



“We’ve got it covered” – what we know about condom use, personhood gender and generation across space in Cape Flats townships

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Abstract

In this paper I first present the argument that the production and dissemination of knowledge or information has to be embedded within power relations. These power relations determine who decides what social issues are prioritized, what knowledge is produced about these issues and whose interest the knowledge will serve. I then go on to argue that knowledge about the key issue HIV/AIDS in South Africa has to be embedded within social relationships in order to understand why young people, who know that unprotected sex may cause HIV/AIDS infection, still continue to practice unsafe sex. I draw upon ongoing ethnographic research in townships in the Cape Flats, Cape Town to indicate how young men in particular negotiate their lives between competing notions of personhood that originate respectively within social spaces of kin alliance and the social spaces of individual alliance that require them to practice safe sex on the one hand and unsafe sex on the other.

Introduction: Information and relations of power

The theme for this conference is stated as “Libraries Dynamic Engines for Knowledge and Information Society.” Information and access to it, is indeed an immensely powerful tool. Consider the production, publication and dissemination of knowledge – it is almost trite to say that these aspects of information are largely concentrated in the wealthiest countries in the world. Consequently easy access to knowledge assists in producing more

and innovative knowledge, which assists in wealth generation and improved living conditions which in turn facilitates knowledge production and innovation, and so on, further consolidating material improvements in conditions of life, and ensuring social stability in wealthy countries.

However, as feminists and one of the key theorists of the postmodern era, Michel Foucault also reminds us, knowledge, or information is also about power. One has to interrogate the power relations that exist in relation to the production and dissemination of knowledge. What we consider to be socio-economic and political priorities in our world today, why we select these issues rather than others; how we produce information or knowledge about these issues and the language we choose to talk about these issues are intrinsically linked to relations of power. Take the pandemic HIV /AIDS – in South Africa currently the Minister of Health Manto Shabalala Msimang and her followers maintain that there is no conclusive evidence that HIV causes AIDs or that anti-retroviral therapies can assist in managing this condition so that the suite of diseases that constitute AIDS is held at bay. The minister of health has also gone on to provide a wealthy German national, Mathias Ras, of dubious repute, the respectable status equal to that of highly trained medical specialists, by allowing him and audience with the state. Ras was able to market his cocktail of vitamins as an effective means to combat HIV/AIDs and to initiate a vociferous attack on the Treatment Action Campaign, the only organisation courageous enough to challenge the state's inaction on the AIDS pandemic. She argues that South Africans have a right to choose the type of treatment that they want for any medical condition, including HIV/AIDs. What she does not indicate that many South Africans who choose ARVs, cannot access the drugs because the state health system cannot provide them, or provides them only in a few centres and because these people cannot afford to obtain ARVs through the private medical system.

The official discourse of denialism has meant that our government does not have to prioritise HIV/AIDs as a public health problem of frightening proportion. It has also meant that we can continue to hold onto the dream that the African Renaissance which has bloomed in South Africa will bring new hope for all, unimpeded by major catastrophes such as HIV/AIDs. This despite the deaths of 75 000 South Africans from HIV /AIDs in 2005 – deaths that could have been avoided if we had the political will to roll out effective anti-retroviral programmes (Natrass 2006).

The response of our Minister of health could perhaps be understood if we consider Deborah Posel's assertion that right at the dawn of a new hope for all South Africans we are being faced with new death. This new death she asserts comes in the form of the HIV pandemic and gender based violence, with sexuality at the heart of the problem.

HIV/AIDs a brief summary

In 2001, we know that approximately 36 million individuals were living with HIV / AIDs. The countries with the least numbers of HIV/AIDs sufferers also happen to be the wealthiest, namely North America, Western Europe and the industrialized sections of Pacific Asia, such as Australia, New Zealand and Japan. Less than 5% of the global burden of HIV/ AIDs exists in these regions

At the present moment, Sub Saharan Africa, and Southern Africa in particular, are most affected by HIV/AIDS. It is estimated that approximately 25 million people in Sub Saharan Africa are infected with HIV or living with AIDS. In South Africa there are an estimated 5,5 million people living with HIV/AIDS or one in nine citizens (Tamara Kahn, Business Day 21 August, 2006). Botswana, which has an estimated sero-prevalence rate of approximately 36% (Barnett and Whiteside, 2002) is most affected while South Africa has an estimated seroprevalence rate of approximately 20%, and one of the fastest growing epidemic in the world. Women between the ages of 15 and 24 years are the most vulnerable to infection.

