

**“Living in two worlds”
Optimizing our indigenous knowledge systems
to address the modern pandemic, HIV and AIDS.**

by

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DECLARATION

I, Theobald Zwelibanzi Nyawose,
declare that this research project
for the degree of Doctor of Technology: Education,
has not been submitted previously for a degree
at the Durban University of Technology,
or any other Institution or University,
and that it is my own work in execution,
and all material contained herein is acknowledged.

DEDICATION

I dedicate this work to my late wife, Zodwa,
who passed away on 30 November 1983,
the same date we were married in 1978.

I hope that every person who reads this thesis
will feel encouraged to make a contribution to end the HIV and AIDS
pandemic.

HIV and AIDS is one of the greatest challenges for us all.
No one should sleep easily until the disease is defeated.

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I give praise to my Lord and Saviour, Jesus Christ who was, and is, and always will be my pillar of strength in all my ups and downs. He has given me unexpected support, guidance, hope and confidence throughout my study. Even the people I am going to acknowledge here below, I believe, have played their roles through His will and mercy.

I wish to acknowledge with gratitude the contributions that many have made to this study. This thesis would not have been possible without the extraordinary generosity of people.

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Abstract

This thesis focuses on the alarming situation of the rate of HIV infection which is escalating every day in South Africa, and what can be done to address the rate of HIV infection. Much has been tried to curb this escalation, but all efforts have had little effect. This concerns me deeply. So I have looked at the problem from the perspective of education.

I have personally experienced how Zulu indigenous knowledge, in the form of traditional modes of Zulu sexuality education, was used in the past to address the problems of sexually transmitted diseases, and pregnancy before it was sanctioned. I have seen that the rituals performed as part of traditional Zulu sexuality education have been effective.

I believe that indigenous knowledge systems in the South African context refer to a body of knowledge embedded in African philosophical thinking and social practices that have evolved over thousands years. Indigenous knowledge systems acknowledge the rich history and heritage of the people as important contributors to nurturing the values and norms in society, and so form the basis of education for the people. I believe that our indigenous knowledge systems according to the dictates of rites and rituals observed by our forefathers can play a major role in the (sexuality) education of our youth, and can optimise our efforts to fight against the HIV and AIDS pandemic.

This study focuses on the adolescent stage. Adolescence is a phase of discovery and experimentation in which young people develop new feelings, which (coupled with physical maturing) lead to exploring new behaviors and relationships, including sexual behaviours and sexual relationships. Therefore, I believe that adolescents should be targeted because they are just beginning to face social situations in which their decisions and actions about their sexual behaviours and sexual relationships will determine their

future. In addition, adolescents are – or should be – school going, so they can be influenced by what is in their school curriculum.

I have made suggestions about how the Life Orientation Grades 10—12 curriculum can be used to include traditional sexuality education for this purpose. In doing so, I do not suggest that all South African school going teenagers should perform the traditional **Zulu** rituals, but I am suggesting that the revival and adaption of traditional modes of sexuality education in all cultures could be helpful in the fight against the HIV and AIDS pandemic. I use the Zulu traditions because they are the traditions with which I am familiar.

I have carried out this study to promote the use of Zulu traditional sexuality education to curb the rate of HIV infection among young Zulu people. I believe that this traditional method, if it is used optimally, can reduce the rate of infection and the speed of mortality, as well as the problem of early pregnancy among our Zulu youth, in South Africa.

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Prologue

My lived experience of HIV and AIDS related sicknesses and death is very real. I have watched helplessly as close members of my family, colleagues at work, friends in my community, and learners in my school have become ill from opportunistic infections which their systems could not fight because their immune systems were compromised by HIV. What made me suspect these illnesses were AIDS-related were the commonalities: all had pneumonia, sore throats, oral thrush, and a loss of appetite and weight.

In every instance, I was deeply saddened and distressed to see each of these people during the final stages of their lives. They were not eating, and their medications were wasted because they were vomiting. Everybody in the house and outside became affected by pity, sympathy and grief – and, worst of all, a sense of helplessness. The suffering of all these people dear to us was terrible. We all accepted and welcomed their deaths as a final resort.

Throughout each of these events, there was no mention of what was really happening: that the sick person was dying from an AIDS-related condition. Even after the deaths, I was not knowing what to do to help survivors, and what to tell the young people in order to protect them from this dread disease. I found myself caught in a terrible dilemma. Because of the stigma associated with HIV and AIDS, I was afraid to embarrass the children and the widows and widowers by talking openly about what I had realized about these deaths. I found that I did not know how to help to stop the situation happening again. In a way, this was worse than the deaths themselves. I felt that I had to do something about the situation. So I began to read, to study the nature and the process of the illness, and think long and hard about a way to stop this from happening especially among young people. I realized that the only way to stop the pandemic was to prevent infection, and the only way to prevent infection was to educate young people about sexuality and sexual behaviours in way that was effective. Hence my thesis.

Chapter One

Introduction

How have I conceptualized my study? Why have I titled my study as I have?

For my study, I knew from the beginning that I wanted to examine the incidence, and impact educationally and socially, of school pregnancies and HIV in the deep rural community where I live and work¹, and how traditional Zulu sexuality education might make a positive difference, particularly in communities such as the one where I live and work. When I started to think about how this could be done, I discovered that people in my deep rural community “live in two worlds”, of a number of different kinds.

South Africa is a country characterised by diversity. So what is the nature of the diversity prevailing in my deep rural area?

In my deep rural area, the people are almost all of Zulu cultural and birth origin, Zulu is almost always the only language spoken, the levels of education are mostly modest and humble, as are the family incomes: there are no significant differences, and one would be tempted to claim that this is a homogenous community (Moletsane, 2011). But this is not what I have observed and experienced.

One of the significant elements of diversity is in the case of family custom and religion – traditional Zulu and/or Christian, and in the majority of cases, families, to a greater or lesser extent, practice ‘none’, ‘both-and’, ‘either-or’ traditional Zulu and Christian customs and religious observances. I say ‘to a greater or lesser extent’ because people’s practices are mixed.

¹ In my thesis, I refer to the deep rural area where I live and work as “my deep rural area/ school/community” to be brief. I do not mean that I own the area, the community or the school.

Gehman (1989:3) records that “African religion was lived as an absolute truth and undisputed belief. The wisdom of the elders reigned supreme”, and I believe that this might have been the situation at some time in the past, but now some people are modernized and tend to be agnostic or atheist but still have customs, some are exclusively Christian, some are exclusively traditional Zulu religious observers, and some are Christians but still observe the Zulu traditional religion. Some of the people in the community are baptized Christians who have realized that by reclaiming their Zulu religious heritage they are not contradicting their Christian faith and Western education.

Schapera (1946) writes about cultural changes in the tribal life as a result of Western civilization over South African people, which has affected African life in many ways. He also points out that Christianity has in many cases provided an acceptable substitute for the old tribal religion, but the African religion persists strongly. Idowu (1967) tells us that “African Traditional Religion is a living religion (...) It is a contemporary, living reality”, and Mbiti (1969) opened his classic work on African Religions and Philosophy with these words: “Africans are notoriously religious”, and then went on to say that the changes that occur at conversion “are generally on the surface (...) Traditional concepts still form the essential background of many African people”. “The deep core worldview beliefs of a people are very persistent” (Gehman, 1989:9) so it is not surprising that many professing Christians rely on Zulu Traditional Religion at times. They are “living in two worlds”.

I believe that Gehman in his book *African Traditional Religion in Biblical Perspective*, (1989:6-7) explains the situation well:

First, if we look on the religious scene we find that thousands of new religious movements have arisen with tens of millions of adherents. In a large measure these new religious movements are the result of ‘things falling apart’ as people react to the void created by the loss of traditional religion and culture, and the inadequacy of modernity and the many forms of Christianity to fill that void. These African (initiated) Independent

Churches combine traditional religion with elements of Christianity in order to make sense out of this world and provide a place for them to feel at home.

Secondly, though a kind of secularism is undoubtedly taking place throughout urban centres of Africa, this is not the Western-type of pure secularism, which leaves no place for God or the supernatural. Most urbanites in Africa maintain personal contact with their rural homes. Wives and children live in the rural home while the men work in the cities. Thus, there is continuity with rural values and worldview. Traditional religious values are strongly held. "One cannot say that Africa has either a modern or a traditional worldview - both are present in much of the make-up of Africa".

Thirdly, a careful look on the African landscape reveals that the deep seated traditional worldview is held simultaneously by those who embrace either Christian or Western thought. As Magesa points out, "The moral perspectives of African Religion are essentially alive throughout the continent". The statistics of Africans converting to Christianity as reported by David Barrett do not mean that African traditional Religion is losing adherents. Many a Christian convert "operates with two thought-systems at once, and both of them are closed to each other. Each is only superficially modified by the other."

I have come to the conclusion that people living in my deep rural community, use both their Zulu traditional ways of being and believing, and their Christian ways of being and believing, and find no conflict in that process: "the traditional worldview of Africanism (...) is religious at heart" (Gehman, 1989:9). Mbiti (1969) points out that a study of these religious systems is ultimately a study of people themselves in all the complexities of both traditional and modern life.

But the issue of religious belief and practice is not the only element of difference.

I soon found that there were "two worlds" of knowledge production and transmission operating as well: the world of the oral tradition of knowledge – the Zulu tradition of indigenous knowledge, and the literate tradition of

knowledge – mostly of education. I quickly saw that the Zulu tradition of indigenous knowledge deals with the rites and rituals pertaining to the raising of offspring, according to the ‘anthropological milestones’ of life from birth to death. I believe that these rites and rituals could help in equipping the youth, especial in their teenage years, with skills to make informed decisions to avoid risky sexual behaviours. The literate tradition engages with modern scientific investigations and experimentation to roll out the medication to prolong the lifespan of people, while the cure for HIV and AIDS is not yet identified, and to provide education in schools and universities. It is in this literate education system that I see a place for traditional sexuality education – Zulu and otherwise. In my thesis I address the Zulu forms of this kind of sexuality education, but this does not exclude orally traditioned knowledge about sexuality and sexual behaviour from other cultures.

I believe that the physical performance of the Zulu traditional rites and rituals could make a difference for Zulu youth, particularly those living in deep rural areas such as the one where I live and work. I see that orally traditioned indigenous knowledge systems use “corporeal-manual” (Jousse, 1997:244) modes of expressions in the form of rites, rituals, and dance, and “laryngo buccal” (Jousse, 1997:244) modes of expressions in the form of songs, music, chants, slogans or speech might make a contribution. I believe that the natural love of song and dance among young people would encourage their participation in rites and rituals. I also believe that by including traditional Zulu sexuality education, as an option in the curriculum, will engage learners living in deep rural communities such as mine.

I can see how both of these worlds could work side by side to supplement each other, until the real solution to the scourge has been identified and discovered.

I will suggest that the optimal use of indigenous knowledge systems could be adopted and adapted in order to fight the modern pandemic HIV and AIDS, and early pregnancy. By this I do not mean to exclude the literate tradition, but I am suggesting how the oral tradition and the literate tradition of knowledge could 'hold hands' in respect of sexuality education in schools.

Living in "two worlds" has no meaning from books or dictionary, other than the 'operational meaning'. To live in "two worlds" in the sense of this study means, amongst other things, to use both worlds' lenses side by side. That is to say a person who is a Christian, but at the same time still observes ancestral celebration in preparing for the future. These are two different worlds but worlds that complement each other, when used systematically and properly administered.

In my study, I have learned, and I record, the importance of bringing together traditional customs and modernization, and the importance of human relationships, so that the notions of *ubuntu* and *ukuhlonipha* matter to us today as they have for generations.

Eventually I came to the conclusion that people automatically resort to what Moletsane calls "reflective nostalgia" –

a critical space for reflection, dialogue, and debate about the past and present and to imagine better, inclusive and productive scenarios in communities and social institutions (Moletsane, 2011:26).

I believe that we all live in two worlds. So it cannot be surprising that the Zulu customs have changed. Some changes are not in contradiction with the essence of the belief and practice. Others are.

Thus I titled this study as "living in two worlds" i.e. Africanism and also of Christianity side by side. However that could not suffice as the title, because of the significance of dealing with HIV and AIDS and early pregnancy. I then

looked at an inclusive title “Living in two worlds: Optimising our indigenous knowledge systems to address the modern pandemic, HIV and AIDS”.

What do I see happening in the world and Africa in respective of HIV and AIDS?

As early as 1990, I heard about people who have HIV and AIDS from the radio, newspapers and TV, and as such the pandemic was distant from me. But when Earvin “Magic” Johnson, basketball superstar, announced in November, 1991, that he had contracted the HI virus, a new page opened for me. Johnson made me think more about HIV and AIDS because he was the first person in my experience to come out publicly and announce his HIV-positive status. I also read about Bruce Radebe who was diagnosed with HIV in 1995, and he then disclosed this status in 1998.

During the mid 1990s I continued to hear about HIV from the media. At that time I thought that it was something which applied to only certain places like New York and California, and that it was foreign to us as South Africans. But when Nkosi Johnson of South Africa appeared on television announcing that he was HIV positive, that opened another new page, and that also brought me a lot of questions, and some conclusions.

During the late 1990s, I read in different newspapers and listened to media talking about the problems of getting the right medication for the pandemic. I also learnt that research and investigations were being conducted in vain, since to date there is no cure for this disease. I read about the South African Government that started campaigns to fight the pandemic, because the rate of infection was escalating day after day. The Government and the media also started campaigns like *Thetha-Junction*, *Love-Life*, and *Soul City*. The South African Government also supplied free condoms as protection against this mostly sexually transmitted condition, and finally rolled out anti-retroviral medications after years of dissent and debate about the nature of the

condition, and the kinds of medication which should be used. All these measures seem to be pointless because the rate of infection keeps on escalating.

As the time went on it became clear to me, that HIV and AIDS was not just a case of media hype. HIV and AIDS were REAL. I could see that it was happening everywhere where there were people, all over the world. In the absence of a safe and effective vaccine, HIV has reached pandemic proportions. In such a situation, there is no room for complacency or rest. Every effort must be made to overcome this dread disease.

In the early 2000s, the pandemic became a reality in my personal life as I have related in my Prologue, and recently I have discovered that some of the children I teach have lost their parents at very early ages as a result of the “three letters” (Steinberg, 2008), referring to AIDs related illnesses. In my current position as a principal in a deep rural school, I am observing a high number of early pregnancies and a high rate of mortalities among very young mothers and their newborns happening in my school and community. In most cases, where children are being orphaned, it is because of HIV and AIDS related diseases.

During these painful times, I find myself reflecting on a quotation by an unknown author: “Sometimes we must be hurt in order to grow, sometimes we must fail in order to know, and we must lose in order to gain...” I am prompted to ask a lot of questions, for instance “Can these children grow after losing their parents? What can these children gain after losing their parents?” I realized that there had to be something I, as an educator, could do about this distressing and concerning situation. I thought it was the time to think more deeply about the fact that our lives as educators are not a reflection of what happens to us, but are the results of what we make happen in our learners’ lives. Hence that intensified my strong interest to read more

about this pandemic in order to make an impact in terms of the awareness and suggest ways that can be applied to address the situation.

When I started reading, I discovered that HIV and AIDS was first diagnosed in 1981. Thirty-one years later, even though we are better informed about the disease, we still have no cure, and no medical means to prevent the spread of infection. At best, we can prevent mother to child transmission and manage the condition medically in certain circumstances. **I realize that the only way to stop the pandemic is to prevent infection in the first place. The only sure way to prevent infection is to change the sexual behaviours of people.** I realize that until we can do that, people will continued to be infected and die in huge numbers, children will be orphaned in even bigger numbers and we will have generations of children being raised by strangers. As a person from a strong traditional Zulu background, this thought - the thought that millions of South African children would be raised by strangers – horrifies me.

What is the current HIV and AIDS situation?

Over the past 30 years, the HIV and AIDS pandemic has wrought widespread group and individual human trauma and tragedy throughout the world. UNAIDS (2000) and Whiteside and Sunter (2000) report that in most of the industrialized, high income countries the epidemic is largely under control. In the United States of America, for example, AIDS deaths decreased by 42% between 1996 and 1997 (Whiteside and Sunter, 2000:39). In Western Europe, deaths fell by 20% in 1999 (Whiteside and Sunter, 2000:39). But I have also read that according to the global summary jointly by UNAIDS and the world health organization in 2004 ,the total number living with HIV in 2004 was 39.4 million of which 2.2 million were children under 15 years of age. The highest rate of infection amongst men occurs in South Africa between the ages of 30-39 at 23,3% (South Africa National HIV survey, 2005). Other shocking statistics were provided by Nu'r Samuels

(2005) who reported Stephen Kramer, manager for AIDS Research Unit of Metropolitan, an African-based financial services group of companies,

if the situation is allowed to continue without any intervention, just fewer than 23% of South African workforce will have been infected by the middle of the decade. While 1 million children will have been orphaned by AIDS, many adults will not live to see their 40th birthdays.

Nu'r Samuels (2005) added that the most afflicted are between the ages 20 and 39, and said that this situation calls for all out mobilization of civil society, the private and the public sectors. 20-39 year old people are the heart of the South African economy, so HIV and AIDS can no longer be considered purely a health-related problem. South Africa's economy, as well, is particularly vulnerable and interdependent due to the sophisticated industrial infrastructure balanced against the sprawling and widespread informal and rural sector. Any AIDS intervention program therefore must address more than the immediate health issues and transform the related socio-cultural context, values and expectations. The loss of skilled and professional staff could hamper business and government operations and possibly slow economic growth. The deaths of productive people will lower the productivity of the firms, and increase costs such as employee benefits, medical expenses, and training costs for the new replacement employees.

Power relations between men and women also play a part in the transmission of the HI virus. In many societies and instances, men have more power and status than women. When women are dependent on men for their most basic needs and resources, they are prone to exploitations. Women are often forced to sell sex to earn precious money for food and basic needs, and to help raise their children and support their families. Kelly, Parker and Lewis (2001:12) argue that in relation to the exchange of sex for money, the woman has no say over the man. In such instances, women are often exploited by men because they have very little control over their sexual lives, and the way to prevent Sexually Transmitted Infections.

At the micro and macro level, the HIV and AIDS epidemic will have profound negative economic effects, both in the short and long term. We cannot exclude the possibility that the large international investors in South Africa will divert their investments to countries where HIV and AIDS infections are low.

Yet, while the HIV and AIDS infection and death rates fall in the rest of the world, the rate of infection is still climbing in Africa, and it is estimated that 28 million Africans are currently infected (Nolen, 2008).

I found this very alarming. The fact that the infection rate in South Africa is the highest in the world, gives any concerned person, sleepless nights. All the prevention campaigns, it seems, have not managed to slow down the rate of new infections.

I asked myself “What is happening in Africa which is causing the HIV and AIDS pandemic to escalate?” I found the following. Even though university students have a high level of knowledge and awareness of AIDS, there is no corresponding sexual behavioural change (Friedland, Jankelowitz, De Beer, and De Klerk, 1991). Swart-Kruger and Richter (1997) found no evidence to suggest sexual behavioural change among of street children in South Africa. Instead, they found that a significant proportion of the youth engaged in risky sexual practices in exchange for money, goods, and clothes, because the risk of HIV infection was seen as a distant threat. Gage (1998) reports that the complacency among teenagers about their vulnerability to the risk of HIV infection is based on the belief that AIDS is a conspiracy to reduce the African population, so they believe that their sexual behaviour makes no difference. The sexual behaviour of youth in Zambia regardless of their race, sex or educational background did not believe HIV and AIDS to be a personal threat to their own lives, so they have not altered their sexual

behaviour (Dallimore, 2000). UNAIDS (2000) points out that for girls in particular, the infection rate is always higher than boys' infection rate. In South Africa, in 1996, 73% of all reported HIV cases were females (Department of Social Development, 2000). According to UNAIDS (2000), there are an estimation of 12 women living with HIV for every 10 men in Africa. Sexually Transmitted Infections (STI's), including HIV and AIDS and pregnancy are the most integral components of reproductive health (Kaufman, De Wet, and Stadler, 2001:158). Towards mid 2003, I discovered that a survey conducted in 2002 estimated that the prevalence of H.I.V infection was 11,4% of the total population in South Africa (Hartshorne, 2003:664). Despite the fact that the government of the day has committed itself to improvement of children's quality of life, there are still many risky behaviours that are still practiced by our youth, such behaviours lead to psychological problems that will haunt them for the rest of their lives (UNAIDS, 2004:180). The UNAIDS' report of 2004:13 records that countries like Uganda, Asia, Thailand and Cambodia have managed to curb the rapid growth of infection by engaging in intensive prevention efforts.

In the midst of this, the wisdom and the efficacy of the use of ante-retroviral drugs has been, and still is being, hotly debated. While the debate rages, people continue to be infected, and die.

All of this has provoked in me a worrying mind and concern as a parent and a father with children of the same age group. At *Shoba/ Mdlazi* area where I live and work, I have observed young girls dating from very young ages – between 14-17 years, and an increasing number of teenagers' pregnancies in schools and outside schools between 13-19 years, resulting in an increasing number of young girls dropping out of school. Varga and Makhubalo (1996), Leclerc-Madlala (1997), Karim (2000) all point out that many young girls agree to have sex in exchange for very small favours such

as taxi fares, clothes, cell phones and food, and this behaviour makes them vulnerable to other problems like HIV and AIDS and pregnancy.

What do I see happening in the school?

Within the school, I observe educators experiencing high levels of stress as they try to find the right approach to manage HIV and AIDS at school level. The education department has not suggested any approach and this has led to confusion between educators and principals. Understandably, educators are depressed and despairing because of the conditions under which they are working.

I believe that they need something to improve their morale, in particular among those who are experiencing the effect of HIV and AIDS in their classrooms and communities. Educators observe many learners grieving the loss of parents and loved ones and in many cases educators themselves are sick and/or mourning the loss of friends, colleagues and family due to the pandemic.

Infected learners are often ignored when they are lying helpless for two to six weeks in hospital. When learners feel better they come back to school only to find others are ahead in the curriculum. The educators are then faced with the dilemma about where to focus their attention. Do they play an active role in the cognitive development of the healthy learners, or do they assist the learners who are behind the rest of the class?

In addition, educators have limited resources available with which to teach their learners, as a result their daily teaching environment becomes very challenging. There is also the challenge of educators having to deal with groundless suspicions of prolonged coughing, absenteeism and poverty related diseases. When the problems mount up to a level where the situation becomes unmanageable, should the educators take stress leave or should

they pretend nothing has happened? It is my experience that the AIDS policies in school which are democratically formulated do not solve day-to-day problems.

This unbecoming situation is a major crisis for educators, learners and communities, resulting in increasing educator absenteeism and low morale, and contributing to the educator shortage. This situation adds up to a stressful, non-productive environment for teaching and learning.

What are the aims of my study?

In my study, I have made a record of the kind that I think Moletsane is talking about when she asks

What would it mean to study rural contexts (and schools) from the perspectives of those who live, learn and work in them? From this perspective, how might our research look differently at the issues and the spaces and people (learners and teachers and others) we do research on? As we wrote elsewhere, the participation of those directly affected (e.g. teachers, learners, etc.) in mapping out issues of importance to them, is critical and their positioning “as protagonists in taking action in their everyday lives cannot be underestimated (Moletsane, 2011:17, citing Moletsane, Mitchell, De Lange, Stuart, Buthelezi & Taylor, 2009:5).

With this work, I am aiming at exploring youth’s perception on early pregnancy and /or unplanned pregnancy. I am also aiming at explaining HIV and AIDS in ways that are accessible to an ordinary reading public. I aim to make suggestions for inclusion in the grade 10-12 Life Orientation curriculum which will focus on HIV and AIDS, dispelling myths about the disease and providing correct information of how HIV is transmitted and can be prevented. I aim to present the view that the inclusion, in the Life Orientation grades 10-12 curriculum, of traditional Zulu rites and rituals relating to child-raising with special focus on the rites and rituals associated with puberty, adolescence and marriage preparation in the appropriate languages could raise awareness about responsible and healthy sexuality and sexual behaviour. The inclusion of traditional Zulu rites and rituals will, I believe, encourage an

understanding of ubuntu and ukuhlonipha as ways of being human, and building the inner child within the minds of youth. I believe that this will urgently and purposefully help to address unhealthy sexual behaviour, which will decrease the rate of teenage pregnancies and HIV infection.

It is my aim that these measures will prevent HIV infection, and so prevent AIDS.

What is my intention in doing this study?

In my study, I intend to make myself and my readers understand what HIV and AIDS are and how they operate. I intend to share what I have discovered about some of the perceptions and beliefs about sexuality, sexual intercourse, sexual relationships, the use of condoms and other contraceptives, pregnancy, and HIV held by some young women. I intend to show how unequal the gender power relations can be in sexual relationships. I intend to share the confusions and contradictions I have discovered about the conducting of traditional Zulu rites and rituals in some families. I intend to explain what I have come to understand about traditional Zulu rites and rituals, and the role that they can play in the raising of children, and how they can be used as a form of sexuality education. I intend to show how the traditional Zulu rites and rituals can be used to promote self-esteem, self image, and love and respect for oneself as resistance to peer and other pressures. I intend to show how traditional Zulu rites and rituals can be used to build the inner child within the minds of youth. I intend to suggest what can be included in the Life Orientation grades 10-12 curriculum to address the concerns about school pregnancies and HIV infection in schools. At the end of the study I will compile some pages of the rituals written in IsiZulu only, so that my participants, who are only Zulu speakers and readers, *will benefit from their work.*

It is my intention that these measures will prevent HIV infection, and so prevent AIDS.

What were the questions I was asking myself at the beginning of this study?

1. What do (young) people in (my) deep rural areas understand about sexuality, sexuality education, sexual relationships, and responsible sexual behaviour?
2. What do (young) people in (my) deep rural areas understand about HIV and AIDS?
3. Is information on sexuality, sexuality education, sexual relationships, and responsible sexual behaviour available in (my) deep rural areas?
4. What do (young) people in (my) deep rural areas understand about the ritual observance of *umbelethiso*, *imbeleko*, *umhlonyane*, *ukhulisa*, *umemulo*, and the custom of *ukuhlolwa kwezintombi*?
5. In what ways can the ritual observance of *umbelethiso*, *imbeleko*, *umhlonyane*, *ukhulisa*, *umemulo*, and the custom of *ukuhlolwa kwezintombi* contribute to Zulu traditional understanding of sexuality, sexuality education, sexual relationships, and responsible sexual behaviour?
6. In what ways can the ritual observance of *umbelethiso*, *imbeleko*, *umhlonyane*, *ukhulisa*, *umemulo*, and the custom of *ukuhlolwa kwezintombi* observance affect the behaviour and also address the HIV and AIDS pandemic?
7. In what ways can the ritual observance of *umbelethiso*, *imbeleko*, *umhlonyane*, *ukhulisa*, *umemulo*, and the custom of *ukuhlolwa kwezintombi* encourage open communication about sexuality and responsible sexual behaviour between parents and children, and educators and learners?
8. In what ways can the ritual observance of *umbelethiso*, *imbeleko*, *umhlonyane*, *ukhulisa*, *umemulo*, and the custom of *ukuhlolwa kwezintombi* be incorporated in the Grades 10-12 Life Orientation curriculum?

What did I deliberately not do in my study?

I chose not to

1. engage in any community or school other than the one that I know;
2. generalization my findings for all the families in my community;
3. do an indepth study of the AIDS strategies that have already been done;
4. talk to the learners in my school and community about school pregnancies and HIV and AIDS;
5. explore the traditional Zulu sexuality education of boys, only because this would have entailed more than I could include in one thesis.

What Methodologies and Methods have I used in my study?

In my study, I have used “place-based, context specific, participatory research methodologies and pedagogies” (Moletsane, 2011:24) to respond to the question “*What would it mean to adopt a place-sensitive orientation to teaching in rural areas?*” (Moletsane’s (2011:20). So my work is a “multi- and inter-disciplinary dialogue” (ibid) among religion, culture, school pregnancy, HIV and AIDS, rural education, indigenous knowledge systems, which all complement each other.

In my study I am advocating the use of indigenous knowledge systems to address school pregnancies and HIV infection, but in doing so I am reminded by Moletsane (2011:19) that

too often indigenous knowledge tends to be framed in an uncritical or non-reflexive way, often as a panacea for the many complex challenges in the educations system. This often ends up as ‘colonizing’ and marginalising in and of itself.

It is not my intention to apply indigenous knowledge “in an uncritical way” (ibid), but to provide an insight into the rationale within the indigenous system, and suggest that this approach would be recognised by parents and learners, and be usable and effective in a deep rural environment. It is my intention to involve “the very people who are the indigenous knowledge holders in communities and schools” (Moletsane, 2011:19). I am asking

- i. How might the voices of rural teachers, learners and parents become more central to meaning-making in identifying and addressing critical issues surrounding education and rurality?
- ii. What difference might the participation of rural people as indigenous knowledge holders make to deepening an understanding of challenges to education and possibilities for intervention and how can these meanings be translated into more nuanced understandings of critical social and educational issues in community based programs and policy?
- iii. Lastly, for us, how can these understandings inform teaching and learning programs in schools and teacher education institutions?

I am looking at “the ‘how’ and ‘where’ of knowledge production (community based, insider and so on), and the significance of the local and particularly in relation to rural and cultural contexts” (Moletsane, 2011:19).

Methodology as a principled approach to research

Discoveries consist of bringing together those things
which have not been previously juxtaposed.
Pierre LaPlace

In my study I have brought together and used a variety of different methodologies and methods as a way of revealing some understanding about a problem which has troubled me for some time. The issue of variety is important in my study. Kincheloe (2001) uses the term “bricolage”, to refer to the use of ‘variety’ in research.

The variety of research approaches which I have used have included exploratory and developmental research (Arkava & Lane, 1983; Babbie, 2004; Thomas, 1985; Maguire, 1987), informed by narrative inquiry - a look at a story of self, (Lawrence, 2007; Clandinin & Connelly, 2000; Clandinin & Huber, 2002; Bell, 1997a, 1997b, 2002; action research (McNiff, 2006; Whitehead, 2004); self-study - a look at self in action, usually within educational or social contexts, (Bullough, 1989; Bullough & Pinnegar, 2001; Hamilton & Pinnegar, 1998; Laboskey, 2004; Pithouse, Mitchell & Weber, 2009; Hamilton, 2004; and Smith, undated; and auto-ethnography - a look at self within a larger context (Richardson, 2000; Taylor & Settelmeier, 2003).

Arkava and Lane (1983:190) state that “an exploratory study is undertaken when a poorly defined problem confronts the practitioner”. I have observed that the problem of HIV and AIDS in my deep rural area is still posing a great concern because the people in my rural area appear to be little informed about the pandemic, starting with the meaning of the word AIDS, and are resistant to talking about it. When reading about exploratory and developmental research, I was inspired by the idea that I could use the principles of exploratory, participatory research and developmental methodologies which advocate for research and development by engaging with multiple sources. My research has consisted of a number of phases and activities. In my study I have

- recorded and reflected on my experience of education in an autobiographical account;
- observed and recorded an account of the context in which I have conducted this study in respect of its geography, its climate, its socio-economic demographics, governance, roads and transport, health and education facilities, its language and culture;
- recorded and reflected on my personal and professional experience of school pregnancies, and what I have learned from the literature on this topic;
- recorded in fictive form what I have learned about attitudes towards sexuality and sexual behaviours among young people;
- recorded my understanding of HIV and AIDS drawn from personal experience and from literature;
- explored the understandings of traditional sexuality education among community members through conversations and attendance at such rituals, and recorded these understandings in conversational dialogues. In doing so, I have tried to engage the participants as “researchers rather than the clients (who) (...) own the research questions and process (so that) the inquiry should itself be educational and empowering for participants (Maguire 1987);
- recorded my experience and understanding of the role of traditional Zulu

rites and rituals, and recorded my experience of group interactions in an autobiographical account, and in the form of a group dialogic interaction;

- made suggestions about how the Grades 10-12 Life Orientation curriculum can be amended to include instruction which will specifically provide for traditional Zulu sexuality education for Zulu children in rural communities, so that this sexuality education will provide for them contextually in their own language and in a form which will be acceptable to their parents, thus bridging the 'two worlds' - the traditional and the modern - in which their children will increasingly live for the rest of their lives;
- concluded with distinctive "products" (Thomas, 1985:489), in the form of what I believe needs to be done practically to address the concerns created by distance of various kinds in deep rural communities. According to Thomas (1985:489), these operational steps form the "how to do it" aspects of development research, while the material conditions are the "consequences of carrying out the operational steps" (ibid).

In effect, I have demonstrated the connections – in my deep rural context - between school pregnancy, HIV infection, the ignorance and distorted understanding surrounding sexually transmitted infections, the confusion in the understanding of traditional Zulu rites and rituals, and the Grades 10-12 Life Orientation curriculum. In so doing, I have raised awareness about the traditional Zulu rites and rituals about sexuality and sexual behaviours. According to Babbie (2004:88) "exploratory studies are quite valuable in social scientific research in that they are essential whenever research is breaking new ground, and they almost always yield new insight into a topic for research". The developmental research approach focuses on the process by which innovations in the human behaviour may be developed. According to Thomas, (1985:578), the "products" of exploratory research are "the technical means of achieving social work and social welfare objectives". I am hoping that my conversations in the community will encourage more open talk and appropriate action where I live and work about HIV an AIDS, the role

of parents in their children's upbringing, the Zulu traditions of culture, beliefs and practices about the raising of children, and the role of the school in sexuality education, as the "products" of my exploratory and developmental research. I hope that this community talk and action will develop into "outcomes (which) include action on attitudes and structures that inhibit self-worth, social justice or liberation" (Maguire, 1987).

I have used different methodologies and methods in each of the aspects of my study, and record the details of the approach and the practice in the relevant chapters.

Methods of gathering and recording evidence

How have I collected the data and selected the evidence which has informed this study?

The ways in which I have collected the data I record in this thesis have also been varied, and in themselves constitute a "bricolage" of sorts (Kincheloe, 2001).

I have read widely in a number of different areas, viz. research methodologies, HIV and AIDS, orphanhood and child-headed households, school pregnancies, sexuality education, and Zulu traditions. I have deliberately engaged in interactions with selected research participants to find out what the current practices are in terms of traditional Zulu child-raising rites and rituals. I have attended numerous seminars, conference and workshops and have participated in two research reportbacks where the topics which I have explored in my study have raised debate and discussion. I have drawn on my personal lived experiences of each of these aspects of my study, and reflected critically on all that I have read, seen and heard.

How has reading informed my study?

Prior to my study, I had personal experience of HIV and AIDS which left me confused and heartbroken. I found that I learned a great deal from reading about the experiences of HIV and AIDS of a number of scientists in this field, and that this reading had a therapeutic effect on me. In keeping with the notion that a study such as mine should have “products” (Thomas, 1989:578) and should be “action on attitudes and structures that inhibit self-worth, social justice or liberation” (Maguire, 1987), I have recorded my understanding of HIV and AIDS in a way that I hope that readers of my thesis, including the members of the school, and community where I work and live, will understand and find useful.

Similarly, after decades as a principal of more than one school with high pregnancy rates among teenage school girls, I found reading about the incidence of this happening in other places informative and helpful. This does not mean that I found any solutions to the problem, but it helped me to know that there are many other people, other than myself, who are concerned about school pregnancies, and the serious impact on young women and their families, and are looking for solutions.

Again similarly, I found it interesting and informative to read about other people’s experiences of orphanhood and child-headed households as a result of HIV and AIDS.

I have read in the area of exploratory and developmental research (Arkava & Lane, 1983; Babbie, 2004; Thomas, 1985; Maguire, 1987), and what I have read has directed my thinking about what I have been observing in the course of my study about the deep rural context and community within which I work.

I have also read about religion and education, and research approaches and methods, and refer to these throughout the thesis, where relevant.

How have I collected data from the field?

The processes of my research have been widely consultative. I have worked with different resources deliberately so that my experience is not a narrow view. In addition to academic books and journals, I have read popular magazines, journals, newspapers, billboards, and circulars. I have collected reports from the radio and television. I have engaged in numerous conversations in IsiZulu, since this is the language of the research area. I then also provided an English version, not translation, of each of these conversations, the playlet and the curriculum content. I collected rumour and gossip (Botha, 1998). I made notes of all interactions immediately after each event in writing from memory. I used the notes that I made on each occasion to inform the dialogues and the playlet which I have written for my thesis. I have recorded my own experiences as a community member and an educator for a period of more than thirty years in different high schools.

I used all of the above-mentioned sources, because I wanted to be sure that I was informed in terms of “place-based, context specific, participatory research methodologies and pedagogies” (Moletsane, 2011:24). This implied that I wanted to understand what the people in the rural context in which I was conducting my research understood about the issues at hand. I was aware that I wanted to “study [my] rural context (and schools) from the perspectives of those who live, learn and work in them” (Moletsane, 2011:17), viz. the members of the community in which I live and work, and myself, what Jousse (2000) and Stoller (1995) call the insider research perspective.

How have I recorded my study?

I have given an autobiographical account of my education, the quality of which left much to be desired, as a benchmark of what education should not be (Moletsane, 2011:3/4). I have also autobiographically drawn on my own introspection from childhood up to my young manhood about my experience of traditional Zulu rites and rituals surrounding child rearing and sexuality education. I have engaged with a number of members from the rural community where I live and work to find out what they believe and how they enact certain rites and rituals in the Zulu tradition associated with adolescence and marriage-ability with particular focus on girls and young women. I found that there were a number of contradictions being believed and enacted. I have recorded an historical perspective grounded in my personal lived experience and informed by certain recorded insights. I have reflected critically on commonalities and differences in the beliefs and practices I was told about and witnessed.

I have used fictive representation in the forms of conversation, dialogues, group interactions and a playlet. I have used the action research framework of Whitehead and McNiff (2008) to ask questions about my concerns and then record the responses to those questions as evidence for my concerns, the action I have taken, and then I have critically reflected (Schon, 1983) on what I discovered and recorded.

Responses from research participants

On a positive note, almost every research participant has thanked me for the interactions which we have shared. Some participants even mentioned that they have learned things they had not been aware of before. I believe new ground was broken.

I have been sad to discover that people are not always 'trustworthy' when participating in the research process. I have found that they give answers

that are not their own experiences, instead, they say what they have heard others say, or they give answers that they think will earn the researcher good marks. I was also disturbed to find that some people expected payments for the release of any information, and even suggested bribery, which makes difficult to guarantee the reliability of the information.

I also found myself being labelled as a political spy, or a journalist so I had to be careful about where I went and who I spoke to.

Conferences, workshops and research reportbacks

I have attended a number of conferences, workshops and research reportbacks at which I presented papers on my study during the period of research. These included

1. Approximately 150 workshops on the oral tradition from 1998-2008, and as a school principal I am exposed to a number of workshops on education every year.
2. Faculty of Art Research Conference at Durban Institute of Technology on 24 November, 2003.
3. The Soul in Education Conference held in Pietermaritzburg on 4 July, 2004;
4. The South African Folklore Society conference held in Durban on 20 September, 2004;
5. A research reportback on community fieldwork which featured the community participants, "*Azidl'ekhaya*" - "Bringing Our Knowledge Back Home" at the Fred Crookes Hall on 22 February, 2005.
6. The Education Association of South Africa Conference held in Potchefstroom on 14 January, 2005.
7. South African Association of Academic Development Conference held at the Durban University of Technology on 30 November, 2005.
8. A research reportback on community fieldwork which featured the community participants, "*Ibuya Wethu*" - "Bringing back Our Past", at the

Durban Cultural and Documentation Centre, on 1 December, 2005.

What challenges did I experience in this study?

The hlonipha practice

Ironically, one of my biggest challenges was the Zulu culture itself. The people from my rural area adhere strongly to the 'hlonipha' practice of respectful politeness, which means that things pertaining to sex are not openly told to anyone. Everything pertaining to sexuality, and sexual behaviours is personal: he/she cannot divulge to anyone other than his/her wife/husband anything about sexuality and sexual behaviours out of respectful politeness for the husband or wife. For instance, when I asked anything about condoms, no-one was willing to answer that question.

However, the central aim of my research has been to prevent the scourge of HIV and AIDS, which meant that I had to find a way to project knowledge about HIV and AIDS, and its origins in sexual activity. I believed that I had to increase awareness, and even be bold in dealing with this '*hlonipha*' as a means to prevent this dangerous disease.

I did not think that I would have to start as far back as I did. I found that I had to encourage what Moletsane (2011:26) calls "reflective nostalgia" which meant adjusting the existing mindset of '*hlonipha*' to include a healthy dialogue about strengthening sexual relationships based on trust, respect and honesty, and sexuality which was helpful and healthy, rather than on '*hlonipha*' based on anxiety, fear, and even shame, which was unhelpful and unhealthy.

I did this in a series of conversations which I do not report in my thesis because of their sensitivity. I did not even ask the participants for consent to include these conversations in my study as I knew that this would cause my

participants to refuse to talk to me at all about these matters. And I knew that I had to talk to them even if it was not part of my thesis.

HIV and AIDS

I was challenged by the low levels of information regarding HIV and AIDS in my community. Initially, this limited the depth of our conversations about HIV and AIDS. I believe that this is the result of the fact that the language used until now in most campaigns addressing the issue of HIV and AIDS has not been Zulu. It became clear to me that most people in remote rural areas find it difficult to understand the impact of the scourge as most pamphlets are in English. I was challenged when I discovered that knowledge in the community of the HIV and AIDS was only “three letters”, a code for “what always kills people”. How these “three letters” were acquired, or how the “three letters” can be prevented, there was no idea. I discovered that most of the time, all that was important was “who is next?”, meaning that as they bury one victim, they ask who they will bury next. I was deeply saddened by this acceptance of this situation over which they believed they had no control.

Looking at the confusion my participants had, I had to start from the beginning to let the participants know exactly what it is to be HIV positive and when does one reach the stage of AIDS. Above all who is liable to be infected and affected? I encouraged people to ask me questions about HIV and AIDS. It was not easy, as people had strong opinions which were at odds with the reality about the scourge and the preventative measures that need to be taken. Once again, I used the strategy of conversation which is not reported here, for the same reasons as the previous section.

Sex education

From the readings and consultations, I have discovered challenges and problems facing parents when their children reach puberty. Parents in my community do not want their teenagers to be sexually active. So they think of

ways to protect children, without making unrealistic and impractical demands, yet still maintain some authority over them. Most adults in the community have long favored providing sex education in schools, but they are on the other hand, doubtful about whether sex education in schools can curtail sexual activity or pregnancy among teenagers. In short, parents wished that teens should not have sex at all, before marriage, or at least not before a certain age, such as 21 and some preferred 25 years. I have not reported on this aspect of my work either.

Literacy

I was also challenged by low levels of literacy which made it very difficult to introduce consent forms, because that would arouse suspicions that my whole endeavour was about revealing their schooling status, about which they are embarrassed. I find this very sad as the schooling levels of people in communities such as mine, are mainly because of the unjust educational policies of the apartheid government.

Zulu traditions

The people in my community are passionate about honouring the Zulu traditions, but I soon discovered that they are not as informed as they could be. This was a challenging situation, as I did not want to discourage them. The next challenge was how to successfully apply these rituals to some families whose cultures have now been eroded by Modernity and Christianity, because some families have partially forgotten about these rituals and celebrations. I report in part on some of these interactions in my thesis.

Comment

I found it important to remain sensitive to these constraints, and incorporated approaches that would help people to address the sensitive issues of '*hlonipha*', sexuality education, and HIV and AIDS, rather than using these insights directly in my research.

How do I use language in my thesis?

I record the conversations, the playlet, and the account of traditional rituals in Zulu for a Zulu readership, to achieve a measure of authenticity. I wrote the Zulu versions first as Zulu is my mother tongue, and then I wrote the English versions - not translations - for an English readership.

I have deliberately used the form of Zulu used and spoken in my area to record the conversations as authentically as possible, and so that my research participants can read my thesis with understanding and can relate to what I have written.

The structure of the Thesis

Prologue which introduces my personal relationship to the topic.

Chapter One contains an account of what to expect in this thesis, viz. the titling of the study, background of the study, aspects of the study, aims and intentions of the study, methodologies and methods, and the delimitations of the study.

Chapter Two gives an account of my beliefs and values, and an autobiographical account of my education.

Chapter Three gives an account of the context of my study.

Chapter Four gives an account of my experience and understanding of school pregnancies, and the sexual values and behaviours of young women in the form of a playlet.

Chapter Five gives an account of my experience and understanding of HIV and AIDS, orphanhood and childheaded households.

Chapter Six records five conversations in isiZulu with English versions held with community members about the celebration of certain Zulu rituals.

Chapter Seven records my understanding of significant Zulu rites rituals, customs and mores which inform sexuality and responsible sexual behaviour.

Chapter Eight records my suggestions for inclusion in the grade 10-12 Life Orientation curriculum.

Chapter Nine is the conclusion with suggestions for the way forward in this study.

Conclusion

In this study I found myself living in a situation which

demands an engagement with the suffering of the people of the lived world, with the moral dilemmas that face us in the complexity of everyday life ... [but] aims to disrupt, challenge and to promote moral action (Steinberg and Kincheloe, 2010:149).

Thus in this study, I am shedding some light on guiding principles and compelling issues for effective sexuality and HIV education, and making a suggestion about an intervention which may help to reduce the rate of HIV infection among school learners and young adults.

Chapter Two

Who is Theobald Zwelibanzi Nyawose, and where did he come from?

I am a Zulu man, born and bred according to the dictates of the Zulu culture. I strongly believe in most of the traditional Zulu dictums. I believe in, and love, Zulu indigenous beliefs and practices, such as communalism expressed in the dominating Zulu dictum '*Umuntu ngumuntu ngabantu*' - a person is a person because of other people. This traditional Zulu dictum informs the Zulu belief and practice of ubuntu which has (in)formed my life. Ubuntu is a philosophy which upholds the importance of other people apart from the individual. I recommend it as it taught me to uphold the egalitarianism which influenced me to unity or formed the strong foundation for respect and tolerance for other people as creations of God. I believe that a Zulu person can be identified as coming from a family steeped in Zulu cultural values if they live by the values of *ubuntu* and *ukuhlonipha* – 'respect for creation and all in it'. *Ubuntu* and *ukuhlonipha* go together. I believe that if I respect all creation and all in it, I can disrespect nobody and nothing, including the property of others. I believe it is very important to respect myself, and respect others in the same way that I respect myself. It is not enough to claim *ubuntu*. One has to live *ubuntu*. I am proud and grateful to have grown up in days when I was taught in that fashion, and I am trying very hard to be an example to my children – my own and my learners at school.

'Respect begets respect.' I treat every person with respect and dignity. In return I receive respect from most people I deal with. My school learners call me '*mkhulu*' meaning 'grand-father', which is a respectful title in Zulu. I also believe strongly that a well-structured or grounded person is a person who upholds moral values such as trust, love, honesty, compassion, courage, tolerance and friendship, and these are the values that I strive to exemplify for all my children – both at home, at school and in the community.

I believe in community with others, and reciprocity. I believe I am what I am today because of other people's contributions to my growth and wellbeing. I believe I must use all my strength and power to achieve what I was born to be, and rejoice in the sweat of my efforts to strengthen social harmony and reciprocity amongst all people.

I believe in the unity of the families, which form strong relationships among the children of the tribe, community, society and the nation. I believe in the biblical dictum "Honour your father and your mother that your days may be long upon the land which the LORD your God is giving you" (Exodus, 20:12). Even though I did not have the opportunity to grow up with both my parents, I nevertheless grew into a responsible member of society thanks to the communities in which I was raised.

When I grew up I was grouped according to my age and peer groups. I was then given the lessons best fitting my age. I was told to observe some lessons by my elder brothers who had experienced these things themselves. I also referred some of my problems to my elders. That is why I always recommend communalism in my practice and research, because even the child who has no parents is taken good care of through a system of communalism. I strongly believe that even the orphans being created by HIV and AIDS can find comfort, if the communalism system can be practiced as it should.

Communalism immediately sees each individual as an inherently communal being, embedded in a context of social relationships and interdependence, never as an isolated individual. It sees a group of persons linked by interpersonal bonds, which are not necessarily biological, who consider themselves primarily as members of a group and who share common goals,

values and interests - sharing of an overall way of life, a purpose and understanding of what is good.

In this type of life, the saying “Your child is my child and my child is your child” is in order. Therefore, what my child needs and deserves is also what your child needs and deserves. In this way, every member of the community is responsible for the youth of the community and can reprimand any child who is found at fault, without feeling threatened that the parent will object to any discipline taken.

I believe that the traditional notion of communalism can help those orphans who are created by the HIV and AIDS pandemic and early pregnancy. I believe that in this system all these orphans will not be the sole responsibility of the State, but everybody will feel responsible.

I also believe that we need to use the system of communalism because of the poverty so many people are experiencing. Members of a community-minded society will show concern for the well-being of one another, and do what they can to advance the common good and generally participate in the community life. Social relationships are a feature of the cultural community, and expressed in reciprocities, comprehensive interactions, and mutual sympathies and responsibilities.

Since I started working, there has not been a single year in my house, when there was not at least one child living in my house. Some young people live in my house free without paying rent and groceries, even if they are working. I treat them like my own children, and I believe they enjoy the company. What makes me happy is the acceptance shown by my own biological children towards these other children. In Matthew, 25:40, it is said that when one cares for other people’s needs, God will be taking good care of one’s needs.

In my whole life, I pledged to be a friend of everybody, but trust nobody. I always trust what I am doing and what I have achieved. I always tell myself that a friend in need is a friend indeed, but other than that, I don't worry about those who will only come to me when they are in trouble, and then when they have got what they wanted, they are gone.

