAH~~ AAH to be a possession of a highly positive sense of self, a positive sense of self, a weak sense of self, or a poor sense of self?

Comments:

~~Low~~ Low sense of self.

# AA's Form TEACHER'S REMARKS

12. From your experience with and observations of vulnerable children such as - AA - within the school, would you say there are any gender differences in how these children position themselves in relation to their schoolmates of the same sex, their schoolmates of the opposite sex, as well as their school authorities?

Comments:  
She cannot communicate with both male and female teachers. She is shy.

13. As far as you know, does AA have any disciplinary problems within the school? Please describe.

Comments:  
No; disciplinary problems, because she is always quite.

14. As familiar as you are with African traditional practices in Zimbabwe in general, and in Shurugwi in particular, would you say the interweaving between these traditional practices and modernity (school dress, music, dance, food, role models, T.V., magazines, books, youth culture, manners etc.) finds expression in the way these children incorporate their personal identities in the school and, perhaps, the community?

Comments:  
Not influence by any of the above practices.

15. Finally, to what extent, if at all, is the behaviour of these children) could there be a connection between the children's dress culture and the culture of the school?

Comments:  
She shows that at school there are other problems affecting her, at home there are not problems.

Once again, thank you for making time to have this interview with me.

PERSONALITY DATA PERSONAL IDENTITY TEST

Kindly fill-in the blank spaces with statements describing how you consider your self as an individual.

Name: ~~XXXXXXXXXX~~ MUSIST Age: 13

1. I am a girl
2. I am bright in complexion
3. I am tall and slim
4. I am a hard working child
5. I am going or going to pass my 2 J.C exams
6. I am very punctual at school work
7. I am honest and faithful to my parents
8. I am a christian
9. I am a believer in God
10. I am going to be a nurse when I grow up
11. I am going to support my parents' work when I have a job
12. I am intelligent in school
13. I am a girl who enjoys reading novels
14. I am a girl whose favourite subjects are history and science
15. I am a girl whose favourite food is salad and vegetables
16. I am very friendly to people
17. I am very kind to people
18. I am going to be serious with my schoolwork
19. I am a trust worthy child.
20. I am having one friend to give me advice and courage.

You may use the space below for any additional information you might want to give. Thank you very much for your time.

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# MN'S FORM TEACHER'S REMARKS

## Interview Guide for Teachers: PH.D. Child Research

My name is Calvethino Kwenza. I am a doctoral student in the School of Education at the University of Cape Town in South Africa. My study focuses on the impacts of HIV/AIDS on affected or infected children, in terms of the development of their personal identities and conceptions of the self. I would be very grateful if you spared a little of your valuable time to answer a few oral questions for me, based on your personal knowledge of selected vulnerable children at your school.

Thank you for accepting to take part in this research exercise.

### Structured Interview Questions

1. How would you, briefly, describe the child [redacted] as a person?

[redacted] is a shy, unconfident, reserved and to a certain extent unprovoked child.

2a. Would you consider the child to be a very confident, a moderately confident, or an unconfident person?

2b. Please briefly give reasons for this description.

Unconfident child.

Very much unconfident, cannot even participate in the class. too quiet, shy.

3a. To what extent would you regard [redacted] as a sociable child within the school context?

3b. Please briefly elaborate on your position in this regard.

Not sociable.

She shows some signs of hunger, unconfident, no friends, most cases acute and miserable.

shy, reserved, unprovoked, unconfident, shy.

keep to herself, avoid others

University of Cape Town

# MP's Form TEACHER'S REMARKS

85. Please elaborate on this response.

Comments

*Low self-esteem*  
*lack of confidence*  
*appears unjoyful*  
 [redacted] MP is generally disadvantaged and she really shows that something is terribly wrong at home.

94. How do you rate the child's level of self-esteem?

Comments

*Low self-esteem*  
 Not motivated, reserved, quite, shy and very unpredictable. Prefers to be quite and angry.