HIV/AIDS is also spreading dramatically in Asia. India and Thailand are the most affected regions. India, with between 3-5million people infected with HIV/AIDS, has the highest number of sufferers. (UNAIDS, 2002, cited in Barnett and Whiteside 2002). It is now commonly accepted that the pandemic is related to sex, sexuality, ethnicity and social and economic status. What is more controversial is the explanatory models offered that indicate exactly how the disease is linked to these factors. In the first instance, the explanatory model that focuses solely upon cultural difference, without due consideration for wider historical, political economic and social factors leads to lack of responsibility, stigma and scorn.

Now one could turn a deaf ear to the extent of the pandemic in the poorer regions of the world and deny that the problem affects our own lives. And, according to Sachs and Sachs (2005) this is indeed, what most of the wealthiest states in the world are choosing to do. I would also argue that the denialism of responsibility for combating HIV/AIDS that exists amongst the wealthy countries and amongst the economically well off leaders of poorest countries such as my own, is often due to the type of explanation, the type of knowledge that is drawn upon to make sense of HIV/ AIDS. Often the explanation that is most commonly latched onto, in an attempt to explain the extent of the pandemic in Sub-Saharan Africa, and in Southern Africa in particular is one that utilizes a narrow notion of culture. In such an explanation, culture is conceived of as a noun, as timeless, unchanging irrational rules that a group of people follow blindly, 'because they have to', because collective identity matters above all else. Such an explanation, slips into what Deborah Posel (postcolonial seminar, Roskilde University, 2-6 May 2006) terms the exoticising move. For the purpose of this paper, I will call this type of explanatory model the 'exotic culture of difference' model. The example of such an explanatory type is that offered by the Australian demographer John Caldwell for the high rates of HIV/AIDS in Sub-Saharan Africa in the early 1990s. Caldwell famously explained that HIV/AIDS took the particular spread and form in Africa because of the peculiar sexual practices such as female genital mutilation or the preference amongst some African men for 'dry sex' on this continent. In another example, Robert Gallo, the Harvard scientist and celebrated co-discoverer of the HI virus, famously argued that HIV was especially prevalent in Africa because Africans were wont to co-habit with monkeys and consequently cross-species infection might have occurred. Simply put, Africans have strange, irrational cultural and sexual practices, are generally promiscuous and cannot control their sex drive – hence the HIV epidemic.

Paradoxically, the South African minister of health's response can also be seen as being of the same order. The minister, like other government officials, has famously argued that HIV is caused by poverty and poor nutrition. In this case however, it is the poor who are construed as being different because they are ignorant or uneducated about the vectors of infection that they activate through their lifestyle; or because they are just unwilling to realize the opportunities presented to them by the new order in South Africa. I use the term 'lifestyle' deliberately here in order to illustrate that in the dept. of Health the poor are considered to be making bad lifestyle choices, because they do not know better. They do not know that spread of disease such as HIV/AIDS can be avoided through good nutrition such as garlic, beetroot and olive oil, vitamin supplements and good hygiene. Like Dickens' Mr Gradgrind therefore, Minister Msimang will teach them the 'facts' of good nutrition, in order to save them from infection, whilst disregarding the structural vectors of the disease such as social instability brought on by poverty and decades of discrimination).

Thankfully, another set of explanations, such as those by Paul Farmer (1992), and Barnett and Whiteside (2002) and Schoepf inter alia, embed sexuality within political economy, social change and history. These authors variously explain the characteristics of the African pattern of HIV spread with the premise that the pandemic is related to wider social and historical factors such as inequality, social instability, poverty and underdevelopment. Simply put, sexuality, desire and identity are linked to the patterns of power and inequality between and within nations. Such an explanatory model provides a more plausible alternative explanatory tool for the spread of the pandemic. Here, the patterns of social change over the long duree, are considered to play as important a role in creating a favourable environment for the spread of disease such as HIV, as does the action of the individual.

HIV/ AIDs and inequality in South Africa.

