Discourses of gendered vulnerability in the context of HIV/AIDS

An analysis of the 16 Days of Activism Against Women Abuse Campaign 2007
in Khayelitsha, South Africa

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COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature: Signed by candidate Date: 09/04/09

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Abstract

This thesis explores discourses on gender and gender based violence produced in the 16 Days of Activism Against Women Abuse campaign 2007 in Khayelitsha, Cape Town. The public awareness campaign united a number of local, community based organisations that work in the overlapping fields of HIV/AIDS and gender based violence. For the purpose of this study, three of the most vocal organisations in this campaign were chosen as research participants; The local branch of the Treatment Action Campaign (TAC) Khayelitsha, the Rape Survivors Centre Simelela, and the youth drama group Masibambisane. Assuming that discourses are embedded in unequal relations of power, this study adopts a discourse analytical approach to the 'gendering' of HIV/AIDS to reveal how knowledge and meanings are produced, reproduced and contested between more powerful institutions and a marginalised community.

The thesis first explores dominant discourses on HIV/AIDS and gender in development discourse and social and biomedical research, and uncovers how HIV/AIDS risks are mostly related to women's lack of power and inherent vulnerability to violence. Such hegemonic discourses are then also found in international and national guidelines and policy frameworks that address the 'gendered' risks of HIV and AIDS, while at the same time these frameworks also promote approaches to HIV/AIDS that acknowledge contextual and societal factors that shape vulnerability. Eventually, a review of international and national frameworks that address the 'dual epidemics' shows how the so called 'community sector' is often highlighted as a crucial partner in multi-sectoral approaches to HIV/AIDS.

The empirical study then aims at locating such discourses in a localised, South African context, and explores the ways in which dominant discourses are reproduced, contested, and redefined by community activists. Empirical data is collected through participant observation with the organisations coordinating the campaign, recording of speeches delivered during the public events, and semi-structured, qualitative interviews with five key members of the organisations.

A discursive analysis of the data reveals that femininity and masculinity are mainly constructed in rather conservative ways, portraying women as inherently vulnerable and men as either perpetrators of violence, or protectors of women and children. These constructions of gender are based in a patriarchal, hegemonic notion of masculinity as powerful and responsible for the suffering or salvation of weak and vulnerable women. However, within these hegemonic gender notions, women speakers simultaneously contest their victimhood status by claiming their rights as citizens of South Africa, by relocating power in their collective struggle, and by re-framing their vulnerabilities as embedded in intersecting inequalities of gender, class and race, and as members of a community largely marginalised by the state. The multitude of discourses at play in the public campaign point at the necessity for a re-reading of the intersections of HIV/AIDS, gender inequality and gender based violence beyond victim-agent dualisms.