96. Could you please give reasons for your rating?

Comments

*Struggle to relate well with others*  
*thoughtful*  
*regards her self as "inferior"*  
 Even the class teacher, she does not have the confidence to socialise.

104. In sum, what would you consider to be the child's strongest character features, as well as her/ his weak character flows?

Comments

Strongest - no disciplinary problems  
 Weakest - Too quiet cannot even share ideas with others

106. Would you consider [redacted] to be in possession of a light/ positive sense of self, a positive sense of self, a weak sense of self, or a poor sense of self?

Poor sense of self

*See Note*  
 She feels that she is just too disadvantaged therefore cannot do anything good

UNIVERSITY OF CAPE TOWN IDENTITY PAGE

Kindly fill-in the blank spaces to go with statements describing how you consider yourself as an individual:

Name: [Redacted] Sanyasi

Age: 14 yrs

1. I am a girl
2. I am light in complexion
3. I am strong
4. I am short
5. I am thin
6. I am shy
7. I am inferior one
8. I am an orphan
9. I am a citizen of Shurugwar
10. I am a hard worker
11. I am not lazy
12. I am a Christian
13. I am a netball player
14. I am smart
15. I am good in science
16. I am faithful
17. I am intelligent
18. I am wise
19. I am a worshiper of God
20. I am not afraid

You may use the spaces below for any additional information you might want to give. Thank you very much for your time.

I am a girl aged 14. I am very light in complexion. But many people think that I come from coloured people. I am very good in volleyball. I wish when I finish school I want to be a nurse. I am a worshiper of God and I worship in the Apostolic Faith Mission in Zimbabwe. I am a student at Parkinson Secondary School.

# SMK QUESTIONNAIRE RESPONSE

- 21 I do not want people to know that I am an orphan- True  False
- 22 The most important thing in my life is myself- True  False
- 23 My relatives do not love me enough- True  False
- 24 I feel pity for myself. Why did it have to be me? True  False
- 25 I wish I was born in a different family- True  False
- 26 Orphaned girls are more disadvantaged than orphaned boys- True  False
- 27 I wish I had more food and more clothes than I have now. I am poor and miserable- True  False
- 28 My friends do not really like me- True  False
- 29 My teachers treat me differently than other children- True  False
- 30 I am afraid of speaking my mind at home and at school- True  False
- 31 I feel powerless. I am not good at anything- True  False
- 32 I am cleverer than most people I know. Many people wish they were like me- True  False
- 33 I like being with other children of my own age. It makes me feel safe and wanted- True  False
- 34 I prefer being on my own most of the time. People make me nervous and uncomfortable- True  False
- 35 I wish I was never born. I feel so lonely- True  False
- 36 People abuse me because I am an orphan. Everyone just wants to take advantage of me- True  False
- 37 I feel angry at everyone and everything. Life is so unfair- True  False
- 38 Being an orphan means that I have to be strong and trust myself more than I do other people- True  False
- 39 My life is in my own hands. I cannot expect other people to be interested in my circumstances- True  False
- 40 School helps me to cope with my situation more than my family do- True  False
- 41 I feel more comfortable with my friends than I do with members of my family- True  False
- 42 My family is the most important thing in my life- True  False
- 43 I am a very emotional person, and consider others before myself- True  False

## CM's QUESTIONNAIRE RESPONSE

- 44 If I am wronged, I would rather cry it off than fight for my rights. True  False
- 45 I am haunted of receiving assistance from BEAM or the Red Cross, as this would expose me as a poor person. True  False
- 46 I consider myself as a 'stud', I have no time for a traditional lifestyle. True  False
- 47 My lack of confidence that I am an adult, as I take it when people refer to me by it. True  False
- 48 Although I am an orphan, I have a great body and am proud of my looks. My childhood is just as normal as that of any other child in Zimbabwe. True  False
- 49 Being an orphan has robbed me of my childhood. I have been forced to take up adult responsibilities before my time. True  False
- 50 I blame my late parent/s for passing away and leaving me orphaned. True  False

Thank you very much for your time.

University of Cape Town