In South Africa itself, the major sufferers of HIV /AIDs are black, poor, young and female. In sub-Saharan Africa 55% of HIV positive adults are women. Twice as many women between the ages of 15 and 24 are HIV positive than men in the same age group (Natrass, 2005, Walker, Reid and Cornell 2004). Most pandemics are associated with huge social upheaval and change over the long term. South Africa, like other countries in Sub-Saharan Africa has experience enormous socio-economic change over the past century. It is now commonly accepted that the racial divisions set in place by the social, legislative and economic processes of colonialism, marked the patterns of power and inequality in the country. This inequality was further entrenched by the even more draconian racist apartheid legislation. However it is not my aim in this paper to point to the links between these large-scale structural changes and the contemporary HIV/AIDs pandemic. Suffice it to say, that racist legislation, and the needs of South African industrialization and agri-business which benefited from the cheap labour created by legislation such as the pass laws (see Wolpe 1972), created a society in which mainly black and poor people had to become highly mobile in order to survive. Social stability and the security of wealth and health were largely restricted to a small, mainly white minority, and now a tiny black middle class located largely within the urban centres. I

want to argue therefore, that the roots of the pandemic lay in the long term structural changes brought about in both social and intimate relations between men and women and between elders and youth. Power and control over sexuality are indeed at the heart of the pandemic in South Africa. But how does historical change impinge upon these relationships exactly and how these factors play themselves out in everyday relationships between youth in ordinary townships in South Africa today?

A man / woman for all seasons.

As a South African I want to suggest that, in my corner of the world, where the HIV/AIDS pandemic rages as nowhere else, youth draw upon competing ideas about gender and personhood that originate within and defined by two categories of social space which co-exist in South Africa.

Personhood is a term much used by anthropologists (see Fortes 1969; Karp, 198X, Arens and Karp, 1989) as a means to unlock the moral values and meanings that inform social life, the norms and behaviours that are associated with particular social statuses or roles in the lifecycle and that individuals are expected to adhere to and the extent to which they can exercise agency in their world. The term refers to the type of person that people in one's community expects one to be, in relation to one's gender, generation and one's position within the set of social relationships in which we are embedded. Anthropologists such as Fortes (1969) have maintained that local ideas of personhood, the locally acceptable means of showing that one is a person, a socially recognized agent-in-society, is what connects one to history, to structural time and therefore to social structure. Local ideas of personhood, locate one within the particular historical and social context of a given society.

In the one social space, which I will call the space of collective alliance, and which is usually occupied by people from the same ethnic, racial and socio-economic background, personhood is defined primarily in terms of the collective alliance of kinship, generation and community. In the second social space, which I will call the space of individual alliance, and which is usually occupied by individuals from diverse racial, ethnic and socio-economic backgrounds, personhood is defined mainly in terms of the individual as a consumer. In the South African township context, youth live their lives through these two, often contradictory, contemporary notions of personhood, because our modernity, like most African modernities (see Rwebangira and Liljestrom 1998) are characterized by the coexistence of both spaces of collective and individual alliance. These contradictory though co-existing notions of personhood which I argue inform South African youth's sexuality, map onto Foucault's distinction between two kinds of deployment of sexual relations, namely the deployment of alliance and the deployment of sexuality. In the deployment of alliance, 'a system of marriage, of fixation and development of kinship ties, of transmission of names and possessions' (Foucault 1978:106) exists. On the other hand a deployment of sexuality operates ...which is concerned with the sensations of the body, the quality of pleasures and the nature of impressions...it is linked to the economy through... the body-the body that produces and consumes ' In the social space of collective alliance, the person one is expected to be, is defined in terms of the collective

social group, and the knowledge one shares with others and control over the body and therefore sexuality are largely determined through the social relationships one is embedded in. So for example, a young, adolescent woman who is considered to adhere to the appropriate norms expected of her generation and her gender would not enter into open conversation about sexual matters with her mother. Information about sex is deemed to be powerful – one's access to information about sexuality and whom one speaks to about intimate sexual matters is determined largely by generational relationships, and ideally should first occur in well-bounded rituals such as rites of passage marking the life cycle.

In the second space, the space of individual alliance, personhood is defined in terms of what the individual body desires, produces and consumes and the control the individual exerts over the body. For male youth in these townships, it is important to perform personhood within both spaces. One needed to demonstrate one's personhood to the audience of the elders in the spaces of kin alliance who would ensure one's embeddedness within the extant social networks. One also needed to demonstrate one's personhood in the spaces of individual alliance, to the audience of one's peers and to South Africans beyond the township to indicate one's ability to access to (network?) the cultural capital of the new cosmopolitan South Africa and in order to increase one's opportunities beyond the township. Youth straddle these social spaces, and draw upon these conflicting, though co-existent ideas about personhood, which then inform their decisions and choices about their sexuality.