When I tell young people today how I grew up, they are confused and disbelieving, because they compare what they see happening around them now with what they are hearing from me, and can find no connection. However, some become motivated and become hopeful for themselves that one day they will go far. My 'secret weapon' is to tell them "Strive to become all that you are pre-destined to be. Stay calm, focused and resilient. No matter what happens, you should never be defeated".

I always feel humble, when the school where I passed Std 6, invite me to their farewell functions. I am remembered there because I was the first student to pass Std 6 at their school, in the first year that it was offered in 1969. The school uses me as a role model for the learners in the school to motivate their learners. I have to make sure that I never slip up, because those learners are looking to me, therefore I must always be on the right track.

I am also a role model in my family, as I am the second male teacher and the first teacher with a 'Masters' degree. Whenever the family is experiencing problems, I am the first to be consulted. When family members want to motivate their children, they refer to me pointing out that I grew up on very limited means, and was faced with many difficulties. I have always wanted to be a good example for a future generation, and seemingly my dream is now being fulfilled.

As a Zulu man, I learnt isiZulu as a home language which is rich in oral tradition. I learned my language, isiZulu, both informally in my home and community, and formally at school and college.

I love isiZulu as a language because it richly expresses the wealth of the Zulu oral tradition. The Zulu oral tradition consists of proverbs, songs, stories, fables, folktales, riddles, among others, which were used to teach the philosophy of Zulu culture and issues of moral importance. Some may be in a form of warnings about bad behavior or directing the listeners towards correct behaviors. Another good aspect of the sharing of oral traditions is that they are sung where there are many people who participate in the singing and chanting and thereby learn from them.

I still remember the power of the stories that were shared orally by our elders with us as youth. I remember until today the Zulu morals and values inculcated in me at a very young age. Almost all adult people of my age, and older, in the communities I lived in, enjoyed these things, because it was where we spent quality time together celebrating our traditional rites and rituals. These memories live within me even today. I share some of these wisdoms in this thesis, and recommend them for their character building qualities.

Many Zulu people of my age and older enjoyed being educated through the oral tradition, because of the quality times spent at traditional gatherings. These traditions have been confused to some extent by the introduction of other religions, which sadly undermined the Zulu traditions, saying that the Zulu traditions were heathen modes of worship. Fortunately for me, the introduction of Christianity and the harsh – and I believe unwarranted – criticism of the Zulu traditional belief systems, came into my life when I was able to make choices based on informed opinion. I did not therefore abandon

my traditional Zulu roots, but found a way of “Living in Two Worlds”, side-by-side, constructively and amicably, without compromising my roots.

So, I grew up under strong influences of Christianity in the Roman Catholic Church. I believe in one ‘God’. I believe in ‘Jesus’ as the Messiah and the Saviour. I also believe in the forgiveness of sins and the resurrection. However I do not think I am serving God’s purpose if I shun my Black roots. The bible says: *“Before I formed you in the womb I knew you; before you were born I sanctified you.....”*[Jeremiah 1:5] I believe God knew before I was formed in the womb that I would be serving Him in the way that I am as a Black person.

I am proud to be a Zulu native and I also wish that all the Zulus can pride themselves on their heritage. For me, all other civilisations become secondary.

I teach my children the basic nature of my culture like any other nations. I believe that if I, the Zulu native, can bring up my children according to the dictates of my own traditional culture, they will experience fewer problems in terms of misbehavior, crimes, drugs, and prostitution. I find that the teaching of Proverbs’ 22:6. “Train up your child in the way he should go, and when he is old he will not depart from it” is in agreement with my tradition. Thus I should channel my children accordingly, so that my children don’t become deviants.

I have focused my study on the traditions of my people, because I believe strongly in family and community, because they have both provided for me through very tough times, and this is the way of life that I know best. I sometimes wonder where I would be today, if I had been rejected by my family and communities. Perhaps I would be begging on the street, if I was even alive.

What really matters to me?

In the context of who I am and where I come from, it makes sense that it really matters to me that every learner receives a quality education. By a quality education I mean an education which nurtures learners and develops in them a strong sense of ubuntu and ukhlonipha, and which also gives them skills and knowledge which will sustain them.

What do I care passionately about?

I care passionately that every learner should receive quality education for a brighter future, for him or herself, and for the wellbeing of our country.

What kind of difference do I want to make in the world?

I want to contribute to the world of knowledge that learners should be skilled according to the needs of the individual learner to fit into modern world

What are my educational values and why?

I value an education which cares for, nurtures and respects the learner. I value an education which prepares learners to be self-respecting adults who are responsible and who respect others. I value an education which respects and upholds the cultural traditions and languages of the learners. I value an education which does what it should for the learners, and teaches the learners to respect themselves and do the best they can. I value an education which skills a person so that they can be gainfully employed, and who can also employ others gainfully. I value an education which involves and respects all stakeholders including parents and care-givers.

I am concerned that many learners drop out of school because no-one cares about them. I am concerned that many learners are unemployed and unemployable when they have completed their secondary and even tertiary education. I am concerned that even educators are not knowledgeable and

accountable. I am concerned that so many educators lack commitment and regard their teaching work as just a job for money. I am concerned that parents are not involved within the education system.

I am concerned that cultural traditions are not included in the curriculum.

What kind of experience can I describe to show the reasons for my concerns?

My own education was a very good example of very poor quality education, which showed all the characteristics of an education about which we should all be very concerned.

In 1960 when I was eight years old I started school in 'sub A' (now grade 1) at a nearby school, St Marks Primary school, now *Etshenilikashoba*. I started school late because I had been herding cattle for my uncle until I was seven years old, as was the custom in my area and in my youth. At school all went well with my learning although teachers first doubted that I was old enough to be at school at all because I was very small for my age. At the end of that first year, I obtained position one, which was a big surprise to everyone, not least because I was so very short.

In 1961, I completed 'Sub B' (now grade 2), and in 1962 I was doing standard 1 at St Marks until June 1962. Then in July, 1962 the Roman Catholic Church declared the policy that all Roman Catholic members should have their children educated in Roman Catholic schools. That was the beginning of a considerable problem for me. As my granny belonged to the Roman Catholic Church, I was then forced to leave St Marks for St. Adalbero Mission School which was a Catholic mission school. This meant that I had to walk daily 29 kilometres to school through mountainous forests, and 29 kilometres back home, a total of 58 kilometres every day, instead of the five kilometers to and from St Marks, where I had been before, and was doing fine. In addition,

we Roman Catholics were all required to go to church every Sunday, which meant that I was walking 58 kilometres every day for six days of every week for ten months of every year which was a total of 348 kilometres per week, and 15 312 kilometres per year – all through mountainous forests.

1963 was a very unhappy year for me. In 1963, I was 11 years old and I was still doing standard 1, at St Adalbero, even though I had successfully completed it the previous year at St Adalbero. It happened like this. At the end of the year 1962, when I had completed St 1 (now grade 3), I was not able to collect my school report from St Adelbero School. When I returned to the school at the beginning of 1963, to start St 2 (now grade 4) I was expected to produce the report, and because I could not produce it, it was assumed that I had failed. I was then obliged to repeat standard 1. Then, when the June schedules were produced, my previous year's report was discovered amongst other official books, so I expected that I would immediately go into Std 2 (now grade 4) even though it was the middle of the year. I was refused. They said that Std 2 was their final grade, and they wanted me to get a full year's tuition in order to represent their school properly in the next school I would be attending after St Adelbero School. It is clear to me now that all that mattered to them was their 'reputation'. I had no option other than conforming with the orders of the church. At the time I remember I felt very depressed. Then on 18 August 1963, my grandmother with whom I was living, became seriously ill and died, so I had no-one to speak for me. Even so, at the end of the 1963, I was again in the first position in that class, std 1 which I had then completed twice.

In 1964, I was already 12 years old, and about to enter Std 2 (now grade 4) at St Adalbero.

In the years – 1965-1966 - that followed I moved to the next aunt who was nearer to St Marks, and stayed there for Stds 3 and 4 (now grades five and six).

Through all these years, my mother was working as a domestic worker, and earning very little, hardly more than R5 a month. When I was 15 years old in 1967, with only Std 4, I spent the year working to earn money.

In 1968-69, I came back for Std five and six (now grades seven and eight). When I was 16 years old in 1968, I was in Std 5 at St Marks which had become *Etshenilikashoba* School, and I became one of the first learners to do Std 6 at *Etshenilikashoba* School in 1969. There were 63 of us in that first Std 6 class, but I was the only one who passed.

When I moved to secondary school level, my mother could not help me anymore. Hence I was forced to leave school for temporary jobs in order to supplement my mother's earning. So, in 1970-1971, I was working at Clover Dairies, accumulating the money for my secondary education. Also, in 1971, I found myself searching for a building site at Umzumbe area, KwaMadlala location. I started building a home for my poor mother, from the earning I was accumulating while I was working for Clover Dairies. I chose that area because it had transport to commute my mother to work and back home daily.

After two years' saving, I managed to go back to school in February 1972 for form1 to form 3 (JC) (now grades 8-10). I kept on taking part-time jobs during winter and December vacations in order to supplement the money for my secondary education, and I also played soccer which was paying me R5.00 per match.

At the end of 1974 when I was 21 years old, I completed my junior certificate (now grade 10), and went to Eshowe Training College to train as a primary teacher (PTC) qualification in 1975. My Eshowe College training as a teacher was assisted by the South African Sugar Association, who gave me a bursary, and which contracted me to teach for two years, equal to the years they financed my education.

While I was at the College, with my part-time job money, I managed to buy books for Std 10 (now grade 12), as I was using the bursary for the teacher training, then I started studying for Std 10 by myself. All was going well until I wanted to register for the Std 10 examinations. The Principal discovered that I was doing something which they termed was against the law i.e. to study for another qualification while still at the college. They would not allow me to register for Std 10 that year and I was nearly suspended from the college, but one of the officials insisted that I be given the chance to choose between the two courses, and I chose the college.

But I did not give up on my dreams to complete std 10, and I registered to write my final Std 10 examinations at the end of 1977, which was the first year of my professional teaching at Mbusi High School as a Mathematics and Biology teacher.

In October, 1977, Mbusi High School took a trip to Appelsbosch College for a play and soccer games. Very unfortunately, on our way back, our bus was involved in an accident. About 12 passengers were killed out of 108. I sustained a lot of injuries and fractures, and spent a long time in hospital. Therefore I could not write my matriculation examinations as I was in hospital during the examination period. I then re-registered in 1978 and sat for the exams as a part-time student at the end of 1978 and was awarded my Std 10 certificate in 1978.

In summary, it took 18 years for me to complete a 12 year school programme, not because I lacked ability and was not diligent, but because of poverty, beaucroatic bungling, unreasonable dictates by the church, and a lack of proper schooling opportunities for black children such as myself under apartheid. I only achieved what I did because of my own determination and the support of my mother, my grand-mother and my aunts. A community of poor rural oral women raised me (Sienaert, 2006), to become what I am today.

At the beginning of 1980 I got a transfer to Charles Sabelo High School, with the intention of being nearer to Durban where I could further my education. I went to the Umlazi College for Further Education, where I was among the first group for the Junior Secondary Teacher's Diploma. When they introduced the Secondary Teacher's Diploma, I was among those who were awarded this qualification in 1976, the year of the student uprising in Soweto.

During the midst of improving my qualifications, I was promoted to become the Principal of a Junior Secondary School. This challenged me to study further for another qualification. I enrolled with the University of Zululand for a B.A. degree. While I was studying, the community demanded that the school be upgraded to become a high school, which meant that my studies were timely. The school started its first grade 11 class in the same year I completed my B.A. degree in 1991. In 1994 I registered for B.Ed. with the University of Natal, now known as University of KwaZulu-Natal, and graduated in March 1996. I did not stop there. I then registered for a Masters Degree in Orality-Literacy Studies which I completed in 2001, and, now, with God's help, I am completing my doctorate, in education.

Conclusion

Even though it took me so many years to finish my schooling, and post-school education, I praise the Almighty who kept the love of education

burning in me, all the time, despite all odds. When I reflect on my journey, I can see that I was born 'lucky' – lucky to be gifted by the Almighty with determination and a vision for myself which allowed me to dig myself out of numerous metaphorical holes, not least of which were those holes dug for me by education system.

It is because of my experience of an education system that often worked **against** me that I look to contribute to an education system that works **for** the learners in my care.

Chapter Three

The context of this study as a “learned and lived experience” (Moletsane, 2011:20)

Moletsane (2011:20) calls for

a re-imagined research agenda, which focuses on rurality and rural schools as more than just contexts for study. What I am proposing is an agenda that views rurality as a learned and lived experience, and as dynamic, generative, and variable. In order to identify and optimise opportunities for social change, such an agenda avoids homogenising rural people and communities, but rather recognises the place-specific and contextual realities of these spaces and their inhabitants.

As a researcher, I live and work in the context of my study, and in so doing I am a researcher who “recognises the place-specific and contextual realities of [this] space and [its] inhabitants” (2011:20), and so my study is a “learned and lived experience” (2011:20), of a place which is “dynamic, generative, and variable” (ibid) in which I have identified “opportunities for social change” (2011:20).

Moletsane (2011:11) writes

while socio-economic conditions in urban contexts are often challenging, the isolation and distance of the rural space leads to an intensely challenging lived experience for those who live, work and learn in these communities.

and then, citing Thomson, 2010, Moletsane (2011:11/12) identifies

- **Geographical distance**, which makes it difficult for rural people to access services such as schools, health and other social services. This is exacerbated by the fact that they usually live far from cities and towns and other amenities and have to negotiate bad roads and poor transport facilities.
- **Ideological distance**, which is embedded in legacies of colonialism and apartheid, and now, globalisation, and which tends to sustain marginalization, particularly of rural communities and institutions.
- **Emotional distance** refers to the cultural and traditional norms and practices which tend to marginalise women and girls, while

- **Linguistic distance**, characterised by the hegemony of English in many of our country's institutions, renders rural people, including those who inhabit schools, outsiders.
- **Epistemological distance** means that in knowledge production and other decision-making processes, the voices of rural people and in particular, rural women are often silenced.

I find all of the above relevant in the deep rural context of my study, which is a deep rural area around Izingolweni under Ezinqoleni municipality in the UGu district in Ward Three of Shoba/Mdlazi.

The area is demarcated geographically by the Umtamvuna River, which is also the boundary between the KwaZulu-Natal and Eastern Cape Province (see maps in appendices). The visible mountains are the Drakensberg and Engele Mountains which are approximately 200 kilometers west of the area as the crow flies. The sea is about 100 kilometers by road, east of the area, and as the crow flies, about 75 kilometres.

The area receives its rains from the beginning of spring through the summer, and is cold during winter period due to snow on the Drakensberg Mountains. Summer temperatures range between 17 and 31 degrees celsius. The winter temperatures range between 10 and 21 degrees celsius. People in the area cultivate their gardens during spring and summer and harvest during winter time.

Culture and Language

All the people living in this rural community are Zulu mother-tongue speakers and have been raised in the Zulu culture. Some of them still practice forms of traditional Zulu rites and rituals, but they are predominantly Christian, and regular church goers.

Population and Governance

These areas are governed by two systems: The Parliament of the Republic of South Africa and the Council of Traditional Leaders (Contralesa), so the

people here are 'living in two worlds'. The population of the Ward 3 Shoba /Mdlazi area is about 3000 people who are subject to the rule of chiefs and indunas serving the three Amakhosi: Mthimude tribal authority Kwa-Mavundla, Vukuzithathe tribal authority Kwa-Cele and Kwa-Nyuswa. There are councillors in each of six Wards, with one Mayor serving the six Wards, in terms of the local government.

For social needs, the people consult the Department of Home Affairs and the Department of Social Development. For allocation of sites and plots of land, the people consult Amakhosi and Izindunas.

Employment

Only about 10 per cent of household members are employed. Unemployment is high because of the high rate of retrenchment, due to the closure of mines and sugar cane companies, where most of the unskilled people were employed. As a result most families now live even lower below the poverty line as compared to the late as 1980s. This is due to the fact that they were employed without skills and also without education, as is still the case today.

Most of the older generation that is there now are a generation who attended the so-called Bantu education, which did not provide any skills of any real use to those who were fortunate enough to go to school at all. Hence they are all the victims of that system of education where all were made to be sugar cane cutters, domestic workers, or working in gardens. All these jobs earned such low wages that there was not ever enough to provide even for daily subsistence. Life is characterised by mass unemployment and a lack of economic resources.

Most have garden plots, and some still have access to land for ploughing for maize and pumpkins. The soil they use to cultivate crops is no longer fertile and the means to cultivate properly is no longer feasible as in past decades

when people were using oxen for ploughing, as now most people have no cattle.

Before the 1970s, the raising of cattle was the primary occupation of the men, and the cultivation of maize, and vegetables for subsistence purposes, played the major role in every household. In addition, the men stayed away for long periods of time, some for six months, and some even for as long as a year earning money on the mines and on the sugar plantations. Due to the fact that the men are mostly unskilled, the money they earn is not enough to keep their families well cared for. In the absence of the men, the women became responsible for their families and houses, and developed considerable economic influence within the family.

Since the beginning 1970s, the numbers of cattle per household have dwindled, and currently less than two percent of people in the area still keep cattle, and then only two or three cattle per household. This is because men who were responsible for taking good care of the cattle are no longer at their homes as they are away in towns, and cities.

Since 1994, this situation has not improved, because the men from the rural area where I teach are still mostly restricted to labour intensive work and domestic duties. As a result, they are still finding it extremely difficult to compete for jobs for which they have not been trained. Economically, I think that South Africa – and particularly the deep rural area where I teach - is still entrenched in de facto economic racism.

Some informants I spoke to emphasized that people wish to improve their quality of life but are constrained by poverty, lack of employment opportunities, lack of information and time due to time lost collecting firewood and water to meet some of their basic needs. Education becomes the least of their worries as they cannot afford to pay for their children's higher education.

That alone demotivates learners as they do not see a future for themselves in education.

Housing

The houses are mainly traditional rondavels constructed out of wattle posts covered with mud, and roofed with grass thatching in the traditional way. Only a few families have added the modern houses to their family households. In the majority of cases, these modern houses were only built after the men received severance packages or retrenchment packages from the mines in the Transvaal, or from the sugar cane companies at which they worked. So while there are some modern houses, they are mostly unfurnished because there was not enough money for furniture once the house was built.

Transport and the Roads

Another factor that disadvantages the area is the condition of the roads. The roads are not tarred, but are mainly gravel, dust roads in poor condition.

People have complained about the situation of the roads, only to receive negative responses. Roads are dusty during dry season and muddy on rainy days which makes access to health services during rainy days impossible. Even mobile clinics are not available on those rainy days

These roads are not accessible for all types of cars: only vans, trucks and cars with high clearance can use these roads without incurring problems. The condition of roads has an impact on the staffing of the schools in the area. Most educators with small cars are concerned about driving their cars on these roads that accelerate the wear and tear on their vehicles. As a result educators with small cars do not stay long at those schools.

The main transport used by the community, are taxis, even though the community is not happy about the fares that they have to pay. Within the community, the fare for 13 kilometres is currently R9.00, while the 51kilometres journey to Port Shepstone is only R15.00. The community members have no option but to pay the high fares in order to access resources that they need. Some children walk long distances to access schools while some have to cross rivers to reach their schools.

Development

Even though there has been a certain amount of development after 1994, some families are still lacking convenient access to clean water. Some have to walk long distances to access clean water which is only available at stand pipes, which are shared by numbers of families.

There are still families without electricity. When the electricity was being installed, some people were told to move to the areas which would be electrified, but some could not move as they lacked the funds to rebuild their houses on new sites. Consequently these families are still without electricity. It is clear to me that the poorest of the poor continue to be the victims of poverty.

The essential facilities such as clinics, legal help, food suppliers and other needed facilities are far from most homes because the population is widely spaced, and these resources are in towns of Izingolweni and Port Shepstone.

Health facilities

The whole of Izingolweni area has got only one Main Clinic and a few satellite clinics and lately has got some mobile clinics which visit some areas once a week. Ward 3 is one of those that receives the mobile clinics for the health services. In most cases people who are experiencing poverty, usually

experience sicknesses and all types of disease as well. Sometimes that can be related to malnutrition and poor health services.

The single main clinic serves six wards including the neighbouring population from another municipality e.g. Umziwabantu Municipality. The main clinic is about 13 kilometres away from Ward 3 which makes it difficult for people who become suddenly ill to access health service without hiring the transport to take them to the clinic, which implies that a person without money for such transport, at the time of illness, is very likely to die before reaching medical help. Those with chronic diseases like sugar diabetics, high blood pressure, etc., and pregnant women fare better because they have their dates to visit the clinic.

Izingolweni is a small village with one access road, a magistrate's court, a Home Affairs office, South African Police Services (SAPS), one supermarket, one wholesaler, two banks, three Automated Teller Machine (ATM's), three shops, one petrol garage, and a clinic.

However, in this very small village, where one funeral parlour could suffice the needs of the people of the area, there are six funeral parlours, which indicates the rate of death in the area. Not only are there funeral parlours, but there are also a number of "Masingcwabisane clubs" ("Let us bury each other ourselves") which are groups of local people who help each other during their times of bereavement by paying the costs of the funerals from the accumulation they have contributed to over the months. The funeral parlours are

1. Ndlovu Classic Funeral Service Tel 0396822914
2. Ndlozana Funeral Service Tel 0833116926
3. Harding Funeral Service (KwaMathee) Tel 0395341169
4. Bechoos Funeral Service Tel 0396827744/0836332931
5. Mzamo Funeral Home Tel 0395344477/0731167354

6. Zanokhanyo Funeral Service Tel 039 6822300

Although there is a silence about the disease that is killing the people, the rate of death tells its own story. The age bracket of those who die most frequently in the community also tells its own story. Every year there are more and more young widows, and an increased number of households headed by children. Our school surveys are shocking.

I have established that there is a stigma which can and does sometimes result in infected family members being ostracized by their own family and affected families being ostracized by the community. Therefore, people are afraid to be stigmatised and be isolated from the group or family. In some cases people who are sick and ill with HIV-related illnesses are isolated to an extent that even utensils they use on daily basis are excluded from the collection of the family utensils, and even the clothes of those infected with HIV are washed separately, because most people still do not understand how the disease is being contracted. Consequently it is not surprising that many people are very anxious, and so conceal their status. Steinberg (2008) documents this trend in another deep rural community not very far from where I live and teach.

Educational facilities

Until 1969, schooling in Ward 3 was provided by only two primary schools all with the highest class of standard four (now grade six). Those primary schools were St Marks now known as Etshenilikashoba and Sangweni now known as Khumbuza. In 1968 and 1969, those primary schools upgraded to introduce standard five and six (now grades seven and eight). In 1976, standard five and six were integrated to make one highest class as an exit from primary school, which was standard five (now known as grade seven). In 1992, Dwalalesizwe High School was established to provide secondary education from grades 8-12. To date there is only Dwalalesizwe High School

receiving learners from these primary schools, as it is situated at the centre of these primary schools, at a two kilometers distance.

In 2012, Dwalalesizwe High School has its highest enrolment of 366 learners in 22 years. Dwalalesizwe High School is staffed with twelve educators: one principal, two heads of departments and nine level one educators. Dwalalesizwe High School offers two streams: the science stream and the commercial stream.

Dwalalesizwe High School as a school annually experiences staffing problems because of the remoteness of the area in which the school is situated. Qualified educators only stay at that school while waiting for 'greener pastures' and leave the school as soon as the department has advertised vacancies in schools/areas with better facilities. This instability in staffing has a negative impact on the academic results in the school. Educators from all levels leave the school regularly. For example, the school was established in 1992, but to date the school has had ten principals. Most of these principals spent a year each, excepting the last two who each spent more than four years. I joined the school as a Principal in 2005, and I am still in the post. I will retire at the end of 2013 still serving at the same school.

In the above paragraphs, I have tried to indicate how slowly education has moved to help the community in the area. Many people could not afford to send their children for higher education, so their children remain unskilled and unequipped for any decent jobs. Also, I have noticed that the majority of learners started school between the ages of 12-14 years, as they were herding cattle and doing household chores up until that age.

All the schools around this area have been classified as no-fee schools, meaning that schools may not charge learners school fees. In addition to

that, all the local schools are in Quintile 1, meaning that they are amongst the poorest schools in South Africa.

The situation has become worse since 1994, where all employment increasingly demands experience plus a high level of education. People without necessary skills these days of technology are retrenched. This is having a negative impact on the people of Izingolweni, because this is a community which did not access higher education in the past, partly because it was not taken seriously by the majority of people, but mostly because the people could not afford to pay for it. And not even the cattle and vegetable gardens are there to fall back on to feed their families.

Poor education and low literacy levels have kept people ignorant of the ways and means to avoid diseases like AIDS. In addition, most of the pamphlets about HIV and AIDS are in English, which makes it more difficult for a community such as the one I live and teach in to access information about these dangerous warnings and precautions. Many people cannot read the instructions about the medication because they are not sufficiently literate. For instance, when a patient is given antibiotics, when the patient feels better, the patient would stop taking the medication, and the patient won't finish the treatment. Again, often when a patient is told to come back on a certain date, the patient won't turn up because he or she no longer feels ill. Then the drug resistance accumulates.

Poverty and education access are therefore inextricably linked. Whiteford (2000) indicated that more than two-thirds of individuals living in households whose heads had completed less than four years of formal education, were living in poverty.

Conclusion

It is true that this deep rural community has many problems, such as orphan-headed households, single parenting and other problems related to any poverty-stricken area, which lacks the most basic resources for life. But this does not mean that the community is “deficit, “diseased and deceased” (Moletsane, 2011:24). I believe that there are strengths and assets which can inform its development and growth (Moletsane, 2011:24) “commonly found in development discourses, including (...) a pedagogy of hope and possibility (rather than despair)” (Moletsane, 2011:21) as I intend my study will show.

Chapter Four

School Pregnancy

What really matters to me? What is my concern? What do I care passionately about?

In my 35 years in education as a teacher and a school principal, I have observed schoolgirls becoming pregnant almost every year, both in my school and other schools as well. As a result of these pregnancies, young girls face serious negative consequences such as being forced to abandon their education, or abandon their children to a home, or to sacrifice their employment opportunities.

What has shocked me is that teens rate television as their third most important source of information about sex (after peers and school), and half of them believe television relates a realistic picture of consequences. I believe that without the positive counter-messages of comprehensive sexuality education, youth will develop distorted, dysfunctional views of sexuality, gender roles, and relationships. Because media exacerbate peer pressure to 'just do it' while the social stigma for sexual consequences no longer exist in most groups.

By the same token, households with single parent are experiencing imbalances when it comes to disciplining the children of both sexes. This is very obvious with teenage agers, boys in particular demand a strong masculine influence, which makes it difficult for a female parent to have a strong control over the boys. Young people resists certain beliefs, qualifying them as old fashioned beliefs, and thus develop their own culture and beliefs (Preston-Whyte & Zondi, 1991:10).

The Government has attempted to stop these pregnancies from happening, and to campaign against HIV and AIDS infection, by disseminating free

condoms, which serve a dual purpose of preventing pregnancy and infection, but seemingly there is something wrong somewhere because the rates of pregnancy and infection seem to be growing constantly. This indicates to me that the use of free condoms has been disregarded by today's youth, and implies that the youth are still exposing themselves to HIV and AIDS infections through less than safe sexual practices. The sex issue has been so much abused that people believe that "everybody does it" and "why should I be different?" Thus the resistance with the use of condoms or other precautions seem to be in vain.

Consequently, I am deeply concerned about the rate of teenage pregnancies, and also by the way that the youth expose themselves to infection with HIV which can lead to AIDS which has no cure at the moment.

Love Life spokesperson Angela Stewart (Mchunu, 2006) said

there was a high pregnancy rate among girls between 15 and 17 years. She said there was a general perception that girls, especially those in poor communities were falling pregnant to get child support grants. Although they know the dangers of unprotected sex, they seem to think it will not happen to them.

It matters to me that many young girls' lives are made difficult by their pregnancies. I am concerned that young girls get pregnant at school and lose their right to quality education and sometimes the opportunity of a brighter future. I am concerned that the indication of practicing unprotected sex implies that the young person has lost sight of consequences thereof, viz. of becoming a young mother while still dependent on her parents for everything. This has serious consequences not only for the young person, but for the family as a whole, because the resources to support these teenagers are decreasing and the costs of sustaining young families' overtime are prohibitive.

Sayed Rajack (Mchunu, 2006) of the KZN Parents' Association said

teachers and parents were in a dilemma because of laws that allowed girls as young as 13 years to have abortions without parental consent and which did not allow schools to expel pregnant girls.

At a meeting held on 1/9/2009 by Parliamentary Monitoring Group, Mr J. Skhosana suggested that a policy should be developed that spoke to the manner in which schools had to deal with pregnant learners. He emphasized that this was a serious problem. Ms H Malgas (ANC) agreed that proper guidelines needed to be in place that would state how long a pregnant learner was able to attend school. She added that people were not sure where to locate the moral regeneration movement, as a program that was brought into education. Mr N Kganyago (ANC) stated that he had overheard some teen mothers talking boastfully about getting money from child support grants. He too thought that some teen mothers fell pregnant for the grant. He also addressed the life-skills matter and recommended that psychologists and social workers be introduced into the school.

Mbhele (2004) reported that not all young people want to fall pregnant, but those who do fall pregnant, face consequences of that, and some of these consequences are not pleasurable. According to Becker, Ranklin and Rickel (1988) more than four-fifths of adolescent pregnancies were unintentional and only few planned their pregnancies.

Girls who became pregnant often did not complete their schooling, particularly if they had a second child soon after the first one. Poverty and lack of opportunity were shown to be significant factors leading to teen pregnancies.

The girls ended up leaving school because of pregnancies before they were adequately prepared for employment. The reasons may differ from area to area but Okonofua (1994) from his study in Nigeria, observed that teenagers in the low socio-economic groups in Africa as well as other countries were more likely to fall pregnant than those of high socio-economic standards. This state perpetuates the low socio-economic status,

as they are likely to have children who would experience similar difficulties (Mbhele, 2004: 5).

So many teenagers who become pregnant are caught in a cycle of poverty, school failure, and limited life options. Ruchala and James (1997) have recorded that when a teenage pregnancy occurs, the family dynamics can shift families to go through different stages of reactions.

First, a crisis stage may occur, characterized by many emotions and conflict. Finally, after the infant's birth, reorganization may occur, during which conflict may emerge again over issues of child care and the young woman's role (Ruchala and James, 1997: [26(6):688]).

I am concerned when some teenagers die shortly after giving birth leaving behind orphans. Statistics from USAID Report (2002) have shown that one million South African children under the age of 15 years had lost their mothers to AIDS by 2005. This figure was estimated to increase to around two million by 2010 (Department of Health Statistics, 2002). According to Whiteside and Sunter (2000:95) children who lose a parent to AIDS suffer loss and grief like any other orphan, however their loss is made worse by prejudice and social exclusion, and can lead to the loss of education and health care.

I care passionately that early pregnancy impacts on future citizenship and marriage. I am concerned that many youth do not wait until finishing their education or committing to a long-term, monogamous relationship before beginning sexual activity. Early pregnancy also disturbs young girls' future which implies a limited hope of getting married, especially when the young mother has babies from different fathers. Osborn (1990:44) observed that children of young mothers are at risk of educational and behavioural problems, which is partly attributable to the mother's and father's immaturity in the performance of their parental roles, but may also be related to the fact that the parents may not have enough money to provide confidently and securely for their children while they are still young adults themselves.

Teenage pregnancy and parenthood is a complex contemporary issue. Generally it is construed as a 'problem' not only for the young mother and the child but also for society at large. To explore and identify the possible reasons why an adolescent becomes pregnant also becomes problematic and poses a challenge to the whole family and community (Ruchala and James, 1997 [26(6):689]).

Landy and Walsh (1988: [36(1):26-46]) suggested that three major types of explanation have emerged to account for young (as low as at 11 years of age) motherhood, as follows:

- *lack of information about contraception and knowledge of its availability to young teenagers; mostly in deep rural areas as resources are very scarce,

- *socio-cultural factors such as poverty and cultural acceptance and beliefs, prevails in deep rural areas as well and form the hindrance to most of helping health centres,

- *psychological and psychodynamic perspectives are nowhere to be found in such rural areas.

O'Connor (1990:85) adds a fourth category relating to the availability and quality of "education for parenthood" courses within the curriculum of schools. She argues that "despite a professed belief in the family as establishing influence on society such a topic has been a neglected, low-status area of the curriculum".

Thompson (1984:21) records

Unmarried teenage mothers seldom become pregnant for sound or emotionally healthy reasons. Moreover, the natural development of a young woman to adulthood through accomplishing the growth tasks of adolescence is prematurely halted as she becomes someone's mother whilst still relatively a child herself.

Epstein (1980:5-8) reported that

compared with older women, teenagers know less about effective child rearing during their first successful pregnancy and show a preference for a more physical style of infant stimulation and a less verbal style of interaction.

In addition, “discipline declines and child rearing generally becomes harder as infancy leads into toddlerhood” (McAnarney, 1985). McAnarney concludes that teen parents are almost all ‘at risk’ for multiple social problems, even if they get married and their offspring are ‘at risk’ for immature development, emotional and behavioural difficulties.

What are my values and beliefs surrounding sexual activity among young people?

I believe that young parenthood is a problematic issue which cannot be divorced from the political, moral and economic fabric of individual societies at particular points in time.

I believe that teenage pregnancy should be an area of great public concern because of its significant impact on the communities in which these pregnancies occur. I believe that young people start experimenting with sexual activity when they do not understand what is happening to their bodies, and when their culture lacks formal initiation into adulthood. In such a situation, the young person then relies on his or her personal experience of sexuality, as a substitute for a formal initiation into adulthood. This experimentation can lead easily to uncontrolled pregnancy, and the exposure to sexually transmitted infections, including HIV.

I believe that teenagers should be looking forward to their emerging adulthood responsibly instead of making themselves prone to pregnancy through their ignorance. It appears to me that teenagers are unaware that there are consequences to every decision that one makes in life and maturity means accepting those consequences and dealing with them. For example, engaging in sexual intercourse includes certain risks and responsibilities, and one needs to think about the consequences of those risks and responsibilities, before engaging in sexual relationships. The first and most

obvious risk is the possibility that one will fall pregnant, and/or contract HIV and AIDS.

I believe that the causes for teenage pregnancy are diverse and affected by changing moral attitudes, sexual codes, and economic circumstances. Teenagers do not understand that their pregnancies affect both the individual and the community.

I believe that most of these pregnancies are happening in schools, where the professional health care services are inadequate. Access to health care may be hindered because of a limited number of professionals who have expertise in dealing with teenagers. I believe that every school should have a fulltime health care professional on duty to help to address the rate of pregnancy in schools. At the moment, South African schools are not provided with Health Care professionals by the state.

What kind of difference do I want to make in the world?

I want to influence young people to avoid involving themselves in early sexual engagement and getting pregnant while they are still very young, unmarried and still at school. I want to influence the youth to use protection if they are already sexually active so as to reduce the risk of getting pregnancy and becoming infected with STD's as well HIV and AIDS. As a father and a teacher, I would like to contribute to young people by campaigning about the safety measures which can lead to the reduction of the rate of early pregnancy, and the possibility of contracting HIV and AIDS.

I have been aware of the seriousness of this problem for many years, and felt deeply frustrated that I could not campaign openly about the full range of preventative measures which could make a difference. I wanted to engage all stakeholders in any area where youth and adults meet to address this problem. I wanted to use every opportunity which arose to change the

mindset of young people and attitudes. I wanted to encourage those not yet sexually active to abstain from sexual activity. I wanted to support those already active by recommending some of the best alternatives to prevent pregnancy. I wanted to support those already infected with guidance to the best methods of safer sex. I wanted to encourage everyone to change their behaviours, and adopt a positive attitude for their lives ahead. I wanted to encourage young people everywhere to rise above peer pressure, to stand firm about their values, and to project their purity and be proud of who they are. I wanted to do all this because I see these youngsters as the future generation.

What are my concerns surrounding addressing the issue of pregnancy in schools? Why am I concerned? What evidence do I have for this concern?

I have found that that the topic about sexuality education is sometimes sensitive, mostly to adults. I found that the topic was so deeply sensitive that I could not ask people to give me their consent to be quoted in this study. I have had many informal discussions with the parents of the children who attend my school, and have come to understand their reluctance and difficulty with what I was wanting to do. Since most of these adults have seldom, if ever, experienced formal education about sexuality, I found that they sometimes viewed the topic of sexual education through a narrow, often distorted lens. I found that some feared that sexuality education meant 'teaching youngsters how to have sex' or 'sexualizing them', and that this was completely unacceptable to them.

Gossip, conversation and fictive writing as research methodology

I realised that I had to look for an alternative way of finding out about what young people were thinking about their sexuality and sexual activities. I was very aware of the ethical issues, so I realised that I should not engage the children who were known to me by name and who attended my school.

At this point and for the reasons of sensitivity, I used conversation and gossip (Botha, 1998), specifically among young people, and even more specifically, among young women, to gather the information that I needed. Botha (1998) reminds us that “gossip constitutes information therefore, becomes ‘truth’”, Botha (1998:31, citing Allen & Guy, 1974:5,236) goes on to explain that,

To understand the power and importance of gossip one must recall the immense role of conversation in being human. It is not only the value we attach to talking (...) but the fact that conversation entails “a more or less integrated web of communication which is the foundation of all social relations”.

For all of these reasons, I have collected information from gossip, stories and opinions in the form of conversation from different groups of people, and used these anonymous sources to construct a play in order to record the perception of today’s youth about sexuality and sex education which I hope brings the information to life and makes it relevant. I found that wherever I went, when visiting the library, when standing in queues in supermarkets, when waiting in public spaces for a friend, I could not help but overhear young people who were complete strangers to me talking – chatting and gossiping - about these topics. I did not want to be secretive, so I asked if I could join in, and mostly they agreed. When they did not, I removed myself out of hearing. I made no attempt to guide the conversations. I simply mostly listened and occasionally asked a question. Sometimes the conversations were as long as five minutes, but mostly they were brief exchanges.

As I listened, I realised that there were commonalities emerging from these many conversations, so began to note these commonalities. In time, I realised that the information I had gathered was sufficiently substantial (Botha, 1998) to inform me of the kind of thinking and sexual behaviours among the young people whose conversations I had overheard. I had read Kincheloe (2001) and realised that the notion of “bricolage” provided me with the opportunity to present the information I had gathered in a fictive form.

Kincheloe (2001:680) says “bricolage can also imply the [use of] fictive and imaginative elements” by the researcher who “makes use of the tools available to complete the task”. I decided to write a playlet using the information which I had gathered over a period of time from many sources in the form of rumour and gossip (Botha, 1998), which all remain anonymous.

On reflection, constructing this playlet was not easy for me, and I am aware that there is much room for improvement, but I was glad to find a way to record the information I had gathered to inform my study.

Zulu version

Ngenxa yokuba bucayi bokukhuluma ngesihloko esisondelene nobudlelwane bobulili obehlukene noma ukukhuluma ngesihloko esiphathelene nezingxenye zomzimba kakhulu kazi lezo ezihlonishwayo, kuze kwadingeka ukuba ngigweme ukwenza ucwaningo lwami endaweni engicwaninga kuyona. Abazali abaningi kabakufundanga ukuthi ukukhula komuntu ngezitho zakhe kuyafundwa ngakho ezikoleni, lokho okuhlanganisa nabazali balapha ucwaningo lwenzeka khona. Lokho kwenze ukuthi ngifune enye indlela yokusebenza, lapho ngize ngaxoxisana nabantwana okungesibona bendawo ukuze ngithole imibono ngentsha yanamuhla maqondana: “Nezinga eliphezulu lokukhulelwa kwentsha kulezinsuku”. Umbuzo ngqangi uthi: “Ngokubona kwenu yini imbangela yezinga eliphezulu kangaka lokukhulelwa kwentsha?”

Babala ke ngokucabanga kwabo, bathi: yisimo somndeni, ukududana kontanga, ukhuseleko, ukuntula ulwazi, ubuzali kanye nobuphofu.

Ngase ngicela ukuba kesizixoxe lezinto, ngazinye ngazinye, nginika umfundi ngamunye ithuba lokusho lokho akwaziyo kwisihloko esibekiwe.

Isihloko: “Shaya izinyoni ezimbili ngetshe elilodwa”. “Itshe Limi Ngothi, Mzala”

Abalingisi :

Thembi - UMngani ka Nomsa, osenengane
Nomsa- UMngani ka Thembi, naye osenengane
Sbongile - UMngani ka Nomsa, ongenangane
Sister Noluthando - Umhlengikazi wase Klinikhi yendawo
Nozipho - Okhulelwe owahlangana no Thembi beno Nomsa eklinikhi
Thoko - Umngani, omusha ongazilutho ngezinguzi zolcansi
Sma – Ongagqamile ngokubuza
Dudu – Umngani ozazisayo, onenkani futhi othanda izinto eziphambili

Izinkundla ezinhlanu (5) zomdlalo owenzeka khona lapha KwaZulu-Natal, eMzansi.

Isigcawu sokukuqala:

Lapha sithola kuhlangu abangani abadala base High school, okokuqala selokhu bagcinana esikoleni. Lapha u Thembi uhlangu noNomsa umnganakhe wase High school. uNomsa yena uhamba nomngani wakhe omusha wase university, uSbongile. Baxoxa benganakile ukuthi kuyophetha sebefundisene okukhulu futhi nabo sebenesifiso sokufundisa abanye ngobungozi obukhona kulezizinsuku zanamuhla. Baqalebabhekane uThembi noNomsa. Basebayasondelana bayahleka bobabili

Thembi : Hawu! Mngani nguwe lo? [*Basho bangane*], kodwa uphumaphi emva kwesikhathi esidekangaka?

Nomsa : Yimi! Nami kade ngikucabanga ukuthi kazi washonaphi ungasabonwa nayilanga nje. Ngikhona kade ngisazama ukuthola ukuthi yini Umuntu engamphilisa kulomhlaba ngavele nganebhadi, ngaqondana nomhlola, wangithembisa izulu nomhlaba, ngakhulelwa, angabe ngisaqhubeka nokufunda kwami njengoba ngibuya manje bengisakhulisa ingane yami engena-yise. Wakhala wachitha umntanomuntu wangishiya nomthwalo. Wena?

Thembi : Wenzelani mngani wami ukuxoxa indaba yami? Nami ungibona nje ngisuka kuleyonkinga, futhi abantu besilisa abeve bedlala ngathi thina bantu besifazane. Ngaliwa ukuba ngikhulelwe savele saxabana, sangezwana kangimazi nokuthi waphuma wabhekaphi ngoba phela sasivele sitholane lapha esikoleni (university).

Nomsa : Wayixoxa-ke mngani insumansumane yensambatheka yempilo yalapha ezikhungweni zemfundo, okusho ukuthi-ke thina sinawe sesoba nezingane ezinobaba abehlukene, nezibongo ezehlukene impilo yethu yonke.

Thembi : Nginolwazi lomndeni lapho umama enezingane ezine kobaba abehlukene. Lapho ke umama unenkinga yokukhulisa abantwana bakhe ngendlela, ngoba bambukela phansi njengomuntu ongabanga nesimilo ebusheni bakhe. Ngakho ke abafuni kuzwa lutho kuyena ngokuziphatha kahle.

Nomsa : Angaba yisibonelo kanjani kubantwana bakhe lo mama?

Sbongile : Usho ukuthini?

Nomsa : Uma akwazi ukuthola abantwana ko baba abehlukene, nabantwana kufanele balandele lesosibonelo, sokuhamba belala?

Thembi : Cha bo! Mhlawumbe kwabe kuyisimo sobuphofu lesi esaholela lomama kulokhu, njengokuthi wayengasebenzi efuna ukukhulisa abantwana bakhe, wazithola esezwana nalamadoda, kanti wona azifunela ucansi ngokumsiza. Kayikho enye indlela ayengondla ngayo abantwana bakhe ngaphandle kokwenza lokho okwakuthokozisa amadoda.

Nomsa : Ngicabanga ukuthi noma ubani unalo ilungelo lokuzikhethela indlela yokuphila. Zazikhona ezinye izindlela ngaphandle kwamadoda afuna ucansi.

Thembi : Nomsa! Ucabanga ukuthi kulula kanjalo wena ukuthola usizo uma ulidinga. Oluphi olunye usizo olicabangayo?

Nomsa : Njengamasonto nje. Wayengacela khona usizo.

Thembi : Uma isonto lingazimisele ukumsiza?

Nomsa : Lingakwenza kanjani isonto lokho, emntwini esenkingeni?

Thembi : Mhlawumbe, wadlubulundela kulona isonto wathola ingane emncane, esafunda, laseliyaziqhelelanisa naye isonto. Kwayena useyesaba ukuya kulona ngoba uyasazi isono sakhe.

Nomsa : Yena wayeyitholelani ingane esemncane?

Thembi : Mhlawumbe wayengazazi izimo zokushintsha komzimba wakhe, ukuthi zimbeka ekuthini angathola umntwana, uma elala nomuntu wesilisa. Wayengalulekekanga.

Sbongile : Wayengangazi kanjani? Ngoba ukuthomba kukodwa nje kuyizimpawu ezanele ukuthi usukhulile.

Nomsa : Abazali abaningi kabaxoxi lutho nezingane zabo ngezindaba zocansi. Baye basabe kube sengathi bazofundisa izingane zabo imikhuba, bagcine bengaxoxanga lutho nabantwana babo. Bese abantwana befundisana bodwa izinto ezingamaphutha.

Sbongile : Maphutha mani lawo?

Nomsa : Kuningi nje, abangafundisana kona, njengakho nje ukufundisana izindaba zocansi kanye nakho ukuthola abantwana ukuze bathole isibonelelo sika Hulumeni.

Sbongile : Oh No! Akekho Umuntu ongangitshela ukuthi ngiqale into enjenga leyo. Ngimdala manje ukuba ngizahlukanisele okuhle nokubi.

Nomsa : Ukusho la kithina lokho, okuzolandela ukukuthola usuqhuba isisu. Abadlali abafana lemnyango.

Thembi : Angabe uyisilima ukukhulelwa kulezinsuku, lapho seziziningi izindlela zokubalekela ukukhulelwa.

Sbongile : Eziphi lezivikeli okhuluma ngazo?

Thembi : Kawuzazi? Kodwa uthi umdala ukuzicabangela ngekusasa lakho.

Sbongile : Yebo, ngikhulile, kodwa angazi ukuthi ukhuluma ngani uma ukhuluma ngezivikeli.

Thembi : Ngikhuluma ngezivikeli ezinjenga ma 'condoms', kawuwazi?

Sbongile : Ngike ngizwe ngawo kodwa kangikaze ngiwabone.

Nomsa : Ufuna ukuwabona noma ufuna ukuwasebenzisa? Ufunelani ukuwasebenzisa?

Sbongile : Kangifuni ukuwabona nokuwasebenzisa, ngoba ngisafuna ukuziphilela impilo engenasizi, ngidle ubusha bami.

Thembi : Kusho ukuthini ukuba musha, Sbongile?

Sbongile : Kunzima ukuphendula ngqo lowombuzo, ngoba kangiseyona ingane kanti futhi kangimdala. Ngiphakathi nendawo nje.

Nomsa : Kimina kusho isikhathi sobumnandi nokuzama zonke izinto.

Sbongile : Zinto zini? Izinto zokuqala ukulala nabesilisa?

Nomsa : Hayi lokho ngempela, njengokuthi nje sengiqale ukuya ezinsukwini zami, sengichukuluzeka kalula.

Thembi : Ukwenezela kulokho, amadanda ami asekhulile. Konke lokho kuwushintsho emzimbeni wami.

Sbongile: Kuyinkinga ngani konke lokho esenikushilo?

Thembi : Akukho okubi kodwa sikhethe okuhle kodwa, kukhona nokubi njengokuba nemizwa yobulili obehlukile, nokunye nokunye.

Sbongile : Angeke ngibe nemizwa yomuntu wesilisa engakaze asho lutho kimina.

Thembi : Kuyimvelo kulelithuba lobuncane, kawuzenzi kuyenzeka nje.

Nomsa : Bangani, kasihlanganeni ngokuzayo sixoxe ngalezizinto, kufanele ngihambe ngithembise umama ukusheshe ngibuye namuhla.

NGOSUKU OLULANDELAYO.

Isigcawu sesibili

Sbongile : Bangani, izolo kaningigculisanga ngezivikeli kanti ngelinye ilanga mhlawumbe ngiyozidinga.

Nomsa : Sbongile, ungazikhathazi ngalezi zinto ngoba ezabantu asebevele benza ucansi futhi zinezinkinga zazo futhi uma sezisetshenziswa.

Thembi : UNomsa uqinisile, uyozihlupha ngalezi zinto uma usufana nathi esesangena ezinkingeni zokuthola abantwana.

Sbongile : Yebo, kangifuni ukuziqala kodwa ulwazi lungamandla ngizifunela ukwazi nje nezinkinga zazo. Kangifune ngane njengamanje.

Nomsa : Uma esincenga kasimtshela Thembi. Kukhona lezo ezithathwa njalo emva kweminyaka emihlanu, ukukugcina uphephile ungakhulelwa.

Kodwa ububi bazo kawukuqondi ukuya kwakho ezinsukwini zakho, futhi uyehla nase mzimbeni, nokuphathwa yikhanda njalo nje, nokunye.

Thembi : Nami ngathola lobo bunzima, ngase ngiyashintsha ngathatha okwezi nyanga ezintathu, kwadlula kwayileso, ngadlulela kumaphilisi ansuku zonke kwaba nhlanga zimuka nomoya.