List of Acronyms

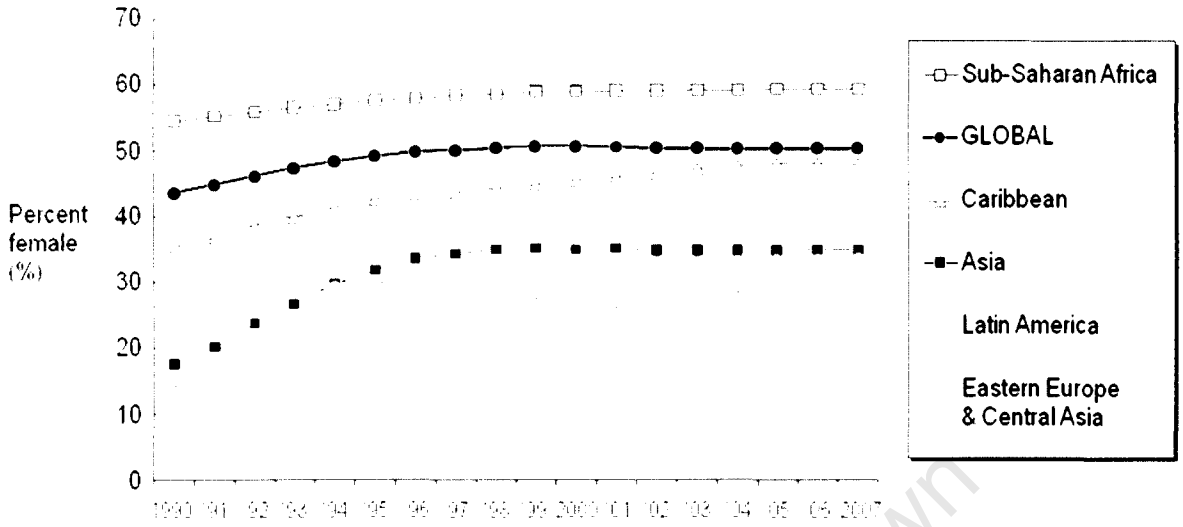
ARV	Antiretroviral
ART	Antiretroviral Therapy
AZT	Azidothymidine (often referred to by its generic Zidovudine)
HAART	Highly Active Antiretroviral Therapy
MSM	Men who have Sex with Men
MTCT	Mother to Child Transmission
NGO	Non Governmental Organisation
PEP	Post-Exposure Prophylaxis
PLWHA	People Living With HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
STI	Sexually Transmitted Infection
STD	Sexually Transmitted Disease
VCT	Voluntary Counselling and Testing

1 Introduction

This research dissertation offers an analysis of discourses on gender and HIV/AIDS in the context of the 16 Days of Activism Against Women Abuse Campaign in Khayelitsha in 2007. It is informed by a postmodern, poststructuralist approach to social science that maintains that 'reality', and its exploration through science, cannot be represented through facts and has no pre-given meaning, but is socially constructed through discourses. Drawing on the dominant representation of HIV/AIDS as an epidemic of women in development discourse and social and biomedical HIV/AIDS research, I am interested in how these discourses are reproduced and contested in a local South African context. In my empirical study of the public awareness campaign in Khayelitsha I discursively explore how community activists construct and represent 'gender', gender inequality and gender based violence in relation to HIV/AIDS, and particularly how they position men and women within these discourses.

HIV/AIDS as a gendered epidemic in Sub-Saharan Africa

In the 1980's, within the West, HIV/AIDS was believed to be transmitted mainly through anal intercourse and thus to affect mostly homosexual men. In the US – where HIV was first discovered among homosexual men in the 1980s – it was even doubted that women could be infected with the HI-virus in large numbers (Farmer 1996). When heterosexual transmission of HIV became more evident in the late 1980s and early 1990s, there was still reluctance to accept it as a disease that affects heterosexuals and particularly women as well. Farmer (1996) attributes the lack of acknowledgment of women's vulnerability to HIV/AIDS to their relative powerlessness. Women affected by HIV and AIDS in the US and worldwide were mainly poor and their voices and stories largely marginalised. "In settings of entrenched elitism, they have been poor. In settings of entrenched racism, they have been women of color. In settings of entrenched sexism, they have been, of course, women." (Farmer 1996: 6). Today it is widely recognised that HIV is mainly transmitted through heterosexual intercourse and that HIV/AIDS is predominantly an epidemic of the poor and particularly of poor women. From the 1990s onwards the numbers of HIV positive women increased drastically. Figure 1 illustrates how globally HIV positive women joined men in equal numbers in the mid-1990s and in Sub-Saharan Africa women even outnumbered men in the early 1990s (UNAIDS 2007a).



(Fig. 1) Percentage of women older than 15 years living with HIV from 1990 to 2007 (UNAIDS 2007: 9).