A note about the townships on the Cape Flats.

Langa, Gugulethu and Manenberg are townships that are located on the Cape Flats, the term that is used to refer to what used to be the black periphery of Cape Town city. These townships' histories are rooted in the implementation of racially exclusionary laws during the segregationist and apartheid eras.

All three townships could be defined as dormitory suburbs of the city and were established between the 1940s and the late 1960s by the urban planners of the segregationist and Apartheid eras. They are situated on the sprawling Cape Flats, on the periphery of the old Cape Town city center. The old city is nestled in the crook of majestic Table Mountain, overlooking the Atlantic Ocean, whilst Langa, Gugulethu and Manenberg hug the gray, windswept sands of the Cape Flats, 15 kilometers away. In order to reach these townships, from the city one has to travel along the N2, the ribbon of highway that winds its way out of the city, through the narrow green belt of trees that separates middle class, mainly white neighborhoods such as Rondebosch and Rosebank from the colored and African townships, across the Cape Flats hinterland to the east. This journey takes one through the older, respectable middle class colored neighborhoods of Hazendal, Vanguard Estate and Surrey Estate, past the Athlone industrial area into Langa, Gugulethu and Manenberg.

During this 30 minute journey, one is imbued with a growing sense of removal and disconnection from the physical beauty and economic vibrancy of the center. Yet, despite

this sense of removal, these townships remain part of the historical and geographic center of the Cape Flats periphery. Langa and Gugulethu were set aside as residential areas for Xhosa speaking black people in Cape Town, while Manenberg was set aside for people who were classified coloured. Even though apartheid legislation has been done away with and people are now able to reside where they wish, the populations within these townships still remain racially and social homogenous. This is due to the fact that they are considered to be less desirable areas to reside in, with all the attendant social problems of impoverishment, and also because few people here have the cultural and material capital to move to the more desirable, erstwhile white suburbs of Cape Town, that have become somewhat racially diverse.

Unemployment figures for all three townships are high - currently assessed to be as much as 60% of the economically active age group (Salo 2004) Some state assistance is provided through the social security system of old age pensions, child support grants and a limited amount of free electricity and water. However, as in most African countries, the state support system is inadequate to meet the needs of the poor households in these areas. In all three cases, people rely on neighbours, kin and micro-credit associations for mutual assistance. Given the precious nature of these fragile support systems, people are careful about what social relationships they enter into and the individuals they choose to assist. Clearly, the deployment of kin alliances often make the difference between a meal on the table during lean times, or none at all.

Condoms are for the ‘spares’ not the ‘besties’.

Let me now provide you with brief ethnographic vignettes of South African youth’s sexuality especially in relation to HIV/AIDs. Currently a group of Masters students and I are conducting research in this area on youth and popular culture. Research, which is ongoing, is being conducted with young people of both genders, aged between 14 years and 19 years. Students’ research vary in topics and include the meanings of masculinities, how the culture of popular music inform the meanings of femininities, and how the formal balls that mark the end of high school (akin to the American proms) inform young women’s gender and generational relationships.

During the course of research about masculinities and popular culture in Langa (Cornell, Maclaren 2005) and Manenberg (Salo 2004), we found that young men defined women into two types in the township – those who were ‘good girls’ and those who were regarded as loose. The young men considered relationships with both types of girls as being important markers of their identity as men at different points in the lifecycle. On the one hand, they needed the ‘loose’ girls to perform their personhood as men early on in the lifecycle, to the audience of peers and anonymous South African citizens. On the other, they needed the ‘good’ girls to perform their personhood as men over the long term in the lifecycle, so that they could be embedded within the social networks of the township that ultimately guaranteed one’s survival during the hard times of unemployment.

The terms used to describe loose women varied from 'isifebe' in isi-Xhosa, to 'Ou rolls' in Afrikaans. These young women were defined in terms of the spaces where they hung out in the township. Good girls were those who considered the home the primary space where they chose to spend their time after school, and where they engaged in assisting with domestic chores such as cooking, cleaning or taking care of younger children. Isefebe, or the loose girls in contrast, were those girls who hung out in popular shebeens in Langa and Manenberg, waiting for the young men to buy them drinks, a plate of food or take them for a drive across the city in a privately owned car.