Nomsa : Bengicabanga ukuthi yimina ngedwa engaba nezinkinga kulezizinto. Kumanje sengisebenzisa ama condoms, okwamanje asangiphethe kahle ngoba kawahlali emzimbeni wami ayaphuma emva komzuliswano.

Thembi : Usho ukuthi yiwona ancono? Selokhu ngaba nezinkinga ngavele ngaqoma ukuma kwezocansi, ngivele ngibike ukugula futhi nokwehla komzimba ke kuyangifakazela.

Nomsa : Sbongile, wathula kangaka? Wethukile noma uyesaba?

Sbongile : Yebo, kodwa phela nginilalele kahle. Kodwa futhi kangiziboni ngikulungele konke lokhu.

Nomsa : Zigcine kanjalo! Siyilokhu esiyikho nje ngakho ukungabi nabantu ababezoseluleka ngalezizinto zokuthola abantwana nokulala nje.

Thembi : Yiqiniso lelo. uNomsa uqinisele. Sifisa kangakanani ukubuyela emuva kube kungesenakwenzeka. Kasisezona izintombi, sesingomama abancane kodwa abasadinga abazali ezintweni eziningi.

Nomsa : Kwenzekani kuwe Thembi? Wabukeka ukhathazekile nje?

Thembi : Ngizwa ngiqalwa ukuya ezinsukwini zami, kangazi ukuthi kwenzekani kimina, kade ngiyile nje khona eduze nje, emasontweni amabili edlule.

Nomsa : Mhlawumbe kusaqhubeka zona izinkinga zezivikeli ebesikhuluma ngazo. Kasiye emtholampilo sibonane no Sister Noluthando, mhlawumbe angayichaza lenkinga yakho.

Isigcawu sesithathu:

Babese mtholampilo, besalindele ukubizwa,u Themi beno Nomsa babona intombazane eyazibiza ngoNosipho, eyabe ikhulelwe. Babe sebexoxisana nayo ngodaba lokukhulelwa kwayo.

Themi : Ake ngibe yithatha nje dadewethu, kungabe ukhulelwe yini kulezizinsuku, lapho sezaba ziningi izinto zokuvikela ukukhulelwa? Konje uthe ungu Nosipho?

Nosipho : Yebo, ngisho njalo, nginguNosipho. Ukukhulelwa kwami udaba olude dadewethu. Kodwa ke ukulwenza lufishane. Ngakhulelwa ngoba kunezidingo engangizidinga manje Umuntu engangizwana naye yena edinga ucansi ukuze angisize. Okusempeleni ngangingamthandi kodwa futhi ngizidinga lezizinto ngoba sengihlubule, sekubona ngisho ingane encane ukuthi lomuntu unhlwempu. Ngalingeka nakuba wayemdala kunami ngavuma.

Nomsa : Wawungasebenzisi lutho lokuzivikela ekukhulelweni, ngesikhathi ulala naye?

Nosipho : Nganginezinkinga kuzona zonke izivikeli kulezozinsuku, kangangoba ngasengiqale ukusebenzisa i condom. Kodwa yena wala waphetha ukuyisebenzisa ke ngangingena ndlela yokumnqaba kuphela nje uma ezongisiza

Nomsa : Wake wacabanga ngokukhulelwa emntwini ongamthandi kanye nezifo ezithathelanayo?

Nosipho : Konke kwafika kodwa usizi lwakugqiba konke. Ngazitshela ukuthi ngeke ngikhulelwe. Kodwa ngilapha namuhla, kanginabani, yena kasaziwa nangalukhalo. Ngingedwa nalomthwalo.

Themi :Mxolele phela ungabe usumcindezela kakhulu nathi sabathola abantwana kungafanele. Thina ke okwethu sasithi sibalekela i cancer, ngokuthola abantwana, sidlala abantu.

Nomsa : Yebo kuyiqiniso khona, Themi kodwa okuka Nosipho kuhlukile. Nalowomuntu akasaziwa ukuthi washonaphi, ukuhlupheka sekuphindiwe kuyena. Yingane ngala, usizi lokuhlubula ngala.

Thembi : UNosipho uzoya kofuna isibonelelo sika Hulumeni.

Nomsa : Nosipho, wake wahlolela ingculazi emva kokukhulelwa?

Nosipho : Yebo, udaba olude futhi lolu, ake ngingene ngaphakathi ngibone uDokotela [*uNosipho wayengafuni ukuxoxa ngomphumela wokuhlolwa kwakhe kubantu angabazi, o Nomsa beno Thembi. Basala belindele yena u Sister Noluthando*]

Nomsa : Uqaphelile ukuthi nginele ngathinta udaba lokuhlolwa wavele wabanamahloni wancamela ukuhamba engakabizwa ukuba angene?

Thembi : Yebo, kodwa ngikutshelile ukuthi ungamxaki ngenkulumo. Noma ubani unamalungelo okungabandlululwa ngesimo sakhe.

Nomsa : Kangimxakanga bengithi sisaxoxa ngicabangela nengane uma angase ashone ukuthi ingaba mtshingo ubethwa yini njengoba kwayena ekhala engashayiwe nje. [*Kasithule nangu u Sister Noluthando eqhamuka*]

Sister Noluthando: Sanibonani mantombazane! Nginganisiza ngani namuhla?

Thembi : Ngigale izinsuku zami kungakapheli nenyanga kade ngiyile, angazi ukuthi kwenzekani kimina.

Sister Noluthando : Kasingeneni lapho kuhlololwa khona, kunemibuzwana engizoyibuza kuwena. Yizani nobabili. [ngaphakathi, u Sister Noluthando. Aqale abuze ngezivikeli akade ezisebenzisa. Hlobo luni obukade ulusebenzisa lwezivikeli?]

Thembi : Bengisebenzisa i 'Norplant', kodwa sengiyiyekile ngoba kayingiphathanga kahle nayo.

Sister Noluthando: Sesingakanani isikhathi uyiyekile? Noma wagcinanini ukuyisebenzisa?

Thembi : Sekuphele izinyanga ezimbili manje. .

Sister Noluthando: Uma ke kunjalo, kusho ukuthi isasebenza emzimbeni wakho kuvamisa ukuthatha unyaka ukuphela nya egazini lomuntu, kodwa lokho kakusho ukuthi ngeke ukhulelwe kulesisikhathi. Usebenzisani njengamanje?

Thembi : Lutho. Ngivele ngakhetha ukuma ukubonana nomngani wami wesilisa. Kodwa u Nomsa kade engeluleka ukuba ngishintshele kwi condom, uthi iphephile futhi kayinazinkinga.

Sister Noluthando: Umngani wakho u Nomsa uyakuthanda, ngoba i condom isivikeli kabili, okuwukuthi uvikeleka kwizifo zocansi kanye nasekukhulelweni. Kona bekuyisinqumo esibucayi ukuziba isoka lakho, ngoba bekungeke kubeyisikhathi eside uqhuba kanje ningaxabani. Ubuzothini uma evele aqhamuke njengokujwayelekile afune ucansi?

Nomsa [*Angenelele*] Yebo, sister Noluthando ngincome wona ama condoms, kodwa nami ngisenayo imibuzo ngawo ama condoms.

Sister Noluthando: Mibuzo mini leyo?

Nomsa : Sister Noluthando, amanye amantombazane athi kawakwazi ukuvikela ingculazi nezinye izifo ezithathelanayo kanye nokuthi aya phelelwa isikhathi. Futhi bathi abantu besilisa kabayijabuleli bathi kabafuni ukudla 'uswidi nephepha'

Thembi : Yebo, sister Noluthando, abanye bathi bona ngeke basebenzisa izivikeli bengakazazi ukuthi bayazala noma qha. Okwesibili uma bengazange bayithole ingane yokuqala bayoba yizisulu zomdlavuzwa webele noma isibeletho. Mina kwangimangaza lokho ngoba ngazi ukuthi konke kunokufa phakathi. Umdlavuzwa uyabulala kanti nengculazi iyabulala. Kodwa umdlavuzwa usuyalapheka kanti ingculazi kayilapheki. Lokho okwangikhombisa ukuswela ulwazi kwalaba bantwana ngalezi zifo.

Nomsa : Futhi Sister Noluthando, laba asebazijwayeza ukungasebenzisi ama condoms, kabaseneliswa noma kabasalizwa ucansi olune condom. Kabasakwazi ukuqala ukusebenzisa i condom.

Thembi : Abaqalayo ukuqoma bathi kunzima ukuxoxisana nesoka ngezindaba ze condom ngoba lokho kudonsela ekungathembanini. Okwesibili inkanuko iye imboze zonke izinkinga ezingavela ngokwenza ucansi olungavikelekile, mhlawumbe baze baxoxe emva kocansi.

Nomsa : Abanye bathi, bayaxoxisana ngakho kodwa kugcina ukusebenza kumzuliswano wokuqala, kwelandelayo, bangabe besasebenzisa sivikeli.

Abanye baziphathela elilodwa kodwa baqhubeke benze imizuliswano leyo abayithandayo.

Thembi : Nami ngazi laba abathi baya 'hlonipha' bathi kulukhuni ukukhuluma nge condom kumuntu okondlayo. Okwesibili, njengonkosikazi kunzima ukutshela umyeni wakho ukuthi akasebenzise ikhondomu, ngoba lokho kungasho izinto ezimbili, ukuthi wena wesifazane kawuthembekile noma indoda kayithembekile. Owesifazane angaze awuswele nomendo wakhe ngaleyonkulumo.

Nomsa : Abanye besifazane kulezinsuku, sebenomkhuba wokuba namasoka amaningi. Bese kuthi ke lamasoka anqabe umgagela ukusebenzisa amakhondomu, ngoba bethi ngeke bona babeyizilima zokusebenzisa amakhondomu abanye bengawasebenzisi. Lamasoka abizwa ngongqongqoshe. Kukhona ongqongqoshe bezokugqoka, bezokuhamba, bezokudla nokunye. Isikhathi esiningi balinganiswa nezidingo, ongenzikhahle uyashiywa kuqhutshekelwe phambili.

Sister Noluthando : Naze nakhuluma imfathumfathu yenkulumo. Konke lokhu enikushoyo yinto eyimfundiso ze. Alikho nelincane iqiniso kulezizinto abazishoyo. Ngingaqoqa yonke lenkulumo yenu, ngokuthi kukumuntu ukuzikhethela. Ukuthi ukhethani phakathi kokufa kunokuphila.

Thembi : Yebo, mngani yiqiniso leli. Kukumuntu ukuzikhethela phakathi kokufa nokuphila. Isikhathi esiningi izinto ezishiwo abantu kazisebenzi. Njengakho ukuthi ingane yokuqala ivimba umdlavuza.

Sister Noluthando : Ngiyathokoza ukuvezile lokho, Thembi. Zonke lezozinto izinsumansumane, abantu bakhuluma kakhulu ngezinto abangeke bakutshela ukuthi bazithathaphi. Iqiniso linye nje ukuthi Umuntu akhethe ukuphila kunokufa. Abanye bavele bathi badukiswa ngendaba yama condom. Bafunda kwi biology ukuthi igciwane lingazidlulela kalula kwi khondomu. Abanengi bakholelwa ukuthi kaliphephile futhi liyadabuka kalula. Zonke lezozindaba ziyedusana. Ake ngichaze ukuthi ikhondomu iyini: iyinjoloba eyintwentwesane eyakheke kahle yathanjiswa ngamafushana ukuze ucansi lube lula futhi ingaqhumi kalula. Ingagqokwa owesilisa noma owesifazane

ngesikhathi benza ucansi, ukuvikela izifo kanye nokukhulelwa okungahleliwe. Njengoba imizimba yabantu ingefani, kunezinhlobo ezimbili zama khondomu; kukhona eyabesilisa bese kubekhona eyabesifazane. Ngeshwa ayikho eduze eyabesifazane bengizonikhombisa.

Thembi : Sister Noluthando, ngaphambi kokufika kwakho lapha sikhulume nenye intombazane ebikhulelwe igama layo ngu Nosipho. Usitshela ukuthi isoka lakhe lenqaba ukusebenzisa ikhondomu, umbuzo wami uthi kunzima yini ukuxoxisana nge khondomu?

Sister Noluthando : Yebo yonke into ingenzeka, kodwa ukukhetha kungokwakho. Okokuqala nje uma ukhetha ukuthandana nabantu abadala kunawe, ungazithola ususenkingeni, kanti kontanga bakho uyakwazi ukukhuluma kugcine elakho izwi.

Nomsa : Yebo konke kungenzeka, futhi kuncike nasesimweni okusona ngalesosikhathi. uNosipho wayencenge usizo kuleyandoda yingakho kungabanga lula ukunqaba okudingwa yileyandoda-mphini. Waze washo nokusho ukuthi wayengayithandi kodwa nje ngoba wayezothola lokhu owayekudinga wavuma. Ngaleyondlela wadela impilo yakhe ngenxa yobuphofu.

Sister Noluthando : Unoshe! Umuntu angeziyise ekufeni ngoba ethi uyahlupheka. Ukhuluma kahle nomuntu wakho nizwane kahle ngaphandle kwempi. Ungaze umqambele namanga akholekayo ukuthi usola isifo nawe ungasiqondi kahle ngakho ke kawufuni ukumshiya naso, ngakho ke ufuna ukumvikela enkingeni okuyona. Ngoba kulento noma ubani uyamsulela omunye uma kuwukuthi unayo.

Thembi : Kodwa Sister Noluthando, ngake ngezwa ukuthi amanye amadoda ayakwazi ukubona Umuntu onesifo nongenaso, ungamqambela kanjani ke amanga? Kona kuyiqiniso ukuthi bayakwazi ukumbona?

Nomsa : Okwesibili, nami ngezwa ukuthi amadoda asebenzisa kakhulu ukumethemba Umuntu wesifazane. Uma engakwethembi uyayisebenzisa ikhondomu. Ungamqambela kanjani ke?

Sister Noluthando : Konke lokho izinsumansumane nje Kayikho leyonto bantabami. Akekho umuntu obonakala ezihambela ukuthi unalesisifo nokuthi lomuntu uyamazi kakusho lutho lokho ngoba lapho ehambakhona usuke ungekho izikhathi eziningi. Iseluleko enginaso sinyenje ; khetha ukuphila kunokufa. Okukugcina zivikele ngasonke isikhathi sokuphila kwakho. Konje ngithe ngizoninika amapheshana aqukethe ulwazi ukuze nizifunde lezizinto futhi ninikeze nabanye bafunde bangadlali abantu izinto zokuzivikela sezikhona. Ngithokozile ukuxoxa nani, ningadeli ukuza uma kunezinkinga, kuyasiza ukuhlale uhlale uze nje emtholampilo.

[Nomsa and Thembi] Sibongile Sister Noluthando, siyakuthembisa sizohlezi sivakasha.

Sister Noluthando: Namukelekile ngasonke isikhathi. Nanga ke lamapheshana anolwazi, niwafunde ngekenizisole. Nihambe kahle ke. Nisize ningazikhohlwa izeluleko zami. Zivikele ngasonke isikhathi sokuphila kwakho. Ngikholelwa ekuthini abantu abangazivikeli bazenza izisulu zokufa noma ukukhulelwa okungahleliwe. Izifo zidlula kalula zisuka konaso ziya kongenaso ngesikhathi socansi olungaphephile. Uma usunesifo esithathelanayo kulula ukuthola ingculazi. Isikhathi esiningi abantu abanengculazi baqale bangazazi ukuthi banayo, kawukwazi ukuvele umbheke ngamehlo bese uthi unayo. Ukuzivikela okuyisiqiniseko ukuthi uzophuma uphila kulesosimo socansi obhekene naso.

[konke lokhu okubhalwe ngezansi okuqukethwe yilamapheshana ukufundisa kabanzi ngezinto zokuphepha]

Isigcawu sesine:

lapha sithola u Thembi noNomsa sebebuya emtholampilo, baxoxa namanye amantombazane abengekho emtholampilo, ngabakuzuze ngokuvakashela umtholampilo.

Nomsa : Mantombazane kungenzeka uhlale ungalwenzi ucansi?

Thembi : Yebo! Isimo esiphila kuso siyingcuphe. Uma ukhetha ukuphila kunokufa kungenzeka.

Sbongile : Nikhuluma ngani manje bangani? Kungabe yilokho enifike nakuzwa emtholampilo?

Nomsa : Yebo, sinikezwe lamapheshana okuqwashisa ngezinto eziyingozi, ngiyethemba nani nizowajabulela, bese nenza njengoba echaza, kawadukisani.

Thembi : Nanga awakho Sbongile, Thoko nawe Sma. Ngicela niwafundisise bese nidlulisela ulwazi oluqukethwe kwabanye, izinto zimbi bakwethu, sizofa sibancane singakaboni lutho lomhlaba. Kufanele sonke sikwazi ukuzivikela kulezifo ezingomashayabhuqe kanye nokukhulelwa okungahleliwe. Ukuwafunda nje lamaphepha kuzophenduleka yonke eminye yemibuzo obuzibuzayona ingaphenduleki. Okwesibili ukwelulekeka okukhona bese ukwenza kungasindisa abaningi kanye nawe uqobo.

Sbongile : Laba asebevele bezifela ngocansi, basengahlala ngaphandle kwalo? Futhi ke bathini kuzinqandamathe zabo?

Nomsa : Yebo! Ngokukhetha impilo kunokufa. Kuyafiwa manje kakudlalwa. Noma ke basebenzise izivikeli okuyizonazona.

Thembi : Akesikhulume ngalezizivikeli. Uyabona ngesikhathi socansi olungavikelekile, indoda ikhipha okusaketshezi lungene kowesifazane. Ngamanye amazwi, loluketshezi luqukethe isidoda esizofike sihlangane neqanda lowesifazane bese uyakhulelwa owesifazane ongavikelekile.

Nomsa : Yebo yiqiniso. Ngokunjalo nowesifazane ukhiqiza olwakhe uketshezi besenalo lungena kowesilisa. Ngakhoke bobabili kabavikelekile uma benza ucansi olungaphephile.

Thoko : Kusho ukuthini lokho?

Nomsa : Ucansi luholela ekumitheni, njengoba sifundile ngakho. Kanti futhi kuholela kwizifo ezithathelanayo. Kodwa kuyenzeka ulwenze ucansi ngaphandle kwezifo nokukhulelwa.

Thoko : Pho uma kungenzeka Umuntu alwenze angazitholi lezizinto, kwenzeka kanjani lokho?

Thembi : Iqiniso ukuthi owesifazane angeke akhulelwa uma nje ekwazile ukuvimba uketshezi lowesilisa ukuba lungene kuyena. Lokho kwenzeka

ngokuzivikela ngezivikeli okuyizona zikwazi ukuvimba uketshezi lwabo lungadluleli kubona bobabili.

Sma : Angizwa ke manje. Kungenzeka kanjani futhi lokho?

Thembi : Kungokusebenzisa isivikeli ikhondomu sona esikwazi ukuvikela izifo kanye nokukhulelwa ngesikhathi esisodwa.

Sma : Ezinye izivikeli njengo diaphragm nam pilisi?

Thembi : Yebo, kodwa ukhumbule ukuthi won amaphilisi kanye nayo idiaphragm ivikela ukukhulelwa kazikwazi ukuvikela ukusuleleka ngozifo ezithathelanayo. Uma kwenziwa ucansi uketshezi oluphuma kubona bobabili lungawudala umonakalo uma kukhona kubona onesifo noma bobabili benesifo bangalidlulisela komunye ngoba kabavikelekile.

Nomsa : Akengikusize mngani wami, Thembi. Izifo lezi ezithathelanayo, zibuhlungu, futhi zenza izilonda ezithweni zomzimba kowesifazane noma kowesilisa. Ezinye zenze owesifazane agcine engasabatholi abantwana. Kuzona lezizifo esibi kakhulu isandulela ngculazi kanye nengculazi uqobo, njengoba Umuntu zimgulisa kabi agcine ngokufa. Ngakhoke uma abenza ucansi olungaphephile kukhona onesifo esithathelanayo, uyaye asulele umngani wakhe ngesifo, bagule bobabili bagcine befile.

Thembi : Ake ngiqedele udaba lwamakhondomu. Amakhondomu kagcini ngokuvikela ukukhulelwa nje kodwa avikela nokusuleleka ezifweni. Amakhondomu atholakala kalula. Ungawathola nasemtholampilo, noma uzithengele emakhemisi noma emasuphamakethe kanye nasemagaraji amanye awo avula u24hoo ngosuku.

Nomsa : Isexwayiso sokugcina, uma sekuqediwe emva kocansi oluphephile owesilisa kufanele akhiphe isitho sakhe ngokucophelela ukuze ikhondomu ingasaleli ngaphakathi noma iphinde ichithekele kwisitho sowesifazane, ngoba lokho kungasho ingozi yokushiya ukufa lokhu ebenikuvikela, uma isichithekela khona futhi. Uma unomngani okuthandayo, ibidlelwane benu bungaba injabulo.

Sbongile : Ngiyabonga bangani, sikuthokozele kakhulu ukunilalela futhi sizuze lukhulu kunina, sengathi singabuye siqhubeke futhi nangokuzayo.

Ngifisa ukuphuthuma ekhaya ngithembise ukusheshe ngibuye kumama.

Thembi : Kube yinjabulo nakithina ukudlulise ulwazi olubalulekile kinina bangani, ngiyethemba nani nizodlulisela kwabanye. Lolulwazi lubaluleke kakhulu ezimpilweni zethu sonke ngakhoke uma usunalo ungancishani nalo.

Sma : Kunganjani simeme nabanye abafundi kusasa kenibakhinindele loludaba njengoba mina ngibona nilubeka kahle kakhulu, futhi ungathi nalifundela ngendlela esenilwazi kahle ngayo.

Nomsa : kuwumqondo omuhle lowo. Kubukeka nikuthokozele lokukuhlangana, njengoba senifisela nabanye nje. Siyohlangana ke kusasa, lapha ngesikhathi esifanayo.

Isigcawu sesine:

Ngosuku olulandelayo kwindawo efanayo. Sekukhona nabanye asebekhona.

Nomsa : Ngiyathokoza ukuthi siphinde sahlanguka futhi lapha, njengesethembiso sethu ngiyathokoza ukuthi sinabangani abasha. Siyanemukela kulesisigodi sokucobelelana ngolwazi. Okusihlanganisa kakhulu lapha ukufisa ukuphila impilo ephephile ukuze silibone ikusasa lethu njengentsha.

Thembi : Bangani abahle uNomsa uqinisile, izimpilo zethu zisengcupheni uma singaqwashisani, baye bathi 'itshe limingothi Nkombose kababa' kosinda ezakwa gwala. Uma singaqaphelisani ikusasa lethu lisengcupheni yokushabalala njengamazolo.

Thoko : Yini lengaka eyonakele lapha?

Sma : Thoko, awusakhumbuli ukuthi izolo sike sakhuluma ngempilo yokuya ocansini ikuthi ibukeka ikhungethwe izingqinamba nengcindezi yezingozi?

Thoko : Oh! Yebo, besengicabanga ukuthi okunye okuhlukile manje.

Dudu : Benithini ngempilo yocansi eyingozi nezingqinamba?

Thembi : Uyabona Dudu isikhathi sobuntombi, sinezinkinga eziningi sthandwa sami. Angibeke kanje. Ukuthomba kwethu kwasifaka koliningi

ushintsho lwempilo nasemzimbeni. Ngalesisikhathi imizimba yethu isikulungele ukuthola abantwana kanti thina kasikakulungeli lokho ngokweminyaka yethu ngoba sisancike kubazali ngakhokonke esikudingayo. Lesisikhathi sigcwele kakhulu ubunzima, ukwenama, ukwesaba nokwenama kwesikhashana. Yingakho ke kufanele lesisikhathi sisiqaphela ngeso lokhozi.

Dudu : Qondisa nje inkulumo yakho, kangikayiboni ingozi, njengoba ngisathola konke engikufunayo ngesikhathi engikufuna ngaso.

Nomsa :Unenhlanhla! Akubona bonke abantu abanjengawe. Uma ngingake ngibuze nje; yiziphi izinto ezisemqoka empilweni yakho?

Dudu : Izinto ezisemqoka kimi ,ngikhululekile, ngakhoke ngidinga 'inhlalakahle', 'udumo', 'nokubasematheni', 'nocansi' nokudla 'ubusha bami' nokuba 'lazidumakhona'.

Nomsa : Niyavumelana nokushiwo uDudu noma lokhu akholelwa kukho?

Sma : Yebo, kokunye kodwa kokunye qha kangivumelani naye. Nje ngocansi nje ngeke ngalubeka phambili mina kulezizinsuku zezifo nokufa.

Thembi : Kubaluleke kakhulu ukukhetha impilo kunokufa. Akusibona ukuhlakanipha ukuba uvanzi kulezizinsuku, njengoba uSma eshilo noma echazile. Ake ngibhekise kuwena Dudu, usebenzisani ukuzivikela ekukhulelweni nasezifweni?

Dudu : Ngisebenzisa amaphilisi, engiwaphuza nsuku zonke.

Sbongile : Lokho akusikhona ukuvikela ukukhulelwa kuphela? Izifo ke zona?

Dudu : Lezo yizifo zokufika. Kasinazo thina lapha eMzansi.

Thembi : Kufanele ukuthi uyadlala. Dudu ake kulezinsuku osaphika lezizifo ngoba abantu sebephelile bebulawa yizona. Usuke walizama ikhondomu?

Dudu : Qha! Angiyidingi lelucwazi noma iplastiki futhi kangiyithembi nje. Futhi akukho ndoda ongayithola uma usebenzisa leyonto. Ungagcina usungumgodi onganukwanja nge plastiki nje?

Thembi : Ukhona omunye ogula njengo Dudu? UDudu udinga usizo oluphuthumayo ngoba usahuqa ubuthongo akaliboni lelizwe ukuthi liyagulelwa isizwe sakusasa. Kulezizinsuku thina esesingenile ekwenzeni ucansi zidinga izivikeli okuyizonazona ezikuvikela kukhokonke. Sbongile

nikezani uDudu lawomapheshana angapheli engawatholanga uwadinga ukusedlula sonke, mnikezeni afunde bakwethu sizomswela uma simyekela ekugaqeleni eziko. Funda futhi ulalelise kuzokusiza kakhulu uphume kulobumnyama osele kukona.

Thoko : Akengikhulume iqiniso nami bengingalethembi ikhondomu. Kodwa kusukela encazelweni zenu sengiphendukile impela, sengizibonile ukuthi bengidukuza ehlathini. Name nginikezeni lawomaphesha bo ngizifundele.

Dudu :Umuntu uzozitholela kanjani manje ingane ukuze azitholele imali yeqolo? Uma esesebenzisa le khondomu? Uma sengingenayo ingane sengiba yisisulu somdlavuzwa webele.

Sbongile : Umdlavuzwa uyelapheka kodwa ingculazi kayelapheki. Ngakhoke khetha ukuphila kunokufa. Kanginampendulo maqondana nemali yeqolo.

Nomsa : Imali yeqolo iwubala kunempilo. Zisizeni, zithandeni, sebenzisa ijazi lomkhwenyana ukuze niphephe. Khohlwa yizozonke izinsumansumane zabantu ezingasizi ngalutho. Futhi zonke lezizinto zikhulunywa ezitaladini, kayikho ezinhlanganweni ezisemthethweni.

Thembi : ‘Bafowethu itshe limingothi’. Kasiphumeni zinkalo zonke sifundise nabanye ukuthi kuyosinda ‘ezakwagwala’, kubi kuyabheda ‘mzala’. Mina ngibona kufananele kesiqale ezikoleni ezingomakhelwane lapho izingane zisazi khona bese siqhubekela nakwezinye njalonzalo.

Sbongile : Umqondo omuhle kakhulu lo wakho Thembi, kodwa siyicabangelani into ebaluleke kangaka, selishona ilanga abanye sebelimele.

Nomsa : Akukakabi kubi kakhulu, kodwa sizoneze la olwazini abanye abanalo, basizakale.

English Version

Name of play: “Living in two Worlds”. Things are bad ‘Mzala’.

Characters :

Thembi – a school friend of Nomsa who is a young adult, who has a child ;

Nomsa – a school friend of Thembi who is a young adult, who has a child ;

Sbongile – a friend of Thembi, who does not have child;

Nosipho – a pregnant teenager whom Thembi and Nomsa meet in the clinic;

Sister Noluthando – the sister at the local clinic;

Thoko – a new school friend who is ignorant about most dangerous sex issues

Sma – a new school friend who is not highly questioning about issues of sex

Dudu – a school friend who is very arrogant and stubborn and who also needs to be popular

Place : KwaZulu-Natal

Time : the present

Number of scenes: 5

Scene One:

Two old friends discover each other at the university. Both Thembi and Nomsa are meeting for the first time since high school days. Nomsa is with her new friend from the university, Sbongile. They first looked at each other with misbelieving eyes, and came closer to each other. Greeting each other, huggingly.

Thembi: Oh! My friend, is that you? [*hugging each other*] Where have you been after such a long period of time?

Nomsa : In the flesh! I have also been thinking about your whereabouts, as I don't even meet you either on the street or any occasion. I have been trying to find my feet in terms of better future, yet I met a very cunning man, who was able to deceive me by promising me a lot of good things, eventually I find myself pregnant with his child. That was the end of my career and I never met him again since then. I am coming back this year. I spent last year with my fatherless baby. I am now starting from where I left off.

Thembi: Why, my friend, you relate exactly my sad story? I am also the victim of the same situation. I am now picking up the pieces, and trying to make ends meet. Men found us as cheap for their games, as women. The day I told him that I was pregnant, it was the same day he left the University to a place I can't tell even today. The biggest problem was that we never

discussed our homes. As a matter of fact I don't even have his home address or his home town.

Nomsa: I am shocked, that you have had the same experience as me, you being my friend. The mystery of university life is still going to impact on most new students, because it forms a new medium, where things change drastically, even those that one claims to know best. My friend, it means now, we are both going to have children from different fathers and from different surnames, for the rest of our lives.

Thembi : *No!* I know the cases where there are four children with different fathers from one mother i.e. where siblings shared a mother but had four different fathers. The situation does not construct a good character to those children and even the mother fails to talk about moral character with them. Partially they are not groomed culturally.

Nomsa : What sort of role model can that mother be to her children?

Sbongile : What do you mean?

Nomsa : Well, if the mother was having sex with four different men to father her four children, how can her children do otherwise but be 'loose' sexually?

Thembi : Oh no! Perhaps that woman was so poor and with no way of earning a living, she had to depend on men for help, and the men demanded sex in return. Perhaps that woman had no choice.

Nomsa : I think that everyone has a choice. There are other sources of help than men who want sex in return for their help.

Thembi : Nomsa, you think it sound so easy to get help. What other sources of help are there?

Nomsa : Well the church for a start.

Thembi : And what if the church rejects her?

Nomsa : Why would the church do that ?

Thembi : Perhaps, because she made a mistake when she was very young and had a child while she was still at school, and so the church rejected her, or she was too embarrassed to go for help to the church.

Nomsa : Why did she have a baby when she was so young?

Thembi : Perhaps she did not understand what was happening to her body, and that she could fall pregnant if she had sex. Perhaps she did not know.

Sbongile : How could she not know?

Nomsa : Many parents cannot talk to their children about sex. They are too embarrassed. They sometimes also think that if they talk to their children about sex, they are encouraging them to be sexually active, so they end up saying nothing instead. So then the children talk to their friends instead and then they teach each other wrong things.

Sbongile: What wrong things?

Nomsa: There is quite lot of things, young people can teach like starting to have sex, or getting your baby so that you will receive government grant.

Sbongile: Oh! No there is nobody who can tell me to just start sex. I am old enough to decide for my own good.

Nomsa: You are just saying that to us, the next thing we will see you being pregnant.

Thembi: She will be stupid to get pregnant these days where there are a lot of preventatives to use in order to avoid pregnancy.

Sbongile: What preventatives are you referring to?

Thembi: Don't you know them? Yes you claim to be old enough to decide for your life.

Sbongile: Yes, I am grown but I don't know what you are talking about when you talk of preventatives.

Thembi: I am talking about contraceptives or condoms. Don't you know them?

Sbongile : I have only heard about them but I have never seen them.

Nomusa: Do you want to see or use them? If yes, why?

Sbongile: I don't want either to use them, yes, because I still want to live my life as a teenager.

Thembi: What does it mean to be a teenager Sbongile?

Sbongile: It is difficult to answer you correctly for I am no longer a child and not yet an adult. I am in between.

Nomsa: You mean it means fun! You can explore things.

Sbongile: What things? The same things of starting sex?

Nomsa: Not exactly, for instance when I am going to start menstruating. I get irritated easily.

Thembi: To add on that, my hips are getting wide.

Sbongile: What is wrong with what you have mentioned?

Thembi: There is nothing wrong, we have just mentioned only the positive things – there are also negative things, like sexual feelings for a boy and so on.

Sbongile: I can't have sexual feeling for a boy without having been approached by him?

Thembi: It is natural at a teenage phase.

Nomsa: Friends, let us talk further about this topic next time, I have to go. I promised my mother to be early today.

THE NEXT DAY: Scene two

Sbongile: Dear friends, yesterday you failed to tell me about contraceptives. Perhaps, one day I will need them.

Nomsa: Sbongile, don't you worry about contraceptives because they are for those who have already started sex and some of the contraceptives have side-effects.

Thembi: Nomusa is right. You will only worry about them when you are like us who are sexually active but who do not want to have second babies yet.

Sbongile: Yes, I don't want to start sex nor do I want to have a baby. But knowledge is power. I want to know them and those side-effects.

Nomsa: If she insists, let us tell her Thembi. Ok, there is that device which is inserted every five years to protect you from getting pregnant. The side-effects, I experienced with it, are that there are irregularities in menstruation, weightloss, headaches and mood changes, and so on.

Thembi: I also experienced the same. I then changed to Depo–Provera that is also injected every three months. I also experienced the same thing as

from Norplant. So I went back to taking birth control pills that are taken every day. I experienced the same thing.

Nomsa: I thought I was the only one who is not getting along with these contraceptives. I am now using condoms. To date I have not experienced any problem, because it has become part of my life system.

Thembi: Do you think condoms are the best? Since I have experienced these problems, I have stopped making love. I keep on saying, “I am sick see how I have lost weight.”

Nomsa: Sbongile, Why are you so quiet? Are you nervous or what?

Sbongile: Yes, but again I was listening to your advice. But still then I don't see myself ready for all those things.

Nomsa: Keep it up! We are what we are today because nobody advised us about the challenges of starting sex and having babies.

Thembi : That is true, Nomsa is right. We wish so much to reverse the situation, but we can't. What has gone, is gone, we will never return it. We are no longer virgins; we are young mothers who are still depending on our parents.

Nomsa: What is wrong, Thembi? Why do you look so troubled?

Thembi: I have started to menstruate again after only two weeks. I really do not know what is happening in my body. I had my last period only two weeks ago.

Nomsa: Maybe it is the same side-effects of the contraceptives we were talking about. Let us go to the Clinic and see Sister Noluthando. Perhaps she can explain to us.

Scene Three

At the clinic, before they could be seen by Sister Noluthando, Nomusa and Thembi met a pregnant girl called Nosipho. They interacted with her while they were waiting to be attended.

Thembi : Let me be curious. Why, my sister, are you pregnant in these days when there are so many ways to avoid pregnancy? By the way you said your name is Nosipho?

Nosipho : Yes, I said so, I am Nosipho. My pregnancy is from a long story my sister. To make it short, I am from a poor family and poor background. I am old enough. I can't afford to be a laughing stock of the area/community, when I have no clothes, shabby hair and so on. I then met an old man who proposed a relationship. I agreed to it provided he was going to take care of my needs. In actual fact, I did not love him, but I only wanted security for my needs.

Nomsa: Were you not using any prevention the time you met him?

Nosipho: I previously had problems with most of the contraceptives. As a result, I started using condoms for any sex action. But with this old man, he refused to use a condom. I then had no choice because I was desperate.

Nomsa: Didn't you think of pregnancy or infection either?

Nosipho: All came into my mind, but poverty brain-washed my mind, that pregnancy will not happen. But here I am now, and he is nowhere to be found. I am just alone, without his support.

Thembi: Don't push her hard, you also know that we ourselves once walked the same path. We thought by getting our first babies we would have cured cancer, yet nobody ever said "I am cancer free because I had my first baby". It was just a myth we overheard from friends.

Nomsa: Yes, It is true Thembi, but Nosipho's case is different from ours. She is now alone without support. She is now in a dilemma. It is poverty this side and a baby to come on the other side to overcrowd her poor situation.

Thembi: Well, Nosipho will apply for a grant to support her baby.

Nomsa: Nosipho, have you tested for HIV, after your pregnancy?

Nosipho: Oh! Yes. It is a long story again. Let me go inside and see the doctor.

Nosipho was afraid to disclose her status to strangers and Nomsa and Thembi were still waiting for Sister Noluthando.

Nomsa : Did you notice, that the moment I talked about status, she became too shy and decided to run inside before she was called in?

Thembi : Yes, but I told you not to push her hard. Everybody has a right not to be discriminated against because of her status.

Nomsa : I was not pushing hard, but I thought of the child. What if Nosipho dies after the birth of the child. She is coming from a poor family background. *(Let us be quiet, here comes Sister Noluthando.)*

Sister Noluthando : Good morning girls! What can I do for you today?

Thembi : I have just started menstruation again after only two weeks. I don't know what went wrong with my body because I had my last period in two weeks ago.

Sister Noluthando: Let us go to a consultation room, I have some questions to ask from you. Both of you come with me. *(inside the consulting room)*

What type of contraceptives were you using?

Thembi : I was using Norplant, but I have just stopped, since I had experienced so many side-effects from using it.

Sister Noluthando: How long have you stopped using it? When was the last time you applied it?

Thembi : It is about two months now, since the completion of my five years.

Sister Noluthando : If that is the case, then it is still working in your body. It will take about a year to be completely out of your body, but that does not mean you can't get pregnant during that period. What else are you now using for protection?

Thembi : Nothing, I have just stopped to see my boyfriend. But, my friend Nomsa, has just recommended the condom usage, as safer and without side-effects.

Sister Noluthando: Your friend Nomsa loves you, because condoms are a double protection. In that condoms prevent both the infections, and pregnancy. It was a hard choice /decision to simply ignore your boyfriend. For how long were you going to ignore him? And what explanation were you

going to give him when he experiences this new behaviour? In fact, that was a very limited option.

Nomsa : (*intervening*) Yes, Sister Noluthando. I recommended condoms to her, but even I myself still have some unanswered questions.

Sister Noluthando What questions are those?

Nomsa : Sister Noluthando , some girls say that condoms do not give much protection for HIV and AIDS and other sexually transmitted infections, plus they do expire. Some talk of men who need a biological satisfaction/pleasure of 'flesh to flesh' sex, and they refuse to wear condom during sex.

Thembi : Yes, Sister Noluthando. Young females say they cannot use condoms while they don't know their fertility position, that is whether they are able to have babies or not. Secondly, they believe that, if they don't get their first babies, they say that the result will be the fact that they will be victims of breast cancer, or cervical cancer. Personally, I was astonished about those controversial statements, because in either way sickness or death is involved. Cancer kills and HIV and AIDS also kill. But cancer can be treated with success, whereas to date there is no cure for HIV and AIDS. Therefore that implies how much knowledge about these two killer diseases young females are lacking.

Nomsa : Again, Sister Noluthando, those who are already sexually active – both boys and girls - say they don't feel satisfaction when they are using condoms. They say once they have become sexually active without condoms, it was very difficult to start enjoying intercourse with a condom.

Thembi : First time lovers say, it is very difficult to initiate the discussion of condoms because the implication will be a lack of trust. Whosoever initiate the topic implies that she or he does not trust the partner, and vice versa. The second factor is that if they have not had sex for a long time, the need is so urgent that they both forget to discuss prevention matters. At times they discuss about it afterwards.

Nomsa : Other groups of youth, say, yes they do discuss the use of condom and use it for the first round of intercourse, but for the rest of the night, they

do not use the condoms any longer. Some give excuses. For instance, they say that they are lazy to get up and get the second and the third condom from where it is or they always carry one condom and not more than one, so if they need more 'games' they continue the 'game' without the protection, because there was only one condom provided for the night.

Thembi : The 'hlonipha' groups, say it is very difficult for them to talk about condoms to a person who is supporting them in all their needs. Secondly, as a wife, it is very difficult to tell your husband to use a condom, because that will imply two things - either the wife is cheating on her husband, or she suspects that her husband is cheating on her. The woman may lose her marriage for that statement.

Nomsa : Some females, these days, have adopted the notion of having more than one partner for reasons best known to them. Young men then refuse to use condoms for that woman who has multiple partners, giving the very strange excuse that he will be the only stupid person using prevention whilst others were not using condoms. Then he himself won't use the condom. Women call these multiple partners 'ministers'. There are ministers of transport, clothing and groceries, disco and accessories. No matter how many there are, the fact is that she gets what she wants at any particular time.

Sister Noluthando: That is all nonsensical and very dangerous! I am sorry to say that. Nobody can ever say that he or she is HIV positive even though he or she was using condoms. For those men of 'flesh to flesh', it is up to them to choose life or death.

Thembi : Yes, it is true my friend. It is up to an individual to choose life or death. What people say at times does not work. It is like saying the first baby prevents one from getting breast cancer or cervical cancer.

Sister Noluthando: I am happy you brought that up, Thembi. Those are all myths. People spread a lot of unproven stories. But the truth is that these days having protected sex is choosing life rather than death. Some of the youngsters say they were misinformed about condoms. They knew from

biology lessons that the HIV is miniscule, therefore concluded, for that very reason, the virus can penetrate even a condom. Many believe that condoms are unsafe and likely to break. All this rumour and loose talk is very misleading. Let me explain what the condom is: A condom is a thin layer of rubber - usually made out of latex or polyurethane - covered with a lubricant which is a slippery substance to make penetration easier. It can be worn by either a man or a woman during sex to help prevent them from becoming infected with HIV or other STIs. It also helps to prevent against unplanned pregnancy. Because a man and a woman's bodies are different, there are two types of condoms: the male condom, which fits over the penis, and the female condom, worn inside the women's vagina. Unfortunately I don't have a women's condom here, otherwise I would show it to you.

Thembi : Sister, before you came to meet us, we spoke to a pregnant girl called Nosipho. Nosipho said her boy-friend refused to use the condom. My question is, is it difficult to negotiate with one's partner to use the condom?

Sister Noluthando: Yes! It is difficult, but you must remember that anything is possible, and the choice is yours. In the first place, if you choose to be in love with people older than you, chances are that they will overpower you, whereas you can negotiate successfully with a person of about your age.

Nomsa : Yes! Anything can happen, and it also depends on the situation one finds herself in. Nosipho was circumstantially forced to succumb to what will please that man, as she stated clearly that she was coming from a poor family background and needed the cash help from that man in return for the sexual favours. She even confessed that she did not love that man but needed his support for her poor position. She needed financial protection rather than physical protection.

Sister Noluthando : This is no excuse! One does not need to expose herself to death because of poverty. Be smart and play smart to convince your partner. You may even lie to him, by saying you suspect yourself to be HIV positive, and now you do not wish to infect him, that you want to protect him

from infection by this disease. Because in this game, not only you are vulnerable. Both of you should be protected against these diseases.

Thembi : But Sister Noluthando, I once heard that some men can distinguish between girls who are infected and those who are not. Is it true? If that is true, how then can I lie to him?

Nomsa : Secondly, I also heard that, men use 'trust' to judge women. If one is not from the same place, they do not trust them.

Sister Noluthando: All those are myths, my dear girls. Nobody can simple judge a person on the basis of appearance, or by saying I have known this person for a long time because he or she lives in the same street as me. Those are all not the correct ways of identifying if the person is infected. The only way to be sure is by finding out the recent/current status. Because nobody knows what is happening behind the 'curtains'. My advice is Choose Life Not Death. Lastly, Practice Safe Sex. By the way, I said I will give you pamphlets to read for yourselves at home and also give to others. It has been my pleasure to talk to you. Do come again if you need any help. It helps to frequently visit the clinic for any problem.

Nomsa and Thembi: Thank you so much Sister Noluthando. We will visit again in future. That is our promise to you.

Sister Noluthando: You are most welcome. Here are your pamphlets, please read them. They are very useful. I personally believe that people who engage in unprotected sexual activities are at risk of becoming infected with HIV or other sexually transmitted infections or having unwanted pregnancies. STIs can be passed on easily from one infected person to another during sexual activities. Being infected with an STI can make a person more vulnerable to contracting HIV. Often people living with HIV do not know they are infected. You cannot tell whether someone has HIV, just by looking at him. Safe sex means using a condom during sex. Using a condom makes it hard for the virus to pass between people when they are having sex. A condom, when used properly, acts as a physical barrier that prevents

infected fluid getting into the other person's body. Goodbye. Don't forget my advice, which is why I trust these pamphlets. 'PRACTICE SAFE SEX'.

Scene Four

Girls are back from the clinic and now are discussing the pamphlets with other girls who were not at the clinic.

Nomsa : Girls, is it possible to abstain from sex?

Thembi : Yes! Things are bad 'mzala'. If you choose life not death, it is possible.

Sbongile : What are you talking about, friends? Is that what you have been told at the clinic?

Nomsa : Yes, we were supplied with these pamphlets and I hope you will enjoy reading them and implementing all that is written in them.

Thembi : Here is yours, Sbongile and you, Thoko, Sma. Please read them and disseminate the information to others, 'Things are bad'. We should all know how to protect ourselves from the infections as well as unwanted pregnancies. If you carefully and properly read these pamphlets, you will probable gain and appreciate the contents. Secondly the implementation of the suggested precautions will save many lives including yours.

Sbongile : What about those who are already sexual active, can they still abstain? What can they say to their boyfriends?

Nomsa : Yes! They can, by declaring life or choosing life. Alternatively, they can also use protective measures correctly.

Thembi : Let us talk about these preventative measures. I have learned that during sex, the man ejaculates semen into the woman's body. In other words, some fluid from inside the man's body goes into the woman's body. The semen contains sperm that can make the woman pregnant by fertilising one her eggs.

Nomsa : Yes, it true. In the same way, the woman's vagina may become wet. The man's penis is likely to touch the woman's wetness and this fluid can also get into the man's body. In other words, during sex the partners

come into contact with each other's body fluids. This is part of the pleasure of sex, but it also has dangers.

Thoko : What does that mean to us?

Nomsa : Sex can lead to pregnancy, as we have already learned. Sex can also lead to the passing on of infections. But it is possible to have sex without getting pregnant and without passing on infections.

Thoko : So, if it is possible that one can have sex without getting pregnant and passing on infections, my question is what makes that possible, taking what you said into account?

Thembi : The fact is, a woman cannot become pregnant unless some of the man's semen gets into her vagina. If a couple can stop the semen from getting into the vagina, they can have sex without the risk of the woman getting pregnant.

Sma : I don't understand now. How can one have sex without the contact of semen into vagina?

Thembi : The most common and effective contraceptive is to use a condom. The condom is a rubber skin that fits over the man's penis. The condom catches the semen so that the semen does not get into the woman's body.

Sma : By contraceptives do you include the diaphragm and contraceptive pills?

Thembi : Yes, but remember that although the pills and the diaphragm can prevent pregnancy, they cannot prevent the passing of infections during sex. When sex takes place some fluids from the man's body enter the woman's body. Some of the women's fluids also rub off on the man. If either of them is infected with certain kinds of infection, those infections will be passed onto the sexual partner through contact with the fluids.

Nomsa : Let me help you my friend, Thembi. These are called transmitted infections or STIs. Some STIs are painful and cause sores on the penis or vagina. Some cause the man or woman not to be able to have children. But the most serious STI is HIV and AIDS, as this causes serious illness and, eventually, death. Therefore if one of the partners has an STI, including HIV

and AIDS, the other partner can be infected through sex. The infection is passed when the body fluids, such as semen, vaginal fluid and blood, are exchanged. Sexually-transmitted infections cannot be passed through saliva and kissing with wounds.

Thembi : Let me finish some issues about condoms. Condoms prevent not only pregnancy but also the passing on of infections. The condom prevents the infection from being passed from one partner to another by creating a barrier between the man's fluids and the woman's fluids. Lastly condoms are easy to get. You can get free condoms at clinics or you can buy them at the pharmacy or supermarket or even at garage shops, many of which are open 24 hours a day.

Nomsa : The last precaution, when sex is finished, the man must remove his penis slowly from the vagina and take the condom off carefully. The condom is usually full of the man's body fluid (which includes sperm and might include an infection), which should not spill inside the vagina.

Sma, Sbongile and Thoko : Thank you very much, our dear friends, we are as informed as if we had just been to a lecture on sexual behaviour.

Sbongile : There is one thing coming up in my mind, you once spoke of delaying sex, what was the meaning of that, were you implying not to have boyfriend or have a boyfriend but without practising sex?

Thembi : Both, when one is still dependent on parents for everything, it is better not engage in sexual activities because they always yield bad consequences and are also dangerous. If I can tell the truth, sex is bad but feelings are deceiving. Emotionally, sex can lead to feelings of pleasure for one or both of the sexual partners and contribute to feelings of love and closeness between them. But it does not always work that way.

Nomsa : Another thing, sometimes one of the sexual partners might feel disappointed or used. Sometimes, both partners will feel let down. Sex is a big experience and it can lead to complicated and painful feelings.

Thembi : Tell me then, what would you do to all these problems and challenges when you are still young and still need somebody's shoulder to cry on?

Sbongile : Now, I do understand the reason why you suggest the delay in sex matters.

Nomsa : But when you are old enough to take informed decisions, sex will usually lead to happier feelings if the partners know each other well enough, if they already have a close and trusting relationship and if they are committed to each other. On the other hand if two people rush into sex, or if they don't know each other well enough, they will probably end up feeling disappointed.