According to UNAIDS (2007a) a total of 33.2 million people were living with HIV in 2007, of whom 15.4 million women, 15.3 million men and 2.5 million children under 15 years. Sub-Saharan Africa is by far the most affected region and accounts for 68% of people living with HIV and 76% of AIDS related deaths globally (UNAIDS 2007a). Southern Africa is the current epicentre of the epidemic. It accounts for 35% of people living with HIV and 32% of AIDS related deaths globally (UNAIDS 2007a). Sub-Saharan African women are particularly affected by HIV and AIDS; according to UNAIDS (2006) they bear a higher risk of being infected with HIV and disproportionately carry the burden of caring for the sick and orphaned. In 2006, 61% of HIV positive adults in Sub-Saharan Africa were women (UNAIDS 2007). South Africa – where 5.5 million people were living with HIV/AIDS in 2006 – is the country with the currently highest absolute number of people living with HIV/AIDS (South African Department of Health 2007; UNAIDS 2006). HIV prevalence rates in South Africa are measured with pregnant women in antenatal care services making use of VCT. Their HIV rate was measured at 29.1% in 2006 (South African Department of Health 2007). In 2005, young South African women aged 15 – 24 years were four times more likely to get infected with HIV than their male contemporaries (South African Department of Health 2006).

Many factors contribute to the high prevalence of HIV/AIDS in Sub-Saharan Africa and the particular HIV vulnerability of women on the continent. While the global political economy and the production and reproduction of poverty are crucial components of the 'geographies' of HIV/AIDS, the discursive construction of the epidemic plays an equally important role (Craddock 2000). Cultural framings and discursive constructions of diseases in general and of HIV/AIDS vulnerabilities in particular have had a significant impact on the gendered representations of HIV/AIDS, as well as on global policies and interventions. In this thesis I adopt a discursive, constructivist approach to the analysis of HIV/AIDS

as a social phenomenon with a particular interest in the gendered discourses of the epidemic, and the ways in which such discourses inform and are informed by localised activism.

Theoretical background: Discourses and relations of power

This research dissertation is informed by a postmodern and poststructuralist critique of the positivist claims of science as a means to uncover universal truths and confine the world in a system of reasonable facts and structures. Poststructuralist and social constructivist approaches to social science regard the social world as a system of meanings and argue that social organisation is not naturally given and does therefore not contain truths, but is socially constructed through discourses. Discourse analysts assume that social phenomena, human experiences and material realities cannot be described in their own terms, but are always represented through discourses. Discourses, or social representations of reality, may consist in written and oral texts, images, maps, or performances but also in "practices that systematically form the objects of which they speak" such as ideological constructs, customs and traditions (Foucault 1974; quoted in Burman and Parker 1999: 3). Discourses are always embedded in relations of power since they form and maintain knowledge and meanings of the world and societies. Discursive constructs such as rules, norms or social institutions (e.g. schools, media, associations, prisons, psychiatric hospitals) regulate and normalise social interaction (Foucault 1981, quoted in Raab 1998). As such, the world is socially constructed through various and sometimes conflicting discourses, of which a few are dominant over many others. According to Ashcroft et al (2000: 42), discourse "is the system by which dominant groups in society constitute the field of truth by imposing specific knowledges, disciplines and values upon dominated groups." However, since power is no one-way process, dominant discourses are always accompanied by resistance, often organised in civil society movements (Foucault 1976, quoted in Strebel 1997: 111; Foucault 1984c; quoted in Walshaw 2001: 482).

Discourse perspectives have on one hand been criticised for being elitist and not practically applicable for social and political goals (Burman et al 1997). According to Parker (1992), discourse analysts may be criticised for avoiding "the material basis of oppression" (quoted in de la Rey 1997: 191) which may explain some South African academics' reluctance to use discourse analysis for political ends. In a country where many people have poor access to basic needs such as food, clean water, decent housing and employment, it is questionable whether a discourse perspective can facilitate a process that improves the material realities of people's lives. Given that activists and politicians are expected to implement policies and deliver goods, qualitative research and especially discourse analysis are not prioritised by institutions working for social justice (de la Rey 1997). However, a focus on the relationship between language and the social world is crucial for the production of knowledge for

liberation and equality. De la Rey (1997) suggests that discourse perspectives can be useful for the analysis of the role of discourses in institutions, the distribution of power in societies and the transmission of ideologies. As such, discourse analysis may reveal the subtle ways in which power is displayed in favour of certain institutions, groups or individuals, and in doing so challenge the reproduction of inequality. However, discourse analysis can also facilitate unequal power relations and reproduce "new forms of colonialism (...) within the rhetoric of 'postmodernity' or 'postcoloniality'" (Burman et al 1997: 1-2).