When asked about these young women, one young man in Langa said "These girls sleep around; you don't know where they have been. If you go with one of them you have to use a condom, so you don't pick up any dirty sicknesses". The association that these young men make between loose girls and HIV/AIDS, also powerfully inform the stigmatization of HIV/AIDS sufferers and the discriminatory treatment that especially women with HIV/AIDS receive in communities. Similarly young men in Manenberg said that "you must use a condom with "Ou" (stale bread) rolls". The young men said that they would sleep with the loose girls for 'practice' or if the 'lus' or lust arose. When asked how they knew these young women were loose, the young men said that 'you could see from the places they hung out in, like the shebeen. Shebeens were considered to be spaces of individual alliance, and of gender and generational diversity – a social practice not otherwise tolerated in the community where relationships and information sharing is governed strictly by gendered status in the lifecycle and age. The shebeens were clearly places which were associated with transactional sex and young women who were seen there were automatically considered to be willing to enter into sexual relations in return for favours. They also relied upon the gossip networks that circulated amongst their peers as a primary source of information about which young women could be considered to be isifebe, or loose. In contrast, the young men considered the 'good girls' to be the ones who sought to spend their free time at home. In addition, in Manenberg, young girls who dressed modestly in the streets were also considered to be good girls. These girls were the ones, with whom the young men said they would not use a condom during sexual intercourse. These girls were considered to be loyal, and who were not willing to engage in transactional sex, unlike the loose girls. These were the young women with whom they wanted long-term relationships, and who ideally should bear their children, and knit them into the networks of alliance in the township. In this way they could ensure their long-term survival in their communities. The trouble with the young men's categorizations is of course that sometimes the young women who chose to hang out in the shebeen were often also the ones who were able to demonstrate the qualities of the 'good' girl in the spaces of kin alliance.

When asked why they did not limit sexual intercourse to that with their long-term girlfriends, the young men indicated that they had to demonstrate to their peers that they could attract many young women – a sign of successful masculinity. Yet they knew that later on they too, wanted to become fathers – an identity that would, later on, earn them the respect of their elders and knit them into the social networks of survival in the township. Ironically, the very young women whom the young men considered safe to have unprotected sex with, were the very ones whom they could expose to HIV infection,

or, who could infect them with HIV. In both cases their security of identity within these spaces of kin alliance and spaces of individual alliance would be threatened. This, because both young men and women were negotiating their way between identities associated at different points with spaces of kin alliance or spaces of individual alliance.

These findings are echoed in the study done by Rachel Jewkes and Katherine Woods (2000) on impoverished youth in Mtata a town in the Eastern Cape. Here the young men equated their relationships with their long-term girlfriends with that of ownership of an expensive car, the German car, Mercedes Benz E series, which one cared for over the long term. They distinguished these young women from the 'cherries'; - young women with whom they had more casual relationships. Jewkes and Woods did not ask the young men about condom use. However what their study also revealed in addition was that young men who considered themselves too impoverished to enter into what I have called spaces of individual alliance routinely used coercive tactics such as physical violence to beat a young woman into sexual submission.

These findings suggest that the particular nature of South African modernity, namely one in which the state is unable to provide an adequate social security net for the impoverished, and where in addition, employment opportunities are not being created by the neo-liberal economic policies, these youth will continue to live their identities vicariously across two contradictory, coexistent notions of personhood, associated with the spaces of kin alliance and spaces of individual alliance. The conflicting relationships of intimacy and of sexuality that are expected in each of these spaces suggest that, young women and men consequently remain vulnerable to the threat of HIV/AIDs. What is required in South Africa is a sustained information campaign that attacks the moral stigmatization associated with HIV/AIDs. Most importantly, in the short term we require leaders from all sectors of society – cultural, religious and political leaders as well as prominent musicians and artists to support such as campaign. In this case it is not only the message but the messenger that is also required to undo the damage of HIV AIDS denialism that has bedeviled our nation. Finally in the long term we need to recognize the importance of creating a just economy both nationally and internationally, so that the marginalized poor can also stake their claim to the right to social stability, physical health and general well-being.

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