Thembi : Lastly, if I had my way I would suggest to all teenagers that teenagers have to consider when to start having sex and who to have sex with. And when making that decision, every teenager should remember that: having sex with someone can lead to your having a baby with that person, and that

*having sex can lead to your getting a disease, including HIV and AIDS, and
*having sex might be disappointing or upsetting if you are not ready, if you don't know your partner well, if you have sex for the wrong reasons (like impressing your friends), or if having sex goes against your values or religion.

Nomsa : Good sex is worth waiting for. Because, when you are emotionally ready for sex, and when you have the right partner, then a sexual relationship can be a source of pleasure and support.

Sbongile : Thank you again, friends, we have enjoyed listening to you and we have gained a lot. Now I suggest we meet again tomorrow because I have to keep my promise to my mother to be early today.

Thembi : It has been a pleasure to share the knowledge with you. I hope you will in turn share the same knowledge to your friends.

Sma : How about engaging other students tomorrow, about the same topics and with you leading the discussion because you are most wonderful 'lecturers' in this regard.

Nomsa : That is the good idea. It seems you have enjoyed it, that you are not selfish to pass the information on to others. Well, we will meet again tomorrow, here on the same time and same spot.

Scene Five

The following day at their common spot. Now they have been joined by other members.

Nomsa : I am glad that we all have made it as we promised to meet here today, and I am delighted that we are joined by other members. Welcome friends. Feel at home, we are all here on a learning curve. Our most urgent concern is the safety measures of our future, as adolescents.

Thembi : Dear friends, Nomsa is right. Our lives are at stake these days. If we are not careful enough, our future will be shattered.

Thoko : What is it that is at stake here?

Sma : Thoko! Don't you remember that yesterday we spoke of our sexual life, as challenging and dangerous?

Thoko : Oh! Yea, I thought that there was something more that is even, more terrifying.

Dudu : What did you say about sexual life, which is dangerous and challenging?

Thembi : You see, Dudu, the stage of being adolescent means a lot of challenges, my dear. Let me put it this way. During adolescence we experience many physical changes because our bodies are reaching a stage of life known as puberty. This is when the human body gets ready to be able to produce children. At the same time we experience changes in the way we feel. In fact, adolescence is a difficult, exhilarating, frustrating, interesting time of life. That is why we should handle it very cautiously.

Dudu : Just come to the point, because I don't see any challenge, as I get all what I want ,and at the time I want it.

Nomsa : You are lucky! Not all people have that luck. If I may ask, what are your 'top priorities in your life'?

Dudu : My priorities in life, I am free, therefore, 'social life,' 'popularity', 'living in the fast lane', 'having sex', 'living for the moment', and 'parties, parties, parties'. What else can one want? You live only once!

Nomsa : Do you all agree with what Dudu is believing in?

Sma : Yes, in some aspects, and not others. Like sex should not be the top priority in these days of infection and death.

Thembi : That is quite important, to choose life rather than death. It is not wise to be loose these days, as Sma has alluded to. Let me ask this question from you Dudu, what are you using as a prevention in order safeguard yourself against infections and unwanted pregnancy?

Dudu : I am using contraceptive pills that I take every day.

Sbongile : Is that not to prevent pregnancy? What about infections?

Dudu : Why are you all attacking me? I use nothing. What are those infections?

Nomsa : It is because we realise that you are still 'playing with fire'. You do not take life seriously. Have you not heard about STIs as well as H.I.V. and AIDS?

Dudu : Those are foreign diseases. We don't have them here in South Africa.

Thembi : You must be joking, Dudu! Nobody these days can still deny the prevalence of these diseases. Have you tried the condom?

Dudu : No! I don't need that plastic and don't trust it either. Again no man is interested to use that plastic, why should I then bother myself with something that will make me unpopular.

Thembi : Who else have the same crazy idea like Dudu? Dudu needs some immediate help otherwise we will lose her. Things are bad outside there. Everyone needs double protection. Sbongile give Dudu some of those pamphlets to read. Please do read them. They will change your attitude.

Thoko : Let me be honest here. I also did not trust the condom. But since you are now talking about double protection, I realise that I was wrong. Please give some to me as well to read.

Dudu : How is one going to get a baby in order to get a government grant, if one is using that condom of yours? Secondly if one does not have a baby, they will have breast cancer.

Sbonile : Cancer can be cured but HIV is not yet curable. Therefore choose life rather than death. The baby grant is so small that it cannot even take care of the baby, so with a baby, you will need TEN government grants to take care of you AND THE BABY, and no one is going to give you that.

Nomsa : Yes! A Government grant is far cheaper than your life. Please help yourself. Always use condom wisely each time when engaging in sexual activities. Forget about all the myths that people are chatting about on the street corners.

My critical reflective analysis

In my playlet, I have tried to capture the detail and the spirit of the many many conversations I overheard and took part in, albeit very discreetly. The issues which made themselves heard over and over in these conversations were about

1. peer pressure to be sexually active,
2. emotional insecurity and regrets about unwanted pregnancy and abandonment;
3. needing financial security and so trading sex for material goods and benefits,
4. ignorance and myths about every possible aspect of sexuality and sexual behaviours and their consequences,
5. parents' reluctance, even fear, to talk about sex to their children,
6. fear of infection;
7. ignorance about HIV and ARVs, and denial that AIDS has no cure and kills.
8. eagerness to inform, and even teach, other young women out of their experience.

1. Peer pressure to be sexually active,

Each time, when friends are talking about their experiences of sex to their friends in groups, they tend only to talk about the positive aspects, including their babies, and the responsibilities. According to Wood, Maforah, & Jewkes (1998) in their study of adolescent Xhosa-speaking adolescents, in South Africa, discovered that peer pressure is one of the reasons for early sexual initiation. Adolescents may be under enormous pressure from their friends to engage in sexual activities. Girls who do not engage in sexual activity may sometimes become the object of ridicule and inexperienced girls are expelled from the group conversations because they cannot contribute and might reveal the secrets being discussed. From the above statement I was reminded the quotation by Perkins (1991) which reads thus: "Teens are more likely to be sexually active if their friends are sexually active". Some studies I have made have something common or ideas and attitudes with some of the statements made by the above participants. For example, Varga (1997) in her study of sexual decision-making and negotiation in the midst of AIDS amongst boys and girls in Durban, South Africa, found that boys believed sex must take place within the first few weeks of relationship in order for the relationship to be viewed as serious and legitimate (Varga, 1997:55). Other studies have documented the importance of penetrative sexual intercourse (Preston-Whyte and Zondi, 1991; McPhail and Campbell, 2001). Females are often met with accusations of infidelity or the perception that they have many sexual partners if they suggest using a condom with their partners (Varga, 2000). Therefore, trust in the relationship is a major reason for not using condoms. African females also feel social pressure to prove their fertility, as their worth as females are derived from their ability to produce children (Tillotson and Maharaj, 2001).

2. Emotional insecurity and regrets about unwanted pregnancy and abandonment;

I found that when they were talking one-on-one, the reality emerged, and they started to talk about their regrets and fears and hardships. One of the topics that arose most often and easily was around girls becoming pregnant to 'keep the love strong' by having a child only to find themselves being rejected and abandoned, by a so-called boyfriend. Secondly, they isolate you in their discussion, when you are still a virgin or do not have a child.

3. Needing financial security and so trading sex for material goods and benefits,

Talk about 'ministers' who provided material needs and wants for sexual favours happened easily and often, and almost always without any sense of shame. When speaking about 'ministers', they spoke as if this was a normal behaviour, and understandable, with only some disapproval and warnings about infections and pregnancies. The poor financial situation of girls may sometimes compel them to engage in unprotected sex. Girls who are financially dependent on their male partners are not able to negotiate sex for fear of abandonment.

4. Ignorance and myths about every possible aspect of sexuality and sexual behaviours and their consequences,

I found that many of the young women I overheard are uninformed and /or confused about what is happening to them reproductively when they start their menses. I heard strongly that sex is equated with fun and parties and 'only living once'. Their biological information is poor, and so they do not stop to think about what is happening to their bodies beyond mood changes when their menses are due. It seemed that very few knew when their bodies were producing eggs. Practicing birth control seemed to be better informed than infection prevention, and most seemed not to realise that birth control did not stop infection. It became clear that the use of condom protection was

random. Some girls use protection casually and in some instances they do not use it at all thinking that they will not get infected or fall pregnant if they use protection most of the time.

Some teenagers are getting pregnant in order to avoid breast cancer at the expense of contracting infection like HIV and AIDS. To date the cure of AIDS is not available, while cancer can be treated with success. That indicates, how much ignorant are they, in respect of healthy issues.

5. Parents' reluctance, even fear, to talk about sex to their children,

Most parents are no longer talking about the topics of sex education to alert their children about the consequences of getting pregnant before marriage. Some girls do not feel loved by their parents at home, and seek to please boyfriends because they crave affection, which goes back to issues of emotional insecurity. I gathered that the most critical issue with parents is ignorance, about how to talk to their children about sexuality. In addition, the pandemic has been associated with immoral indecencies, which makes the parents even more reluctant and fearful about talking about sex to their children.

In addition, parents work long hours and have little contact with their children. Hedgepeth and Helmich (1996:9) wrote that "Changes in family structure and parents' work patterns have resulted in a decline in adult supervision of youth, most students report having sex in their own homes, in their parents' bedrooms" Nalini Naidoo wrote in the "Witness" 6/7/2004: "Parents work shifts at work and may also come home very late and tired or may not even come home at all". "Children are thus parenting themselves or by proxy" (Du Toit, 1987:568).

6. Fear of infection;

Tillotson and Maharaj (2001:17) in their study of Zulu-speaking boys in Durban found that trust was also seen as important part of the relationship. According to them the statement “I use a condom because I didn’t trust her” was a common response among the boys that were interviewed. The girls that were more likely to be trusted were those residing within close vicinity of the respondents whilst girls that were not, were considered unsafe.

7. Ignorance about HIV and ARVs, and denial that AIDS has no cure and kills.

I was alarmed at how many young adults still know very little about HIV and ARVs and that AIDS has no cure and kills.

8. Eagerness to inform and even teach other young women out of their experience.

I saw how popular was the topic of sexual behaviour and its consequences was among young adults. They talk about it all the time. I also saw how, one-on-one, they are quick to give advice and want to teach others out of their own experience. At the same time, and almost contradictorily, I had very little impact on their values and belief. They all told me I am an old fashioned man who did not understand their era, therefore I had no right to tell them how to live their lives. Therefore I believe that we need to find people who are credible in the eyes of teenagers to teach sexuality education in the community. These people, I believe can be the Thembi’s, Nomsa’s and Sbongile’s and their friends, who can act as ‘*amaqhikiza*’ for this era.

What else can I do?

After reading O’Connor’s (1990:85) statement, viz. “education for parenthood” within the curriculum of schools, I then believed that the opportunity for exploring parenting as the outcome of a serious, long-term,

stable emotional relationship through discussion within peer groups of adolescent girls and boys may thus be missed.

I will continue to urge that sexuality education from the perspective of “education for parenthood” be included in the school curriculum, with the inclusion of the rites and rituals which inform the tradition of the young people. I recommend that the rite and rituals about their sexuality and sex education be taught to boys and girls of the same age group in their own home language. I will continue to urge conversions around sexuality education, invite experts to come and motivate young people about their education and their future .

I believe that campaigns need to be ongoing in order to show the seriousness of the scourge as well as the dangers of having unplanned babies before marriage. I believe that the schools need health care professionals on a weekly basis at the least who will assist in relation to school pregnancies. That is why I recommend that at the moment, teenagers should visit health centres during their pregnancies for monitoring, advice, and STD screening. Adolescents need to believe that their visits to these centres are confidential before they will reveal information honestly. And the health care professionals must be able to discuss sensitive topics in a non-judgmental and supportive manner. They need to demonstrate a desire to work with youth. A knowledge of teenage behaviours, health risks, and the social context in which a teenage lives assist the professional in the promotion of health by providing anticipatory guidance about peer pressure, assertiveness, and future planning.

Conclusion

In this chapter, I have looked at the perception of parents in relation to sex and sexuality education, and the issue of pregnancy in schools, and the

effects thereof on the lives of young girls, and the insights and opinions of the young adult women about sexuality and sexual behaviours.

Chapter Five

HIV and AIDS, Orphanhood and Childheaded Households

AIDS is a disease.
It is an infection, a syndrome, an illness, a disorder,
a condition threatening to human life.
It is an epidemic-
a social crisis, an economic catastrophe, a political challenge, a human disaster.
(Cameron, 2005:42)

Introduction

I have divided this chapter into two sections, one focused on HIV and AIDS, and the other on Orphanhood and Childheaded Households.

Just lately, I have been reading the research of Fawzia Ismail Peer. From her work I have discovered that HIV was first isolated and reported in 1983, and the cloning of the viral genome and the replication and persistence strategy of the organism followed shortly thereafter (Weiss, 2001:22073). I also discovered that the first recorded case of HIV infection in South Africa was in 1982. This implies that people were dying without help. This resonates for me, because when I first experienced HIV and AIDS, it was through the bewildering and tragic loss of life in my family, my schools and my community, and I had no way of understanding what was happening. In the course of this study, I have deliberately developed my understanding of HIV and AIDS.

In this section I will relate the story of my growing awareness and understanding about HIV and AIDS from the books I have read. I make no attempt to deal with HIV and AIDS as a health practitioner would. I am merely sharing with you, the reader, what I have come to understand what I have written here, and what I believe I and others can do to address the situation.

What was my concern about myself, and what did I do about it?

When I studied biology at school between the years 1974-1978, HIV and AIDS were unknown. Even the text books about health to which I had access, contained no information about HIV and AIDS.

Judge Edwin Cameron's statement above, made me realize that we should all be very aware as human beings that AIDS is real, and not 'just news' and that we should all understand that AIDS is a killer disease.

I was concerned that I did not know anything really about HIV and AIDS, and that I needed to understand as much as possible about HIV and AIDS.

To educate myself, I have read a number of books that explain and define the HIV infection and the killer disease, AIDS, and report on the evidence of its spread in hospitals. I found this reading most instructive.

From Whiteside and Sunter (1989:1/2) I learned that

AIDS : 'A' stands for Acquired; 'I' and 'D' stand for Immunodeficiency. This means that the virus is not spread through casual or inadvertent like flu. In order to be infected, a person has to do something (or have something done to them) which exposes them to the virus. Secondly, the virus attacks a person's immune system and makes it less capable of fighting infections. Thus, the immune system becomes deficient. 'S' is for Syndrome. AIDS is not just one disease but it presents itself as a number of diseases that come about as the immune system fails. Hence it is regarded as a syndrome.

HIV= Human Immunodeficiency Virus. It is a retrovirus, meaning that it is the first known virus to transcribe DNA from an RNA template. The virus has to enter the cell and insert itself into the cell's DNA to reproduce itself.

CD4 cells: CD4 cells are specialised white blood cells (soldier cells) that play an important role in the body's immune system.

Antibodies: antibodies are what your body produces when it identifies a germ or virus.

CD4 count: CD4 cells are a type of white blood cell that we all have in our bodies. By counting how many CD4 cells we have in our bodies, we can tell how healthy our immune systems are.

IMMUNE system: It is your body's natural defense against infection and illness. Part of our immune system is made up of white blood cells, some of which are called CD4 cells.

OPPORTUNISTIC infections: are illnesses that occur in people whose immune systems have been weakened.

AIDS-defining illnesses: are classified as certain illnesses that can be common in people who are living with HIV, whose immune systems are weak.

I discovered from Stephanie Nolen's (2007) *28 Stories of AIDS in Africa*, that all of the above means that HIV weakens our immune system so that we get sick more often and it becomes harder to recover. Once HIV infects the immune system, it makes millions of copies of itself, using mainly the body's CD4 cells (soldier cells). As the HIV continues to multiply, the CD4 cells respond by producing antibodies to try to fight the HIV. But the immune system eventually becomes tired and weak as more and more CD4 cells are destroyed. The immune system eventually becomes so weak that it is no longer able to fight off illness and disease. HIV is different from other viruses like a cold or flu, because it specifically attacks the cells that are responsible for keeping the body healthy - CD4 cells. A person is classified as having AIDS if they have had a positive HIV antibody test, as well as CD4 count less than 200/mm cube, and are diagnosed with one or more AIDS-defining illnesses. Many people have shown that if they receive antiretroviral (ARV) therapy at this stage, they have the ability to move back to earlier phases of the disease, becoming healthier.

Once an individual has been diagnosed with AIDS, their risk of dying from an opportunistic infection is very high: an example of one of the most common opportunistic infections is TB. Therefore identifying HIV infection as early as possible maximises a person's chance of survival.

HIV is spread through the exchange of bodily fluids between people. The main ones are blood, semen, vaginal fluid and breast milk. For instance

1) sexual fluids: HIV is the sexual fluids of an infected person. For a woman, it means HIV is in the vaginal fluids, which are produced by the vagina to keep it clean and to make intercourse easier. In a man, it is in his semen. If an infected man is doing an unprotected sex, then HIV in the infected fluid can pass into the woman's bloodstream through the walls of the vagina, if woman has a cut or sore inside or around her vagina.

2) Injecting drugs using a needle or sharing a needle or syringe that has been used by someone who is infected increases a risk of HIV transmission.

3) Through mother-to-child transmission during pregnancy, child birth and breast feeding.

I learned that most HIV transmission occurs when a person has just been infected with HIV and is unaware of this infection. At this time, the HIV levels in the body fluids are very high, so there is a high chance of transmission. HIV can be transmitted through various activities where the virus is present in the body fluids. These include unprotected sexual intercourse, injecting drugs and breastfeeding. It is not possible to become infected with HIV by sharing crockery or cutlery, touching, hugging or shaking hands, or from sweat, urine, mucous, tears or toilet seats.

I discovered that there are specific factors that make people to be vulnerable to HIV infection. These include

*Little knowledge and understanding about HIV and AIDS.

*Few counseling and testing facilities.

*Problems with distributing up-to-date information to those who do the counseling and testing.

*Difficulties in obtaining condoms.

*Stigmatization and unfair discrimination against people with known or suspected HIV infection.

*The lower status of women in society.

*The lack of medical care and social support for those infected or affected by HIV and Aids.

*Failure to supply affordable and easily available antiretroviral drugs.

*Poverty, which may lead to prostitution.

*Domestic violence.

*The rape of women and children.

*Migrant labour that separates families for long periods of time.

When I read about the experiences of doctors in hospitals dealing with the incidence of HIV and AIDS, my concerns were made even deeper.

Oppenheimer and Bayer (2007) include oral history interviews they conducted with doctors in South Africa, working mostly in black hospitals. In their stories, they related how HIV and AIDS came into South Africa and the acceptance or denial with which the doctors responded to the epidemic. The doctors involved were Dr Raziya Bobat in 1987 at King Edward VIII Hospital, Dr James McIntye in 1987 at Baragwanath Hospital, witnessed by Dr Glenda Gray, Dr Pinky Ngcakane in 1994 in Port Elizabeth, Dr Francois Eksteen in 1995 in Tugela Ferry Hospital, Dr Caroline Armstrong in 1997 at Murchison Hospital, and Dr Clarence Mini from the military forces in Harare, Zimbabwe.

They all reported that the Saga of AIDS in South Africa was framed by the increasing spread of HIV without prevention. First, they said it was a disease that was associated with the gay population. Then, when it broke of Africa and into South Africa, it came in different forms of ailments and illnesses, which made it difficult for most doctors to recognise that it was an outbreak of HIV and AIDS. They then discovered that the medications they were giving to their patients were no longer effective. Some of them then applied for

consent to start testing for HIV. It was then they discovered that they were faced with the problem of an HIV and AIDS pandemic.

Dr Raziya Bobat tells the story of a patient in 1987 at King Edward VIII Hospital when she was alerted by her colleague to the case.

She was an African child about five years old. 99% of our patients are black Africans. Our specialist had looked at the skin and said that there was something strange about this child, and the more she looked at her, the more she seemed to fit the description that everybody was talking about, about HIV. Of course, then all of us looked at this kid; then we took out the books and read about it. And everybody sort of said 'Yeah, this certainly seems like it.

In 1987 again Dr James McIntyre was serving the populous Black township of Soweto, at Baragwaneth Hospital. He faced laboratory evidence that HIV was making its presence felt in the impoverished population of Soweto. This was also witnessed by pediatrician, Dr Glenda Gray, in a black child a year later .and slowly they were discovering AIDS, case by case.

The doctors all admitted that it was not easy to identify those first cases. They confessed by saying

Initially, we began seeing a few cases (...) young people with strokes. We began seeing people wasting, people with chronic diarrhea and a few people with myocarditis or with cardiac failure and in our investigations of these patients, having done everything else, we came to the diagnosis of HIV by exclusion.

Reflecting on the pace at which cases emerged in the epidemic's first years, doctors acknowledged into the mid-1990s their difficulty in recognizing AIDS. They also admitted that they discovered very late that the manifestations of HIV disease could take many forms. For instance they were used to patients suffering from communicable diseases that were common. It was all too easy for doctors to fail to recognize that the typical infectious illness they had seen for years were now the consequence of an underlying immune disorder.

Dr Pinky Ngcakane said of her experience in 1994 in Port Elizabeth.

We would see a lot of ordinary cases, but they were just too bizarre. We'd see a lot of chest infectious coming out of nowhere .We knew that T.B was endemic, but it was getting out of proportion.

Dr Ngcakane and her colleagues then began to ask for consent to test for HIV.

In 1995, at the Tugela Ferry Hospital north of Durban, where Dr Francois Eksteen was working identified a few patients with AIDS.

In 1997, rural hospitals in KwaZulu-Natal were awash in AIDS. Dr Caroline Armstrong described what greeted her at Murchison Hospital in Port Shepstone south of Durban. Every time she was on call in the evening, she got people coming in for the first time with major opportunistic infections, who weren't diagnosed, who didn't want to test, because there was too much stigma.

I just couldn't believe what I was seeing there. Those people, the bulk of the workload was HIV-related. (...) It was just unbelievable how many people were HIV positive. (...) I could see that this was just ravaging the community.

At King Edward Hospital, Dr Raziya Bobat related her naivete in the beginning about the HIV. She said "I must say that we did not envisage what happened, it didn't really mean to be a problem that was going to be spread". And Dr Umesh Lallo also remembered what was said by a medical registrar who came from Zimbabwe, who told him that in five years' time the wards would be full of HIV as it was in Zimbabwe. Dr Glenda Gray concluded in the above scenario, saying that "We probably were seeing a lot of younger children who died of opportunistic pneumonias which we did not even think were HIV".

During the first encounter with, and the acceptance of this epidemic, some doctors and nurses feared that they would become infected, such that, some of the doctors and nurses were reluctant to work with HIV-infected patients.

As the number of critically ill AIDS patients seeking care mounted, the shortage of beds in hospitals mounted too, to the extent that some patients were turned away. The hospitals only admitted those who were very sick. In Johannesburg, Dr Pinky Ngcakani, describes the dilemma she had faced in deciding whom to admit when her hospital was already full to capacity. Dr Ngcakani explained that she looked at the patients and had to decide who was sicker than the others, and would admit those who were sickest, knowing very well that the one who was not admitted would be back a day or two later. The criteria that she used was just to say this one has chronic diarrhea and is dehydrated and I cannot admit her because the other one has meningitis, and he needs more help, so the one with meningitis was admitted and stayed in casualty overnight, or over two days, whilst waiting for a bed to become available (Oppenheimer and Bayer, 2007:123). Sadly, Dr Pinky Ngcakani stopped working in a public hospital in 2004 out of sheer frustration (Oppenheimer and Bayer, 2007:123).

And also at Edendale Hospital in Pietermaritzburg, Dr McKerrow records: (Oppenheimer and Bayer, 2007:12-13)

There was one ward; the back half was just cots, cheek to jowl, with two or three children per cot. Their nappies, or diapers, would be changed three times a day; so if they soiled their nappies after they had just been put on, they stayed in those nappies for hours. Come meal times, the nurse would sit in front of the cot and feed three children with the same spatula from one bowl.

Because of the shortage of beds in hospitals, instead of turning away patients, the compassionate doctors adopted a new accommodation system, called “floor beds”. These “floor beds” were blankets rolled out under the bed of another patient, or between two beds. Patients were happy to accept this situation. Dr Umesh Lallo, then a young doctor, described this situation at King Edward VIII, in Durban during 1980s: “for every patient on a bed, we had another under the bed” (Oppenheimer and Bayer, 2007:12).

However, the health management officials of the district complained and said the computers could not accept the practice of “floor beds”. The health management officials said that there were no blocks to fill in the statistics for “floor beds”. Therefore they prohibited the doctors accommodating patients in “floor beds”. In response, mercifully, the doctors kept the patients on drips giving them antibiotics while lying on trolleys waiting in the passages outside the wards until a bed became available (Oppenheimer and Bayer, 2007:124).

In response to that dilemma, the doctors designed a new system. In 1997, Dr Moll records: “It was in that environment that we came across the concept of home-based care, because we could see that our resources within the hospital were completely limited”. For home-based care “semiliterate people were being taught to care for dying patients in their own homes”. Volunteers from the communities were trained to help in their own communities (Oppenheimer and Bayer, 2007:124).

Overcrowding was accompanied by great disparities in technical resources. Black hospitals did not have adequate resources as compared to white hospitals. Another problem for doctors was the non-availability of relevant treatment. Because there was no neurologist at Mahatma Gandhi Hospital, Dr Themba Mabaso sent a patient to King Edward VIII Hospital with a specimen in a bottle for analysis, only to find that the patient was turned away, not only because of the shortage of space, but also because he was not from that area (Oppenheimer and Bayer, 2007: 123-124).

Then, there was also the incompetence of doctors and nurses to deal with the pandemic. Patients were lying on trolleys without being attended to, until some died on the bench waiting for doctor, or some were shunted to an inferior hospital after 72 hours. Most of the hospitals did not have clinics to

help people to provide care, whilst they were waiting for the doctors (Oppenheimer and Bayer, 2007:124).

Dr Clarence Mini reported that he had seen the same symptoms, in the military forces in Harare, Zimbabwe. He said these young men were viral carriers, bringing the disease as they cross the borders to South Africa. And the migrant labour system encouraged for promiscuity as wives were not allowed in the cities. All these situations were also associated with, or blamed for the promiscuous lifestyle of the local people and the whole system of cohabiting before marriage and having multipartners as a matter of course.

Yet another problem was when the drug to help prolong the life of patients became available in 1996 it was so very expensive, that doctors had to face the tragedy of telling their patients that they could not afford this lifesaving drug because they, the patient, did not have enough money, either personally, or in their medical aid accounts. In some cases, the husband had medical aid, while the wife was not covered (Oppenheimer and Bayer, 2007:132-7).

Between 1987 and 1995 the epidemic came to South Africa unnoticed and doctors first doubted it. Thus by early 90s, Aids was clearly defined in Africa as heterosexually transmitted disease. It was clear to me that through those years, efforts to mitigate the impact of HIV and AIDS focused on preventing new infections through behavioral change. Throughout that decade, limited resources were dedicated to providing drugs that prolong infected people's life.

Later, grim and almost mind-numbing statistics revealed the depths of the failure and the extent of the toll that HIV had exacted. Already about 5.5 million men, women, and children were infected, more than 500,000 had acquired HIV infection in 2004 alone. In the most severely affected province

of KwaZulu-Natal, four out of ten women giving birth tested positive for HIV. In 2004, 300,000 deaths were attributed to AIDS. The death rate for women 20-39 years of age was more than three times higher than it had been seven years earlier (Oppenheimer and Bayer, 2007:5).

South Africa was seen as having obviously failure to prevent the spread of HIV, first in the gay population and then in the Black populations, and to stem the rising tide of death and suffering. Even though the situation was in that position, the debate continued about the cost of drugs, to an extent that the activists from the Treatment Action Campaign intervened. Then South Africa started rolling out the drugs.

The rate of death of people makes me heartbroken, when I look at the recorded statistics; let alone those that are not recorded.

Global summary of the HIV and AIDS epidemic (AIDS Challenge for S. Africa, 2000:36)

People newly infected in 1999 : Total: 5,6 million

- Adults : 5 million
- Women : 2,3 million
- Children <15 years : 570 000

Number of people living with HIV/AIDS : Total : 33,6 million

- Adults : 32,4 million
- Women : 14,8 million
- Children <15 years : 1,2 million

AIDS deaths in 199? : Total : 2,6 million

- Adults : 2,1 million
- Women : 1,1 million

Total number of AIDS deaths since the beginning of the epidemic : Total : 16,3 million

- Adults : 12,7 million
- Women : 6,2 million
- Children <15 years : 3,6 million

By the end of 2005, it was estimated that there were about 40.3 million people worldwide who were infected with the HIV. More than three million people died of AIDS in that same year. When, I compared these figures, happening within five years period, I found that it indicated the mortality rate that has escalated tremendously.

At the end of 2010, an estimated:

- 34 million [31.6 million-35.2 million] people globally living with HIV
- 2.7 million [2.4 million-2.9 million] new HIV infections in 2010
- 1.8 million [1.6 million-1.9 million] people died of AIDS-related illness in 2010

Births and deaths for the period 2001-2011

Year	No. of births	Total no. of deaths	Total no. of AIDS deaths
2001	1170773	532482	215907
2002	1167622	577444	259043
2003	1162612	618293	298297
2004	1153924	652868	331794
2005	1143062	678386	356209
2006	1131306	676660	353577
2007	1116931	664009	339666
2008	1103281	640521	315103
2009	1090567	611338	283437
2010	1075513	593907	263368
2011	1059417	591366	257910

There is clearly an ever-increasing of death rate of young people, mostly in South Africa and sub-Sahara, from AIDS-related diseases. It is as if people are not listening to warnings, and campaigns that are often directed to them are a waste of time and energy.

According to the South African National HIV Prevalence Survey 2008 on the South African Aids epidemics, approximately 5.21 million South Africans are living with HIV.

The analysis of the findings in this work will produce a set of indicators of attitudes, behaviors and knowledge of people about HIV and AIDS and condom usages which is an impact on both pregnancy and STIs. The work is by no means exhaustive but has broken ground in one aspect in the vast field of human behavior, especially the youth of South Africa. It points to the gaps in the field of knowledge and attitudes that yield dangerous behaviors, experienced by most youth of South Africa. It has shown that people know about the HIV, but lack the guts to prevent it owing to the external factors as well as the access to resources that help them continuously.

AIDS and other sexually transmitted infections are often more common in lower socio-economic countries (Evian, 1993:21). This is confirmed by the UNAIDS Report (2004:16) which states that the spread of the HI virus is profoundly influenced by the surrounding social, economic and political environment. Where people are struggling against adverse conditions, such as poverty, oppression, discrimination and illiteracy, they are vulnerable to being infected by HIV and AIDS. People living in poor conditions often do not have easy access to health care services. Sexually transmitted infections often go undiagnosed and spread more easily. Poor education and low literacy levels help to keep people ignorant of the ways and means to avoid diseases like AIDS.

It is possible that many of the problems described above also result in the breakdown of the usual traditions, customs, beliefs and cultural in a community. These practices usually determine the accepted sexual behaviour and constraints in a society. When these are broken down, it often results in multiple sexual partners and indiscriminate sexual behaviour.

High unemployment encourages people to move away from home to find work. This means that they leave their loved ones, friends, familiar surroundings and local community life. In places far away from their home

communities, they are often lonely without friends and family. In such situations, people often drink too much alcohol, or smoke dagga marijuana, zoll, ganjah, or use drugs to escape from the everyday hardships, and this can result in risky sexual behaviours with numerous sexual partners.

The development of HIV and AIDS-related illness is likely to change home life profoundly, in terms of access to education and financial needs for the children of infected parents. The first is the absenteeism of the infected parent from the place of employment. This would constitute a direct blow to the economic viability of the household, and place increased demands on its limited reserves, for healthcare and income replacement. Second, as illness develops, the breadwinner or parent concerned may require nursing and direct physical and emotional support on a more or less constant basis. As a consequence, the school-going child may be cast in the role of caregiver and nurse, or income earner, and may in extreme cases be coerced into crime or prostitution in order to contribute to the very survival of the household. Some girls become the victims of the 'sugar daddy syndrome' as a means of survival and financing access to education.

I believe that HIV and AIDS is possibly the most devastating disease humans have ever experienced as it leaves no country untouched. When I looked at a 2003 survey of health risk behaviours, and sexual behaviours that contribute to the spread of HIV and AIDS, I discovered that in just over two decades since the epidemic became visible, it has spread to every corner of the world, and has infected over 60 million people, and claiming almost 22 million lives (Usdin, 2003:11). Despite the warnings, responses all over the world have been slow and inadequate. Efforts have been hampered by racism, homophobia, stigma gender inequality and deep poverty (Usdin, 2003:10). This seriousness of the rate of infection is made worse by the impact of the illness on those not infected but who are close to the person who is infected. I have noticed for instance that for every one person infected, countless

others are affected directly or indirectly. I believe therefore that **we are all either infected or affected** by HIV and AIDS. HIV and AIDS affect every walk of life, and have a profound influence on everything we do in our closest relationships, at work, at home, at school/colleges/university. Not a day goes by without a reference to the pandemic in the newspapers or on the electronic media. Just as the virus infects the body and every cell in the body, so it affects every single person living on this planet.

What are my concerns about HIV and AIDS in my community? What evidence do I have for my concerns?

It was very clear to me that HIV and AIDS is a major life-threatening disease. Because it is a sexually transmitted disease, it adds to the concern about other sexually transmitted diseases (STDs) and their high rates among young people, who are increasingly sexually active, and at an increasingly early age. A survey of teenagers between the ages of 12 and 17 (Kaiser Foundation, 2001) found that:

- Levels of awareness of HIV and AIDS were high but tended to be low in rural areas.
- 7% of respondents said they believed that one could be cured of AIDS by having sex with a virgin, and 12% believed that one could get HIV and AIDS from condoms.
- 13% said they believed that traditional African medicine had a cure for AIDS, while 15% believed that Western medicine had a cure.

When I looked at the statistics of KwaZulu-Natal, my Province, only, I felt very saddened when I realized that apart from teenage pregnancies and other problems, the KwaZulu-Natal Province also has a high prevalence of more than 30% of the HIV and AIDS infections in Southern Africa (Jackson, 2002). A study in antenatal clinics in the KwaZulu-Natal province in 1999 showed that the prevalence of HIV and AIDS was 32.5% (Whiteside and Sunter, 2000:51). Of the 32.5% HIV positive, 17% were youth below 20 years. According to Smith (2001) the prevalence of HIV infection on youth between 15 and 19 years in South Africa was estimated at 22.7% by the year

2001 showing that the rate of new infection was increasing. When I look at the report of death statistics I noted that the majority of deaths reported, which could be associated with HIV and AIDS were those of young adults between 20-35 years, implying that they may have contracted the virus in their adolescent years (Whiteside and Sunter, 2000:73-5).

When I consider these reports, I am deeply concerned that people living in my deep rural area where I live are ignorant about HIV and AIDS. I am concerned about the confusion about HIV and AIDS. I am concerned about those in denial about HIV and AIDS. I am concerned about the silence around HIV and AIDS. I am concerned about the stigma and discrimination attached to HIV and AIDS. I believe that the ignorance, the confusion, the silence, the denial, the stigma and the discrimination are all making the pandemic worse. I am concerned that so many people are dying because of the lack of knowledge and information about HIV and AIDS infection, and medication.

I find people where I live who simply will not believe that AIDS kills. Sometimes this is because of the language issue, but I have heard people saying that this is 'just cheap talk'. Amongst rural communities, access to HIV education is limited, and influence of hearsay is unchecked. Fear and discrimination against people living with HIV and AIDS is fuelled by ideologies that claim HIV infection is for those who have sinned or somehow forfeited their right to live. These attitudes impact on any HIV assistance.

Then again, indigenous people have believed that HIV and AIDS was an unknown sickness and as a foreign issue it could not affect them. In addition, the AIDS issue has been stigmatized and associated with character, behaviour and immorality.

Now that it has become evident that most people are aware about HIV and AIDS, the most crucial challenges in addressing the pandemic are silence and reluctance to know one's status, accompanied by the anxiety of discrimination and stigmatization should one's status become known (Steinberg, 2008).

Sometimes I think that the lack knowledge about HIV and AIDS where I live is made worse by the language barrier because a lot of information about HIV and AIDS is communicated in English, and very little English is spoken where I live. In such a situation I earnestly wish people could be thirsty for knowledge about HIV and AIDS, be open about it and ask when they do not know, listen to radio programmes about HIV and AIDS (which are broadcast in all of South Africa's official languages) or would read about HIV and AIDS in books (those who can read the language used) so that they can make sense of the pandemic, for themselves. I believe that it is very important that their eyes, minds and heart be open, so that they begin to realize the seriousness of the problem at hand, and what they can do about it.

When I attended funeral ceremonies, I have heard people are talking about '*amagama amathathu*' – the three letters' - when a person has died from an HIV and AIDS related sickness, which one is not supposed to know, which is why this 'code' has developed related to the pandemic. However, the reality is that people have adopted the 'code' to indicate that they do actually know that this is the reason that the person has died. It is only in very isolated instances, that the family discloses openly the real condition of the deceased. And when this is disclosed, I have noticed that the audience turn their heads down as if they are blaming the speaker for telling the truth.

One of the problems which I believe has contributed to the seriousness of the HIV and AIDS situation in South Africa is that the government of the day took far too long before taking a strong decision about AIDS. Instead, I observed

endless debates about what comes first: HIV OR AIDS? In addition, the campaign waged by the state against HIV and AIDS has been grossly inadequate. As a result too little funds have been, and are being, allocated to HIV-prevention and the care of people with HIV disease. Even with the best intentions, the actions of the media itself and education campaigns seem not to have addressed the ignorance, fears, stigmatization and discrimination around HIV and AIDS.

I am concerned that young people are so vulnerable to HIV infection, because they lack the courage to say 'NO' to unsafe sexual behaviours to prevent their own infection with the scourge. I am concerned that young people allow themselves to be swung by the stream of peer pressure and other factors, such as economic pressures. I am extremely worried as to how the rate of infection can come to a stop.

I am concerned that at schools, teachers are depressed because of the conditions under which they are working, in particular among those who are experiencing the effect of HIV and AIDS in their communities. Many learners are grieving the loss of parents and loved ones and in many cases teachers themselves are sick and/or mourning the loss of friends, colleagues and family to the disease.

In addition, teachers have limited resources available with which to teach their learners, which making their daily teaching environment very challenging. This is a major crisis for teachers, learners and communities, resulting in an increasing teacher absenteeism and low morale, and contributing to an impending teacher shortage. This situation adds up to a stressful, non-productive environment for teaching and learning.

It concerns me to know that, the HIV and AIDS pandemic is affecting health, livelihoods, economic growth, demographic futures, as well as impacting on

the lives of individuals, families and workplaces. HIV and AIDS have had a significant negative impact on life expectancy in South Africa, and have left many families and children economically vulnerable and often socially stigmatized. It continues to leave South Africa with a legacy of young adult deaths, orphans and socially and economically vulnerable children. This means that, we, as Africans, should collectively optimize our indigenous knowledge systems to fight against this modern pandemic.

In the course of this study, I visited different places in order to listen to their stories and observed different behaviours.

I visited 'Genesis' - the hospice situated at Marburg near Port Shepstone, where I was shocked to hear how and why the place was established, starting with ... "Hospitals were battling with a blocked bed situation where terminal HIV and AIDS patients were occupying beds of patients who could potentially get well" This made it clear to me that HIV and AIDS victims had no beds in the government hospitals, hence the hospice became the waiting station for HIV and AIDS patients as they are classified as patients who could not potentially get well. I put myself in the shoes of families whose members were being accommodated in those hospices, and imagined how I would feel, about the knowledge that once someone was accepted at a hospice this meant that the person was no longer going to recover. To know that all those people who were in the hospice were waiting to die, sooner or later, saddened my heart.

I was told by the participant who wanted to remain anonymous, that a number of people in the church contributed a stand of a land and a board of trustees was established so that the first 20 beds ward of the 'Genesis Care Centre' was established in March 2005. The man I spoke to said they had alleviated the financial problems experienced by Provincial hospitals around Marburg, by establishing the hospice. The second phase of the hospice was

established in May 2007, where another twenty-bed ward and an office were opened. This was enabled through the local corporate and individual donations and overseas church partnerships along with participation from local service clubs.

What do I believe can be done about these concerns? What kind of difference do I want to make in the world?

In spite of the seriousness of the situation, I believe that the spread of HIV can be prevented, if we act now. I am suggesting that it is the time that we, collectively, take out our heads from the sand and face the reality of this scourge, and do whatever we can to improve the situation. We must not be seen to be behaving as if nothing has happened, while it is happening.

It matters to me that everyone should have as much information as possible about HIV and AIDS. We should be addressing the pandemic in a comprehensive and effective manner. I believe that this should include education about AIDS, sensitization of personal risk, instructions on how to reduce risk and explain new ways to communication with sex partners.

The context should be the intervention to fit the cultural, gender and developmental issues. And the strategy, should process itself, where emphasis is placed on how the interventions are implemented between the participants and group leaders, for instance group leaders 1) should foster trust, 2) build group cohesiveness, encourage motivation and mutual support among participants and between and the facilitator.

After I had read, I became more knowledgeable than before, such that I wish that most of the books and campaigns should be conducted in the home language of the people concerned so that these knowledge and information will be accessible to every individual within the area targeted.

I have found these readings and this growth of knowledge and information very important to me because I can now advise people about books that, they can refer to in order to get some advice and help.

I will emphasize the use of home language so that the knowledge and information will reach all the people. All sectors should talk about this killing disease openly to alleviate people's fear, break silence, challenge the stigma, and clear the confusion.

As a father and a teacher, I would like to contribute to mostly young people by campaigning about their safety measures in that the rate of death accompanied by the rate of early pregnancy should drop and eventually stop. Firstly the knowledge about this scourge should be addressed and the alternatives to curb this epidemic should be emphasized. To change the mindset of young people and those who are affected and infected by HIV and AIDS, to a positive living by recommending some of the best alternatives to prevent the scourge and practice the best methods of safer sex and lastly change the behavior to positive attitude for life ahead. In fact I wish that these young people should rise above peer pressure, stand and project purity and be proud of what they are.

I would like people to know that while there is no cure or preventative vaccine at the moment for HIV, but with ARV treatment, infected people can live a normal life. Epstein (1997:4) cautions that "with no signs of the epidemic abating there is an urgency to identify and/or develop effective ways of communication about AIDS in a manner which people can understand and integrated into their lifestyle". Lynch, Lloyd and Fimbres (1993:14) further affirmed that without a cure or vaccine, prevention through information, communication and understanding remains the most powerful intervention. Parker (1994:6) supports education as the cornerstone of AIDS education and maintains that one of the approaches commonly used to manage HIV

infection and AIDS prevention is through a combination of educational and infrastructural methods. He suggests techniques such as the use of mass and small media, social marketing and distribution of condoms and peer education are used. More recent writings by Parker, Dalrympie & Durden (2000:10), however caution that every HIV and AIDS intervention needs to be supported by effective communication activities that are adequately planned and managed. I believe that if I make this kind of information known in my community through education, it will make a difference.

I have read from UNAIDS' report of 2004:13, that countries like Uganda, Asia, Thailand and Cambodia have managed to curb the rapid growth of infection by engaging in intensive prevention efforts. I believe that even here in South Africa we can too, if our prevention efforts can be converted to keep the epidemic at bay. I believe that if I make this kind of information known in my community through education, it will make a difference.

I do not believe that condoms can alone help us in preventing the infection, but other alternative methods can also add to the prevention efforts, like, the psychologically changing the attitudes to sexually activities of the youth in particular. Secondly let everybody talk about the dangers of the scourge, in order to instill the fears to the youth. Places like churches, schools, communities, funeral places and funeral parlors must talk about this like it is everybody's business. It should be an everyday topic.

As a teacher and a school principal, I recommend that there should be an adequate response to the threat of HIV and AIDS that will require both a systemic and sustainable management response and the parallel address and improvement of appropriate curricula, sexual and reproductive health education and relevant materials development, in order to effect behavior change. However, it is obvious, in this regard; those teachers whose personal behavior and standards of discipline are questionable will not be

appropriate role models or indeed credible communicators on subjects such as low risk sexual behavior and informed personal choice. Those teachers should improve their own behavior before they can play their major role as role models and the school management should be effectively managed and be disciplined to make successful outcome.

If all South African people can make a personal commitment to eat healthily, exercise appropriately, drink responsibly, and avoid the use of tobacco and practice safe sex this would improve their health and well being as well as reduce the likelihood of their developing diseases. We as educators, nurses should act as role models and change agents among our families, friends, workplaces and local communities to promote healthier lifestyle. Together we could help stem the tide of the scourge.

The next biggest challenge I thought of, after the above conversations, was the orphans created by the death of young mothers and fathers due to HIV and AIDS-related diseases.

What are my concerns about Orphanhood and Childheaded Households? What evidence do I have for my concern?

I am concerned about orphanhood and childheaded households, and their effects on the children concerned, which, at the moment in South Africa, and particularly the province of KwaZulu-Natal, are predominantly the result of the HIV and AIDS pandemic.

According to the South African Constitution, (Act 108 of 1996), a child is any person under the age of 18. An orphan is a child who has lost either one parent or both parents. In the global AIDS report (2004:62), UNICEF differentiates between maternal, paternal and double orphans whereby children who have lost their mother are called “maternal orphans” and children who have lost their fathers are called “paternal orphans” and children

who have lost both parents are known as “double orphans”. Most children who are heads of households or living in child-headed households are double orphans.

A child-headed household is defined as a household headed by a child who is below the age of 18 years and whose primary responsibility is “to provide food, clothing, and psychosocial support to their siblings and their own children” (Mbambo, 2004:36).

UNAIDS defines orphans as children below the age of 15 who have lost either their mother or both their mother and father. However this is too narrow according to Whiteside and Sunter (2000:80). They argue as follows:

- *A child will begin to have needs that the family cannot meet and stresses that the family cannot alleviate when the parent falls ill and household income drops. Effectively ‘orphaning’ begins prior to the death of the parent.

- *Children may be ‘orphaned’ more than once –the first time when their parents die and then again if their grandparents (who are often the people who inherit the task of caring for the children) die.

- *Children who lose their fathers may lose financial resources which would have assisted them in their education, etc.

- *Reaching the age of 15 does not imply that orphans no longer have needs; indeed, they may be slower to mature.

Also, according to Whiteside and Sunter (2000:95) children who lose a parent to AIDS suffer loss and grief like any other orphan, however their loss is exacerbated by prejudice and social exclusion, and can also lead to the loss of education and health care.

Whiteside and Sunter (2000:53-4) recorded that in 1998, there were already 180000 orphans in South Africa. According to Sloth-Nielson, (2004) KwaZulu-Natal is severely affected by the HIV and AIDS pandemic and in

2001 it was estimated that there were already 300,000 orphans in the Province.

The recent advances in treatment mean that the number of babies infected by their mothers can be reduced with appropriate interventions, which means that there will be more babies surviving their HIV and AIDS infected mothers, which will mean that the number of orphans will increase. Statistics from USAID Report (2002) have shown that one million South African children under the age of 15 years will have lost their mothers to AIDS by 2005. This figure is estimated to increase to around two million by 2010 (Department of Health, 2002; Sloth-Nielson, 2004:2) who will be fending for themselves. Mbambo (2005:36) confirmed that orphaned children find themselves caring for themselves and their siblings with no adult supervision. Furthermore they find themselves with no one to take care of them and to weave them into the social fabric.

Mbambo (2005:36) records concern about the vulnerability of orphaned children which is evident from three perspectives. These include

1. basic survival needs such as food, shelter, clothing and basic health care,
2. psychological and emotional effects including need for love, need for protection, care and emotional support from a caring adult
3. development needs such as lack of adult guidance and constant or continuous supervision.

Mbambo (2005:36) further argued that HIV and AIDS related vulnerability particularly in the context of child-headed households is exacerbated by the absence of a regular or constant adult in the lives of children, which result in children dropping out of school, suffering from emotional problems, and being at risk of being infected with HIV and AIDS.

Without the protection of the community /environment of their homes, orphaned children face increased risk of violence, exploitation and abuse.

“They may be ill-treated by their guardians and dispossessed of their inheritance and property” (Monasch and Snoed, (2003). “In worst-cases, orphaned children may be abducted and enrolled as soldiers or driven to hard labour, sex work, or life on streets” (Beckerman, 2002).

Loening-Voyage and Wilson (1998) also confirmed that orphaned children face special challenges, such as threats to their security and survival. They have self-actualization and socialization and bereavement counseling needs. Adding to the trauma of witnessing the sickness and death of one or both parents, they become vulnerable to poverty, less healthy and suffer damage to their cognitive and emotional development. Schooling also becomes the problem and likely to be subjected to the worst form of child abuse including child labour (UNICEF, 2003).

Expecting children to head households to me is too big a responsibility. This is clearly an infringement of their rights to family care or to appropriate alternative care as entrenched in the South African Constitution (Act no. 108 of 1996 section 28(1)(b)) and other policies both nationally and internationally.

I believe that, children under 16 years of age should not be responsible for a household. These children are expected to be at school as stated in the South African School's Act (no.84 of 1996). The Child Care Act (no. 74 of 1983) makes it illegal for them to work and thus they are forced into abusive and exploitative employment if they have to support themselves and others.

For me, all of the above boil down to one thing - that children suffer consequences of situations not their own making, but become the victims of the situation nonetheless. I believe that this situation needs to be addressed.

Conclusion

In this chapter I have looked at a little of what has been happening in South Africa and the world, in respect of HIV and AIDS, and the implications of AIDS on the number of orphans we have, and can anticipate, in South Africa.