Strebel (1997: 111) argues that the dual characteristic of discourses to (re)produce meanings and create knowledge for change but also to "constrain which meanings or knowledges become dominant" are particularly significant in HIV prevention. Power can be (re)produced through ideologies of 'experts' or politicians, and silence individuals or groups that are less powerful. However, because power is inherent in all social interactions and always accompanied by resistance, the alternatives to the dominant discourses and the silences and gaps offer an important focus of analysis, and ultimately of change-oriented knowledge production (Strebel 1997). Using the example of HIV prevention, Strebel (1997) argues that qualitative analyses and particularly feminist analyses of patriarchal structures and power inequality can offer a useful contextualisation of HIV/AIDS. However, while such analyses often highlight the need for a broad social transformation to effectively address HIV incidence rates, they rarely generate specific and strategic choices for affected individuals (Strebel 1997). Discourse perspectives can take such studies further and be valuable for social transformation by campaigning for a cause, promoting subordinate yet effective discourses and elaborating and clarifying the consequences of particular discourses with actors working for social transformation (Burman 1991; quoted in Strebel 1997: 111). Drawing on the duality of discourses and her own discursive study with focus groups discussing the impact of HIV/AIDS on their lives and communities, Strebel (1997: 117) argues that

> *" (...) the very multiplicity of discourses, the softly stated alternatives and contestations, the detail and nuance all offer spaces for change and point to a key to a more positive response. Dominant discourses are neither static nor unchallenged. They are contrasted to alternative positions, to less dominant ones and to silences, and they are modified in interaction with discursive positioning."*

The multiple and contesting identities and circumstances people position themselves in when they make sense of their situations then form a potential site for change. In this sense, discourse analysis may not only contest oppressive and harmful discourses, but also directly inform HIV prevention by drawing on shifting perceptions of the epidemic and opening up spaces for people affected by HIV/AIDS to position themselves within enabling and positive locations. According to Strebel (1997: 117-118), alternative discourses of HIV/AIDS discourses may entail:

The possibility of 'living with HIV' longer instead of 'dying of HIV' when tested early and treatment is available, reducing HIV related stigma

A decreasing notion of HIV/AIDS as a disease of the 'other' as AIDS statistics grow, constructing it as a disease of the general population

Shifting ideas from 'high risk groups' to 'high risk behaviours' in HIV prevention

Countering notions of male power by reinforcing perceptions of potential for more power for women, and drawing on the strength of women's collective action, although the entrenchedness of patriarchy and economic dependence makes this difficult

Shifting depictions of women's responsibility for HIV/AIDS (in spread and care) to those of shared responsibility with men for a community and family problem

Opening up spaces around notions of sexuality, expanding the realm of desire and sexual options to include alternatives to penetrative intercourse, challenging views of prevention as control of women's (or limitation of men's) sexuality, and tackling issues of sexual abuse

However, Strebel (1997) argues that the shifting of dominant discourses and positioning of affected individuals within alternative discourses is a slow process. Moreover, unexpected constructions may emerge and delay the process of social transformation. Therefore, discourse perspectives can 'only' offer a long-term, slow-impact contribution to a rather urgent health crisis (Strebel 1997). This doesn't make it less valuable though, if its contribution to HIV prevention is recognised and complemented with other intervention strategies and methodological approaches.