Chapter Six

Conversations about traditional Zulu rites and rituals

In this chapter, I record five conversations I had with Zulu parents in my community and family to find out what they are thinking, saying and doing about the traditional Zulu rites and rituals around sexuality and sexual behaviours.

Conversation as methodology

I used rumour and gossip to collect the evidence which would inform my study, following Botha (1998, citing Spack 1985:30), reminding us that “rumours [are] (...) a reliable source of information (...) because people use rumours to make sense of an insane world”. Citing Levin and Arluke, (1987:22), Botha (1998:32) records that “In non-literate societies, [conversation] is a method of storing and retrieving information about the social environment”. The people in the community where I live and work, as described in the chapter about the context of my study, have not had the benefit of much education. While mine is not a completely non-literate society, the levels of literacy are not high, and conversation in this community “is a method of storing and retrieving information about the social environment” (ibid). I therefore found that conversation was an excellent way of collecting evidence for my study.

I regarded each of the conversations I participated in as an opportunity to learn. Before beginning each conversation, I made it clear to my research participants that confidentiality was my priority, and that he or she was free to withdraw from the conversation at any point, and that I would protect the identity of the people who were kind enough to participate in these conversations. We agreed that we would mutually decide what would be shared in public documents such as this one. Moreover, I was conscious and careful to let my participants give their own opinions, rather than imposing

mine on them. I allowed them to talk freely as much as possible. Most of the conversations were done in isiZulu. I reconstructed the conversations from memory, and wrote an English version for a broader readership. The names that are used here are pseudonyms, whereas the information is genuine.

It is very common that in the process of interviewing people, the interviewer may begin to feel a kind of strangeness. I realized that I felt the same way when I was so warmly welcomed into people's homes and treated like a friend. I was aware that in most cases, information is confided and is often told only to a friend. And I was also aware that I was collecting information of a very confidential nature that was probably going to benefit me more than my fellow conversationalist, in the short term. I felt deeply affected by this unnatural situation, and even more so when I felt a friendship developing. According to Raleigh (1994:117),

In any interviewing situation, a vague awareness of the power relationship impinges, and the power relationship is based on age, race, class, status, ethnicity, gender and knowledge.

In my experience I have found that to conduct conversations with mostly rural people, I had a tough time as they were mostly reluctant, even clearly uncomfortable, talking about anything with a stranger, particularly when that person is not a member of the family, and even more especially when that person is of the opposite gender. I even thought that perhaps women needed permission from their husbands in order to talk to me, that it was a 'hlonipha mode' that was prevailing in their minds, as traditionalists. At times I even doubted their responses. I doubted whether their responses were genuine or were artificial or fictitious in order to hide the true story, as I sometimes got the feeling that they were reluctant to divulge family information to a stranger.

When I tried to use open-ended questions to elicit broad responses, the tendency among research participants was to answer very briefly, which meant that I often asked direct questions. I tried on several occasions to

persuade them to give me the full story from the beginning to the end of the whole story, but in vain.

What do I care passionately about? What kind of difference do I want to make in the world?

I care passionately that young Zulu people should know their traditional Zulu identity. I want to empower Zulu people about their indigenous knowledge systems that will inform them about what they can use out of their traditional knowledges which will support them during the HIV and AIDS pandemic.

What are my concerns? Why am I concerned?

I am concerned that the practice of Zulu rituals and awareness of the values attached to the rituals and traditional sexuality education are ignored and/or confused. I am concerned that when Zulu people ignore their traditional sexuality education and cultural rituals and their associated values, (young) people lose their identity and indiscriminately adopt the modern style of living which is detrimental to their health, and that this can cause young girls to become pregnant, and both girls and boys can become susceptible to infection with HIV, which can lead to AIDS. So it matters to me that Zulu people should know (and practice) Zulu Sexuality education.

As I have recorded in the previous chapter, I have observed the high rate of pregnancy of young people at schools and outside schools which indicated to me that these young people are unaware or uninformed and disobeying the traditional Zulu taboo on penetrative sexual intercourse before and outside of marriage.

Traditionally, when a Zulu girl becomes pregnant, this was an indication that there was a strong possibility that she, and the boy who impregnated her, did not know about the Zulu traditional value placed on virginity. In such instances, when I questioned some of them during conversations, I found

that in the majority of cases, my suspicions were confirmed. This has confirmed my belief that traditional Zulu sexuality education could make a valuable contribution to stemming the advance of school pregnancies, and could have a positive input on HIV infection.

What did I do?

As a result of this insight, I decided to engage members of my school, community in conversation about Zulu traditional sexuality education, and these conversations alerted me to the reasons for my concerns regarding the status of traditional Zulu sexuality education?

I record here a conversation between myself, Mr T. Z. Nyawose (T.Z.), and the educator Ms F.Z. Dlamini (F.Z.) of Dwalalesizwe High School, Izingolweni. This conversation related to the celebration of the 21st birthday held for Balungi Mkhize, who is her niece at her home.

Both my participant and I were very nervous as this was the first time that she had participated in such an activity, but I went ahead anyway as I felt that her insights were important in the greater picture that I hoped would develop.

Ingxoxo 1

Zulu version

T. Z.: Konje uthe benizokwenza i 21st yomshana wakho, yini egqugquzele lowo mcimbi noma okwenze nathatha isinqumo sokwenza lomcimbi?

F. Z.: Kuwukuziphatha kahle kwakhe. Uze waba no 21st eseyintombi nto.

T. Z.: Yingoba eseneminyaka engu 21st noma usedlulile kodwa engenzelwanga ngezizathu ezahlukenenjengokungabikho kwemali nje nokunye?

F.Z. : Yebo uqeda u 21.

T.Z: Ubani ohlongoze yonke lento? Owenzelwayo noma omunye kubazali noma yizozonke izinhlaka?

F.Z.: Yizihlaka zombili.

T.Z.: Kwenziwe ngendlela yesonto? Uma kunjalo kungani?

F.Z.: Yebo, ngoba singamakholwa.

T.Z.: Izimemo zazenzelwe abathile noma kwakufika noma ubani ozwile ukuthi ziyaduma?

F. Z.: Kwakumenywe abathize.

T.Z.: Umcimbi wawenzelwe esontweni noma kwakuqashwe itende?

F. Z.: Wawusetendeni.

T.Z.: Kwakuhlelwe kanjani ngaphakathi? Njengokuthi amatafula abadala bodwa, noma kanjani nje noma izihlalo njenganoma yimuphi umhlangano.

F. Z.: Amatafula ayehlelwe ngokubaluleka kwabantu.

T.Z.: Kukhona okwakhlatshiwe uma kwakungekho isizathu kwaku yini?

F. Z.: Cha. Ukuthi kasihlabi ebandleni lethu.

T.Z.: Zikhona izinkulumo ezenziwa? Zenziwa ubani ziqondiswe kubani?

F. Z.: Yebo, zenziwa abazali, anti, malume, gogo no Mfundisi, zonke ziqondiswe kusingaye (Balungi), kanye nentsha eyabe imenyiwe.

T.Z.: Ake unginike isimo sonke somcimbi ukuthi sasinjani nokuthi wagculiseka ukuthi konke kuhambe kahle (100%) noma kukhona lapho wabona sengathi izinto sezishintshile.

F.Z.: (100%) Wahamba kahle kakhulu, kangisoli lutho.

T.Z.: Ngiyabonga kakhulu, ngesikhathi sakho nokungibezezelela kwakho.

English version

T.Z.: By the way you said you were going to have a 21st birthday party for your niece. What prompted the whole notion or the decision to have that celebration?

F. Z.: It was her behaviour. She was still a virgin when she reached twenty one.

T.Z.: Was it because she was turning twenty one or had she already passed that age but without the celebration? Or because of financial constraints? Or something else?

F. Z.: Yes. She was turning twenty one then.

T.Z.: Who planned the whole thing? Was it planned by the celebrant or one of the parents or both?

F. Z.: Both.

T.Z.: Was it done according to a Christian way? If so why?

F.Z.: Yes, because we are Christians.

T.Z.: Were the invitations closed or was it open to anyone who felt like joining the celebration?

F. Z.: The invitation was closed.

T.Z.: Was the function held in church or hired tent?

F. Z.: It was in a tent.

T.Z.: How was the space arranged inside? For example, tables arranged according to seniority? Or anyhow? Or just chairs like any other ordinary meeting? Or cinema style?

F. Z.: Tables were arranged according to seniority.

T.Z.: Did you slaughter anything? If you did not, why not? Were there any reasons for not slaughtering?

F. Z.: No. The blood of Jesus Christ did all for us as Christians.

T.Z.: Were there any speeches made? And made by whom to whom?

F. Z.: Yes. By parents, aunts, uncles, grandmothers, Pastor to Balungi and then some of the youth who were invited.

T.Z.: Please give me the worldview of the whole function. Were you completely satisfied or somehow confused by some aspects? Or did you find that some aspects were not observed according to your own experience of such events on other occasions?

F. Z.: One hundred percent satisfied.

T.Z.: Thank you for everything, including your patience, time and benevolence.

My critical reflective analysis of the conversation.

My research participant was most willing but very nervous, and I found that the questions I asked elicited monosyllabic answers which were not as useful as they could have been. Nevertheless, I tried my best to calm her down and made her ready for the conversation. We started our conversation in her home language, the language she was comfortable to relate with, that was isiZulu. All that notwithstanding, I learned that this celebration was for a girl who was still a virgin at twenty one years of age, which in the light of all else that I had heard and seen and read about was quite astounding and that was in line with the Zulu traditional sexuality education where *umemulo* is done for marriageable girl while she is still a virgin. I was then not surprised that the family felt that this was worth a special celebration.

I was told by my participant, that as Christians, they no longer slaughter ritually, as they believe that 'the blood' of Jesus Christ did all for them. They did not need any sacrifice anymore.

I soon became clear that F. Z. was not informed about the Zulu puberty rite. The only celebration she knew was the twenty first birthday, which is not part of traditional Zulu rituals, but an import from a literate and numerate perspective, rather than an orate perspective of adulthood.

I record this first conversation about the twenty-first birthday as a way of contrasting it with the Zulu traditional sexuality education, as the twenty-first birthday is an influence of Christianity which, at times conflicts with Zulu customs and culture. I wanted to emphasise the commonalities and differences, between the two celebrations. The twenty-first birthday is neither the Zulu traditional *umemulo* nor the mark of the Zulu traditional puberty rite. The characteristics of Zulu traditional puberty rites are seclusion from the public view during the first period of 'menses' so that the 'coming out' after the seclusion should resemble a rebirth, as it is the transitional stage from

youth to adulthood. *Umemulo* is the celebration of marriageable status while the girl is still a virgin.

However there were issues common to *umemulo* in the case of Balungi's twenty-first birthday, because at the time of her twenty-first birthday she was still a virgin. Balungi's twenty-first birthday was celebrated in a Christian way, as the families are Christians. The invitations were open to certain people only, whereas in Zulu traditional ritual, the custom is to open the occasion to the public, whether specifically invited or not: all are welcome provided they behave in accordance to the custom.

During Balungi's twenty-first birthday, the occasion was held in the hired tent from the start to the end of the celebration, and there were tables arranged or set according to a certain order, whereas in Zulu traditional culture, it is most important that the most significant part of the ritual is held outside in the public arena. In the Zulu traditional celebration, the hired tent may be used for the luncheon and at night for Zulu dancing when the youth are alone sharing songs and Zulu dances. In addition there are no speeches during Zulu traditional ritual sexuality education celebration, except the presentation of gifts, simply placed or presented to the celebrant without any speech. In Zulu traditional ritual, speeches are made well in advance before the celebration by elderly people of the family only. No friends and peers are given a chance to give any speech at a Zulu traditional ritual celebration.

Ingxoxo 2

I record here a conversation between myself, Mr T. Z. Nyawose and Mrs Cele the mother of the initiate, whose Zulu traditional ceremony was conducted in 2007. This conversation related to the celebration that was held at her home for Niniza the daughter of the Cele family. Niniza already had a child before marriage, at the time of the function, and was over twenty one years of age.

I introduced myself to her and also introduced my mission. She warmly welcomed me although I could sense a little tension in her, as it was her first time to have a conversation with me, let alone the type of conversation that we were going to have. Nevertheless, I tried my best to calm her down. We started our conversation in her home language, the language she was comfortable to relate with, that was isiZulu.

Zulu version

Ingxoxo phakathi kuka Mrs cele no- Mr T.Z.. Nyawose (Thisha) ngomemulo wendodakazi yabo uniniza Cele.

Thishomkhulu = T.Z. Nyawose (T.Z.)

Mrs Cele = Unina Womtwana

T.Z. : Mrs Cele ungangixoxela ngomcimbi ebeniwezile laph'ekhaya womntwana noma abantwana benu ngo 2007.

Mrs Cele : Hayi bo! Thishomkhulu, ngixoxeni nje ngiqalephi nje?

T.Z.: Qala noma kuphi, kusukela emcabangweni wokuthi nizokwenza lomsebenzi noma yini eyanigqugquzela.

Mrs Cele : Kwaqala kuBaba (*umyeni wakhe*) wathi ingane uzoyikhulisa uma esenamandla. Kodwa kuthe ngokuhamba kwesikhathi ingane yavele yakhulelwa wabe esevele uyashafa ubaba wayo wangabe esayenzela. Okuthe-ke manje uma esebona ukuthi yazisola ngesenzo sayo yaziphatha kahle, yazefuthi yagana. Waphinda futhi wathi uzoyenzela , nangempela wayenzela-ke.

T.Z. : Useshadile manje noma akakashadi?

Mrs Cele : Qha akakashadi, besizohambisa umbondo nje kwasuke kwashonwa ekhaya kwahlehla-ke.

T.Z. : Waze wenziwa nini ke umsebenzi lo wengane?

Mrs Cele : Wenziwa emva kwenyanga kuyena u 2007.

T.Z. : Konke ngokwakho kwenzeka ngakho noma kukhona lapho wabona ukuthi sekunoshintsho kulokho owabe ukwazi?

Mrs Cele: Cha! angazi, kungcono ngivele ngixoxe bese usho lapho singenzanga kahle khona.

T.Z. : Cha, mama xoxa ukhululeke, kangizile ukuzothi nenzakahle noma nenza kabi mina ngizolalela nje.

Mrs Cele : Indodakazi (*uNiniza*) yethu yayihlala nomakotshana wakhe lapha eceleni bezimboze ngezingubo. Basukumengoba kukhona lokho abazokwenza babuye bahlale khona futhi. Njengokuthi nje uma beyoshaya amathini (*ukungquza*) babebuya badle qede bese behlala khona eceleni bazemboze ngezingubo.

T.Z. : Qhubeka kuze kufike ngosuku lomcimbi uqobo.

Mrs Cele: Kwaqhubeka kanjalo kwaze kwabawu sukulomcimbi. Kodwa ekuseni baqala ukuyogeza emfuleni, ngaphambi kokuba agunde bese uyise emkhombisa izipho zakhe. (*Imbuzi nenkomo*). Babuya lapho bavunula balindela ukuphuma.

T.Z. : Amangebezi akacelwangwa?

Mrs Cele: Bese ngikhohliwe. Bawacela phela kubafowabo, basuka lapho bayovunula, sebedlile uyise wabahola kwayiwa enkundleni.

T.Z. : Impepho kayishiswanga?

Mrs Cele : Yashiswa phela ngaphambi kokuba kuphunywe kuyiwe esibayeni phela okunye ngiyakukhohlwa ngoba nami ngangixakekile ngisebenza.

T.Z. : Yayishiswe uyise noma omunye womndeni?

Mrs Cele : Ngabona sebekhuluma beyala ingane angibonanga ukuthi ubani owayifaka emalahleni, ngabe ngikhuluma iphutha.

T.Z. : Iziyalo zithini?

Mrs Cele : Engisakukhumbula ukuthi “Njengoba sikukhulisa sekufanele uhloniphe layikhaya njengomakoti oganele khona ukuze nasemzini uze ungabinayo inkinga futhi nesikhathi sokuvuka sesizokwehluka kuleso osejwayele ngoba asifuni wehluleke emzini.”

T.Z. : Nina njengomama nanike namnika iziyalo?

Mrs Cele : Yebo kakhulu ukwedlula uyise. Futhi bonke nje omama abadala babesina bededelana ngaye bemyala.

T.Z.: Ake uxoxe ngemvunulo manje.

Mrs Cele: Imvunulo kuba yizidwaba kumaqondana nomphelezeli wakhe, bese kuthi ezinye izintombi kube izishuba.

T.Z. : Ubungathi niyamkhulisa umntwana?

Mrs Cele: Yebo.

T.Z.: Pho umemulo?

Mrs Cele: Kuyefana .

T.Z. : Asidlule lapho. Sisho ukuthini isidwaba?

Mrs Cele: Imvunulo egqokwa owemulayo nomphelezeli wakhe.

T.Z. : Nisithathaphi?

Mrs Cele: Ziyaqashwa .

T.Z. : Njengomuntu othi useganile waya lapho eganele khona, eyokwenzani?

Mrs Cele: Waya. Eyolanda umkhonto.

T.Z. : Ikhona inkomo eyakhokhwa umkhwenyana maqondana nalomsebenzi?

Mrs Cele : Cha, kodwa zikhona owayesezikhiphile maqondana nelobolo.

T.Z. : Ayikho yesidwaba?

Mrs Cele : Cha , angizange ngiyizwe leyo.

T.Z. : Ake sime lapho, sekuningi ongikhulise ngakho. Ngiyabonga sengobuye ngikuxoxele ngohambo lwami. Ungangibuza phela nawe ofisa ukungibuza khona.

Mrs Cele : Niyahola ngalomsebenzi?

T.Z.: Qhabo! mama ukufunda nje ukuze sisize umphakathi ngolwazi oludingayo.

English Version

Principal=Researcher (T.Z. Nyawose) = T.Z.

Mrs Cele = the mother to the initiate

T.Z. : Mrs Cele, can you briefly tell me about the ‘*umemulo*’ ceremony that was held for your daughter in 2007.

Mrs Cele : *Hayi bo!* Mr Principal, what can I discuss here and starting from where?

T.Z. : You may start anywhere, for example, from the day you decided to conduct/hold this ceremony or what inspired you to think about this function.

Mrs Cele : The idea came from my husband, who said he would do this function, when he had acquired enough money for it. However before that wish was fulfilled, the girl got pregnant, and the father was disappointed and wished to forget about everything he had once planned. But when the girl got engaged, he changed his mind again and organized for the function to take place.

T.Z. : Is she yet married or not?

Mrs Cele : Not yet, we were in preparation to send *Umbondo* (gifts of food to strengthen bonds of friendship), when one of our family member passed on, and we had to postpone it for another date.

T.Z. : When was the *umemulo* ceremony actually conducted?

Mrs Cele : It was conducted a month after the family funeral, which was in 2007.

T.Z. : According to your own knowledge, was the ceremony perfectly conducted, without shifts or changes?

Mrs Cele : I have no idea. I better tell you what transpired and you can take it from there and tell me where we went wrong. On my own I did not realize any misshappenings.

T.Z. : Please, maam, feel free to talk; I did not come to criticize. I have only come to listen to how different people conduct their rituals, since rituals have been neglected for a long time.

Mrs Cele : For seven days our daughter, Niniza and her assistant, Hle, covered themselves with blankets and sat facing the wall. They responded every now and again when called to attend to some minor things and went back and confined themselves to their place against the wall. They only went out when they were invited by the relatives in the form of beating tins and singing to visit with the relatives.

T.Z. : Please tell me about the actual day of the ceremony.

Mrs Cele: All proceeded accordingly till the big day of the ceremony. The celebrants behaved as I have described until the day of the ceremony. Before the ceremony, they used to wake up in the morning and visit relatives' homes in order to invite them to the ceremony. But on the day of the function, it was different. Early in the morning on that day, they went to the river to bathe themselves. Then they were shaved. Thereafter their father gifted them with their goat and their beast. After that the celebrants then changed into their traditional attire and were ready to go out to the public arena for the traditional Zulu dancing.

T.Z.: They did not ask for tit-bits pieces of meat to roast for themselves?

Mrs Cele: Oh goodness, I have completely forgotten about that. They did get tit-bits from their brothers. From there, after that meal, their father led them to the public place for the traditional Zulu dancing.

T.Z.: Did you burn any *impepho* (incense)?

Mrs Cele: Yes, we did. We did this before the family went to the kraal, where the father was showing/ presenting the animals as his gifts. I was so caught up in the events of the day, that I become confused and forgetful. It was a very emotional experience.

T.Z.: Was the *impepho* burnt by the father or did somebody do it on behalf of the family?

Mrs Cele: I really can't remember, but I can only remember, my husband and his brother talking to our daughter. I really don't know who actually put *impepho* in the fire.

T.Z.: What were they saying to your daughter? What were they talking about to her?

Mrs Cele: What I still remember is "As we are declaring you to be an adult today, you should from today start respecting as never before and behaving as if you were already living with your in-laws, so that ,when you actually go to your in-laws, you will experience no problems. Even the time to wake up in the morning, will now change from the normal time, because we don't want you to fail the test of your new life as a daughter-in-law and an adult."

T.Z.: Did you, the women folk of the extended family, as her mothers, ever give her any advice?

Mrs Cele: Yes, we did. We gave her very strong advice. We were very much more insistent and serious than the men. Almost all the elders were taking turns to talk to her.

T.Z.: Please, let us move on, just describe the attire of the day.

Mrs Cele: The attire consisted of the *isidwaba* (leather skirts made of cattle hide) for the initiate, my daughter, together with her assistant. All the other girls wore loin-skirts for the *umemulo* traditional dance.

T.Z.: Didn't you say you were doing the puberty rite?

Mrs Cele: Yes. I did say, it was a puberty rite.

T.Z.: Why, then do you talk of *umemulo* (marriageable stage)?

Mrs Cele: It is the same thing.

T.Z. : Actually, these are two different ceremonies. *Khulisa* (*t puberty rite*) is the most crucial and the first ceremony in the Zulu traditional raising of girls and *umemulo* (*marriageable age/state*) becomes the second ceremony depending on the state of the girl's virginity at that particular time and moment. Anyway, let us proceed to other issues. I will explain these marked differences later. What is the meaning(s) inferred by *isidwaba* (*cattle hide skirt*)?

Mrs Cele: It is the attire worn by the initiate and her assistant.

T.Z.: Where did you get *isidwaba* (*cattle hide skirt*) from?

Mrs Cele: *Isidwabas* were hired out from people who own them.

T.Z.: Since your daughter, Niniza, is engaged, did she visit her in-laws, and for what purpose?

Mrs Cele: She went there to collect the assegai.

T.Z.: The assegai for what purpose? Did the groom pay any beast for this occasion?

Mrs Cele: It common that an engaged girl to collect the assegai, although I can't personally remember its purpose. No, but there were those beasts who were paid towards *lobolo* (*bride price*).

T.Z.: Were any of the hides of the slaughtered beasts used for *isidwaba* (cattle hide skirt)?

Mrs Cele: No, I never heard of that custom.

T.Z.: It was a custom that an engaged young girl for her *isidwaba* be the duty of the in-laws to bring the beast for *isidwaba* as a token for appreciation to be engaged with a virgin. Secondly the *umemulo* used to be conducted when the days for the wedding were nearer.

Mrs Cele: Thank you so much, now I remember such custom, but it is not used any longer.

T.Z.: Why not?

Mrs Cele: I don't know.

T.Z.: Let us stop our discussion at this point. You have been so kind and helpful. Thank you so much. I will keep you posted and I will in future give you the feedback of my journey. You may now ask me what you want to know from me.

Mrs Cele: Are you being paid for this job? And please tell me about *umemulo* and *ukukhulisa*.

T.Z.: No! I am not being paid. I am doing this so that people can become more knowledgeable about Zulu traditions and rituals. I am doing this in order to help people with the knowledge that we have collected from different people. My understanding of *ukukhulisa* and *umemulo* is as follows: I understand that *khulisa* (the puberty rite) marks the first menses of the girl; while *umemulo* (marriageable state) marks the marriageable status of the virgin girl.

My critical reflective analysis of this conversation

Because this conversation took place near where I am teaching, my respondents' naming of me changed a little: they call me 'teacher', because according to custom, they can't call me by my name. So in my record of this conversation I have changed my name to conform to their responses.

This conversation records the fact that there were actually two celebrations, held in different places: this twenty-first birthday was held in the area of the Xolo tribal authority, and the Zulu traditional ritual one was held in the area of the Cele tribal authority. The Zulu traditional ritual was held at Mdlazi Ward 3, the place of the homestead of the Cele family, because an Induna is part of this family.

The conversation took place at her house on a Saturday morning and the weather was a bit cold, which meant that most people were indoors. Unfortunately I did not make an appointment. As a result, when I got there I found only one elderly person at the homestead who was a family member. That was Mrs Cele, the mother of the initiate.

In my conversation with Mrs Cele, I focused on creating a flow which would encourage her to share her understanding of the ritual *umemulo*, but she was more reluctant than I expected her to be. Maybe, because of a number of reasons: 1) I found her alone at home as an adult, with grandchildren who could not help her. 2) She was reluctant because she was not authorized by her husband to talk about the ceremony. 3) It was the first time that she was engaging in such conversation.

One of the questions asked by Mrs Cele provoked in me a worrying mind whether she was truthful in her responses: this was when she asked if I was being paid for this work. I was a little afraid that she might be saying what she thought she ought to say to earn me more money or better work. I also established from her that she thought that *khulisa* and *umemulo* are the same thing, whereas I have a different understanding of these two ceremonies. I understand that the *khulisa* (puberty rite) marks the first menses of the girl, while *umemulo* (marriageable age) marks the marriageable status of the girl, as long she is still a virgin. The *khulisa* (puberty rite) happens mostly between the ages 10-16, while *umemulo*

(marriageable age) can be later than that. (I deal with this in greater detail later in this chapter and the one that follows.)

Along our conversation, I learnt that the girl was no longer a virgin, and also noted that the father wished to perform *umemulo* (marriageable ceremony) in spite of the fact that his daughter already had a child. *Umemulo* is performed traditionally for a marriageable girl who is still a virgin. The father was revived by the fact that the girl got engaged despite her loss of virginity, which meant to me that the ceremony was no longer in line with Zulu traditional sexuality education, where we promote young girls to get married while still virgins. Because the girl got engaged and *lobolo* was paid, it became affordable to her father to perform this ceremony.

When I asked Mrs Cele, if everything was perfectly done she showed a lack of confidence, as if she was not sure. Perhaps she was aware that they had performed the ceremony for a girl who was no longer a virgin or confused whether there was an omission somewhere in the whole ceremony, or rather she thought I was there to criticize them. However I assured her that, I had not come to correct mistakes or to criticize them, but to find out what had happened. Secondly, I am collecting the information for future references, for whoever will need the relevant information for his/her use.

Again, when I listen to the whole process before the real event, I discovered that it was neither an *ukukhulisa* (initiation) ceremony nor *umemulo* (marriageable age). The characteristics of *umemulo* (marriageable age) are when parents say “Thank you, my daughter for behaving according to Zulu traditional sexuality custom and keeping yourself a virgin for marriage”. But instead they were declaring her to be an adult but using words that were said/spoken to an *ukukhulisa* (initiation) ceremony. With reference to seclusion practiced on this occasion - where an initiate is secluded from the public view till the father calls her out, on the day of celebration -everything in

the seclusion resembles the rebirth, the *khulisa* (initiation). But then again, these participants were only partially secluded, as they were doing all the service of the household and went back to cover themselves facing the wall. And the place of seclusion was near the kitchen where every person passing by has access to talk to them when needs be.

I believe the confusion on this occasion might have emanated from the fact that she was engaged, had a baby and some *lobolo* had been paid. The function was planned well in advance before the abovementioned factors occurred, and while she was still a virgin.

The attire used on that day was *isidwaba*, whereas traditionally *isidwaba* is worn by an about-to-be-married girl, and is made from the hide of the beast which was brought by the bride's in-laws. The ritual slaughtering of the beast symbolizes the deflowering of the girl by her husband to be (*ukuqhoyisa*) on that day, and the making of the *isidwaba* from the hide of the ritually slaughtered beast is a public announcement of the act of deflowering. At a Zulu wedding, *isidwaba* is the Zulu traditional attire for a traditionally married Zulu woman, as the *isidwaba* that the traditionally married Zulu woman wears is the *isidwaba* made from the hide of the beast ritually slaughtered on the occasion of her deflowering by her husband. The hiring of *isidwaba* for ritual occasions is therefore at odds with the original custom, and its profound significance.

I am inclined to think that much of the confusion comes from a lack of information, and people who are too embarrassed to ask what they do not understand, because that will expose their little knowledge about the rituals. Many of these rituals have long been forgotten, and after a long period of neglect, are out of practice.

Ingxoxo 3

Ingxoxo phakathi komndeni wakwa nyawose nomcwaningi (T.Z. Nyawose)
[Ake ungixoxele Mntungwa (isithakazelo sakwaNyawose) ngomcimbi okade
uwenzele izingane, kusukela kwimbangela kuze kube sekugcineni.

Cha mfowethu, kungcono kube khona nonkosikazi benondodana khona
bezongikhumbuza.

Ngingakuthokozela kakhulu lokho. Babizwe umama nondodana]

Mtungwa = isithakazelo sakwa Nyawose

Mfowethu = Reseacher / umcwaningi(T.Z. Nyawose)

Nkosikazi = Umama wabantwana abenzelwa umsebenzi (MaCele)

Nicho = Umfowabo wabantwana / Indodana kaSgwamba

Sgwamba = Ubaba wabantwana abenzelwa umsebenzi

T.Z. : Xoxa-ke Mntungwa sebekhona.

Sgwamba : Kwaqala kwafika uGugu indodakazi yami eseyashada, ezobika ukuthi akaphilile. Kodwa futhi uma eyakwababonayo bathi yingoba ingazange ikhuliswe ngenkathi isencane. Ngavele ngashaywa uvalo ngazibona nginecala empilweni yezingane zami zonke, ngoba zonke kazikhulisiwe. Ngabe sengithi kuyena akahambe aphinde emzini uyozwa ngami, ngoba ngangisafuna ukubonisana kahle nomndeni bese ngithatha isinqumo. Ngingake ngime lapho-ke Mfowethu.

T.Z. : Qhubeka uze ufike lapho umsebenzi sewenziwa khona, uma wenziwa.

Sgwamba : Yaah! Wenziwa futhi ngabenzela bonke, bobahlanu.

T.Z. : Obani? Njengoba uthi bonke.

Sgwamba : Babale nina wabo.

Nkosikazi: Maye kawubazi wena? UGugu, uNgele, uNokuthula, uMakhosi noZandile. Angithi bahlanu manje?

T.Z. : Yebo , Qhubeka-ke nodaba Nkosikazi sekufike lapho ephela khona ubaba uma esekhohlwa izingane zakhe.

Nkosikazi : Ngiqalephi mina?

T.Z. : Njengokuthi-nje nanikhulisa izingane ezineminyaka emingakhi nokuthi nokuthi zonke zishadile noma azishadile?

Nkosikazi : Abathathu bokuqala sebeshadile futhi bangaphezulu kuka 21weminyaka, ababili bangaphansi kuka 21.

T.Z. : Bonke nanibakhulisa?

Nkosikazi : Yebo, kanti yini enye?

T.Z.: Ummemulo.

Sgwamba: Ukukhulisa nomemulo kuyafana [*Kungenelela uSgwamba*]. ngangibakhulisa bonke laba bami.

Ngoba umbono wawuthe uGugu akakhuliswangwa, ngavele ngabakhulisa bonke-ke.

T.Z. : Uma kungase kubekhona omunye ocela ukwemuliswa ungenzenjani?

Sgwamba : Hayi bo! Sengibenzelile bonke angabe udlala ngami futhi anginamalimina manje, ngisazikhotha amanxeba.

Nicho : Kanti yini umehluko phakathi kokukhuliswa nomemulo? [*Kungenelela indodana*]

Sgwamba : Awukho bo! Ziyafana lezinto kuhluka ukubiza.

Nicho : Kunjalo Mntungwa

T.Z.: Qha. Akufani; kuyenziwa konke kumuntu oyedwa, kodwa ngicela niqhubeke nomcimbi lo walayikhaya ngoba sewadlula ave silungiselela wona manje. Ngiqaleleni emgoqweni nasekungquzeni.

Nkosikazi : Amantombazane ayevuka zonke izinsuku ashaye uthayela, bese ethatha amathini ahambe engena imizi ngemizi yezihlobo ecela izipho, aze abuye ntambama eselethe izipho ekhaya, adle, ahlakazeke aze aphinde abuye ntambama futhi esezosina izingoma eziqondene nomcimbi lowo.

T.Z.: Nabakhuliswayo bayahamba ukuyoshaya amathini?

Nkosikazi : Yebo bahamba bonke, lize liyophela isonto.

Sgwamba: Bangasalelani [*Kungenelela uBaba wekhaya*] ngoba into yabo nje le! Futhi izihlobo zabo lezi ezihanjelwayo.

T.Z. : Phela izihlobo bangazitshelwa, nalaba abanye baye kuzona bafike baluchaze udaba ukuthi bashayela bani amathini.

Sgwamba : Uma imali sebezidlela? Bengasayitholi abaniniyo?

T.Z.: Akusho ukuthi kabathembekile bonke, bakhona abangakhuza labo abagangayo. Ngicela niqhubeke nangokuyogeza emfuleni ekuseni kanje nemishanguzo eyabe idliwa abenzelwa umsebenzi.

Sgwamba : Ngangibathatha njalo ekuseni ngemoto ngibayise eMthavuna (*umfula*), ngiphinde ngibabuyise.

Nicho : Izimoto zabawu 3 ngosuku lokugcina sibalayishe ngokulekelelana ngoba Basebebaningi [*Kwelula indodana*].

T.Z. : Babephelezelwa yini na, abesilisa? Babegqokile yini?

Sgwamba : Yebo! Kodwa sasibashiya kude sebezofika ezibukweni.

Nkosikazi: Babegqoka amapanty odwa bese bezimboza ngezingubo wonke umzimba.

[*Kwelekelela uNkosikazi*]

Sgwamba: Thina sasingazi noma bagqokile noma abagqokile ngoba babesuke Bezimbozile. Konje okunye yini?

T.Z. : Imishanguzo.

Sgwamba : Cha yayingekho, ngaphandle kokweqa umlilo ngosuku lokugcina.

T.Z. : Qhubeka ngemvunulo manje kanye nezilwane ezahlatshwa.

Sgwamba: Bonke babegqoke izidwaba kanye nomakhotshana babo, okusho ukuthi zaziwu 10. Bese kuthi ezinye izintombi zivunule ngezishuba namathawula.

T.Z. : Izidwaba babezinikwe ubani?

Sgwamba : Ziyaqashwa. Sasiziqashile kulaba abaqashisayo.

T.Z. : Nalaba abangashadile babegqoke izidwaba?

Sgwamba : Njengoba ngisho nje zaziwu 10.

T.Z. : Laba abashadile babezinikwe emzini lapho beshadele khona noma qha?

Sgwamba : Qha, bona balanda imikhonto nje kuphela emizini yabo. Ngaphandle koyedwa uGugu yena ngathatha inkomo eyayivele kwaMqadi emzini wakhe. Omunye kwabe kungesiyona yamalobolo akhe. Izinkomo

zaziwu 2, izimbuzi ziwu 5. Okusho ukuthi uGugu noNgele kwaba izinkomo nezimbuzi kwathi laba abanye kwaba izimbuzi zodwa.

T.Z. : Uzizwa unjani emva kwalomcimbi?

Sgwamba : Ngikhululekile manje, ngoba ngabenzela bonke, akekho engimkweletayo futhi nalo owayegula usengcono empilweni.

T.Z. : Ngiyabonga Mantungwa singake siyibambe lapho. Bese sixoxa nje futhi ningibuze enifisa ukungibuza khona. Kodwa ngicela ukuthi izingxoxo zethu zingakhombi ukuthi kukhona iphutha enalenza ngoba lezinto kade zagcina ukwenziwa amaphutha afanele.

[*Emva kwezingxoxo*]

Nkosikazi: Kusho ukuthi saba namaphutha kulaba asebeshadile? Ngoba asenzanga njengoba usho.

T.Z. : Aninaphutha bo! Ngithe asingazisoli ngoba okuningi sonke sesakukhohlwa Asedluleni-ke lapho manje singabambeleli kulokho.

English version

Conversation between the researcher (T.Z. Nyawose) and the Nyawose family.

T.Z.= T.Z. Nyawose, the researcher, and brother in this conversation

Sgwamba = Father to the initiates

MaCele = Mother to the initiates/Sgwamba's wife

Nicho = Brother to the initiates/Sgwamba's son

Mtungwa = 'Izithakazelo' of the Nyawoses (Praise name of the Nyawoses: in most cases Nyawoses address themselves with this praise name)

T. Z. Mtungwa, briefly discuss the celebration you held for your daughters, starting from what prompted you to conduct the ceremony up to the last day of the function.

Sgwamba: Hold on my brother, let me call my wife and my son so that they will remind me where I get lost or forget. [*He shouted at them to come and help him. In a short space of time, they both came in*]

T.Z. : Just embark on the whole story, now that they are all here.

Sgwamba: My daughter, Gugu came back from her wedding, reporting that she was not well. Gugu said when she visited ‘*sangomas*’, the *sangoma* said that she had not been initiated when she was young. I felt guilty that I had done an injustice to all of my children. They were all not initiated. I said to her she must return to her married home and I would call her when I am done with all the necessary preparations. I may stop there for now.

T.Z. : You may continue with the celebration day, if it did take place.

Sgwamba: Yes! I made the celebration for all of them.

T.Z. : Who are those that you are referring by all? Please mention them all. You have initially mentioned only one daughter, Gugu.

Sgwamba: Name them, you, my wife.

MaCele : Why? Don't you know them? (*The wife asked with astonishment.*) They are: Gugu, Ngele, Nokuthula, Makhosi, and Zandile. Is that five?

T.Z.: Yes, (*laughing*) please help your husband as he is now forgetting his own daughters.

MaCele : Where should I start?

T.Z. : With the celebration of your daughters and their ages. Between which age and which age? And are they all married or not?

MaCele : Three of them are married and are over twenty one years of age and the other two are below twenty one and not married.

T.Z. : Were they all initiated?

MaCele : Yes. What else?

T.Z.: What about *umemulo*? (*Celebration of marriageable stage*).

Sgwamba : (*interrupting*): *ukukhulisa* (initiation) and *umemulo* (marriageable state) is the same thing. I was initiating them all. The complaint that Gugu brought home, was that she was not initiated. I then decided to simply do the initiation for them once and for all.

T.Z.: If one of them decides that she should have *umemulo* celebration, what will you say?

Sgwamba: Oh! No! I have done everything for them all. If any one of them makes that request, that one will be making fun of me. I have no money left now! I am still recovering from the debts!

Nicho : (*interrupting*) What is the difference between *umemulo* and *ukukhulisa*?

Sgwamba: There is no difference! These things are the same. They differ only in name.

Nicho : (*turning to me, and addressing me by the Nyawose's family izithakazelo*) Is that so, Mtungwa?

T.Z. : No. According to my understanding, these are two different occasions. They can be celebrated differently. We need to start with *ukukhulisa* (initiation) and then *umemulo* (marriageable state) is a second celebration. *Ukukhulisa* has a biological rationale as it marks the first 'menses' of the girl and marks the transition from girlhood to adulthood. *Umemulo* has a social rationale, as it is the celebration of maintenance of virginity till marriage. However, let us proceed with our discussion because we are not here on a fault finding mission nor do we make preparation for the forthcoming celebration. Please, kindly start from the seclusion and tins dancing.

MaCele : The girls used to wake-up early every day, and first beat the corrugated iron outside before taking their tins going from house to house to collect gifts from relatives. They did this till sunset and came back for supper and left for their homes and came back later for practice.

T.Z. : Were the initiates also part of going out to invite relatives?

MaCele: Yes, they all went out for the whole week.

Sgwamba : Why should they be excluded [*interrupting the father*] because, the occasion is about them? Secondly, it is their relatives that are being visited.

T.Z.: The rest of the girls could be directed to relatives and explain the whole story when asked the reason for tins dancing. Initiates can be secluded from public view.

Sgwamba : What if they don't bring all the gifts home? That the owners are not there?

T.Z. : That is not the point. Not all girls that are out there are not the members of the family. Some of them are from the extended families and some are also relatives of the family. Kindly continue with the story including the morning bathe and some medication if ever there was any.

Sgwamba : I used to take them in my car every morning to Mthamvuna river and then bring them back home after they had finished bathing.

Nicho: We had three cars on the last day because they were so many of them.

T.Z.: Were they accompanied by you males? Were they fully dressed?

Sgwamba : Yes! We accompanied them. But we stood far from the river and let them go on their own to the river.

MaCele : They wore panties and covered themselves with blankets.

Sgwamba : We, as males, knew nothing about what they were wearing. We did not know if they had anything on their bodies or not. What was the other question by the way?

T.Z. : It was about the medication. Was there any?

Sgwamba : No, we did not use any medication except the fire crossing on the last day.

T.Z.: Let me now hear about the attire of the day and the animals that were slaughtered for the occasion.

Sgwamba : All the initiates and their assistants were wearing *isidwaba*. That means we had ten of them, using *isidwaba*. Then, the rest of girls who were in the ceremony were using towels and other traditional attire of their choice.

T.Z. : Who gave them *isidwaba*?

Sgwamba : We hired them from those who owned them.

T.Z. : Even those that were not married, also used *isidwaba*?

Sgwamba : As I have indicated, there were ten in total.

T.Z.: You mentioned that some were already married, did they get *isidwaba* from their in-laws or not?

Sgwamba : No, they only went there in order to take the assegai. I gifted the first two daughters an animal and a goat each and the last three, only goat each.

T.Z. : How do you feel after you had done this celebration?

Sgwamba : I feel very much relieved, because I now owe nobody anything. Even the one who was sick is now better.

T.Z. : I am very delighted. You have been most wonderful, kind and helpful. Thank you so much. I will keep you posted about my journey and you are most welcome to ask anything that you would like to know. Lastly, please remember that our discussion might be a dipstick to check on mistakes or shortfalls which occurred during the celebration. We are all on a learning curve. Thank you again.

My critical reflective analysis of this conversation

I was surprised to discover that the father, Sgwamba, did not know the names of his children and that he asked his wife, MaCele, to intervene. Perhaps he did not want to use their nicknames, instead of their Christian or school names, as the person to whom he was talking was a known teacher. He wanted to use those names that were used at school. But even then, he was supposed to know those names. On the other hand, it is common among black traditionalist men to leave every responsibility to wives when it comes to children, even dates of birth. It is my experience that very few men can, at a glance, give the proper dates of birth and full names of their children. In some instances this is so because the men are frequently away from home, are at work, and see little of their children.

I was also surprised that Sgwamba did not make the difference between *ukukhulisa* and *umemulo*. I had to remind him about these two different functions, that *ukukhulisa* is biologically motivated and individual, because it is marked by the first 'menses' of a girl, while *umemulo* is socially motivated because it is marked by the marriageable stage of a girl while still a virgin,

and *umemulo* can be conducted for one or more than one girl depending on the circumstances. Then there are things that are only done during *ukukhulisa*, for an example, tin beating, bathing at the river early in the morning, and seclusion. The following are both for *ukukhulisa* and *umemulo*: invitation of relatives, gifts, ritual slaughter and covering of the body and traditional dancing in the public arena.

Ingxoxo 4

Ingxoxo phakathi kuka mnumzane G. Cele (wasegawushen) Nomcwaningi (T.Z. Nyawose), ngomcimbi owenzelwa izingane zakwa Cele. Lona ngiwukhetha ngoba ngifuna ukuhlaziya izinto ezimbili ngawo: 1) induna yinye eyakhe ne ka sgwamba Nyawose. 2) Isibongo sakhe siyefana neingxoxo 1; bobabili o Cele. Okuzoveza ukwenza kwesigodi noma ukwenza komndeni noma-ke komuzi ngomuzi.

Indawo kukwa Cele. Induna u Cele. Isikhathi kwabe kwintambama ngesonto, ngoba abantu balapha bona bakhonza kwa shembe kwakungeze kwabalula ngomgqibelo ngoba isabatha kubona.

Mnu. Cele = Ubaba wabantwana owayenze umcimbi

Mcwaningi (T.Z. Nyawose) = Isivakashi esizolalela udaba ngomsebenzi

Magaye/ Ndosi = Isithakazelo sakwaCele

T.Z. : Ake ungixoxele Magaye ngizwa kuthiwa wenza indumezulu yomcimbi, wenzela abantwana bakho.

Mnu. Cele: Wawuzwa ngobani, kwathiwa yini le embi esekuxoxwa ngayo?

T.Z.: Hayi ! Kuthiwa indumezulu yomcimbi, akushiwo-ke uma into iyimbi kodwa kushiwo uma kunconywa.

Mnu. Cele : Cha, ngawenza khona kodwa ngangenzele izingane zami eziwu 9 , kumakhosikazi ami amabili.

T.Z. : Awuzwa-ke, qhubeka uze uqede.

Mnu. Cele: Umsebenzi engangiwezile wawehlukene izigaba ezimbili noma ezintathu kodwa ngawenza ngezimpelasonto ezimbili.

T.Z. : Qala lapho kwaqala khona kuze kufike lapho kwaphela khona, ngizobuza uma kukhona engingakuzwa kahle.

Mnu. Cele: Ngangilokhu nginesifiso sokuzenzela izingane zami kodwa amandla ngingenawo. Kwaze kwathi nje ngingazelele kwaphuma imali yami yempesheni njengoba ngingumuntu ogulayo futhi ongasebenzi. Ngangiyibhalise sekwedlule isikhathi eside. Yathi uma isiphuma isiyisamba ngavele ngabona ukuthi angenze lesisifiso sami.

T.Z. : Kanti wabe unesifiso sokubenzelani?

Mnu. Cele : Cha ngangifisa ukubenzela umhlonyana.

T.Z.: Wonke lo 9 wawungenzelwanga lutho?

Mnu. Cele : Cha, kodwa angiqale lapha. Ababili kwaphuphuma izisu bengakazalwa, kuthi futhi ababili bashona besebancane. Ngakho-ke ngaqala ngabenzela izinkukhu zabo ngokwamaviyo abo. Lababaphuphuma sasibaqamba namagama ngoba badlula bengakaqanjwanga.

T.Z.: Amagama? Kanti basebebonakala yini ubulili babo, kuphuphuma isisu?

Mnu.Cele: Kwesinye isikhathi kuyekunganakeki ngaleso sikhathi kodwa uye uqambe ngesifiso sakho.

T.Z.: Qhubeka.

Mnu. Cele: Ngathi uma sengikuqedile ngalaba abane ngabe sengimemezela lo owesibili. Zaqala-ke izingane ukushaya amathini, zihamba zingquza ukuze ngenzele lezi eziphilayo eziwu 5, ngempelasonto elandelayo. USbongile (30), Thabsile (27), Zikhona (23), Ntokozo (19) noBonisile (16)

T.Z. : Zazingquza zonke izintombi kanye nalezi eziwu 5, zingagoyile emgongqweni?.

Mnu. Cele : Zazihamba zonke ekuseni, zigoye uma sezibuyile kozungeza.

T.Z. : Zazihamba zigqokeni lezi eziwu 5?

Mnu. Cele : Zazigqoka izikibha engangizithengele zona eziqondene nalomsebenzi.

T.Z. : Zazigeza nini, ziphelezelwa noma qha?

Mnu. Cele : Zazigeza entathakusa, ziphelezelwa amakhosikazi.

T.Z. : Wena wawungena lapho zigoye khona nabanye nje abantu besillisa babengena?

Mnu. Cele: Yebo, ngoba zazigoyele khona lapha ekhishini. Zona zazihlala zizimboze ngezingubo noma ziphuma, zaziphuma zizimboze ngezingubo

T,Z.: Usazobemulisa noma usuqedile manje?

Mnu. Cele : Sengiqedile ngaphandle uma kuvela isibonakaliso esidinga lokho.

T.Z. : Kona umehluko phakathi kwalezi zigaba umhlonyane nommemulo uyazazi?

Mnu. Cele : Kancane, kodwa futhi akusavamile ukwenziwa konke noma angithi Sekuvele kuthiwe kuyefana kwehluke ngokubiza kwabantu.

T.Z. : Wena ngokwakho kuqala kuphi kugcine kuphi?

Mnu. Cele : Hayi, ngabe ngidlala ngawe angazi, njengoba ngisho nje ngithi kuyefana kuhluka ngokubiza. Kanti wena uyahlukanisa yini? Sisizeni madoda uma siduka.

T.Z. : Yebo, kwehlukene , izinto ezimbili ezechukene. Okunye kuyaphoqa kodwa okunye kube semandleni. Ake ngigcine lapho siqhubeke neingxoxo Ake singene emvunulweni yangomhla womcimbi.

Mnu. Cele: Noma ungishiya ngisafuna ukwazi nje. Imvunulo bonke bagqoka izidwaba nomakotshana babo; bese kuthi ezinye izintombi zibhince izishuba.

T.Z. : Ngoba umuntu osenengane akasini nezintombi nje, kulaba bakho wenzenjani?

Mnu. Cele : Babesina bonke, akusahlukaniswa manje ngoba kwazona izintombi azisazazi kahle ngoba phela sekuyakholwa.

T.Z. : Wena ngokwakho ubona kukuhle ukuthi izintombi zisine nonina bezingane?

Mnu. Cele : Cha kwakukade kungenjalo, yisimanje nje lesi esone izinto. Usungavele uhlekwe uma uthi abaphume onina bezingane engomeni.

T.Z. : Izidwaba babezithathephi laba ababezigqokile?

Mnu. Cele : Bonke ababezigqokile nomakotshana babo, phela seziyaqashwa kulaba abaqashisa ngazo. Futhi mina ngangibahlabele izimbuzi eziwu 5.

T.Z. : Ngibonga kakhulu Magaye, singake sime lapha. Sesingaxoxa nje okunye mhlawumbe kukhona ofuna ukungibuza khona, kodwa lokho akusho ukuthi ngizobe ngithi la kwenzeka iphutha ngoba sonke asisazijwayele lezizinto, amaphutha asengenzeka. Ngizokuxoxela ngomehluko phakathi komemulo nomhloniyane noma ukuthombisa ingane. Emva kweingxoxo

Mnu. Cele : Ngiyabonga, sengathi sizosebenzisana nawe ngoba ngibona sengathi Kuningi umuntu azokufunda kunina enifundile.

English version

This was the conversation between Mr G. Cele of Shoba at his Gawusheni home and the researcher, T. Z. Nyawose. The time was on the Sunday evening, since the family follows the Shembe religion that makes it difficult to disturb them on Saturday.

T.Z.= T.Z. Nyawose, the researcher

Mr Cele = Mr G. Cele the father of the initiates

T.Z. : Mr Cele, just briefly discuss, about the umemulo occasion that you have held for your daughters. People are still talking about it.

Mr Cele : Who told you? And where did I go wrong that people are still gossiping about?

T.Z.: No! They still appreciate it, as if it was yesterday. They say it was a big occasion of its kind.

Mr Cele : No. I did the celebration for my nine daughters from my two wives.

T.Z.: That's it! Please proceed up to the final day.

Mr Cele : This celebration was held on two occasions or rather in three parts, but I managed to do it over two week-ends.

T.Z.: Just commence from the beginning until the final day of the whole occasions. I will only ask where I don't understand. I will not disturb you.

Mr Cele : I have always had a dream to do something for my daughters, in terms of celebration, as it was a norm for a father to do it for his children.

However financial constraints kept my dream unfulfilled, as I was unemployed. Until one day, I received my back-pay pension from the Government. As it had taken a long time to be paid back to me, it was a good sum of money, and then I started to think again about fulfilling my dream of many years.

T.Z.: What was your dream about?

Mr Cele: No. I wished to do puberty rites for my daughters.

T.Z.: Had none of the nine girls, had a puberty rite previously?

Mr Cele: No. But let me start by explaining this. The first two children were miscarried, whilst another two children again died while they were very young. I had to divide the occasions into three phases. Those who were miscarried first, were gifted with fowls, and were given names as they initially had no names.

T.Z.: Names? How did you know their gender?

Mr Cele: We did not know their gender. However names were given according to one's wish of what the gender should be.

T.Z.: Continue please. This is very interesting because I am learning new things.

Mr Cele: When the first phase, of the first four, that is, two miscarried, and the two who died very young, was completed, I then announced the second phase for the last five. Girls started their process of beating of tins to announce the type of celebration to follow. The first daughter was 30 years old, followed by 27, 23, 19, and the last one was 16.

T.Z.: Did they all go out for the 'tins dancing'?

Mr Cele: Yes, they were all going out in the morning, and coming back in the afternoon, daily. Thereafter, the initiates could join the seclusion place.

T.Z.: When did they go for bathing and who accompanied them to the river?

Mr Cele: At dawn every morning and they were accompanied by women.

T.Z.: Did they have a seclusion place where perhaps men were not allowed to enter or was everyone entering as they wished?

Mr Cele: Yes, we did not have a separate seclusion place. We used the kitchen, where everyone was allowed to come in. The only difference was that, they kept themselves covered with blankets whilst sitting in that place, and even when they went outside the kitchen, they completely covered themselves with their blankets.

T.Z.: Are you still going to do *umemulo* (marriageable stage) for some of your daughters or you are done now?

Mr Cele: I am done now, not unless there is another dream which demands that.

T.Z.: Do you differentiate between these two celebrations – *ukukhulisa* (the puberty rite) and *umemulo* (the marriageable state)?

Mr Cele: I know a little bit about this. I know that these are no longer done separately, mostly because of the expenses, so it depends on how much money is available.

T.Z.: According to the knowledge you have, which one should be done first and compulsory?

Mr Cele: No! I would be kidding, I really have no idea. As I have indicated that these two things are the same. The only difference is how one calls it, perhaps according to his dialect or perhaps according to the confusion. Do you make a difference between the two? Please, kindly help us we are lost.

T.Z.: Yes, there is a difference. To my understanding, *ukukhulisa* (the puberty rite) is when the girl is receiving her first 'menses' that is, the child is entering the adulthood stage. This is compulsory. On the other hand, *umemulo* is a rite for the marriageable stage, where a girl reaches that stage without giving you a problem as a parent or whilst still a virgin. Now as parents, you conduct that *umemulo* celebration to say, 'thank you'. Let me stop there for now. Let us proceed to the challenge of the attire for the day.

Mr Cele: Yes; we may, although I still want to get more knowledge about these things. My daughters were all wearing *isidwaba* (cattle hide skirts) and the rest of girls wore loin skirts and other traditional attire.

T.Z.: Traditionally, a young mother does not join the young girls' dance. How did you separate the dances?

Mr Cele: They were all in one group. These days, we no longer have traditional girls, because of the adoption of 'christianity' or the influences of the civilization.

T.Z.: Do you recommend that mixture, as a traditionalist?

Mr Cele: No! This is not the norm. However things have changed now as I have indicated because of the influence of Christianity, which has spoiled our customs. One can be the talk of the day if one decides to separate young mothers from young girls.

T.Z.: From where did they get *isidwaba*?

Mr Cele: We hired these from those who owned them.

T.Z.: We have come to the end of our journey. I would like to thank you for your time and help. You are most welcome to ask few questions where it interests you. Otherwise, thank you so much.

My critical reflective analysis of this conversation

I have chosen this account of *umemulo* for two reasons: 1) to contrast between two families, belonging to the same *Induna* and 2) two families with the same surnames. These *umemulo* were going to differentiate whether the rituals were tribally motivated occasions or were motivated by clans or family requirements.

In this conversation, I learnt a lot. For instance, I learnt that even those children who were not born, should be celebrated, including those who died in their earliest years, should be celebrated as well.

In most cases, I noticed that when Mr Cele started answering a question, he always begins with saying 'no', even though his answer was positive and it would be more appropriate to say 'yes'.

From both the Cele and Nyawose families, while from the same *Induna*, things were done differently, such as the accompanying of girls to the river. With the Celes, it was the duty of women to accompany girls to the river, while with the Nyawoses, it was the duty of men/males to accompany girls to the river to bathe, and above all they travelled in cars driven by these males. They both Celes and Nyawoses used hired *isidwaba* and used the common kitchen as a seclusion places. What is remarkable about the seclusion here is the covering of the body while inside the house, mostly in the evenings. The girls were not secluded from the public view, which would mean that the girl coming out to the public view on the day of the ceremony would resemble a re-birth. The time and age for celebration is not fixed from all cases, excluding the twenty first birthdays, where it was exactly at that age.

Ingxoxo 5

Lapha ingxoxo phakathi komcwaningi (T.Z. Nyawose) kanye no Mthandeni Cele walapho kwakwemuliswa khona iwele lentombazane

T.Z.: Ake uxoxe ngizwa kuthiwa kini kwakwemuliswa amawele umfana nentombazane.

Mthandeni: Yebo, kwabanjalo, ngoba phela bangamawele.

T.Z. : Cha , qala udaba lonke kusukela kusashaywa amathini nokugongqa.

Mthandeni : Cha, umfana akazange awashaye amathini futhi akazange agongqe yena wahlalisa udadewabo enkundleni futhi naye wanikezwa izipho njengodadewabo. Futhi wayephethe isambulela wasina naye enkundleni.

[Lokhu okungenhla kuNo.5 kucishe kufane nokwenziwa Kwa Shali kwenye inkosi yase Mavundleni, lapho kwemuliswa khona nabafana ngosuku olulodwa namantombazane. Nakuba ngingeke ngakubhala lapha ngoba olwami ucwaningo lulapha kwaShoba noMdlazi phansi kweNkosi uCele.]

Uma ufunda lemicimbi emithathu yokuqala, kuyavela okufanayo kokwenziwa kwezinto kubuye futhi kuvele ukwehlukana kwezinto.

Okufanayo : -Zonke izintombi zishaya amathini zibuye zigongqe.

-Bonke bayasina ndawonye , izintombi kanye nalabo asebezele.

-Bayaya kogeza emfuleni ekuseni .

-Bonke bagqoka izidwaba

Okungafani: -Abanye baphelezela abesilisa kanti abanye baphelezela abesifazane.

-Abanye bayagoya abasebenzi lutho olunye kanti abanye bayasebenza njengokujwayelekile. Abanye bathi ukuKhulisa, abanye bathi uMemulo kanti abanye bathi uMhlonyane. Uma ubabuza bathi kuyafana lokhu.

Labo mehluko benzeka noma ngabe izibongo ziyefana noma azifani, futhi noma ngabe abantu baphethwe izinduna ezifanayo kodwa ukwenza kuyehluka. Okusho ukuthi sekuyinto yomuzi ngomuzi, akusiyona into eyisiko sekuwumkhuba nje.

English Version

Conversation no 5²

This conversation was between T.Z. Nyawose and Mthandeni, where his family had a ceremony for twins - a boy and a girl.

T.Z.: Please briefly tell me about the celebration that was held at your family for twins - a girl and a boy.

Mthandeni: Yes, there was a celebration for our twins - a boy and a girl.

T.Z.: Please discuss the occasion from the inception to the final day, including the tins dancing and seclusions.

Mthandeni: No, the boy did not go out for tins dancing nor sit in the secluded place. He only joined his sister in the public arena on the final day. He was presented with gifts just like his sister and danced during the individual dancing.

My critical reflective analysis of these conversations

² From the above, I have observed in this conversation with Mthandeni was similar to what I was told about: that the celebration of twins was taking place at KwaMthimude tribal authority across the Ishongwe River, but still KwaZulu-Natal. I was told that both boys and girls enjoy the celebration of umemulo.

When I was asking questions from my research participants, one of my aims was to know if the ceremony being held was still in line with the Zulu traditional sexuality education. The reason is the fact that the Zulu traditional sexuality education has been neglected for a long period of time. In some instances I discovered that there were some commonalities as well as infusions, confusions and differences.

Commonalities :

All those participating in the rituals did the 'tin dances', and the seclusion took place in the kitchen. All girls did the traditional dances together irrespective of status. All visited the river early, every morning, to bathe. They all wore *isidwaba*.

Differences:

Accompanying girls to the river: In some cases, it was males' responsibility to accompany the girls to the river, by cars, while in others, it was the responsibility of females to accompany the girls to the river.

Seclusion of girls: Other girls were only confined on the seclusion without any participation in normal duties of the homestead, while others were engaged on both the seclusion and normal duties of the homestead.

Confusion of two distinctly different rituals

There was a common confusion of *ukukhulisa* and *umemulo* rituals. As I said to Sgwamba, "According to my understanding, these are two different occasions, and must be celebrated differently. We need to start with *ukukhulisa* (initiation) and then *umemulo* (marriageable state) is a second celebration. *Ukukhulisa* has a biological rationale as it marks the first 'menses' of the girl and marks the transition from girlhood to adulthood. *Umemulo* has a social rationale, as it is the celebration of maintenance of virginity till marriage". I further elaborate these differences here.

Seclusion is critical to the *ukukhulisa* (initiation) ritual because this ritual is marked by the first menses of the girl, indicating that the girl is no longer a child but a woman as she is now biologically capable of falling pregnant and bearing children of her own. This transition from girlhood to womanhood needed to be ceremonially communicated to the ancestors by the community. It was understood that this change in the girl's body placed great strain on the child and she needed to be rested and cared for. These changes also implied that what the girl has known about her body and its functions up to this time, is no longer sufficient. She needs to be taught what these changes in her body mean about her care and attitude to herself from this time forward. The progress from girlhood to womanhood traditionally in the Zulu culture was regarded as a very serious matter, and not to be taken lightly. So in the case of *ukukhulisa* (initiation), the seclusion should be extreme: the girl should be secluded in a space which has no public access, where she could rest and be cared for by older age-mates and women in the family. It was also the responsibility of older age-mates and women in the family to mentor the initiate into an understanding of the biological changes in her body, how she should care for herself in terms of hygiene, and also in terms of her relationships with boys and young men. It was also at this point in the young woman's development that she was instructed in the ways of *ukusoma* (non-penetrative sexual interaction), which would protect and preserve her virginity.

The puberty rite is very individualized, as it happens on the individual date of the first menses in the life of the young woman. If there are problems beyond the control of the parents, the ceremony of reporting the transition from girlhood to adulthood to the ancestors can be delayed and be conducted at a later stage, but the essence of the rite should be done on the appropriate day: the medication and care, and the education and mentoring had to be done at the time of the first 'menses'.

Confusions tend to arise when the ceremony of announcing the transition from girlhood to adulthood to the ancestors was not performed at the time of the first menses, for some good reason such as financial constraints. This would mean that in the eyes of the ancestors, such a person remained a 'girl', and was not yet a 'woman' as her menstrual status had not been communicated to the ancestors. After some time, the 'girl' might get ill, and even if she was married by that time, it would mean that she will then come back to her maiden-home for this puberty ceremony, irrespective of her age. In such cases, the whole rite would have to be performed including the seclusion, and the instruction. Only when that is done properly, is the 'girl' declared an adult 'woman' [*ukukhulisa*] because she has now been reported to the ancestors as such. In cases where the 'girl' is already married, and has changed her ancestral lineage, she should first be reported to the maiden ancestors that 'so and so' is back for this purpose, and there should be a form of appeasement, thereafter the ceremony may start, according to that specified need. (I address this matter again in the following chapter.)

In the case of *umemulo* (marriageable age) the seclusion is traditionally for the purposes of instruction about the young woman's status and responsibilities as a *makoti* (bride) in the home of her husband and his family. (I address this matter again in the following chapter.)

Traditionally, it is acceptable for *umemulo* to be done in three different ways (1) before marriage, *umemulo* can be done by the father, as a way of saying thank you (on behalf of himself and his wife) to his daughter for following their parental advice, and simultaneously announcing to the community that their daughter is respectful of the traditions and mores of the community and has reached a marriageable state.

(2) Before marriage, by the Inkosi of that tribe, for a group of girls of the same age and status, following the understanding of the case with the parents above.

(3) Before marriage, by the husband-to-be when the girl is engaged, for the traditional wedding- '*ukuqhoyisa*' (See the discussion about the wearing of *isidwaba* in this regard, in the next chapter).

When one considers all of the above, it is clear that the celebration of *ukhulisa* and *umemulo* at the same time as if they are the same ceremony interferes with the rationale of each of these traditional ceremonies. When *ukhulisa* and *umemulo* are celebrated as one ceremony, the critical lessons needing to be learned by the young woman about her body and its functions, and how she should regard the changes taking place, and how to conduct herself, can be easily lost. It is these understandings that I consider critical. All young people need to be properly and responsibly informed about what is happening to their bodies when puberty happens. I believe that such understanding can impact on the behaviour of young people with a positive effect on the rate of pregnancy and HIV infection among young people.

I have also identified/observed other very remarkable changes of practices. During my boyhood and young adulthood, things were not performed in the ways recorded above. This indicated to me that families are now performing rituals and rites idiosyncratically. That makes me to believe that the influence of colonization, Christianity, the Rural-Urban drift, apartheid, political fighting especially in the 1980s, and education have confused a great deal, because the intention is well meant and good but action is mixed up with the foreign ideologies. I am aware that culture is dynamic and is constantly impacted by extrinsic factors such as poverty, health and also the above-mentioned ideologies. However, there should be away of commonalising the most important items, especially of sexuality education and sex education for our youth, during this time of HIV and AIDS.

Common to all participants:

I am particularly concerned about the use of hired *isidwaba*. The wearing of hired *isidwaba* was common among my research participants, who had no idea of the contradiction they had created. On the other hand, it became clear to me that the practice of hiring *isidwaba* was commonplace and widely accepted.

Why does this concern me? Traditionally, the *isidwaba* is made from the specific beast ritually slaughtered on the occasion of '*ukuqhoyisa*' - the deflowering of the bride. The wearing of hired *isidwaba* is therefore a contradiction, as the same *isidwaba* is being worn by any number of different women, and can in no way be specific to only one. I have to ask myself if this accepted development implies an abstraction of a concrete custom. Does the *isidwaba* today carry only a symbolic significance? It would appear so. (I address this concern again in the following chapter.)

What was common to all participants, was that the conversations confusing the issues and ideas, and people were embarrassed to ask relevant knowledge. I believe that this means that we need to come together and share ideas on the important items of sexuality education as a whole, so that it becomes a custom, at least for a given clan, so that a custom can be properly and commonly practiced. I believe that we should revisit the past together, and see which of those items we may still maintain and those that cannot be maintained, or no longer have a valid rationale for their continued use, what Moletsane (2011:11) calls "reflective nostalgia".

In reflecting critically on the conversations that I have had with a number of participants, I concluded that I should engage in further awareness raising and in educative conversations within the community. I also reflected on my own experience of Zulu oral traditional sexuality rituals and re-established in my own mind the value in my experience of these rituals. I have engaged in

numerous ongoing conversations with my brothers, my colleagues in my school, my community members, and my research group.

Conclusion

I found these conversations revealing of some of the confusions and contradictions which some people have about traditional Zulu rituals and rites of passage. This was most helpful as it indicated to me what I could do about this.

Chapter 7

The ‘two worlds’ of Zulu Oral Traditional Sexuality Education and School Sexuality Education

Introduction

In this chapter I give an account of my background, my values, my concerns, my understanding of traditional Zulu sexuality education through the practice of rites and rituals, and what I believe needs to be taught in a school environment about sexuality education. so that there is an understanding of “education for parenthood” (O’Connor, 1990:85) in our schools.

In this chapter I am recording my experience and knowledge of traditional Zulu child rearing rituals and ceremonies which I believe can inform responsible sexual behaviours.

Background

As I have recorded in a previous chapter, I lived as a child in numerous communities. In every context in which I lived, I learned about other people’s experiences of the Zulu culture, and Zulu rites and rituals. I experienced and observed the full range of Zulu traditional rites and rituals associated with raising children and preparing young people for adulthood. These traditional rites and rituals also prepared young people to respect themselves and others and to conduct themselves sexually in responsible and respectful ways.

So I am a doubly educated person. I am educated through the oral tradition of my Zulu mentors and teachers in the many communities I have lived in, and educated in the literate tradition through school education. I can recognize what Jousse is talking about then he says (2000:17/18)

I have observed that in our society people feel somewhat ashamed to admit that they have lived in a non-literate milieu. What a mistake! Non-literate people can be formidably intelligent. It is among them that I acquired my taste for observing reality. When I was very little I used to go for walks with these peasants whom I have always loved very much, and whom I revisit to keep a check on my experimental method. I marveled even then at their practical knowledge. It goes without saying that they could not decline *rosa*, 'rose', but they could identify different types of wheat, corn, barley and oats and they knew the various kinds of good and harmful herbs. To designate them, they used the sorts of picturesque names that we, in our bookish culture, use in poems. They lived life in close contact with soil, sap, wind and sky. This is what constitutes the genuine education of the living, concrete individual in contact with actual objects. Never forget that a child's interest is gripped much more by the name of a plant that he can see, touch, pick, handle, taste, smell than by a word that is written on a piece of paper and that does not correspond intrinsically to anything living.

I still remember those flowers we called 'night lights', a kind of *volubilis* that closed at night and opened in the morning in a little rural drama all of its own. I owe all my references in my lectures to examples taken from nature, to those non-literate peasants. They accustomed me to be wary of the fine speeches of those who speak brilliantly about everything but know nothing. Peasants smile quietly to themselves in the presence of fine talkers of this kind.

I have never been ashamed of my Zulu oral traditions and I am happy that I have the chance to share some of what I have learned from my Zulu oral traditions in this thesis. There is a saying in Africa, which says, "*Ingane eyethu sonke*" "It takes a village to raise a child". I was such a child. I was raised by the whole community wherever I spent my years, for whatever purpose, which meant that I attended all community events which included the rites and rituals related to all the life and death events in the lives of community members.

In every community there was at least one old and wise person who had so deep a passionate belief and understanding of the Zulu culture that they were considered the authorities by the communities in which they lived. Because of that, they performed the roles of both the archive of the knowledge of the community, and the community teachers. Ruth Finnegan's descriptive

account of oral performance gives more detail about different forms of interaction among the participants in a performance. Finnegan (1992:109) says:

There will always however be some such interaction in the context of dynamics of any performance, and a number of questions to investigate. The various participants and their actions mould the performance.

Marcel Jousse (1886-1961) was raised in an oral-style community, similar in significant ways to the communities which raised me. Jousse (2000:16) records

When I was about five or six years old and had become accustomed to the rocking melodies of my mother, she took me to my first evening gathering. These gatherings of peasants, all more or less non-literate people, took place on a farm near Beaumont-sur-Sarthe. These evening gatherings generally took place during winter, when the peasants came together to eat chestnuts 'with sweet cider', as the song goes. As the evening progressed, and as the peasants got more and more into the swing of things, they would get up and strike up a song. I could feel that the rhythms imbricated in me by my mother's songs, responded to the deep 'rhythmisation' of all these peasants. This was not so much song as a kind of chanting singsong. They all had large repertoires. The people, and more specifically, the women, who knew the most songs were the old grandmothers. They were extremely interesting to observe, because they were passionately particular about accuracy. Thus when someone began to intone one of these chants and dared to introduce a variation, one or other of the old ladies, (and I can once more picture good old mother Guespin in her corner), would reprimand the reciter and say: "It's not that word, but this!"

My teachers - like Mother Guespin - had learned what they knew through the oral tradition from their forebears. Mackenzie (1988:263) notes:

The chief function of oral performance, apart from its entertainment value, is its power to educate and to transmit through the generations the values, traditional wisdom and identity of the society.

It must be remembered that there was little if any scribal alphabetic writing in such oral communities, so all knowledge was held in memory, and transmitted in performance of one kind or another. Nkabinde (1988: 270) points out :

Oral tradition that is performed, like song and dance, the singing of praises, folk tales and riddles also provides entertainment and recreation. It has an aesthetic value.

Jousse (2000:16) records

It is easy to understand how the impact of this contact with non-literate, yet highly intelligent, peasants could awaken the interest of a child who was just beginning to learn to read based on a good deal of memorisation. What struck me most forcibly was not only the demand for accuracy in the transmission of the tradition, but also the amazing number of items in each memorised repertoire. Memory! We no longer have any idea of its capabilities!

Vansina (1965:264) points to the importance of memory in the oral tradition, and Jousse (1990:109) identifies

The improvisation and rememorisation of rhythmic oral compositions are greatly facilitated by this linguistic phenomenon, which is found in all communities employing the oral style.

Jousse (1990:264) goes on to identify the role of rhythm as a memory aid in the oral traditional cultures of the world: "In living matter, rhythm is the recurrence of the same physiological phenomenon at biological equivalent intervals".

In a culture where orality is powerful, communication depends on the successful use of language or speech. Ong (1982:34) states:

...you have to do your thinking in mnemonic shapes by ready oral reoccurrence. Your thought must come into being in heavy rhythmic balanced patterns in repetition or anti-thesis.....Thus an oral performance also serves as a social function.

All the above authors are emphasizing the importance of the role of memory in the oral tradition of knowledge, and performance and as the process directly transferring the traditional wisdom from generation to generation. In this respect, Jousse (1990:109) makes a very important observation regarding the use of rhythm:

The improvisation and rememoration of rhythmic oral compositions are greatly facilitated by this linguistic phenomenon, which is found in all communities employing the oral style.

Now that I am a grown up, and growing older, I think back to those experiences and observations, I notice that there were customs that were common and customs that were different. What I record here is the result of those experiences and observations. In addition, my interest in the cultural behaviours of people have fascinated me more and more, so I have read in this area, and from these readings I have learned more and understand more about human cultural behaviours. In this section I will record my understanding of some traditional Zulu rituals mostly as a result of my experience and, my observations, but also influenced by what I was told by my elders when I was young.

I have been keenly interested in Zulu customary rites and rituals, and have observed all these years the commonalities and differences in these rites and rituals. When I think back, I realize that there was a good order and good sense in the way that the rites and rituals related to child-raising and sexuality education prepared young people for responsible adult behaviours were conducted in all the communities I have lived during my life. I have also noticed that rituals are closely related to religious and spiritual beliefs and practices. Alloanusi (1984:64) has this to say,

In general these rituals ceremonies and festivals have a religious character and through their strict observation, religious ideas are preserved and passed on from generation to generation. For most of these rituals ceremonies and festivities, there are shrines, sacred places and, naturally, religious objects. These also indicate the sources of the people's religion and they are the outward and material expression of religious ideas and beliefs.

Van Gennep (1977:146-148) differentiates between rites and rituals, even though these are sometimes used interchangeably.

Rites are the totality of the stages in life usually classified as rites of passage. Rituals in this case are specific activities that punctuate the ceremonial rites at specific times and places purported to harmonize with or appease the transcendental power for success in life. While rituals are rites, not everything in a rite can be classified as ritual.

From this I understand that rituals inform rites of passage.

Okonu (1992:147), basing himself on Victor Turner, defines ritual as follows:

A ritual is defined as a stereotyped sequence of activities involving gestures, words and objects performed in a sequestered place and designed to influence preternatural entities or forces on behalf of the actor's goal and interests.

Rites and rituals play an important role in the lives of individuals and the community in Africa as they do elsewhere in the world. The rites which I am talking about here are also known as 'rites of passage' and focus on the rites associated with 'birth', 'naming', 'initiation into adulthood', 'marriage' and 'death'. These rites are designed to enable a person to move successfully through the various stages of life. It is important to note that while these rites may differ from one region to another, there are always some common features.

In the following section I record my understanding of what could, and I believe, should constitute a proper process of Zulu traditional sexuality education. In the following section, I describe and justify the morals and then performances which inform Zulu traditional sexuality education.

My understanding of Zulu traditional rites and rituals associated with growing up, and sexuality education.

My understanding of Zulu traditional rites and rituals associated with growing up have been (in)formed by the teachings of my elders as a child - namely my mother and my grandmother, and what I have observed as practiced in the communities where I spent my childhood and teenage years. I have lived

and worked in Southern KwaZulu-Natal and I have read from different books to consolidate my experience. In what I record here, I will identify what my teachers, my observations and my reading have taught me.

What is my concern? What evidence do I have for my concern?

I am concerned that when some Zulu people converted to Christianity, their life styles changed from the traditional ways to a certain extent, and even in some instances came to a stop, because people felt their behaviours were inferior and 'heathen' as it was termed. I have discovered that some Zulu people are afraid to talk about the Zulu traditional rituals, because of the stigma or labeling that is associated with Zulu traditional rituals. For instance, I have heard some people say that a person who observes Zulu traditional rituals is a 'heathen' or the rituals are termed as 'unholy'. Mbiti (1967:234) records that the changes brought about by the Christian religion "have disturbed traditional solidarity, leaving an increasing number of African people with little or no foundation".

I have observed that with time, some Zulu people reversed slowly, as circumstances demanded. I observed Zulu people practising the ritual of imbeleko, but were doing the rituals during the night, when it was not visible to the public. Such people were also either not wearing the wrist bands on the wrist or not wearing them at all. Then over a period of time, I began to hear Zulu people pointing out which performances were 'allowed by my church', and which were not allowed. And so the number of people around me reverting to the traditional ways grew, but I also noticed that there were some confusions and mixed operations taking place, which I believe were an indication of the length of time between the rituals' exclusion and their revival. These confusions concern me, because there are specific knowledges and behaviours associated with each ritual, and these knowledges impact on the beliefs and values of the individual.

Mbiti comments as follows on the changes brought about by the Christian religion:

These changes have disturbed traditional solidarity, leaving an increasing number of African people with little or no foundation (Mbiti, 1967:234).

I have observed that ritual occasions begin with the claiming of the genealogy, so one needs to know his/her genealogy before the ritual performance is conducted. The lineage comes in a form of starting from the person giving the offerings, followed by his/her father, his/her grandfather, and should continue in a sequence of forefathers as far back as one can remember. I have witnessed that when the celebrant can no longer remember, others are invited to continue on one's behalf, and so contribute to the blessing of the ceremony. For instance: "I am Z, my father is Msuthu, my grandfather is Job, my greatfathers are Msingizane, Madonya, Buqili, Tshipo, Donda" and so on. The genealogy is recited in chronological order from the head of that family in the *izithakazelo* : "*Mtungwa, Bhodlankomo, S'lulu, nina bakwa bhulanyawane, nina enehla ngesilulu phakathi kwa mangisi namaqadasi, nehla niphethe ikhathazo lokukhathaza izitha.....*" which constitutes the praises of that family.

Ong (1982:99).emphasizes the importance of genealogies and says:

In a primary oral culture or culture with a heavy oral residue, even genealogies are not a 'list' of data but rather 'memory of songs sung'.

I believe that the Zulu traditional sexuality education rituals function holistically, ethically and in socially responsive manner within the African health care environment while actively engaging in education and service. As rituals are orally transmitted from generation to generation, they provide a unified and holistic approach to teaching sexuality education both before marriage and after marriage. I believe the focus of rituals is on ensuring that young girls and boys know how to avoid risky sexual situations and how to

respond appropriately so they can develop the skills to protect themselves and support others.

Torrend (1921:55) tells us that the aims and functions of rituals are as follows:

- To ensure that continuity of religion beliefs, social ethics and ritual practices as well as 'ubuntu' are still taught to young people.
- To instill the acceptable functional, traditional values, to the young ones for the purpose of maintaining the social status quo.
- To stress the role played by morality in bringing harmony and goodness in the society.
- To stress the importance and merits of heroism”.

I believe that rituals are taught to ensure the survival of society's solidarity: to educate through approval or reprimand of behaviour; to guide - especially the youth - towards making responsible, informed decisions to develop the skills and knowledge required to plan ahead to reduce risky behaviour and ensure general and sexual health.

I believe, as parents we have an obligation to nurture our offspring in a manner that when they grow up they will contribute responsibly to the greater society. I believe that some of the factors that we need to take into cognizance and monitor constantly are as follows:

- knowing ones' essence;
- being self aware;
- being respectful of self in all our behaviours;
- knowing what behaviours are self preserving;
- knowing one's culture, and maintaining values and, virtues which contribute to responsible behaviour. and responsibility;

- enabling the individual to move from dependence, through independence to interdependence.

I will now write an account of what I have come to believe is necessary for an understanding of traditional sexuality education. I record my understanding first in Zulu and then in English.

Zulu Version

UKUZALWA

AmaZulu ngokujwayelekile impilo ayithatha ngokuthi ivela kuMvelinqangi nabaphansi. Yingakho nje ukuzalwa komntwana bekubuka njengesipho esivela kuzozombili lezindawo. Umntwana wokuqala emshadweni ubaluleke kakhulu ngoba umshado ongenamntwana uthathwa njengongaphelele. Kangangoba unkosikazi ongabatholi abantwana uthathwa njengoqalekisiwe. Yikho nje ingane yokuqala emshadweni yakha ubudlelwane phakathi komyeni nomkakhe kanti na phakathi komndeni.

Ngokunjalo umshado usuke ungakagcwali uma ingakabikhona ingane. Yingakho ukukhulelwa kokuqala kufezekisa umshado, noma kuwuphawu lokuhlanganisa unkosikazi nomndeni nezihlobo zalapho eshadela khona. Yingakho-ke ukuzalwa kwengane kungesilona nje udaba lomzali kodwa nazozonke izihlobo eziphilayo nezingasaphili.

Unkosikazi ongenabantwana uyadeleleka futhi alahlekelwe nayisithunzi sobukhosikazi. Ngingasayiphathi-ke uma eyinyumba umyeni wakhe ukhuthazwa ukuba abheke enxenye omunye unkosikazi ozomtholela abantwana. Kangangoba lokho kuze kufane nalapho engatholakali umntwana wesilisa, indoda ithole owesibili ozoyizalela indodana. AmaZulu ayekhohlelwa kakhulu ukuthi uma indoda ishona ingenaye umfana, umlando walowomndeni uzoshabalala ngoba amantombazane ayoshada ashiye kubo.

Lokhu okusho ukuthi uma ushona kuphelile kulowomuzi okuzelwe amantombazane wodwa.

Uma isizelwe ingane iyayeyethulwe kumndeni wakhe ophilayo nongasekho, ngokwenza umcimbi wembeleko. Kuye kuhlathshwe ukuze kuchithwe igazi, okuwuphawu lokuhlanganisa izwe langokomoya nezwe lalapho ezophila khona umntwana. Kona-ke ziningi izinto ezenziwayo kusukela umntwana ezelwe, kuze kuyogcina ekugcineni kwempilo.

Kulolucwaningo amagama [Ritual= Inkambiso/inkonzo; Rites = Isiko/umkhuba] kusetshenziswe ngomqondo ongaphezulu kwalowo ochazwa yisichazamazwi, ukuze inkulumo izwakale futhi kuqonde nalokkho okushiwoyo. Imigidi noma izinkambiso ziwuchungechunge olulandelwayo ngendlela leyo, lowo owenzayo akwenza ngayo. Futhi kakubhaliwe phansi, kulandelwa nje indlela okwenziwa ngayo nezinto eziye zenziwe ngezikhathi ngezikhathi.

Imicimbi noma imigidi iyingxenywe yomphakathi onsundu lapho umphakathi uveza ulwazi lwawo nobuwona kodwa kakhulu kakhulu, uhlonze lwayo lusekusizakaleni abakuthola ngokuyigcina lemicimbi.

Imibono yendabuko ivezwa kakhulu ngesizinda sesintu nangolwimi lwesintu, nenkolo namasiko lawo ayekhona nasekhona phezu kokuba khona kwezinye izinkolo zaseNtshonalanga.

Uma ingane izelwe yenzelwa inkonzo yokusikwa kwenkaba, futhi nesiko lokubaswa komlilo ubaselwa umama womntwana okuwuphawu lokumnika amandla yena nomntwana. Bese kulandela usiko lwembeleko.

Umbhali wezincwadi u(Krige 1965) encwadini yakhe *Social System of the Zulus*. Uxoxa ngamasiko enziwa njalo uma kuzelwe umntwana. Kodwa

akakuthinti yena ukwenziwa kwembeleko, kuphela ugxila kakhulu ekubalulekeni kokubakhona komntwana nasebuningini babantwana kulowomndeni.

Imbeleko kuwuphawu lokwethula umntwana emphakathini kodwa kakugcini lapho. Kufanele umntwana aphinde akhule ngokomzimba, mphefumulo, mqondo nobuzwe nangenkolo. Abantu abaningi benza lamasiko nalemigido njalo uma kunoshintsho olukhona empilweni yomntwana. Nakuba namhlanje abaningi bengasayenzi lemicimbi ngezizathu eziningi ezahlukene. Abanye kungenxa yenkolo, abanye kube ngenxa yamandla emali ukwenzalezizinto.

Okunye okubalulekile ekusikweni kwenkaba izalukazi, ukuthi igqitshwa kuphi. Ukuthi igqitshwa kuphi. Okunye futhi lapho kwagqitshwa khona inkaba yakho, yilapho kuyikini, njengokuthi nje uma umuntu efuna ukwazi kabanzi ngemvelaphi yakho uye abuze "inkaba yakho" bese uqonda ukuthi uthini. Lowo mbuzo uxhumanisa nobuzwe bakho, nezwe lakho. Abanye bakholelwa ukuthi futhi yiyonandawo okufanele uthi uma unezinkinga ubuyele kuyona ukuyokwenza umkhuleko wesintu.

The Traditional Zulu Birth rituals – English Version

I understand that, traditionally, Zulu people consider life to be a gift from God and the ancestors. Thus, the birth of a Zulu child is seen as an interaction between the divine and the human worlds. In particular, the first Zulu child is especially important, for no traditional Zulu marriage is considered to be complete before a first child has been born. Thus the first child in a traditional Zulu marriage is an integration of the relationship between the husband and his wife and his family. I was told by my elders that the first pregnancy becomes the final seal of marriage, the sign of complete integration of the woman into the husband's family and kinship circle. The birth of a child is, therefore, the concern not only of the parents but of many relatives including the living and the departed.

To a traditional Zulu woman in the communities in which I was raised, therefore, childlessness was the greatest of all misfortunes to the extent that a woman may even be divorced on account of her childlessness. In such instances, the husband might be encouraged by his family and sometimes even by his wife to find a second wife who would bear him children. It also happened that if the couple did not get male children, the man would get a second wife who it was hoped would bear him a son, so that the existence of the family would not be threatened by the lack of a male heir to carry on the family name.

When I was about seventeen years old I noticed that when a baby was born, the new born baby was introduced to the community of the living and the departed by performing the birth ritual called '*imbeleko*'. An animal was slaughtered and its blood, I was told symbolized the unification of the physical and the spiritual worlds of the child.

I also learnt that when the child is born, a ritual of cutting the umbilical cord took place. I was told by my grandmother - and as I have also observed – the process of the cutting and burying of the umbilical cord - *inkaba* - by the elderly women of the clan. The burial of the '*inkaba*' seals the permanent attachment of an individual to his/her ancestral land. The burial place of '*inkaba*' is what one could claim as the 'home'. The word '*inkaba*' is then commonly used metaphorically to mean one's place of birth, one's ancestral home. It symbolizes the relationship between the individual, his/her clan, the land and the spiritual world. I was advised that the burial place of an '*inkaba*' is a place where one must go to and make prayers and communicate with ancestors. The main hut is a sacred place where one must sleep when experiencing problems. In such circumstances one must sleep either on a goat's skin or on a mat - '*ukhukho*' - but not on a bed.

I will now briefly discuss the Zulu traditional behaviours pertaining to :

- a) Birth and the relationships of the mother and a new born baby
- b) Strengthening the child
- c) Isolation of the mother and end of the isolation
- d) The weaning

Birth and the relationships of the mother and a new born baby

Traditionally among the Zulus, child-birth is the concern of women alone. Only women are in attendance at the birth, and these are midwives and have a certain amount of knowledge, together with many beliefs or superstitious beliefs, which are applied in their treatment of patient. The midwives are always the older women of the kraal, who are past child-bearing age themselves.

The hut in which the child is born differs according to whether the woman who is about to give birth is still under the control of her mother-in-law or whether she has her own hut. To free the married couple from the control of the mother-in-law, the following ceremony is performed: the mother-in-law takes from her hearth a burning piece of wood, goes with it to the hut of her daughter-in-law, kindles a fire there and cooks the first meal. This food, together with the fire, is consecrated with intelezi water and the *umakoti* (bride) is now *umfazi* (a woman), and is installed in her own hut.

When the child is born, Zulus have a very special relationship between a child and the mother's family, who are responsible for petting and spoiling the child. The grandparents, if they still alive will therefore take an early opportunity of coming and visiting the new baby. On this occasion they will bring with them a present of a goat or beads to khunga the child, so ensuring fast ties of relationship.

Strengthening the child

Soon after birth every baby is held in the smoke of burning animal charms, comprising a small particle of every possible animal of ill-luck. To make quite sure that the strengthening medicine will be effective, a small amount of an infusion is given to the child to drink with its food, while the ashes of the burnt animal charms may be put in a necklace for the child to ward off any evil influences.

Isolation period and the end of isolation period

During this marginal period the mother must not touch any ordinary utensils, for she is considered 'unclean' for some time. She eats special food cooked for her by midwives out of a special dish, using her own spoon. She wears *umkhanzi* (a grass-plaited rope) round her stomach and then *isifociya*, sometimes also called *umkhanzi*, which is a corset-like belt which helps the stomach return to its normal size after the pregnancy.

When the isolation period is over, the woman must be purified before she can again resume her normal life and activities. And for this purpose *intelezi* water is sprinkled on her. The hut, too, must be cleansed before the husband can enter it.

Before a woman can leave the isolation hut, an old woman will lead her husband to the hut and tell him to stab several times with his stick through the wall of the left side where his wife is lying. The husband must then acknowledge his offspring. Thereafter he will be allowed to go into his wife's hut, and she will then be allowed to cook for him.

The Weaning

Traditionally, among the Zulu people, women were (are) not permitted to become pregnant before the child has been weaned, for, it is believed, if she

does, the child will be stupid. At the time of weaning a goat is slaughtered for the purification of the mother and child, whereupon sexual intercourse may again take place. To wean the child, a bitter nontoxic plant juice is smeared on the breast of the mother.

I will now record the rites and rituals which constitute traditional Zulu childrearing and sexuality education. These rites and rituals are

- *Umbelethiso* – the process of helping to deliver the first-born child
- *Imbeleko* – the making of the cradle or the baby carrying skin which is performed for every new born
- *Umhlonyane* - the puberty rites
- *Ukhulisa* – initiation
- *Umemulo* – marriageable status

Umbelethiso – Zulu version

Umbelethiso wehlukile kwimbeleko. Umbelethiso ufika noma wenziwa abakwamalume womntwana futhi bawenzela kuphela umntwana wokuqala. Phela ngosiko lwesiZulu; umntwana wokuqala wabe ebelethelwa kwamalume wakhe, bese kuthi uma esegoduswa kwenziwe isiko lokubikela abaphansi ukuthi useyahamba ubuyela kubo, lokho kubizwa ngombelethiso.

AbakwaMalume bamphlezela ngembuzi ezofika ihlatshwe kubo kamntwana, nabakubo kamntwana bamhlangabeza ngembuzi yona eyimbeleko yakhe umntwana. Zombili ziyahlatshwa ngalelo suku lomcimbi.

Umbelethiso uyenziwa noma ingane isikhulile seyagoduka kudala kuye ngesimo somnotho wakulowo muzi. Uma kunjalo uyaye abizwe eze kwamalume izinsukwana aze afike nabo ngelanga lomcimbi. Futhi iyenziwa imbeleko noma ngabe umntwana wokuqala wayengabelethelwanga

kwaMalume kodwa uma abakwaMalume befisa ukumenzela umzukulu wabo, bayamenzela.

English version

Umbelethiso – the ritual performed after the birth of the firstborn child

The firstborn child must be born in the *makoti's* maternal home as it is not permitted that the in-laws should see the *makoti* naked. About three to four weeks after the baby is born, the maternal mother, accompanied by a number of married women, would take the child and the new mother to the marital home. They would carry with them *umbondo* (gifts) of food to strengthen the bonds of friendship. Zulu beer, one of the main gifts, was always included. Beside these *umbondo* (gifts), some special presents specifically for the firstborn baby were also brought along.

When the *makoti* and her entourage reach the marital home, a goat that will be slaughtered on her arrival – *umbelethiso* - an offering of gratitude to the ancestors for helping the *makoti* to deliver her firstborn safely. It is then reported to the ancestors that the child is now going to join his/her father's clan.

Krige (1950:72) points out that:

The mother's parent, if they are alive or Malume (uncle) will therefore take an early opportunity of coming to visit the new born baby. On this occasion they will bring present of a goat to khunga the child; bestow a gift or 'tie up' or make fast its relationship.

Over the years, I have observed that this rite was conducted solely by new mothers-in-law. In many instances, these days, *umbelethiso* rites are no longer performed because more and more babies are being born in hospitals. This is an example of having to live in the 'two worlds' of 'tradition' and 'modernity.

A ceremony of this nature was also done even if the child had grown up and long joined his/her father's clan, since the ceremony depended on the financial standing of the family. When the *umbelethiso* function was about to take place for a grown up child who had already joined his/her father's clan, he/she is called to his/her grand-mothers' family (on the mother's side) for few days before the *umbelethiso* function commences and he/she will go back to his/her home with the grand-mother's family on the day of the ceremony at his/her paternal home. This ceremony can also be conducted even if the child was not even delivered to the in-laws' house (mother's family) as long as the in-laws wish to conduct it for the firstborn child of their daughter.

Imbeleko

Zulu Version

Imbeleko yisiko eliyisisekelo enganeni. Kuyisiko lokwethula umntwana empilweni nakwabaphansi. Liyisiko elenziwa umntwana esemncane uma izinto zihamba kahle. Kodwa-ke liyenziwa noma esekhulile, kwesinye isikhathi kuze kube khona izimpawu ezikhalelekayo enganeni bese kuyi-ma kukhumbuleka ukuthi yilelisiko elingenziwanga.

Imbeleko umcimbi wokuqala owenzelwa umuntu ofikile kulelizwe. Ayinayo iminyaka yokuthi ngeke isenziwa nokuba kona kufanele yenziwe umntwana esemncane, kodwa akonakali noma esemdala ngenxa yezimo ezingavumanga ukuba kwenziwe esemncane.

Imbeleko ayinayo imininingwane ngaphandle kokuthi inhloso kusuke kuyilezi:-

- Isethulo somntwana emndenini nakwabadala.
- Ukubonga isipho kumndenini, isipho esivela kuMdali nakwabadala.
- Ingubo noma ucansi lokuqala olunikezwe ofikele emndenini.

- Usuku lokuqamba ingane noma umbhabhadiso wesintu. Imbuzi yalomnikelo womntwana okuyiyona kweyokucelela umntwana ukukhuseleka kwabaphansi ngokuka (Ngubane, 1977:59).

Imbeleko, yiwona mgidi lapho umndeni uveza khona ukubonga kokufika komuntu omusha nokumamukela emndenini wabaphilayo nabangasekho. Imbeleko uma yenziwe kahle, yenziwa kanye. Noma-ke uma ingenzekanga kahle noma ingenziwanga nhlobo, kukholakala ukuthi ilethela umntwana umkhuhlane kanye namashwa nje uma isidingeka.

Imbeleko ingahluka ngokwenziwa ngenxa yezinto noma izimbangela ezehlukene.

Indawo

Ezindaweni zasemakhaya, kungeze kwafana nasedolobheni. Njengokuthi nje abanye imbuzi bayibulalela emnyango, kanti abanye bayibulalela endlini enkulu lapho kukhulekelwa khona.

Ulimi lwesigodi

AbaseNyakatho nakwaZulu kabafani naseNingizimi nelakwaZulu. Enyakatho bahlaba imbuzi yokuqala ngesikhathi nje unkosikazi ebika ukuzisola (ukukhulelwa) bese enye ihlatshwe uma umntwana esebelethwe. Kanti ngaseNingizimi, kuhlatshwa kanye umntwana esekhona.

Impucuko

Abanye abahlabi ngoba izindawo abakuzona njengasemadolobheni akuhambisani nokuhlaba. Ngakho-ke ingane yenzelwa esontweni, ngendlela yesonto-Umbhabhadiso. Ukwemukela ingane ebandleni lesonto hayi emndenini.

Ubuphofu

Abanye bandla abakwazi nhlobo noma bethanda kodwa izimo zomnotho zingabavumeli ukuba benze, noma-ke baze bakwenze sekwadlula isikhathi eside umntwana azalwa.

Ngaphandle komshado

Umntwana imbeleko uyenzelwa uyise omzalayo. Ngakho-ke umntwana ozalwe ngaphandle komshado, yena uba nenkinga uma imindeni yomibili ingezwani. Lokho kudala ukuthi ingane uyise agcine engayenzelanga noma kuthi uma sekunezinkinga, bese kudingeka abakwamalume wayo, bashweleze, bayibike ingane ukuba khona kwayo phakathi komndeni nokuyicelela ukuba bayikhusele nayo. Hayi imbeleko, kodwa ukushweleza ngoba ingane isikhombisa izimpawu zembeleko. Umbhali u(Ngubane, 1977; noVilakazi, 1958) bobabili bathi ingane yangaphandle komshado ayilungile kodwa-ke uma isikhona kufanele yamukelwe ithandwe futhi.

Uma kuzokwenziwa imbeleko, kuye kumenywe izihlobo eziseduze ukuze zizojabula kanye nomndeni ngalelo suku.

Ukubonga isipho somntwana kungaba yinto yesibongo nje kuphela noma-ke endaweni nje. Isipho phela sithathwa ngokuthi sivela ezweni langokomoya yingakho-ke kubongwa abaphansi.

Ukulungiselelwa kotshwala nomcimbi kuqalwa ngoMsombuluko walelosonto lomcimbi, kuthengwe nokudla okuzodliwa ngalelo langa.

Uma imbuzi izothengwa lapho zidayiswa khona, ithengwa ngoLwesine noma ngaphambi kwalokho ukuze ilale ekhaya okungenani kanye nje, ngaphambi kokuba ihlatshwe.

NgoLwesihlanu ntambama, umndeni nezihlobo bahlanganela endlini enkulu, ukuyoqala umkhuleko ngaphambi kokuba kuhlatshwe isilwane leso. Ubaba womntwana abese nika umntwana imbuzi yakhe bese etshelwa ukuthi imbuzi yakhe. Bese kukhulunywa nabaphansi-ke.

Ngesikhathi kukhulekwa, kulokhu kusha imepho bese uyise womfana anikeze lowo ozohlaba umkhonto noma umbese ukuba ayihlabe emva komkhuleko noma inkulumo. Inkulumo kusuke kucelelwa umntwana ukhuseleko; izibusiso, nenhlala kahle nezinhlanhla empilweni yakhe yonke.

Emva kwalomkhuleko, uma sekuqediwe amakhosikazi azwakala esekikiza, amadoda esho izithakazelo zasekhaya. Imbuzi ihlatshwe yebulwe ngokushesha; kulembuzi isikhumba nenyongo izona zinto ezibalulekile ngoba ilapho isiphandla sitholakala khona. Kanti nenyongo iyona athelwa ngayo uma sekukhulunywa zonke izifiso zabo. Isikhumba siba ucansi lomntwana noma sibe ingubo abelethwa ngayo, uma sesishukwe kahle.