The South African context: Political and activist discourse on HIV/AIDS and gender

In South Africa, the recent debate about former President Mbeki's 'AIDS denialism' informed a number of discourses and counter-discourses that affected PLWHA significantly, and shaped public opinion about HIV/AIDS, and particularly (although more subtly) about women living with or affected by HIV/AIDS. After initially taking the epidemic seriously and acknowledging the importance of women's reproductive rights and the inclusion of PLWHA in decision making about HIV/AIDS policies, the ANC government developed its 'denialist' stance in the late 1990s (Nattrass 2004). In 1998, the South African government declared that AZT would not be made available for PMTCT and in the following years, repeatedly questioned the necessity and cost effectiveness of the drug (TAC 2000). With the election of Thabo Mbeki as president in 1999 and the appointment of Manto Tshabalala-Msimang as health minister, the South African government started to fundamentally question ARV drugs, and sought backing amongst scientists and AIDS dissidents who believed that AIDS related diseases were caused by poverty rather than HIV, and that people would die of the

toxicity of the drugs rather than AIDS (Nattrass 2004). According to Nattrass (2004: 51) however, it is unclear "[w]hether Mbeki was simply pointing to the importance of understanding poverty as a key determinant of HIV transmission or actually adopting a dissident/denialist position (...)." What is clear is that his changing statements and confusing messages created confusion in the population and hampered prevention and treatment efforts severely.

Mbeki withdrew from the public AIDS debate in 2000, and the cabinet released a statement in 2001 declaring that HIV causes AIDS, which subsequently informed South African policy making (Nattrass 2004). However, health minister Tshabalala-Msimang continued to investigate questions of affordability and feasibility of a national HIV treatment plan, and continued to slow down the much needed universal treatment by years (Nattrass 2004). By the end of 2005, less than one quarter of those in need of ART had enrolled on HAART, of which most were patients of the private health sector or beneficiaries of NGO's (Nattrass 2007). In 2006, South Africa made headlines at the International AIDS Conference in Toronto, with a national conference stand exposing "beetroot, lemons and African potatoes" as South Africa's "nutritional intervention" against AIDS (Nattrass 2007: 9). The event caused immense adverse publicity and embarrassment for the country, and civil society organisations repeatedly called on Manto Tshabalala-Msimang to step down.

In September 2006, Deputy President Phumzile Mlambo-Ngcuka was mandated to coordinate the South African national response to HIV/AIDS in the South African National AIDS Council SANAC and build better relationships with civil society groups (Nattrass 2007). Tshabalala-Msimang went on sick leave, and Deputy Minister of Health Nozizwe Madlala-Routledge joined Mlambo-Ngcuka in leading the development of the progressive new HIV and STI National Strategic Plan (NSP) 2007 - 2011 (Nattrass 2007: 10). In a controversial dispute over her visit to an international HIV vaccine conference in Spain however, Thabo Mbeki dismissed Madlala-Routledge as a Deputy Minister of Health in August 2007. With the dismissal of Madlala-Routledge the implementation of the progressive NSP seemed to be slowed down once again (Mail & Guardian online 2007). When the ANC forced President Thabo Mbeki to step down from the presidency following a political dispute over charges against ANC president Jacob Zuma in September 2008 however, many members of Mbeki's cabinet including Tshabalala-Msimang stepped down with him. Barbara Hogan was appointed as a new health minister, vowing to make AIDS a top priority, and was highly praised by scientists and civil society groups (Mail & Guardian online 2008).