NgoMgqibelo-ke usuku lokupheka inyama nokudla okuzodliwa futhi yilona suku lomcimbi. Ngakho-ke bonke abantu bahlukana ngemisebenzi ukuze kubanjiswane futhi kusheshe konke okwenziwayo.

Emini ngawo uMgqibelo uqale umcimbi kubuswe kujatshulwe ngalesosikhathi bonke abantu basuke sebehlezi ngezindawo zamaqembu abo. Abanye bakhipe nezipho zomntwana.

English version

Imbeleko - the ritual slaughter of a goat to introduce the newborn child to the ancestors. The hide of the slaughtered goat can then be used to make a cradle or a 'baby carrying skin'.

When I was seventeen years old, I started enquiring about the many rituals that were taking place in my close family and the extended family around me.

I would enquire about the significance of the ceremony and the rationale behind the performances. It was at that time, I became aware of the significance of '*imbeleko*'. I realized that the '*imbeleko*' rituals that were being performed had significant consequences for the babies and their families. Since then I have attended and observed at least three hundreds '*imbeleko*' ceremonies from my own family, which is comprised of twenty three houses of my great grandfather Msingizane, including the other close family neighbours, namely: Ngcobo, Cele, Mkhize and others.

Imbeleko, is the ritual slaughter of a goat which introduces first and any further babies to the ancestors by the father of that baby, if he is still alive or by any family member of the family if the father has died. The in-laws from his/her mother's clan accompanied him/her with a goat that would be slaughtered at his/her father's house and that family would also welcome him/her by a goat called *imbeleko*/cradle. In the case of a firstborn child, both of these goats – *imbelethiso* and *imbeleko* - would be slaughtered on the same day.

I have also observed that *imbeleko* is one of the basic practices performed in childhood. I was told it is a practice of introducing the child to life, the family and to the ancestors. Again I was told that it is preferred to be done on the tenth day after the child's birth. However, it can be done at any time depending on the availability of relevant preparations. If not, it should be done when the child is sick or is showing signs of delinquency. *Imbeleko* has no age limit, however, it is preferred to be performed when the child is still very young.

I have noticed that *imbeleko* was the first ceremony and ritual that was celebrated for a person who has come to this world by slaughtering the goat.

A goat, which is the first sacrifice offered for a baby and which places it under the protection of the lineage ancestors (Ngubane, 1977:59).

On enquiring the meaning of imbeleko, I was only given the below explanations. *Imbeleko* is the

1. thanksgiving gift by the family to the highest, i.e. to God and the ancestors.
2. first blanket given to the new member of the family.
- c) the naming ceremony and the traditional baptismal day.

Imbeleko is thus, a ceremony which is a family celebration and a token of hospitality conveying the message that the additional member of the family is welcome to both the living and the ancestors of the family. The *imbeleko* ceremony, if it is properly done for the child amongst the Zulus, is done once. However, if it was not done at all, or not properly done, it is believed to bring a lot of ill-health and/or misfortunes to the one due or who was due for it.

The *imbeleko* rite may vary in many ways because of different factors such as the milieu, external foreign influences, poverty, and being born out of wedlock. In deep rural areas *imbeleko* is still reserving its rightful place with due respect of geographical factors although with slight variations, for example, some slaughter the goat outside the hut while others slaughter the goat inside the hut when all prayers are being conducted.

When I was living north of Durban in KwaZulu-Natal, between 1975 and 1976, I noticed that people in that part of the province were doing rituals slightly differently from the people of south of Durban in KwaZulu-Natal. In some instances, people living north of Durban start the preparation for the rite and slaughter the first goat, on the day the woman reports that she has conceived, while people living south of Durban perform the ritual after the birth of the child, between one to three years depending on the financial position of the family.

Because of the influence of western culture and Christianity, some people from both north and south have, somehow, modified rituals, rightfully/

wrongfully. For example, some people do it in the Christian way with a Church baptism, which I believe interferes with the cultural and civilizing roles of the rituals. Some people do not slaughter at all because the laws of the area in which they live do not allow them to slaughter animals. For instance, public health regulations in urban areas prohibit the slaughtering of animals on private property. Some are not doing the rituals at all because of financial problems and some delay the rituals because of the same problem.

The child born out of wedlock creates a problem because the child should be introduced to his/her ancestors by his/her father, by marriage. But in the case of a child born out of wedlock and, where the child stays with the mother's family, the child cannot be introduced to the paternal family, rather, it can only be reported to the maternal family that it has 'invaded' the maternal family circle. In actual fact, it will temporarily belong to the maternal family as the mother is not yet married to the child's biological father. Therefore, the ancestors must be appeased for that 'invasion'. Ngubane (1977) and Vilakazi (1958) both state that Christians and traditionalists condemn illegitimacy, but once the child is born, the child is accepted and loved. Thanksgiving celebrations of the baby's birth can be family, clan or community based. The newly born child is considered to be a gift from the spiritual world and therefore, one has to thank one's ancestors. When a child is due for *imbeleko* or shows some signs to be due for *imbeleko*, the oral invitations will be sent out to close relatives, stating the date of the ceremony.

The preparation for the *imbeleko* ceremony

On the Monday of the celebration week, the preparation for the *imbeleko* ceremony will commence and the brewing of beer will begin, with the first mixing of the ingredients and the first cooking is done. On Tuesday the second mixing and cooking is done and on Wednesday the fermentation agent will be mixed in. The buying of groceries to be used on the day of the *imbeleko* ritual will be done during the same week.

If the goat that will be slaughtered on the day of *imbeleko* ritual, is not from the family kraal, then on Thursday, or even before that, the goat will be bought from sellers, because it should, at least be adopted, by spending one night with the family before it is sacrificed for the ritual. The same Thursday the straining of beer is also done if the beer is ready.

On Friday, round about sunset, families and relatives will be gathered in the main hut. The father of the child will relate the purpose of the gathering and thereafter the goat will be introduced and will be given to the child by the father.

While *impepho* (incense) is burning, the father or his nominee, will be talking to the ancestors, informing them about the new family member and also pleading on behalf of the child that the child should be protected, and blessed with a prosperous life, and be given good luck throughout his/her life. After this short prayer, women ululate and the goat is slaughtered and skinned immediately. The skin and gall bladder are very important parts in this process. The wrist band of the child will be cut from this skin and fixed around the baby's arm, and the rest of the skin will be used in many different ways. Some use it as a mat for the child, while some use it as a baby carrying skin. The gall bladder is used to sprinkle on the child whom the ceremony is for, as identification to the ancestors.

On Saturday morning, the process of cooking the meat and other meals will commence. Everybody concerned should take part in different activities until everything is in order. At about noon, the celebration and feasting will start, when everybody is around and seated accordingly.

Umhlonyane

Umhlonyane usiko olwenzelwa umntwana oqalayo ukuya esikhathini. Lomcimbi abanye bawubiza ngoDwa. (Bryant, 1945, 1947) Igazi lokuqala eliphuma kowesifazane libizwa ngoDwa.

Okokuqala-nje okuye kukhombise ushintsho kumntwana, kuba wushintsho kwizinxenye zomzimba ezithile njengamabele entombazaneni neziboya ezinxenyeni ezithile zomzimba. Nokushintsha kwezwi kubafana.

Uma-nje amanye amantombazane kukhona ushintsho aluphawulayo kulodade, ayaye azise umama wakhe ukuze naye azise ubaba wekhaya. Ubaba wekhaya noma waleyontombazane, ubesethumela abafana ukuba bayogawula izintingo zokwakha umgonqo lapho kuzogoya khona lentombazane, besekuthi abanye abafana bathunywe ukuba bayomba izimpande zemithi ethile yekhethelo futhi eqondene nalesisigaba, njenge: “Mpindisa”. Izoyisebenzisa—ke lemithi ize iphume kulendawo. Kulezinsuku zempucuko izintingo azisasebenzi kodwa kusetshenziswa amakhethini ukwenza umgonqo.

Ngosuku lokuqala lapho intombazane izibona seyiphuma igazi esithweni sayo sangasese, uma ifundiseke kahle, iye ihambele komakhelwane iyocasha, nakhona ingasho lutho, ihlale ithule. Bona-ke bafunde kwezabo uma bebona isigaba ekusona ukuthi konakele umntwana usekhulile, bavele bathumele kubo kwayo ukuthi abafunele nganeno. Uma ingenzanga kanjalo, imane ihlale elawini layo ingaphumi usukulonke, ihlale ithule ingakhulumi namuntu baze bakubone loko kuthula ukuthi kunenkulumo. Osebonile uyaye atshele unina wayo ukuthi basola ukuthi unozibanibanyana usolakala ukuthi ufikelwe isikhathi sakhe, bese yena unina wayo udaba aludlulisele kuyise womntwana.

Uma esebuyela ekhaya evela ekubalekeni, iyaye iphelezelwe amantombazane akomakhelwane, futhi ihlangatshezwe amanye aqhamuka kubo. Endleleni kuhanjwa kuculwa amaculo okuthomba njengokuthi-nje: "Tshel'ubaba sengikhulile ekhaya ..."

Ekufikeni ekhaya, iyaye itshelwe ukuthi seyehlukene nokubonwa umphakathi ize ikhishwe emgonqweni. Abafana bayaye bathunywe futhi ukuyomema kahle manje ontanga bayo intombazane abazoyiculisa amaculo okuthomba nokusina. Azocula njalo ntambama awakude aze alale abuyele ekuseni emakhaya zonke izinsuku kuze kuphele isikhathi salomcimbi.

Lesigaba sidlala indima enkulu noma sibamba iqhaza elikhulu futhi elibalulekile empilweni yabantwana ngoba yibholoho lokuwelela ngaphesheya, usuka ebunganeni uwelela ebudaleni futhi esigabeni esibucayi kakhulu. Yingakho-ke abantwana bekudinga kakhulu ukululekwa. ukufundiswa, nokutshelwa kabanzi ngobunzima azohlangabezana nakho uma engalalelanga noma engezwa. Okunye futhi okubalulekile ukuba ihlanzwe wonke amathunzi namashwa obungane, inikwe isithunzi sobudala. Ngaphezu kwakho konke ukufunda ngokushintsha komzimba kubuye kufundwe nangobudlelwane nabantu besinye isilili, nobudlelwane bezocansi. Njengokusoma-nje noma ukuhlobonga, nokuzithanda nje komuntu wesifazane, nokuzazisa nokuziqhenya ngobuntombi bakho ungalaleli kubona noma uvumele omunye adlalele kubona. Bafundiswa kabanzi nolwazi lobuntombi nenhloso yesiko yalomcimbi nokuhlonipheka nesithunzi sawo.

Ukuthomba kuwukuvuthwa komzimba kumuntu wesifazane kuyisimo sokumenza umuntu wesifazane alungele ukuthi usengathola abantwana. Yingakho-nje kufanele lugujwe ukuze kwaziswe abadala abangasekho ukuthi intombazane isikhulile noma isikhuphukele esigabeni sobudala. Uma ungenziwanga lomgubho abaphansi ngeke bamthathe

njengomuntu osekhulile futhi osengashada nodinga izibusiso zabantwana. Yikho-nje beyolokhu beyithatha njenge ngane yalaph'ekhaya. Ngoba ukukhula komzimba akugcini lapho kodwa kuqukethe okukhulu kunalokho njengokuthola abantwana nomshado.

Isikhathi sokuwela, usuka ebuntwaneni ungena ebudaleni yisikhathi esiyinselelo enkulu futhi esibucayi kakhulu ngoba yiso futhi esikulungiselela isikhathi sempilo yobudala. Isikhathi esiyinkinga ngoba kunoshintsho olwenzekayo futhi ngesinye isikhathi olukudidayo, nolukuphathisa ngekhandu. Kanti lobubunzima ohlangabezana nabo obesikhashana uzokujwayela futhi yikho okukulungiselela into oyoba yiyo uma usumdala. Obunye ubunzima ohlangabezana nabo, ukukhulelwa umncane, nokuba umama oyingane

EsiZulwini isiko lokweqa leli bholoho lokuwelela ebudaleni, AmaZulu ayalihalalisela ngomcimbi obizwa ngokuthi umhlonyane. (Umhlonyane yikhambi lokulapha umkhuhlane). Kanjalo nalembuzi ehlatshelwa lomntwana okhuliswayo ibizwa ngomhlonyane. Lokhu kuwuphawu olukhombisa ukuthi umntwana ubephethwe umkhuhlane wokukhula, yingakho-nje esengene ezingeni lokukhula kangangoba usengaqaqala izinto ezingeni zobudala, njengokuqonyiswa izinsizwa umcimbi wokuthombisa intombazane uyafana kwezinye izigaba kunokuthombisa umfana, ngoba yonke into iba nakho ukuba umntwana ahlukaniswe nomphakathi, ahlale yedwa izinsuku ezithile engabonwa umphakathi. Okuyokuthi-ke ekugcineni akhishwe ngosiko ahlukaniswe nebutho; elisha. Kuthiwa intombazane ingena kulomcimbi iyintombazane iphume isingu “nkosikazi”. Nomfana ungena engumfana aphume eseyi “ndoda”. Nangona sikhuluma kona nangabafana kodwa lolucwaningo luzosebenzisa kakhulu izibonelo zamantombazane ukuze kungabikhona ukudidiseka kwenkulumo nokudidiseka kwezenzo, njengokuthi-nje umfana akhulelwe.

Umhlonyane-ke ubonakala ngophawu lokugonqiswa kwentombazane olwenzelwa intombazane nontanga bayo. (Lolusiko lokugonqisa lungumfuziselo wokuphindela esiswini sikamama ukuze uzalwe kabusha, usuzalelwa esigabeni esisha). Intombazane egonqisiwe iyayalwa, iyahlonipha, futhi inokudla okuthize engakudli, njengokudla okunobisi, ize ibe iyaphuma emgonqweni ngosiko lokukhishwa uyise. Lolusiko luqala luzeluphethe ngoba sekuhlathiswa imbuzi noma nenkomo kuye ngamandla omnumzane lowo okhulisa ingane yakhe.

Ukuthombisa umntwana kusebenza njengosiko-mgomo ukuqinisekisa ukuthi owenzelwayo, angaphambuki emigomweni yobufazane nokuthi aqaphelise ukubaluleka komuntu wesifazane emphakathini nasesintwini kanye nokuqokethwe kulesosigaba sempilo.

Indlela yokuwenza lomgubho ingehluka, ngokwehlukana kwamasiko nezinhlanga kodwa okufanayo kuba yikhona ukuthi kwaziswa abadala abangasekho ukuba bamukele umntwana ngendlela yesiko futhi bamkhusele kuzozonke izinto azohlongabezana nazo kulesisigaba.

Lelisiko lokweqisa umntwana lusiza ngokuba kudluliselwe impilongqangi kumntwana nezinto esezilindele ukuba azazi ukuba zilindelekile kuyena ukuba azazi, azenze. Futhi ilapho bezuza khona iziqu zokuphelela ebudodeni noma ebukhosikazini.

Ngalesikhathi sokugonqa, kuyafundwa izinto ezintsha zempilo yobudala. Lezizifundo zethulwa abantu abahlukeni futhi abanohlonze olwazini lwalezi zinto, njengabantu abadala, ontanga sebedlulile kulesisigaba kanye nezihlobo nabanye. Kulezinsuku intombazane ivuka ekuseni iyogezwa emfuleni ukulahla amashwa obungane, lokhu ikwenza ihamba inqunu iphelezelwa ontanga bayo. Kuyaphoqa ukuba owesilisa angahlangani nazo ukuze angatholi amashwa lawa ayolahlwa ngentathakusa. Uma kwenzeka

owesilisa ezizwa ziza zicula kufane abalekele ukuzephula zingaze zisondele, azibone

Izihlabelelo/ / Izihasho/ Izikhuzelo Zezintombi

Zulu version

Zithibe

Ibaqotho

Hlonipha ujabulise abazali bakho

Ziqhenye ngobuwena

Ungavumeli abangani bakudukise

Phokophela okusezingeni elicokeme, kunocansi ungakalilungeli

Awukakakhuli ngokwanele ukuthi ubhekane futhi umelane nazozonke

izinkinga zocansi

Ungakhulelwa futhi kungenzeka uthole ingane enegciwane, kanti

ukukhulelwa

kwenza igciwane lidlondlobale

Uthando oliyilonalona luyalinda futhi alikufaki engozini

Ungathola izifo zocansi ezithathelanayo

Amantombazane agcoba ibomvu noma insoyi umzimba wonke kodwa abaphelezeli bona bagcoba ubuso bodwa. Ngoko mbhali uMsimang (1975:216) intombazane esemgonqweni igcoba insoyi ukuze imeme ubukhona bedlozi. Uthi intombazane egonqile kukholakala ukuthi imimoya yethongo ixhumana nayo kalula.

Ubunzulu balelisiko bungahluka ngezigodi, nangezizwe ngezizwe. Lomgumbo ungumfuziselwa wokuzalwa kabusha, okukwenza ubemsulwa kwisigaba esisha sobudala.

Umndeni usebenzisa amaqhikiza asadlula kulomcimbi ukuba aphaathe lomcimbi wamantombazane. Ngoba umama wentombazane ngeke azenzele

wonke umcimbi ngokungokwakhe endodakazini yakhe. Abadala bathi umuntu “akazigundi” yena.

Intombazane ihlala emgonqweni isikhathi esingaba isonto noma amabili. Kulesisikhathi iyathula, inyenyeze uma ikhuluma, uma iphuma endlini iyazigquma wonke umzimba iveze amehlo wodwa; ibe umuntu nje onamahloni. Uma iphuma iyaphelezela iphini layo. Inhloso yokuhlala isikhathi eside emgonqweni kungumfuziselo noma ukugcizelela ukubaluleka “kokuphuma” nokungena esigabeni esisha sempilo [Brant]

Ukudla okudliwa emgonqweni, kuba yinyama ethize nokuphuzwayo ngesinye isikhathi izinkobe. Kubalulekile ukuba badle ukudla okwenza amandla, yingakho-ke kudliwa inyama ukudla okunomsoco. Amasi akadliwa ngoba ayacobana njengomdokwe. Amanzi aphuzwa kancane futhi kufakwe kancane umlotha. Kudliwa imithi ebabayo ukulungisa umfutho wenzalo ngezimpande namaqabunga empindisa.

Sonke isikhathi lesi odadewabo nezihlobo balungisa imvunulo yokugqokwa ngosuku lokuphuma emgonqweni. Ezinye ziyatshelekwa komakhelwane noma ezihlotsheni ezinayo.

Ukuthomba/Umhlonyane - Initiation rite/puberty rite

Puberty is the period during which a person reaches sexual maturity and becomes capable of begetting or bearing offspring in both sexes. It has been concluded that girls often reach puberty a year or two before boys. In addition to the physical changes that take place at puberty, emotional and psychological changes occur. The time of transition from adolescence to adulthood is a critical period that can shape the adult life span. It is an extraordinarily stressful time which involves complex biologically, physically, behavioural and social growth and changes.

Puberty is a natural stage in one's development and some undergo puberty later than others. According to research, puberty can start as early as 8 years old or as late as 18 years old, but the average age is around 14 (Youth risk behaviour survey, 2002).

During the teenage years, there are changes from being boys and girls to becoming men and women who can bear children. This period is called adolescence.

The word adolescence comes from the Latin word verb *adolescere*, which means 'to grow' or 'to grow to maturity'. Adolescence is the period of development in human beings that begins when the individual feels that adult privileges are due him which are not accorded to him, and that ends when the full power and social status of the adult are accorded to the individual by his society" (Youth risk behaviour survey, 2002).

In some people conflict during this period can arise because the person has the status of a child, but the sexuality and emotions of an adult. Puberty causes changes not only in one's body, but also in one's feelings.

Puberty happens because glands in one's body begin to produce sex hormones. These hormones are chemical substances and they produce the female hormones, oestrogen, and progesterone, and the male hormone, testosterone (Preethlall, 2007:210).

I believe that young people are failing to recognize that the changes in their bodies have meaning, and are failing to behave in sexually responsible ways because they do not really understand what is happening to them.

For a girl, the start of periods is known as menarche. Menarche does not happen until all the parts of a girl's reproductive system have matured and are working together.

The Zulu term for 'puberty' is *ukuthomba*, which means 'the passage of the first sexual discharge' and is a term applicable to both sexes (Krige, 1950: 87-88).

Traditionally, when a boy received his first nocturnal emission, he rose very early in the morning, when it was still dark, and took all the cattle out of the kraal to the veld. He used to take them to a very far place and herd them there until he was called back home by elders themselves, or who sent boys to call him home, on realizing that he had risen unusually early. Elders read between the 'lines' that this early rising marked that ritual, and rite of passage. During the ritual the boy would bathe himself in the river before sunrise, and would not go inside the house. Instead he would stay in the kraal, till his seclusion place had been made ready. The seclusion period for boys was different from the girls although some would go to the mountain for seclusion and circumcision by the elders responsible for circumcision. It is interesting to note that Zulu boys stopped going to the mountain for seclusion and circumcision during the reign of King Shaka. Nowadays the situation is different and, I believe, disrespectful of boys. This ritual is no longer getting its rightful recognition, perhaps because of other influences or lack of guidance.

For girls, *ukuthomba* is the time of the first 'menses', and so the ritual of umhlonyane is conducted meaning that she should be secluded from public view. The girls' puberty ceremony is sometimes called *uDwa* (Krige, 1950:87-88).

Ukuthomba a 'blossoming forth' of a girl into womanhood. *Ukuthomba* should be celebrated in order to make the ancestors aware that the girl is now moving onto the next stage, that of womanhood. When the *ukuthomba* ritual is not performed, the ancestors would regard the girl as a girl and not as a mature woman ready for marriage. Then in turn, she would not be blessed with children, as she would not be regarded as a woman ready to bear children. This is an indication that in the Zulu tradition social maturation involves much more than the physical signs of reproductive capacity.

In the Zulu culture, on the occasion of *ukuthomba* (first menses), *umhlonyane* (initiation) ritual is performed. This is a symbolic gesture to signal to the young woman that now she has come of age she can start courting. *Umhlonyane* is marked by seclusion of a girl and her agetates. The girl has to respect and avoid certain foods, such as dairy products for a period of her seclusion. The ritual commences and ends with the slaughtering of a goat/beast depending on the family standing or financial status.

A girl's puberty ceremony is in many respects similar to a boy's *thomba*, and like all transition ceremonies is characterised by separation rites, and a period of seclusion is followed by aggregation into a new group. The girl goes to the initiation ceremony as a girl and come back as women. However this study will only refer to the girl examples for illustrations of this rite. What made the two occasions be parallel in the past was the fact that the boys went into the ritual as boys and came out as men, and girls went into the ritual as girls and came out as women. Both rituals included lessons to be learned for the life ahead.

In some parts of KwaZulu-Natal, on the day a girl becomes aware that she has attained puberty/first menses, she runs off and hides somewhere in the neighbourhood of the kraal. In other parts of KwaZulu-Natal, girls do not run off but stay in silence in the hut where this had occurred for the rest of the day till somebody notices this unusual behaviour or reaction from her. Whoever has noticed this behavior will report this to the mother who in turn will report to the father of the girl. When a girl has successfully ran and hide on the neighbourhood, neighbours will then report that to the respective family and the family in turn will send for her to return home. On the way back home, the girls will be singing *ukuthomba* songs e.g "Tshelubaba sengikhulile".

The father of the girl in question will immediately send out the boys to cut woods for the umgonqo behind which the girl will sit secluded while other boys will be sent to go and dig the roots of the red *impindisa* shrubs for the girl. However nowadays a curtain is used for this purpose of *umgonqo*.

The form of initiation may differ according to ethnic groups but what is common to the practitioners is that the elderly ceremoniously welcome the young adolescent to their status by performing a communal ritual.

Boys are sent out again to all the kraals of the neighbourhood to invite other girls to come and sing the puberty songs. From that day onwards these girls will come and spend every night with the initiate, going home again in the mornings to spend the day as usual at their own homes.

This stage plays the major role in the lives of children because it is a bridge between youth life and adult life. During this time youths are guided, mentored and trained about adult life and also cleansed in preparation for the way ahead to adulthood. Above all sexuality education and sex education is taught and explained fully without reservations. E.g. *ukusoma/ukuhlobonga* (external sexual intercourse) self esteem, self image and pride is built during these stages including sacredness on the myth, rituals, doctrines and ethical norms, respect and dignity.

The initiation rites in fact serve to transmit values, role expectations, stereotypes and attitudes. It follows those notions of ideal manhood and ideal womanhood is likely to be foregrounded during such ritual events.

During seclusion period, lessons about the new life of adulthood are given by different people for example elders, age-mates who have gone through the same process, relatives and others. At this time, the girl wakes up, everyday, early in the morning to the river in a nude state to bath herself and being

accompanied by her age-mates. It is imperative that no male should meet them, less that male will have misfortunes therefore the male is suppose to run for his life if it happens that he is on the same way of these initiates.

During this period a number of admonishments are chanted.

Wait

English version

You may not be emotionally ready

You may fall pregnant

For real relationship, safe sex is no sex.

Both may not be ready to enter into a life long commitment

You may become HIV positive

You may contract STI's

Maintain a good reputation

Please your parents

Aim higher than cheap premarital sex

Resist peer pressure

Stand for moral values

I CARE ENOUGH TO WAIT!

DO YOU?

What I have noticed is that the sex education message from these slogans is clear regarding sexual behaviour. The message functions holistically, ethically and in socially responsive manner within the African health care environment while actively engaging in education and service. The message provides a unified and holistic approach to teaching for responsible sexual behaviour both, before and after marriage.

According to Msimang (1975:216) while the age-mates only smear their faces, the initiate in seclusion smears herself with red clay or ochre all over

her body, to invite the ancestors' presence. Msimang says that during the seclusion period a girl is believed to be more in contact with the ancestors, the most revered spirit. This ritual is in essence a simulation of regression, which creates a state of purity from which the initiates emerge as adults.

I also have noticed that the precise details of this ritual differ from clan to clan. The girl or initiate remains secluded in the hut for a period varying from one or two weeks to two months or three. During this time she must be quiet, speaking little and then only in a whisper, and whenever she must go out of the hut she must be completely covered from head to toe and adopts shy manners. Whenever she's going out she must be accompanied by her *iphini* (haft or handle/a chosen girl friend). The purpose of this long seclusion was none other than to emphasize the fact that the coming celebration is indeed "a coming out"; an entrance or debut upon a new stage in life (Krige, 1950:8).

The family will acquire the service of older girls who have already graduated to guide and handle the graduation ceremony for the girl. A mother may not handle the graduation ceremony for her own daughter. The elders will say a person cannot 'shave off her own hair'.

I have been told that the food eaten by the initiates in seclusion is meat and beer, and sometimes *izinkobe* (cooked mealies) may be allowed. It is necessary at such times to have strengthening foods, hence the use of meat and beer as the most nourishing and vitality-giving foods as the puberty ceremonies. *Amasi*, on the other hand, is taboo because it is 'soft' food and other soft foods like *umdokwe* or *incwancwa* (sour porridge) would similarly be objected to on the grounds that they would weaken rather than strengthen the girl. Water is only drunk when it has been medicated with a pinch of ash. For fertility, the initiate will eat the bitter roots of the shrubs, *impindisa*.

While the initiate is in seclusion, her older sisters and relatives are busy preparing the attire for the festive dances/celebration. Some attire is lent from the neighbourhood or relatives who once had this occasion.

The father of the girl indicates the week that the ceremony will take place by telling the womenfolk at the beginning of the week to prepare the malt and brew the beer. When the beer is being strained, the father enters the hut/umgoqo for the first time in the presence of the girl and says "My child you will come forth tomorrow. I shall give you the goat to enable you to eat imbuzi yokudla amasi (sour milk) and your inkomo yoDwa (puberty ox) and umgcagco (the festival dance) will take place tomorrow (Krige, 1950:88-89).

The ceremony will begin on a serious note on a Friday, and Friday night there there will be singing and dances. Then early on Saturday morning, cooking and other preparations for the day start.

During the mid-morning the father of the girl calls all the relatives and family into the main hut to declare the beast to be slaughtered and also talk to the ancestors. With the *impepho* (incense) burning, and whilst he is in a kneeling position at *umsamu* (sacred place) he will tell the ancestors about the day's main objectives. The goat or beast that is to be slaughtered for the girl is also called '*Umhlonyane*' (wormwood). The girl's whole body is bathed and her head is shaved, and then the caul of the slaughtered beast or goat is placed over the shoulders and breasts of the girl.

The grass on which the initiate is seated for the period of puberty is burnt in the presence of old women, and if it crackles it is a bad omen. The smoke is watched to see which direction it goes. It is assumed that it points to the direction where the initiate's husband-to-be will come from.

The next process after the puberty rite, it is the beginning of courting, where girls start to decorate their hair with mealies (corn kernels) and lengthen it

with plaiting. The beads are worn to attract men. Girls also weave beads into love letters, for example, "I love you"

To sum up from the above, adolescence is a life role that ends when one becomes an adult and becomes responsible for oneself. That means, one is now matured, one becomes independent in all ways. During adulthood one will have to make important decisions, and be fully accountable for one's actions.

***Umemulo* - ritual which indicates the marriageable age and state of a girl**

Umemulo is the ceremony which takes place after *ukuthomba*, when a girl desires her marriageable state to be formally recognized, she ceases eating some foods such as *amasi* and meat, in order to draw her father's attention to the fact that she is ready for marriage. Her father will respond by telling the womenfolk to prepare the malt and brew beer and announces the day of the ceremony. On the day of the ceremony, he will slaughter a beast for her whereby he acknowledges her marriageable state and liberates her from her abstinence. This is *ukwemula* which may be regarded as her father's permission for her to look about for a husband. That is why *umemulo* is known as an indirect announcement to any interested male, that the young woman is ready for marriage.

So *umemulo* is a ritual which is the public recognition of marriageable state of a young woman. Customarily, when girls participate in the puberty rites, they are taught, educated, trained and advised, and are made promises, such as *umemulo*. The promise of *umemulo* depends on whether the young woman can reach marriageable age still 'pure' and without interference with the mother's 'cow'. This means that the young woman is still a virgin, because it is only when a traditional Zulu *makoti* is still a virgin that the mother of the *makoti* receives a cow as part of the *lobola* paid by the *umkhwenyane*

(groom). Should the *umkhwenyane* (groom) discover that his *makoti* is not a virgin, the *umkhwenyane* (groom) is entitled to claim the mother's cow back publicly. When the young woman has kept her parents' advice, values and norms, they will bless her with the *umemulo* celebration. *Umemulo* is not compulsory, because it depends on the behavior of that particular young woman.

Therefore *umemulo* is the ceremony conveying the thanks of the father to his daughter because she has respected the advice given to her to keep her virginity till the marriageable stage. *Umemulo* is a gift from a young woman's parents. This is why it is very rare to have *umemulo* for a young woman's without parents.

However, *umemulo* can be done on the request of her husband-to-be, before the wedding day. In this case it is a Zulu custom of *ukuqhoyisa* (officially deflowering a young woman). On the day of the deflowering, the traditional young Zulu woman will be wearing *isidwaba* for the first time, and she will continue to wear it after the wedding ceremony. The *isidwaba* is a skirt made from the hide of the beast which is slaughtered by the *makoti's* in-laws (husband-to-be side) on the occasion of the deflowering. In paying for the beast called *isidwaba*, the husband-to-be has given permission to the *makoti* to wear *isidwaba*. Therefore, *isidwaba* is traditionally worn by married women only, as the *isidwaba* is made from the hide of the beast slaughtered on the occasion of the deflowering of the young woman by her husband to be.

In other words, traditionally nobody has a right to give *isidwaba* to a woman, except the husband only as a token to take her to be his wife. A girl should never wear *isidwaba* unless it has come from her husband-to-be. Thus, on the day of *umemulo*, if the young woman and the young man have committed themselves as wife and husband, this will be evident because the young

woman will be wearing *isidwaba*, to indicate that she has been officially deflowered by her husband-to-be.

Even a father may not gift his daughter with *isidwaba*, as that is regarded as vulgar and would imply metaphorical incest. An unengaged girl wears *igqila* or *umabubane*. *Igqila* is a loinskirt worn by the girls during the *umemulo* celebration, where the *umemulo* is gifted to the young woman by her father.

I record here the proceedings of an *umemelo* ceremony which was celebrated in my family recently. I was actively involved as a family member, so I am an “insider” researcher in this case (Stoller, 1995) but at the time I reserved my knowledge in order to contrast my family’s performances with other families’ performances.

Ukukhuliswa owenzelwe abantwana bakamfowethu uMilton Nyawose ngo 18 July 1998. (Zethile, Mabo, Mafundi (Nophakathi kukaZethile noMabo owashona, uSanelisiwe)

Njengokujwayelekile kuyoyonke imizi baqala ngokushaya amathini (Ukungquza) noma (“isiyoyo”), bahamba becela izipho.

Baya nakwamalume wabo ukuyocela imbuzi (“isibhekuza”), eyaze yafika nabakwamalume ngoMgqibelo ekuseni, ngosuku lomemulo. Izipho abazicelile ezihlotsheni zona zidliwa ngoLwesihlanu olwandulela usuku lomsebenzi. Kubanecece kulobobusuku bangolwesihlanu, izintombi zicule amaculo, zisine nengoma eziyoyisina ngakusasa, kubakhona nezinsizwa, zona ezihamba ekuseni zibuyela emakhaya azo. Izintombi nabemulayo bavukela emfuleni ukuyogeza. Uma seabuyela bafika umlilo ubalindile, baweqe bangene ekhaya.

Ukugunda kwenzelwa esibayeni ukuqalwa kwesonto, bangquza nje sebegundile. Babegundwa amakhosikazi amadala aseskhaya, angenayo esibayeni. Babevuka njalo ekuseni bayogeza emifuleni isonto lonke. Nangosuku lomsebenzi imbala.

Sekukhanya, ekuseni ngoMgqibelo, umndeni waqoqelwa endlini enkulu lapho kwabe kuhleli khona izingane ezizokwenzelwa umsebenzi. Nalapho umfowethu ayezokwethula umsebenzi emndenini. Waqala kanje sesikhona sonke:

“Mantungwa namhlanje ngithi angenzele lezizingane lomcimmbi wokuzikhulisa. Ngizozenzela zonke kanye kanye ngokwamandla engiwatholile. Ngisho Nalo Owashona ngizombala kanye nalaba abaphilayo.” Sabonga ngazwi linye singumndeni sathi “Mntungwa, Bhodla nkomo”.

Waqhubeka wathi uzocela uBaba omncane (uFulathela) ukuba kube uyena ozoshisa impepho abike kwabadala umsebenzi, yena uzolekelela lapho futhi abike nezilwane eziyiziphu ayezihlabisa zona izingane.

Fulathela: Mntungwa, lethani amalahle nempepho

Milton: Kunezimbuzi ezi 4 nezinkomo ezimbili Babomncane engizozihlabela bona bonke.

Fulathela: Zikhiphe ngabanikazi Ndodana, ungaveli ubophe ngabhande linye.

Milton: Inkomo nembuzi ngeka Zethile, bese kuthi enye inkomo nembuzi kube ngeka Bonisile bese imbuzi kube ngeka Samukelisiwe ophakathi kuka Zethile noMabo, eyokugcina imbuzi ngeka Mafundi.

Fulathela: Nakho-ke Mntungwa. Angithi niyezwa-ke bazukulu, ukuthi wena Zethile inkomo nembuzi nawe Mabo, imbuzi nenkomo nawe Mafundi nino dadewenu owasishiya imbuzi. Uyihlo-ke lezizilwane noma iziphu uthi uyanikhulisa ngazo, ufuna niziphathe kahle kusukela manje zize zibuye ziphindiwe lezizinkomo, lapho senishada umshado omuhle.

[Ngalesosikhathi imepho ilokhu ishile, ilokhu ivuselelwanoma icishwe uma isisha Kakhulu.]

UBabomncane wabe eseqala eqondisa kwabadala abangasekho:-

Fulathela:

- (1) Eh! Nina bakwa Mtungwa, ka Bhodlankomo.
- (2) Nina bakwa S'lulu
- (3) Nina enehla ngesilulu, phakathi kwamangisi nama qadasi.
- (4) Nina enehla niphethe ikhathazo, nizokhathaza izitha
- (5) Nangu uMaqhingana (Milton) ka Bhanoyi
- (6) uBhanoyi kaManzonzo
- (7) uManzonzo kaMsingizane
- (8) uMsingizane ka Madonya
- (9) Ngikhuluma nani Matungwa amahle
- (10) Ngisho kini nonke namakhosikazi enu
- (11) Ngithi bhekani naba abantwana baka Maqhingana
- (12) Ngithi laba bantwana bavela kinina Matungwa
- (13) Ngithi laba bantwana abenu Matungwa
- (14) Njengoba uMaqhingana ebenzela lomsebenzi
- (15) Njengoba ecela kinina amandla ukuba nimlekelele
- (16) Nibakhulise abantwana
- (17) Nibakhulise kahle baze bashade
- (18) Izinyamazane nezinkomo uzibalile
- (19) Izinyamazane zisesibayeni zonke
- (20) Sizophuma-ke sonke siye kuzona
- (21) Sizophuma-ke ayosikhombisa zona
- (22) Ngakho-ke konke lokhu ukwenze ngokusemandleni akhe
- (23) Ngakho-ke ningeyi lutho Matungwa amahle
- (24) Ngakho-ke nimandisele nalapho ethathekhona
- (25) Matungwa nina bako Bhulanyawana, ngiyema lapho.

(Washo qede kwaduma indlu yonke amakhosikazi ekikiza, amadoda ethi Mtungwa! Wabe uyasihola njalo uyise wezingane eqonde esibayeni, ukuyokhomba izinyamazane zabantwana kanye nezinkomo zabo.)

Esibayeni, waqala wazikhomba-ke izimbuzi nezinkomo ngononina, eqala ngendodakazi endala ehlika nazo njalo aze ayofika kweyokugcina. Amakhosikazi aphinda akikiza emi ngaphandle kwesibaya izingane zimi othangweni lwesibaya.

Emva kwalokho, kwabesekuqhamuka “injoli” okunguyena ophatha umkhonto, noma ohlabayo lapha emndenini. (uSolfafa Nyawose). Waqala ngeyokuqala inkomo, ehlika nazo njalo njengokukhonjwa kwazo. Izimbuzi zona zanikezwa abafana ukuba bazebulele ngaphandle kwesibaya.

Ngesikhathi sokwebula izintombi zazicela “amangebezane” kubahlinzi, zilokhu zishaya uthayela zithi: “Wesibanibani sicela amangebezane-zimbiza ngegama, noma ngento ayigqokile.” Uma seziyitholile ziyahamba ziye koyosa lenyama eziphiwe yona. Emva kwalokho zalungela ukuvunula zivunulela umcimbi.

Sekuqediwe ukwebula, kwakhishwa ngokucophelela umhlwehlwe, nezinyongo kuzona zonke izinkomo, kwaphinda futhi kwakhishwa nezinyama ezizophekwa iphoyisa lomcimbi [isifuba sezintombi; insonyama yamadoda; nomkhono wezinsizwa].

UBaba wamantombazane nobaba omncane bathatha imihlwehlwe nezinyongo bangena nazo endlini enkulu lapho kukhona abamuliswayo. [izinyongo ngabanikazi bazo zathelwa emlonyeni, ezandleni, nasezinyaweni]. Emlonyeni kuthiwe konke abakukhulumayo kubenokuthula futhi kuphuse. Ezandleni kuthiwe konke abakuphetha kwande futhi kube nezibusiso.

Ezinyaweni kuthiwe lapho behamba khona bavikeleke futhi babenenhlanhla nalapho beyakhona. [imihlwehlwe nayo ngaba nikazi bayo, bayembathiswe emahlombe]. Bese emakhanda ziboshwa ngomuzi, uyise wabo kube uyena oqala ukubophela imali emakhanda.

Sekwenzekile konke lokhu wabe esevunula uyise wezintombi, nomphelezeli wakhe babevunule ngamabheshu; sebephuma bezihola kuyiwa enkundleni lapho sekuyosinwa khona. Kwasekusondela umphakathi wonke oze emcimbini, ukuzobukela izintombi zisina.

Izingane nazo zazivunule ziconsa, zigqoke amagqila kanye nabaphelezeli babo ngokunjalo. Izintombi zona zazivunule ngezishuba, nemathawula lezo phela ezizosinisa abemuliswayo.

Zasina-ke izintombi enkundleni kwaze kwafika izinsizwa ze "nkwinji" zihamba zihaya, zadabula inkundla, zaphuma. [*lokho okuwuphawu lokuthi qedani-zintombi, siyabuya nathi sesizosina*]

Zaphuma lapho zaqonda esibayeni ukuyodla umkhono wazo. [Lowo phela obuphekwe iphoyisa lomcimbi kanye nesifuba sezintombi nensonyama yamadoda]. Zaphuma lapho seziyolungela ukuyosina enkundleni.

Emva kokudabula kwezinsizwa lapho kusina khona izintombi, izihlobo zaqala ukubiza labo abemuliswayo ukuba ziyobambathisa izingubo eziyizipho, ngoba imali yona yabe ichonywa emakhanda azo, ngesikhathi izintombi zisina.

Zangena okwesibili izinsizwa sezicula amahubo azo sezikhombisa ukuthi sezizohlangana nazo izintombi kusinwe ndawonye. Uma sekuhlangenwe izintombi zima ngemuva kwezinsizwa zishaye izandla ngesikhathi kuculwa

kusinwa, ngamunye ngamunye, nangesikhathi sekuqhudelwana ngo” Mbophelo” [ingoma esinwa iningi ngasikhathi sinye]

Zaqeda lapho izinsizwa zacula ihubo lokuya endlini lapho zaziyothola konke okuya ngasethunjini nokokuphuza. Bonke abantu baphindela ekhaya ukuyobusa ngakho konke okwakukhona, njengokudla nenyama nokokuphuza.

Liyozilahla kunina iphoyisa lamemezela, lihamba limemezela ukuthi umcimbi usuphelile ngakho-ke bonke abantu ababambe abebeze ngayo nalo seliyahamba. Nangempela umphakathi wenze njalo, nakuba izintombi nezinsizwa zasala endlini yazo zisacula zithi zisabusa. Abaholi bazo yibo abathatha indawo yepheyisa yokuqapha okungenzeka njengoba iphoyisa selivalelisile. Zicula-ke kuze kudele zona zihlukane ngokuhlwa.

English Version

I record here an account of an *umemulo* ceremony that was held on the 18 July 1998 on behalf of the daughters of my brother, Mr Milton Nyawose, including Zethile, Mabo, Mafundi (including Sanelisiwe who died long ago, and was born between Zethile and Mabo)

Towards the end of the month June, 1998, my brother Milton called the immediate family and announced the date of the *umemulo* ceremony. He then called the daughters to inform them in our presence, and also informed them about their responsibilities as far as the ceremony was concerned.

The *ukuthomba* of these girls had not been ritually acknowledged as the area where the family lived was surrounded by political violence and massacres, from as early as 1989 until as late as 1996. People were living all over the country as refugees in during all those years. This *umemulo* in 1998 was the first ceremony in the area which was calling people together for the first time

in a very long time. We as a family nearly did not approve it, fearing what might happen on that day.

In accordance with the *umemulo* custom, the girls started beating tins as a way of inviting relatives and the people of the clan to the celebration. They went around from house to house singing and asking for presents. The daughters also went to their uncles' houses specifically to ask for *isibhekuzo* - a goat to be delivered by the uncles early in the morning on the day of the ceremony. All the other gifts were used and enjoyed on the Friday before the day of the function, Saturday.

The elderly women of the family cut the girls' hair at the beginning of the week in the kraal. During the whole of that week, the girls woke early in the morning and went to the river to bathe themselves.

The whole of Friday night, was dominated by the gathering of the youth dancing traditional dances. The male folk left the place early in the morning for their homes, so that the girls could go to the river to bathe themselves for the day, including those for whom the function had been arranged. When the girls came back from the river, they jumped over the fire outside the yard which had been made ready for them before entering the homestead.

At the breaking of dawn on Saturday, the whole family gathered at the big hut, where the initiates were staying; and where my brother was going to announce the whole programme to the family.

Milton: *Mantungwa*, today is the big day for my daughters. This celebration is for them all, including the ones who passed on long ago.

The family said together : "*Mantungwa, Bhodlankomo*" to congratulate the girls and bless the function.

Milton: Fulathela, please help me with the burning of *impepho* and reporting the whole function to the ancestors.

Fulathela: Mntungwa, bring the embers and *impepho*.

Milton: I also have four goats and two beasts for them.

Fulathela: Tabulate them according to their owners; naming each gift by its owner.

Milton: The first beast and the goat is for Zethile, and the second beast and a goat is for Mabo, the third goat is for the one who passed on, who was Sanelisiwe and the last goat is for Mafundi my last born daughter.

Fulathela: There you are, Mntungwa. I hope you all have heard, my granddaughters, what your father has gifted you with, to you Zethile he has given you a goat and a beast, and to you Mabo. You, Mafundi, and your sister, Sanelisiwe, have a goat each. Your father says these are your gifts for this big day and this implies that he expects you to be very loyal, respectful and keep up your good record till these beasts are multiplied when you get married in a 'white marriage' in the church.

All this was said and done under the cloud of the burning impepho, which was being stopped when it is too strong and also lit up when it was fading. Impepho has the effect of communicating the living and ancestors.

Our uncle then directed the following prayer to the ancestors.

Fulathela:

- (1) Eh! You the Mntungwas, of Bhodlankomo
- (2) You of S'lulu
- (3) You who descended with S'lulu between the English people and whites.
- (4) You who came down carrying the traditional medicine to protect yourself from your enemies
- 5) Here is your son – Milton of Bhanoyi
- 6) Bhanoyi of Manzonzo
- 7) Manzonzo of Msingizane

- 8) Msingizane of Madonya
- 9) I am talking to you Mantungwa of high nobility
- 10) I am referring to you and your wives
- 11) I am pleading to you to look after Milton's children
- 12) I am acknowledging that these children are your gift to us
- 13) They are, therefore yours, Mantungwa
- 14) As Milton is giving them this sacrifice
- 15) He is requesting your protection, blessings and assistance
- 16) To take good care of them, give direction and guidance where necessary
- 17) Till they get their 'proper marriage' period
- 18) He has offered some beast for them to accompany his prayer
- 19) All beasts are at the kraal
- 20) We will all then go out to the kraal
- 21) He will then point them out one by one accordingly
- 22) This is what he could afford
- 23) Never belittle his ability
- 24) Instead add to his efforts
- 25) Mantungwa, you of Bhulanyawana I shall stop there for a while.

After saying that, the whole 'house' thanked him, the women 'ululated' and men said "Mntungwa!"

Then Milton went out, leading us to the kraal, where he started to point out the beast respectively and accordingly, starting with the eldest daughter down to the last born. Then the women ululated again while standing at the fence of the kraal. After that, *injoli* came out. He was the one who was going to kill the beasts, and he is the one appointed to do that for the whole family. In this instance, it was Solfafa Nyawose. Solfafa then started with the first beast as they were pointed out which he ritually killed, and then proceeded to the next and next. The goats were given to boys, to kill ritually outside the kraal.

During the skinning process of the beasts, the girls outside the kraal were singing requesting *amangebezana* (pieces of meat that they roast/fry afterwards). The girls were doing that by calling the names of the people who were there at the skinning process, or they called them by referring to what they were wearing. Thereafter, the girls left for the fire place to roast their meat and go to dress themselves in readiness for the function.

When the skinning was done, the main skinning man started to carefully take out the caul, and gall bladders from all the beasts, and the pieces of meat that were going to be cooked for the day by the guard of the ceremony. The breast meat was reserved for the girls, and the *insonyama* for the men and limbs for the young men.

The father of the initiates together with our uncle, Fulathela, took the caul and gall bladders to the main hut where the initiates were. The bile from the gallbladders was poured out on to the mouths, the hands and the feet of each initiate. As the bile was poured over the mouth of each initiate, the father said “May all you say be peaceful and powerful”. As the bile was poured over the hands of each initiate, the father said “May all you touch be blessed in many ways”. As the bile was poured over the feet of the initiate, the father said “May every footstep be protected and blessed with good fortune”. The cauls of the identified beasts were placed on the shoulders of each initiate.

When one looks at the prayer formulation, one discovers the repetition of some words and linkages which in the oral tradition is an indication of memory support (Jousse, 2010). For example, lines 2-4 have the same beginning: NINA...and lines 6-8 the last word becomes the first word of the next sentence: *Bhanoyi ka Manzonzo. Manzonzo ka Msingizane. Msingizane ka Madonya*. And lines 9-13 all have *Ngj...*

The above lines, according to Jousse (2010:108) have a perfect repetition, as “characteristics of spoken language [which] in any other form of oral creation occurs naturally in all its spontaneous purity in beautiful propositional clichés” T.T. Ngongo also confirms that the repetition of the concord results in a flow of language which gives spontaneous music to the ears.

In most cases, the links provide the chronological family’s genealogy which goes back, starting from the father of those who are concerned with the celebration to his father, forefather...to as far back as the speaker can go, or as far as he can remember them.

I include here a traditional Zulu custom which I believe is playing, but can play a much greater role in responsible sexuality education for young people in abid to prevent HIV infection in young people.

The role of virginity in traditional Zulu culture and custom

In my experience, there are three customs associated with female virginity in traditional Zulu culture:

- 1. Traditional Zulu sexuality education- the role of *Amaqhikiza***
- 2. *Ukukholwa kwezintombi* – virginity testing**
- 3. *Umkhosi woMhlanga* – The Reed Dance Festival**

Introduction

During the course of my living in a number of traditional Zulu communities, I observed that a woman’s sexuality and her ability to bear children were seen as being owned and controlled by her birth family, until she was married, and then her sexuality and her childbearing capacities became the property of her husband and his family. The effect of this was that the virginity and sexual purity of every girl and young woman in the family was guarded and protected so that she could take her virginity to her husband’s family. I also

saw how the girl or young woman understood that her virginity was valuable to her.

Virginity has such high status among traditional Zulu people that it is publicly announced. I saw many times the seriousness of the loss of virginity. Often, when a girl was deflowered, all the women in the village would march noisily to the home of the boy who had deflowered the girl, and demand - violently - *umqhoyiso* (the cow due to the mother on the marriage of her virgin daughter) as payment for the damage done.

In village contexts, the word 'cow' is used euphemistically and metaphorically, to refer to the female hymen, which was and is considered so highly precious and valuable that it had and has to be kept safe and intact for marriage. Where a girl's virginity was/is lost, the man/boy responsible for the loss was/is required to compensate the mother of the girl, as she would then not be able to claim the cows due to her as the mother of a virgin at marriage.

This is confirmed by Ncube and Stewart (1997) who record that in a traditional Zulu family, a young woman's future husband's family sees her virginity as evidence of 'clean' patrilineal bloodlines. Because of this, a young woman's virginity is extremely important to her birth family because it is regarded as a resource with which she, or those representing her, can access resources held by men, who hold social power outside of her family. Consequently, a young woman's virginity may be demanded and enforced by her birth family to make sure that she can access the best *lobola* – bride price - when she marries. Dengu-Zvobgo (1994) record that, traditionally, once married into her husband's family, the woman's sexuality is treated as her husband's property. As such, it is controlled to ensure that it is used only for the benefit of the family into which she has married. Should her husband die, the woman's sexuality is considered to be the property of her late

husband's family, and this implies in many cases that she will be required to marry her late husband's brother, although such practice is changing because of the HIV and AIDS pandemic.

Because of the seriousness of this matter, the custom of *ukuhlolwa kwezintombi* (virginity testing) was, and is, practiced in many Zulu communities. There are also rituals conducted solely by girls who have provided evidence of their virginity, such as *Umkhosi woMhlanga* (The Reed Dance Festival).

5. Traditional Zulu sexuality education- the role of Amaqhikiza

The traditional form of sexual instruction for young girls was, until recently, carried out by designated female elders – *amaqhikiza* (plural). *Amaqhikiza* were older young women who had completed their initiation rites and were thought of by parents as role models for younger girls and young women. Traditionally virginity testing was performed by *iqhikiza* (singular). Girls wanting their virginity examined would go to *amaqhikiza* for this purpose.

The entrustment of a girl or young woman to *amaqhikiza* happened traditionally in a number of ways. Sometimes, parents who placed a premium on the virginity of their daughters before marriage assigned them to *amaqhikiza*, and entrusted *amaqhikiza* to teach their daughters the correct moral values of a young girl. These moral values included hymenal virginity. But it also could happen that a girl would decide voluntarily to keep her girlhood undisturbed. She would then approach her parents and get their permission to find *iqhikiza*, as a chaperone, who would teach her about sexuality and responsible sexual behaviour from a traditional Zulu perspective.

The sexuality education provided by *amaqhikiza* included information about human bodies and how they function sexually. In addition, it included being

taught to abstain from penetrative sex using the technique of *ukusoma*, a traditionally established form of external intercourse with single lover. The girls were also taught songs and dances referring to menstruation, premarital morality and sexual intercourse. In addition, they were taught techniques to thwart a boy's advances, managing suitors, and lessons in quick repartee and *izifenqo*, that is, witticisms which are aimed at ridiculing young men and their words, e.g. "*Uyangikhipha noma uyangifaka?*" – "Are you in or out?"

At the end of their training, which could take several months, the girls were gathered together to be tested by older maidens, not only for their virginity, but also about all matters pertaining to sexuality and responsible and (self)respectful sexual behaviour. This testing was done through simulation. One girl would play the part of the boy, and another the girl in a simulated sexual encounter.

If one listens to Zulu puberty songs, one can hear that the girls are instructed to respect themselves, to take care of themselves, to behave themselves properly and with pride. Modern examples of such songs which are available on CD and DVD include *Mncishe Ntombazane*, and *Ziqhenye ntombazane ngobuntombi bakho* by Izingane Zoma. Most of the songs and dances in a girls' initiation refer to morality. Thus girls are taught to keep '*Inkomo ka Mama*' (cow to be paid by the boy who deflowered the girl) safe all the time, as a demonstration of (self)respect, and responsible sexual behaviour before marriage.

6. Ukuhlolwa kwezintombi – virginity testing

Ukukholwa kwezintombi - Virginity testing – refers to the custom of regularly checking the state of a young woman's or girl's hymen. This was, and can be, done by physical internal examination, and is, or should be, voluntary. No girl should be forced to do these tests.

Traditionalists see the practice of *ukukholwa kwezintombi* as an integral part of Zulu culture. Traditionalists maintain that the main reason for virginity testing is to 'keep the children on their toes', for good health, to take informed decisions, and to preserve beauty, and pride in virginity as a valuable asset of the nation.

I find the following statement most important as it indicates how seriously virginity can be taken by a young woman, and how nervous she is about the outcome. Sixteen year old high school pupil from St Wendolin's settlement near Pinetown in KwaZulu-Natal, Makhosazane Zuma says, "I am proud of my body, proud of my Zulu-ness, proud of my virginity. I have never had sex in my life. I know I'm a virgin, but I'm still kind of scared of the test." She knows that her virginity is very valuable to her, quite apart from her family and other members of the community.

In August 2007 I, attended a ceremony for virgin maidens organized by Inkosi Z Lushaba, at oShabeni near Port Shepstone. There were more than a thousand girls and young women gathered at the ceremony. I observed quite a lot of pushing, and then discovered that many of the girls wanted to be in front because of their enthusiasm for the event, and they all wanted to be seen to be there, and to be heard. Led by Ms D Khoza of uKhozi FM, the girls were singing loudly and energetically. Also present were members of the KwaZulu-Natal cabinet - Ministers W. Thusi, B. Cele, P. Nkonyeni, and traditional AmaKhosi - Inkosi N Madlala, T Mavundla, B.Luthuli, B. Nzimakwe and Hlengwa, amongst others.

The topic of *ukukholwa kwezintombi* is often discussed in the public media. This shows how popular the topic is among the listening public. "Plus News" reported that

On an overcast Sunday morning in Pietermaritzburg, KwaZulu-Natal's capital, there was a palpable; sense of excitement as about hundred and twenty young girls lined up in leafy Alexander Park to submit themselves to

the genital examination to determine their virginity. The early arrivals sat around chatting in groups in the brightly painted playground, waiting for 'Auntie' to lead them to a more sheltered part of the park.

And Dr Queeneth Mkhabela-Castiano, a former lecturer in indigenous knowledge systems, told PlusNews.

Traditionally, although young girls were often tested privately in their own homes, the focus was not on the inspection-there was a high spiritual value placed on virginity, instilled through instruction by older women.

On News 24, Zulu-Ndlovu, a sister to King Zwelithini, said "It has always been there amongst the Zulus. I really do not see it stopping". Zulu-Ndlovu is an organizer of the largest virginity test in the country which takes place with the *Umkhosi woMhlanga* – The Reed Dance Festival - for maidens every September.

Laretta Ngcobo, in her statement to the Witness, 10 October, 2005, said

having virgin as daughter is a source of tremendous material and paternal pride in the African culture. The psychological implications cannot be overlooked either. Virginity is strength and a constant source of empowerment for girls in youth culture which mainly in rural areas is still dominated by patriarchal stereotypes. Sexual abstinence, which it result in, is a confirmation of what HIV and AIDS activist have been saying to us all along: prevention is better than cure.

I agree with Ms Ngcobo. I believe that virginity testing can play a positive role in the fight against HIV and AIDS, because virginity testing also encourages abstinence from sexual engagement, which is one of the ABC'S of preventing the spread of the HI virus. In modern times, quite apart from the traditional value placed upon virginity testing, it can be used as an attempt to fight the HIV and AIDS pandemic. When it is known that the test is being done regularly, I believe that it acts as a warning not only to the girl but also to boys. In a community where virginity testing is being done regularly, it is a means to protect the girls. It is also seen to be a delaying mechanism for a girl in order to be mature enough to take an informed decision about her

sexual behaviour. In so doing it can reduce teenage sexual activities, and, I believe, can promote personal development for the girl, and promote moral regeneration in culture and society.

7. *Umkhosi woMhlanga* – The Reed Dance Festival

Traditionally, the custom of *ukuhlolwa kwezintombi* - virginity testing - was only one part of a much more extensive code of behaviour. Virginity in a young woman can also be detected externally. The back of the knees, the firmness of the breasts and the pouches immediately below the eyes are all sites which reveal the status of a female virginity, which is why the *Umkhosi woMhlanga* has a place in the establishment of the virginity of the participants.

Zulu girls and young women who wish to make their virginity public have access to *Umkhosi woMhlanga* – The Reed Dance Festival - which takes place at the Zulu Royal Kraal in September month annually. *Umkhosi woMhlanga* promotes the purity of virgins amongst girls and young women in KwaZulu-Natal and is helping girls and young women to preserve their virginity until they get married.

At *Umkhosi woMhlanga*, the young women and girls (this depends on whether they have celebrated their initiation into womanhood - *umhlonyane* and *ukhulisa* - wear traditional attire. They proudly display their breasts and buttocks, as these reveal – to anyone with expertise in this matter – their state of virginity.

Consequently, thousands of Zulu virgins converge at the Enyokeni Zulu Royal Palace in September every year to celebrate the *Umkhosi woMhlanga*. During *Umkhosi woMhlanga*, the virgins fetch the reeds from the river and bring them to the palace for the Zulu king, King Goodwill Zwelithini to inspect. It was during such a festival that the Zulu King chose his youngest wife.

People promoting gender equality criticize this festival, claiming that it disempowers young women who may be chosen as wives at an early age without being given the opportunity to make an informed choice about who they want to marry.

I believe that the *Umkhosi woMhlanga* ceremony (The Reed Dance Festival) is an opportunity for a Zulu person to celebrate his or her sense of belonging, conscious connection with culture, tradition, faith and nation, and meet his or her spiritual and emotional needs.

8. What do I believe should be included in an effective sexuality education?

When I look at what is being learned by a young girl from traditional Zulu sexuality education, I can see that there is much in common with what needs to be known in an era plagued by school pregnancies and HIV and AIDS.

The initiation/puberty lessons

I believe that puberty lessons that were taught during traditional Zulu puberty and initiation rituals, aimed to equip learners with the skills and information to make it possible for them to make responsible and informed decisions, regarding their sexuality. Puberty and initiation lessons looked at how adolescents experience their sexuality, sexual orientation and gender roles. Initiates were trained as to how important questions around sexual decision making and decision in relationships, imparting specific steps to take when making any decision: e.g. saying “NO” to sex before marriage. Traditionally, Zulu initiates also learnt self-awareness, self-esteem, self-confidence, assertiveness, communication skills, refusal and critical thinking in decision making and appreciated their own bodies, interacted with both genders in appropriate and respectful ways, and avoided exploitative relationships. Traditional Zulu initiates were also trained to enjoy sexual feelings without necessarily acting on them, and the training was extended to understanding

the impact of media and peer messages on thoughts, feelings, values, and behaviours related to sexuality.

Zulu traditional sexuality education addressed all aspects of becoming, and being, a sexual, gendered person including biological, psychological, and social perspectives. The main objectives of such comprehensive sexuality education were to help people feel good about themselves and their bodies, to remain healthy, and built positive, equitable loving relationships.

All of the above are included in a modern curriculum expressed as content of such a course that follows. But the point of using traditional Zulu sexuality education in deep rural areas, is one of relevance and recognisability.

Maintaining a healthy body

In addition to the factors listed on page maintaining a healthy body and strengthening the immune system are a priority for people living with HI.V and AIDS. The following recommendations should be followed:

- Get enough rest and sleep.
- Take mild exercise, such as walking or playing sport, when feeling fit enough to do so.
- Follow a healthy diet.
- Avoid smoking.
- Avoid alcohol.
- Avoid non-medical drug use.
- Limit contact with people who are ill if they are infectious.
- Visit the doctor or clinic on a regular basis.
- Treat infections as soon as possible. Maintaining good hygiene in the home to prevent infections.
- Practise safer sex.

Following a healthy diet

- There is a strong link between the diet and the state of the immune system. Page and Louw (2006) show that the immune system of an HIV-positive stays healthier for much longer if a healthy diet is followed. A healthy diet includes (Page and Louw, 2006)
- Eating foods that are high in protein, such as lentils beans, meat, fish and eggs.
- Eating plenty of fresh fruit and vegetables and foods that are high in vitamin and minerals.
- Taking vitamin and mineral supplements to treat any deficiencies.
- Foods should be high-energy, like carbohydrates, e.g rice, potatoes or maize, or small amounts of butter, oil, milk, peanut butter or nuts.
- Home-made meals are healthier than take away.
- It is often easier for an HIV-positive person to eat frequent small meals a day.
- Having Maas or yoghurt every day helps with digesting the food.
- Drinking at least eight glasses of clean water every day. The water can be sterilised by boiling it for five minutes.

There are some changes that girls/boys may notice in their bodies at the inception of their teenage years. I believe that boys and girls should know about these changes before these take place, and they should know exactly what the implications of these changes are, so that when they should these challenges they changed come they can deal with them with positive mindsets.

- **Girls should note the following changes:**
- Growth spurts
- Growth of pubic hair
- Hair on legs will grow thicker-hair grows under arms.
- Wider hips.

- Menstruation.
- Breasts and nipples starting to grow
- Oiliness of skin and hair
- Acne
- Perspiration
- Body weight may shift
- Grow taller to just about full weight
- Internally, uterus and vagina will grow

Boys should also note these changes:

- Penis and testicles get bigger
- Grow to just about full height
- Voice changes
- Acne
- Testes start to make semen and millions of sperm
- Pubic hair around testicles, anus and base of penis
- Body hair gets thicker-hair growth on face
- Starts to ejaculate-wet dreams, masturbation
- More and stronger sexual feelings
- Perspiration
- Muscles and strength increases

Changes in feelings and moods include mood swings, and feelings of physical attraction towards other people, especially the opposite sex.

I believe the following are important factors in living with HIV and AIDS,

- A positive mental attitude, i.e. a belief that they will survive and be productive.
- Emotional support from family, friends, the community and colleagues at work.

- Limiting unnecessary stress.
- Having enough money.
- Low initial exposure to the virus.
- Early medical treatment for infections.

I believe in well structured skills-programmes

(1)The HIV&AIDS life skills programme and the joint programmes with the community on school efficiency and quality improvement. These programmes should involve the use of participatory actions; like songs and dances. However these should carry AIDS messages.

(2)The roles, responsibilities and rights of all learning institutions: educators, parents and local communities and high-lighting the focal programmes and reporting on their progress.

(3)The establishment of district-based support teams to provide a co-ordinated professional support service that draws on expertise in further and higher education and local communities to share their expertise with that locality.

The role of parents; family members; community; and the schools have a direct role to play in encouraging certain career choices in learners by instilling them with greater self-confidence and self-esteem. All these stake holders have to work hand in hand in instilling correct values, custom and mores to the learners in order to build a good citizen.

I believe that all our learners need to adopt a positive attitude towards AIDS and understand it as a killer disease. I also believe that learners should be properly informed about condom use.

It is my strongest belief that the learners emerging from the above type of education must

- have access to, and succeed in, lifelong education and training of good

quality;

- demonstrate an ability to think logically and analytically, as well as holistically and laterally; and
- be able to transfer skills from familiar to unfamiliar situations.

I believe that all learners should be regularly tested in order to know their status as soon as possible. I believe that it is important to know one's status, so that if one tests positive one knows to take necessary precautions not to spread the virus, and one can access relevant help to protect one's health. People need to know that they can live productive lives even if they are HIV positive. Even though testing for HIV can provoke fear, it should be an essential part of everyone's health care routine. Avoiding testing can cost you your life.

I believe that we need to listen to all advice available since at the moment there is absolutely no cure for the scourge.

I believe the focus of such rituals is on ensuring that young girls and boys know how to avoid risky situations and how to respond appropriately so they can develop the skills to protect themselves and support others.

A comprehensive sexuality education program addressed everything from growth and development to self-esteem, to gender roles and stereotypes, to understanding the media, to resisting peer pressure, to being a sexual person throughout life, to prevention and treatment of sexual health problems, to knowing the difference between love and lust, to communication and other relationship skills and parenting. Young people need to be aware from a young age that parenting actually begins with every act of sexual intercourse, not with the birth of the baby.

Conclusion

I believe that there is much that can benefit the sexuality education of young people today which is recorded in traditional Zulu sexuality educational practices. I believe that there is a clear overlap between what is taught traditionally and what is taught from a modern perspective, and that the two should be used to complement each other. Ultimately, I am suggesting this course of action to contribute to strategies to prevent and reduce HIV infection in school learners and young people.

Chapter Eight

Life Orientation Curriculum Grades 10-12

Introduction

In my study, I have responded to Moletsane's question "Do we know what rural people really want and expect from schools other than what we tell them they should expect?" (Moletsane, 2011:15). I am the principal of a deep rural school, and I have written my thesis about what I believe my school really "wants and expects" to support me, the teachers and the learners to deal with school pregnancies and the HIV and AIDS pandemic. I feel strongly that teachers, assessors, subject specialists, parents and community members including pastors should be closely involved in such programmes, where they can be mediators of learning, interpreters and designers of learning programmes and materials, leaders, administrators and managers, scholars and researchers and lifelong learners themselves.

I believe strongly that

rural communities themselves must identify and name the specific challenges that face them and confront issues such as racism, sexism, xenophobia, homophobia and the ways in which constructions of masculinity and femininity leads to oppressive and systemic inequalities, leaving no space for silencing (Moletsane, 2011:21 citing Balfour, Mitchell & Moletsane, 2008:107).

In order to do this, I believe that the Life Orientation Curriculum Grades 10-12 should accommodate reality by dealing with daily happenings in our lives. I believe that the Life Orientation Curriculum Grades 10-12 is the ideal means to prepare a young person to live an adult life in the fullest sense and to contribute to the working world in a way that is economically useful both to the individual and society, which will include being able to make responsible choices about sexual behaviours.

I believe that people will take action and change their sexual behaviour when they understand what HIV and AIDS is, how it is contracted and how it can be managed. I believe that change in behaviour is related to wanting to be healthy, and lower the chances of being infected (Rawjee, 2002:17). Epstein (1997:21) maintains that

when these variables are conceptualised in the context of health-related behaviour, it corresponded to the desire to avoid illness, and the belief that a specific health action would prevent (or ameliorate) illness.

Maiman & Becker (1974:108) confirms that behavioural change depends mainly on the following two variables:

firstly, the value placed by an individual on a particular goal, and secondly, the individual's estimate of the likelihood that a given action will achieve that goal.

Therefore I believe that when people understand what they can do to protect themselves against HIV and AIDS, then there is a chance that their behaviours will change for the good. This is a good argument in favour of sexuality education in the school curriculum.

The language used in teaching Life Orientation in all grades should be, wherever possible, a home language, and in all instances examples which relate to all the cultures of the learners should be discussed. I believe that this is critically important so that the learners can relate the information they gain at school to the lives they live at home. I also believe that learners should be able to share what they learn at school with their parents at home in a language which they parents understand.

I also believe that what I have suggested in my thesis for the teaching of sexuality education to Zulu learners should apply to all learners, which is not to say that all learners should learn, know and perform Zulu traditional rites and rituals, but rather that every learner should learn their cultural traditions in respect of sexuality education and responsible sexual behaviour. I have no

doubt that every cultural tradition has such practices and behaviours, but that these are not always explicit and formalised. In a culture that lacks any formal initiation into adulthood, the onset of sexual activity often provides a substitute. Many youth don't wait until finishing their education or committing to long-term monogamous relationships before beginning sexual activity.

In culture, values and morality give meaning to our individual and social relationships. They are the common currencies that help make life more meaningful than might otherwise have been. An education system does not exist to simply serve a market, important as that may be for economic growth and material prosperity. Its primary aim must be to enrich the individual and, by extension, the broader society (Department of Education's manifesto in 2001:9-10)

Tomaselli (1988:5) defines culture as:

An ensemble of meaningful practices and 'uniformities of behaviour' through which self defined groups within or across social classes express themselves in a unique way or locate themselves within an unidentified 'field of signification'. It is the process that informs the way meanings and definitions are socially constructed and historically transformed by the social actors themselves. Cultures are distinguished in terms of differing responses to the same social, material and environment conditions. Culture is not static or even necessarily a completely coherent phenomenon: it is subject to change, fragmentation, and reformulation. It is adaptive, offering ways of coping and making sense.

According to Epstein (1997), Parker (1994), Dalrymple, (1995), HIV and AIDS prevention-campaigns should be culturally sensitive to be effective. It follows then that HIV and AIDS preventative efforts that are not culturally sensitive will be less effective and communication will be more likely to fail because it will not reach the intended audience, or will not be understood by those who are reached, and will not be accepted by who understand it (Epstein, 1997:46). The communication planner of HIV and AIDS prevention campaigns should therefore take cognisance of cultural differences.

In culture, values and morality give meaning to our individual and social relationships. They are the common currencies that help make life more meaningful than might otherwise have been. An education system does not

exist to simply serve a market, important as that may be for economic growth and material prosperity. Its primary aim must be to enrich the individual and, by extension, the broader society (Department of Education Manifesto, 2001:9-10).

Rawjee (2002:17) tells us that the cue to take action is a result of the individual's perception of the disease or the knowledge acquired. Rawjee (ibid) also sees that behaviour can be evaluated based on the estimate of the potential benefits of health-seeking action to reduce susceptibility to and severity of the disease. According to Maiman and Becker (1974:108), behaviour depends mainly on the following two variables: - firstly, the value placed by an individual on a particular goal, and secondly, the individual's estimate of the likelihood that a given action will achieve that goal. Epstein (1997:21) maintains that when these variables were conceptualised in the context of health-related behaviour, it corresponded with the desire to avoid illness, and the belief that a specific health action would prevent or ameliorate illness.

At a meeting held on 1/9/2009 by Parliamentary Monitoring Group, concerns about teenage pregnancy amongst school learners in South Africa were raised. It was recorded that schools are working hand-in-hand with health institutions to identify these problems of early-pregnancy, which include alleviating the stressful atmosphere the girl is experiencing during pregnancy, such as having to use the bathroom frequently, carrying and drinking more fluids or snacks to relieve nausea, climbing stairs and carrying heavy bookbags, and fitting comfortably behind stationary desks. It was agreed that leave be given so that a newborn can be given love and time to bond with the mother. It was also discussed that the girls who are observing these events will realize the time lost because of early pregnancy, and it was hoped that this will somehow make them think before committing themselves to early pregnancy. The group was of the opinion that most youth today are behaving as they are because they are making uninformed decision, and some are

lacking the parental bonding, love and respect. The groups also agreed that, when it comes to the issue of sex education, sex education should focus less on physiology and biology of the reproductive system and more on strategies to deal with the emotions that accompany sexual arousal. That is why I recommend that the *Life Orientation* as a subject; with so much skills needed to equip the nation, be in a *home language* so that parents and teachers will help each other amicably. Of vital importance to our development as people are the values that give meaning to our personal spiritual and intellectual journeys.

In my role as school principal, I supervise and monitor educators' work every year. Annually, the educators in my school have recorded certain questions repeatedly in respect to Life Orientation curriculum. These questions include:

*What can I do about my own discomfort with sexuality education?

*How do I deal with inappropriate learner/educator questions about sexuality education?

*How can I expect learners to learn what they need when I have so little time to spend on sexuality/HIV education?

*How should I respond to concerned parents or organised opposition?

*How open should I be with learners about my own sexual values and experiences?

*What are the good books I can read to learn more about this topic of sexuality education?

I suspect that these are the concerns for any educator, and even if he/she has been doing this work for some time, he/she may wonder if he/she handled some situations appropriately or if he/she can be more effective.

Effective teaching about sexuality and HIV and AIDS is not easy, however, especially given the social and health realities our learners face today. Learners' life situations are becoming increasingly complex and dangerous, so one needs to use increasingly creative and stimulating methods to accomplish one's task as an educator.

I need to bear in mind that learners have to learn so much more today than I had to, to remain safe, healthy, and happy in the current world. I also need to bear in mind that it is essential that I make education relevant to the learners' needs and interests if their learning is going to be empowering. I need to ask my learners what they need and want to learn, so brainstorming topics as a group is a good idea.

I believe that changing risky sexual behaviours and reinforcing healthy sexual behaviours should be the primary objective of most sexuality and HIV education programs. Therefore the program must be designed to address all three learning domains: i.e. the cognitive, affective and behavioural domains. In addition the program must also incorporate many disciplinary perspectives e.g. by offering a separate, interdisciplinary course or workshop on sexuality, by integrating sexuality education into a comprehensive, interdisciplinary health education course or program, by 'infusing' sexuality and HIV education across the curriculum, that is within several subject areas. Hence an infusion approach ultimately reaches more learners, and their understanding can be raised by using the language learners understand, i.e. home language.

I believe that the Life Orientation curriculum, especial for grades 10-12, should include traditional sexuality education, from a multi-cultural perspective, that is emphasizing the importance of the underpinning anthropological principles of raising children through ritual recognition of 'stages', and educating them about sexuality through recognised traditional rites and rituals at various stages of their development. The practices of

these traditional sexuality rites and rituals from multi-cultural origins will be ethnological, and look/sound different, but the underlying principles of caring and nurturing, respect for self and others, sexual activity only in committed monogamous relationships for spiritual, emotional and physical well-being, will be some of the constants, which will make this understanding accessible to a wide range of learners. All of the above is my interpretation of Moletsane's (2011) understanding of "reflective nostalgia" which emphasizes the revisiting the traditions and behaviours of the past and adapting them to the current situations where possible and useful. Moletsane (2010, 2011) believes, as I do, that the reflective nostalgia as recollection and reconstruction of the past to inform our visions of good society would be productive in our current education climate.

As the Life Orientation Grades 10-12 curriculum stands at the moment, there is no reference to traditional sexuality education through the understanding and practice of rites and rituals. This gap constitutes a "null curriculum" (Eisner, 1985). A "null curriculum" (ibid) is that curriculum which is not included implying that it is not important. I believe that the exclusion of traditional sexuality education in the midst of the HIV and AIDS pandemic is actually very irresponsible.

HIV and AIDS education programs should be designed to include

- (1) basic knowledge, that is how to conduct relationships with the opposite sex and what abuse is.
- (2) positive attitude and values, that is, self-control, taking responsibility for one's action and the right to say 'no', and
- (3) life skills, that is, assertiveness, negotiation skills and self-awareness.

Thus why, the adopting health protective behaviour depends on a person's strength of intention to perform the behaviour. For example an HIV negative

woman who values her negative status believes that she should always practice protected sex (Kelly, Parker and Lewis, 2001:12).

I have added learning outcomes pertaining to traditional sexuality education to the Life Orientation Grades 10-12 which I believe will be useful in the fight against school pregnancies and HIV infection. What I have added to the curriculum has been identified elsewhere in this thesis as important in responsible sexual behaviours. These topics and capacities are not only about sexual behaviours, but also about personal self esteem, self worth, self respect, respect for others and the characteristics of responsible and adult social behaviours.

I have marked these additions in Arial 11 point **BOLD UNDERLINED CAPS.**

Life Orientation for grades 10-12

Learning outcome (Gr 10) 1:personal well-being	Learning outcome (Gr 11) 1:personal well-being	Learning outcome (Gr 12) 1 :personal well-being
<p>The learner is able to achieve and maintain personal well-being.</p> <p><u>Values and Attitudes</u> <u>The learner</u> <u>-RESPECTS HIM/HER SELF AND OTHERS</u></p> <p><u>-THE LEARNER MAINTAINS SELF CONTROL AND LOYALTY</u></p> <p><u>-DEMONSTRATES COMPASSION AND CARING</u></p> <p><u>-EXPLORES THE SIGNIFICANCE AND RATIONALE OF RESPONSIBLE SEXUAL BEHAVIOURS BY INVESTIGATING THE RITUALS ASSOCIATED WITH MATURATION FROM BIRTH TO ADULthood.</u></p>	<p>The learner is able to achieve and maintain personal well-being</p> <p><u>Values and Attitudes</u> <u>-RESPECT HIM/HER SELF AND OTHERS</u></p> <p><u>-THE LEARNER MAINTAINS SELF CONTROL AND LOYALTY</u></p> <p><u>-DEMONSTRATES COMPASSION AND CARING</u></p> <p><u>-EXPLORES THE SIGNIFICANCE AND RATIONALE OF RESPONSIBLE SEXUAL BEHAVIOURS BY INVESTIGATING THE RITUALS ASSOCIATED WITH MATURATION FROM BIRTH TO ADULthood.</u></p>	<p>The learner is able to achieve and maintain personal well-being</p> <p><u>Values and Attitudes</u> <u>-The learner</u> <u>-RESPECTS HIM/HER SELF AND OTHERS</u></p> <p><u>-THE LEARNER MAINTAINS SELF CONTROL AND LOYALTY</u></p> <p><u>-DEMONSTRATES COMPASSION AND CARING</u></p> <p><u>-EXPLORES THE SIGNIFICANCE AND RATIONALE OF RESPONSIBLE SEXUAL BEHAVIOURS BY INVESTIGATING THE RITUALS ASSOCIATED WITH MATURATION FROM BIRTH TO ADULthood.</u></p>

<p>We know when the learner is able to:</p> <p><i>As1: apply various strategies to enhance self-awareness and self-esteem, while acknowledging and respecting the uniqueness of self and others.</i></p> <p>Applies various strategies to bring to light ways in that one can manage and maintain good life:</p> <p><u>-SEXUALITY AND SEX EDUCATION</u></p> <p><u>-ADOLESCENT DEVELOPMENT</u></p> <p><u>-BODY IMAGE</u></p> <p><u>-HOW INFECTION IS CONTRACTED</u></p> <p><u>-MODES OF INFECTION AND TRANSMISSION</u></p> <p><u>-BIOLOGICAL INFECTION (IMMUNE SYSTEM, WHAT DEPRESSES IT).</u></p> <p><i>As2 :explain different roles ,and how they change and affect Relationships.</i></p> <p>-Characteristics of the physical growth of the adolescent</p> <p>-Handling peer pressure</p>	<p>We know when the learner is able to:</p> <p><i>As1: apply various life skills to provide evidence of an ability to plan and achieve life goals.</i> Applies various life skills acquired with regard to planning that will lead to achievement of one's</p> <p><u>-SEXUALITY AND SEX EDUCATION</u></p> <p><u>-THE COGNITIVE DEVELOPMENT OF THE ADOLESCENT</u> <u>-EARLY AND LATE DEVELOPMENT</u></p> <p>-knowing his/her goals in life -planning accordingly to the requirements set to attain these goals.</p> <p><i>As2: Explain the relationships that can influence and are influenced by own well-being.</i></p> <p><u>INTIMACY VS ISOLATION</u></p> <p>-knowledge of relationships that can contribute to positive wellbeing -the influence of own wellbeing to these relationships that they can contribute to a healthy lifestyle.</p> <p><u>-HANDLING PEER PRESSURE</u></p>	<p>We know when the learner is able to:</p> <p><i>As1: apply a range of life skills, evaluate own ability to prevent and manage stress, and adapt to change as part of an ongoing healthy lifestyle choices.</i></p> <p><u>-SEXUALITY AND SEX EDUCATION</u></p> <p><u>-EMOTIONAL , MORAL AND RELIGIOUS DEVELOPMENT OF THE ADOLESCENT</u></p> <p><u>-PHYSICAL FITNESS, MENTAL HEALTH, NUTRITION, PERSONAL HYGIENE</u></p> <p>-evaluate own ability to prevent stress and stress related activities. -ability to prevent stress -display ability to adapt to change -ability to make choices</p> <p><i>As2: Discuss the importance of initiating, building and sustaining positive relationships with family and peers, as well as in the workplace and the broader social context.</i></p> <p><u>IDENTITY VS ROLE CONFUSION</u></p> <p>-Knowledge of a healthy relationship</p> <p>-engage in a discussion around initiating a relationship</p>
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<p>-healthy lifestyle</p> <p>-protection from infection Factors that can contribute infection of an individual</p> <p>Are:- -Social factors -poverty -malnutrition -contamination -air pollution -water pollution</p> <p><i>As 4 describe concepts "power" and "power relations" and their effect on relationships between and among genders. -Industry vs Inferiority -Power sharing and Diversity</i></p>	<p><u>-HEALTHY LIFESTYLE -PRIMARY AND SECONDARY SEXUAL CHARACTERISTICS</u></p> <p><u>-TRUST VS MISTRUST</u></p> <p><u>-AUTONOMY VS SHAME /DOUBT</u></p> <p><u>-CULTURE AND CUSTOM</u></p> <p><u>-RITES AND RITUALS</u></p> <p><u>-PREGNANCY</u></p> <p><u>-VIRGINITY TESTING</u></p> <p><u>-UMEMULO</u></p> <p><i>As4 analyse gender roles and their effects on self, family and society. -Males as superior to women -men dictate the way woman has to conduct themselves</i></p> <p><u>-INDUSTRY VS INFERIORITY</u></p> <p><u>-POWER SHARING AND DIVERSITY</u></p>	<p>-how one can build and sustain positive relationships within family and peers</p> <p><u>-HANDLING PEER PRESSURE</u></p> <p><u>-HEALTHY LIFESTYLE -MOTOR DEVELOPMENT</u></p> <p><u>-CULTURE AND CUSTOM</u></p> <p><u>-RITES AND RITUALS</u></p> <p><u>-PREGNANCY</u></p> <p><u>-VIRGINITY TESTING</u></p> <p><u>-UMEMULO</u></p> <p>-how to build and sustain positive relationships and in the work situation and in a social context so as to maintain personal well-being. <i>As4 investigate how unequal power relations between sexes are constructed and how they influence health and well-being and apply this understanding to work, cultural and social context</i></p> <p><u>-INDUSTRY VS INFERIORITY</u></p> <p><u>-POWER SHARING AND DIVERSITY</u></p>
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<p>Learning outcome2: citizen education</p> <p><u>-VALUES AND NORMS</u></p> <p><u>-ENVIRONMENT STUDY</u></p> <p>The learner is able to demonstrate an understanding appreciation of the values and rights that underpin the construction in order to practise responsible citizenship, and to enhance social justice and sustainable living.</p> <p><u>-UNITY IN DIVERSITY AND RELIGION EDUCATION</u></p> <p><u>-RELIGION IN SOUTH AFRICA</u></p> <p>We know this when the learner is able to:</p> <p><i>As1 identify social and environmental issues and participate in a group project to address a contemporary social and environmental issue (e.g abuse, depletion of resources).</i></p> <p>Songs and dances as a strategy for expression and the management of the emotional, intellectual and spiritual impact of the pandemic.</p> <p>-learners will compose</p>	<p>Learning outcome2: citizen education</p> <p><u>-VALUES AND NORMS</u></p> <p><u>-ENVIRONMENT STUDY</u></p> <p>The learner is able to demonstrate an understanding appreciation of the values and rights that underpin the construction in order to practise responsible citizenship, and to enhance social justice and sustainable living.</p> <p><u>-UNITY IN DIVERSITY AND RELIGION EDUCATION</u></p> <p><u>-RELIGION IN SOUTH AFRICA</u></p> <p>We know this when the learner is able to:</p> <p><i>As1 participate in a community service that addresses a contemporary social or environmental issue ,indicating how it can harm certain sectors of society more than others(eg HIV and AIDS)</i></p> <p><u>PARTICIPATE IN WORKSHOPS AROUND HIV AND AIDS.</u></p> <p><u>BE AWARE OF THE PLACES THAT CAN PROVIDE HELP.</u></p> <p><u>KNOWLEDGE OF FIRST AID WHEN CONFRONTED WITH THE SITUATION</u></p>	<p>Learning outcome2: citizen education</p> <p><u>-VALUES AND NORMS</u></p> <p><u>-ENVIRONMENT STUDY</u></p> <p>The learner is able to demonstrate an understanding appreciation of the values and rights that underpin the construction in order to practise responsible citizenship, and to enhance social justice and sustainable living</p> <p><u>-UNITY IN DIVERSITY AND RELIGION EDUCATION</u></p> <p><u>-RELIGION IN SOUTH AFRICA</u></p> <p>We know this when the learner is able to:</p> <p><i>As1 evaluate services offered by a community project on a contemporary social or environmental issue, and evaluate own contribution to the project.</i></p> <p>-know the community projects available in your area -evaluate the way your contribution to the project can improve it. -how can you be of service to the community.</p>
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<p>and perform songs and dances, poems draw pictures, do sculpture about the pandemic in their lives.</p> <p>-engage in group activities to tell stories of their experiences I raise awareness on HIV and Aids addressing issues of silence and denial</p> <p><i>AS2 Explain the value of diversity, and discuss contemporary contributions of individuals and the groups' violation of human rights.</i></p> <p>-addressing discrimination by highlighting the constitutional rights -protecting the vulnerable against abusers using songs referred to the government seeking his protection -narrating stories of violation of human rights, discrimination and abuse rendered in various forms</p> <p><i>AS3: Participate in a democratic structure and know the principle of such a structure, how it functions and changes.</i></p> <p>-democratic rights of individual structures I place incorporating the songs. -know what democracy entails</p>	<p><u>VOLUNTEER HELP AND PARTICIPATE IN COMMUNITY TRAINING TO ADDRESS HIV AND AIDS PROBLEM.</u></p> <p><i>AS2:Formulate strategies based on national and international instruments for identifying and intervening in discrimination and violations of human rights</i></p> <p>-observance of human rights -strategies to discourage discrimination. -implant the concept of ubuntu to parties involved</p> <p><i>As3: participate and analyse the principle, processes and procedures for democratic participation in life.</i></p> <p><i>As4: Reflect on knowledge and insights gained in major religions, ethical traditions and indigenous belief system, and clarify own values and beliefs with the view to debate and analyse contemporary moral and spiritual issues dilemmas.</i></p>	<p><i>As2 :evaluate own position taken when dealing with discrimination and human rights violations, taking into account the Bill of Rights</i></p> <p>-everyone has a right to live -everyone is accorded respect he/she deserves as a human being</p> <p><i>AS3: Analyse and debate the role the media in a democratic society.</i></p> <p><i>As4:Reflect on and explain how to formulate a personal mission statement based on core aspects of personal philosophies, values, beliefs,</i></p> <p><i>Religions and ideologies, which will inform and direct actions in life and contribute meaningfully to society.</i></p>
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<p>-demonstrate structures to restore the dignity of the victims</p> <p><i>As4: display an understanding of the major religions, ethical traditions and indigenous belief system in south Africa, and explore how they contribute to a harmonious society.</i></p> <p>Knowledge of the creator And the system and beliefs within the societies Involvement of preachers, healers in shaping that inform the life of the society. Their contribution to the lives of such society that they live harmoniously.</p> <p>Songs that are used to convey message to people who are not easy to confront e.g. in laws ,the perpetrators of crime</p> <p>Learning outcome 3: Recreation and physical well-being</p> <p>The learner is able to explore and engage responsibly in recreation and physical activities, to promote well-being</p> <p>We know this when the learner is able to: <i>As1: participate in programmes to</i></p>	<p>Learning outcome 3: Recreation and physical well-being The learner is able to explore and engage responsibly recreation and physical activities ,to promote well-being We know this when the learner is able to: <i>As1 :Set own goals and participate in programmes both in and out to improve current personal level of fitness and health ,and investigate how nutrition relates to these .</i></p> <p><i>As2:participate in self-designed and modified sport and games which are taught to peers, and develop own umpire</i></p> <p><i>Administrative, organisational and leadership skills in such activities.</i> <i>As3: investigate participation and spectator behaviour in sport and that of sport in</i></p>	<p>Learning outcome 3: Recreation and physical well-being</p> <p>The learner is able to explore and engage responsibly recreation and physical activities ,to promote well-being We know this when the learner is able to: <i>As1 :Monitor and evaluate own progress in the achievement of personal fitness and health Health goals through regular Participation in a programme.</i></p> <p><i>As2 :evaluate and participate in various relaxation and recreational activities ,sport and Games with the view to making A choice about participation and long-term engagement in at least one activity.</i></p> <p><i>As3: Report on the opportunities for carriers in recreation, fitness and</i></p>
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<p><i>promote well-being and describe the relationship between physical fitness and physical, mental and socio-emotional health. Celebration of may day, who we are, where we come from</i></p> <p>Celebration of the world Aids Day</p> <p>Celebrating our heroes who fearlessly stood up to save those who cannot disclose their status</p> <p>Celebrating the heritage day</p> <p><i>As2: participate and practise skills in a variety of games and sport, and analyse the value of own participation in such activities.</i></p> <p><i>As3: analyse the coverage of sport, sporting personalities and recreational activities by the media and suggest ways redressing biases and unfair practices in the world of sport.</i></p> <p><i>As4 :plan and participate in a self-designed ,environment ally responsible outdoors Recreational group activity, analysing the value of own participation in such an</i></p>	<p><i>nation building.</i></p> <p><i>As4: explore and evaluate various leadership roles through participation in a self-designed recreational group activity, and analyse own role in such activity.</i></p> <p>Learning outcome 4: Choices and career choices.</p> <p>The learner is able to demonstrate self-knowledge and ability to make informed decision regarding further study, career fields and career path.</p> <p>We know this when the learner is able to</p> <p><i>As1: explore and evaluate knowledge about self, interests, abilities and personal expectations in relation to career requirements and socio-economic considerations</i></p> <p><i>As2:Research the requirements for admission to additional and higher education courses, as well as options for financial assistance</i></p> <p><i>As3: Demonstrate competences, abilities and ethics that will assist in securing a job and developing a career.</i></p>	<p><i>sport industries.</i></p> <p><i>As4: investigate how ideologies, beliefs, and worldviews influence the construction of and participation in recreational and physical activity.</i></p> <p>Learning outcome 4: Choices and career choices.</p> <p>The learner is able to demonstrate self-knowledge and ability to make informed decision regarding further study, career fields and career path.</p> <p>We know this when the learner is able to:</p> <p><i>As1: Commit to a decision taken and apply accordingly for a job or a course in additional or higher education.</i></p> <p><i>As2 :Explore: career opportunities within chosen field and investigate other innovative solutions (including entrepreneurship)as ways in which to counteract possible Unemployment.</i></p> <p><i>As3: Investigate and report on the core elements of a job contract, conditions of service, relevant labour</i></p>
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<p><i>activity.</i></p> <p>Learning outcome 4:Careers and career choices</p> <p>The learner is able to demonstrate self-knowledge and the ability to make informed decisions regarding further study, career fields and career path.</p> <p>We know this when the learner is able to: <i>As1: Demonstrate self-awareness and explore socio-economic factors as considerations in own subject career and study choices</i></p> <p><i>As2: investigate the diversity of jobs accordingly to economic sectors, and work settings and forms of activities in each of these sectors in relation to self.</i></p> <p><i>As3: Display an awareness of trends and demands the job market, as well as the need for lifelong learning.</i></p> <p><i>As4: explore a range of study skills and apply the selected study method.</i></p>	<p><i>As4: Reflect on, refine and apply own study skills styles and strategies</i></p>	<p><i>laws, and practices, the principles of equity and redress, the value of work and the importance of a work ethic.</i></p> <p><i>As4: Reflect on the process of assessment and examination writing skills, and apply these skills.</i></p>
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Conclusion

It is my strongest belief that the learners equipped with the above type of education will

- have access to, and succeed in, lifelong education and training of good quality;
- -demonstrate an ability to think logically and analytically, as well as holistically and laterally; and
- -be able to transfer skills from familiar to unfamiliar situations
- make responsible decisions about their sexual behaviours which will protect them, and their partners from HIV infections resulting from unsafe sexual practices.

I believe with Moletsane (2011:26) that

Finally, in terms of our curricula, what would it mean to use critical, decolonising and indigenous methodologies in the pursuit of authentic and indigenous knowledge? Or to use our recollections of the past, our nostalgia, not just as *useless longing* (ala bell hooks), **but as a critical space for reflection, dialogue, and debate about the past and present and to imagine better, inclusive and productive scenarios in communities and social institutions, including schools?** Would this ensure, as our noble constitution promises that *Everyone has access to all the human rights and freedoms... without distinction of any kind?*"

I believe that this kind of curriculum will help to reduce the rate of HIV infection among the school learners and young people in South Africa.

Chapter 9

Conclusion

How do I see the way forward?

I intend that I will be extending my study in the very near future. I intend to organise *Masikhumbuzane* to develop a common understanding of traditional Zulu sexuality education rites and rituals. I realize that this is necessary because I have realised, from some conversations, that there is a wide variety of practice of traditional Zulu sexuality education rites and rituals.

I will organise various groups each of which will focus on an aspect of traditional Zulu sexuality education rites and rituals, viz. Group1: *Umhlonyane*; Group2: *Ukuhlohlwa kwezintombi*; Group3: *Umemulo*; Group 4: *Umshado*. Some groups will be single sex, and others will be mixed.

Each group will dramatize their ritual for the audience, and this will be followed by questions and discussion. A scribe will be recording every stage, performance and response. The whole will be video recorded, and the event will also be recorded in still photographs.

People to be invited will include prominent people like councillors, *Indunas* and *Inkosi*. These prominent figures will mean that security is necessary. Detailed preparations will be necessary: the hiring of a hall or tent, gifts for dignitaries such as livestock, food and beverages, a sound system, and other technical equipment.

What are my beliefs after this study?

I believe that the study is by no means exhaustive but has broken some ground about sexuality education and sexual behaviours. It has shown that even when people know about HIV, they do not necessarily act on what they know. I don't believe that condoms alone can help us in preventing the HIV

infection, but other alternative methods can also add to the efforts to prevent new HIV infections. I believe that the attitudes to sexual activities of the youth in particular need to be addressed, and I believe that the place to do this is in the education system. I also believe that the education system cannot tackle this alone. I believe that other social organs need to be involved, such as churches, community events, social clubs, sports clubs, the workplace, at busstops and taxi ranks, in trains and aeroplanes, supermarket checkouts and vegetable gardens. This is everybody's business, and it should be every day's topic.

As a teacher and a school principal, I recommend that there should be an adequate response to the threat of HIV and AIDS that will require both a systemic and sustainable management response and the parallel address and improvement of appropriate curricula, sexual and reproductive health education and relevant materials development, in order to effect behavioural changes. However, it is obvious, in this regard, those teachers whose personal behaviour and standards of discipline are questionable will not be appropriate role models or indeed credible communicators on subjects such as low risk responsible sexual behaviour, and informed responsible personal choice. Teachers must improve their own behaviour before they can play any role as role models. School management should be effectively managed and be disciplined to reach a successful outcome in every school.

I believe that if all South African people can make a personal commitment to eat healthily, exercise appropriately, drink responsibly, and avoid the use of tobacco and practice safer sex this would improve their health and well being as reducing the likelihood of developing diseases. We, educators, should act as role models and change agents among our families, friends, workplaces and local communities to promote healthier lifestyles. Together we could help stem the tide of the HIV and AIDS scourge.

I believe that to build the inner-child, in these days of democracy where there are rights and abuses, we need strong families and strong communities. The community values and norms must be clearly defined, in order to achieve self-directed change, because people today need to be given reasons to change their behaviour and also the means and resources to do so.

I believe in the collective wisdom of our African heritage which encourages recognition of each individual's contribution to society. Communities are where change for the better begins, so I believe in harnessing the power of the community. Everything is better when it is shared, whether it is for health education, investment, food security, social security, governance – or whatever. There are two very powerful sayings which can be applied optimally by the communities

- *“It takes a whole village to raise a child.”*
- *“Two ants do not fail to pull one grasshopper.”*

We should be reminded that, we Africans are known to be helping one another, of sharing a common load. I believe the philosophy of ubuntu is only possible through collective effort. When, we work together, the entire community benefits. I believe we can share enough knowledge and learn new skills, just by talking and listening to one another in order to fight the scourges of early pregnancy of our youth, which is a clear indication that they have unprotected sex, and make themselves vulnerable to HIV and AIDS.

There is also a respected traditional dictum amongst Africans that says: *“Umntu ngumuntu, ngabantu”*. That implies that we need each other at all times, but in troubled times even more. For example, when it comes to sexuality and sex education, we should all be seen participating and becoming closer to our youth in order to help one another to transform the future of our children, irrespective of our religion and religious beliefs.

HIV and AIDS has cast a dark cloud over our beautiful land, and will remain a burden on our beautiful land unless we gather strength and fight it together, but if we fight it together, as a nation, it can be overcome. Through working with communities I have discovered the strength of the nation.

I believe that the analysis of the findings in this study have produced a set of indicators of attitudes, behaviours and knowledge of people about school pregnancies and HIV and AIDS, which are alarming and concerning. I believe that rites and rituals can play a major role to delaying sexual activities, while the promotion and provision of condoms to those who are already sexual active, will be helpful. I believe that the traditional mode of sexuality education in any culture could have the same benefits for learners in other cultures. I believe that Zulu traditional sexuality education properly practiced can help prevent HIV infection in young Zulu people, particularly those living in deep rural areas.

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Appendix A : Contact Numbers for Referral and Assistance

AIDS Help Line	0800012322
Child Line	0800055555
Health Education	0800202933
National Youth Commission	0800000001
Substance Abuse Help Line	0800118392
24-Hour Drug Line	0881296791
Emergency Contraception	0800246432
Umbilo Crisis Centre (KZN)	0312053383
AIDS Foundation S.A.	0312029520
SANCA Durban	0313032202

Appendix B: Map of UGu district, Southern KwaZulu-Natal