The Treatment Action Campaign (TAC) was fundamental in raising the political debate around HIV treatment in the South African society. On the day of their launch, the International Human Rights

Day 1998, the TAC called on the South African government to make plans for a country wide plan for PMTCT by providing free AZT and later Nevirapine to pregnant HIV positive women, and to further develop plans for affordable treatment for all PLWHA. A lengthy political debate about the effectiveness and feasibility of ART shaped the following years of struggle for the rights of PLWHA and pregnant HIV positive women (TAC 2000). In 2001 TAC eventually succeeded in forcing the South African government to implement a country wide treatment plan for HIV positive pregnant women through a constitutional court order (Nattrass 2004). In the following years, TAC continued to put pressure on the government to deliver the treatment plan for PMTCT rapidly, and to eventually implement a national treatment plan for all HIV positive people in the country (Nattrass 2004; TAC 1998 - 2008). With a growing awareness of the gendered aspects of the epidemic, and a number of HIV positive women being raped and/or killed in South Africa, TAC began to include violence against women in their campaigns. Most importantly, TAC advocated for free and uncomplicated access to post-exposure prophylaxis (PEP) for rape survivors to prevent the infection with HIV, and contributed to the launch of the Rape Survivors Clinic and PEP centre Simelela in Khayelitsha (TAC 2004 - 2008).

As much as TAC's interventions were crucial for better access to treatment for HIV positive people and particularly pregnant women, the public discourse that was created with regards to HIV positive women may have supported gendered constructions of HIV/AIDS that social scientists and especially postcolonial feminists have exposed and criticised as harmful to the project of gender equality and the curbing of HIV/AIDS (Craddock 2000; Leclerc-Madlala 2005a). The continuous focus on pregnant women's lack of knowledge and resources to prevent HIV transmission to their children for example may not only have reproduced the stereotype of poor South African women as uneducated, unknowledgeable and powerless, but also as diseased carriers of viruses that are blamed for contaminating their innocent babies, which ultimately may have distracted from the father's responsibilities for preventing, testing, and treating HIV (Craddock 2000; Juhasz 1990). With TAC's new focus on sexual violence moreover, images of women as victims of male power, and of men and the state as either perpetrators of violence or protectors of women, may also have reinforced patriarchal discourses, and promoted unequal power and gender relations in the society, within NGO's, and also in families and communities. Such gender constructions and their possible impact on gender equality and the curbing of HIV/AIDS will be further explored and discussed in the course of this dissertation.

Aims and relevance of study

In recent years, the gendered context of HIV/AIDS has gained increasing attention from researchers, governments, and NGO's which have in turn shaped the debates around HIV incidence, prevalence, prevention and treatment in a number of ways. Thereby, the 'community sector', and community based organisations and activists have increasingly been acknowledged as crucial partners in HIV/AIDS interventions. They have been valued for being close to where the epidemic manifests and for being able to respond to the challenges of HIV/AIDS rapidly and with few resources (ICASO et al 2007). As a consequence, much attention has gone towards community interventions and community organisations' efforts to advocate for women's rights and prevent the spread of HIV. In many cases, international donors and organisations have provided local communities with resources and informed HIV prevention programmes (Strebel 2006; Jones 2004; UNAIDS 1999). Simultaneously, there has been an increasing recognition of the failures of biomedical approaches and prevention models such as ABC (Abstain - Be faithful - Condomise) (Jones 2004). Qualitative research moreover has pointed at the 'KAP gap' (Knowledge-Attitudes-Behaviour) of such education programmes and argued that knowledge does not automatically change attitudes and lead to preventive behaviour if an intervention does not account for wider social and socio-economic forces involved in people's decision making. While most biomedical approaches rest on the assumption that knowledge and information equips individuals to make rational choices to adopt safe sexual practices, sociological and ethnographic approaches frame individual behaviour as informed by social structures, locally specific meanings, and power relations (Campbell 2003; Schoepf 2001).

In this study, I explore some of the discourses around gender, violence, and HIV/AIDS vulnerability produced in the 16 Days of Activism Against Women Abuse campaign in Khayelitsha 2007, a public awareness campaign that highlighted the relationships between HIV/AIDS and gender based violence in the local community. The campaign was run by a partnership of community based NGO's, three of which have participated in my research project; The Khayelitsha branch of the Treatment Action Campaign (TAC), the Rape Survivors Clinic Simelela, and the Youth Drama group Masibambisane. These organisations have been working on the thematic of HIV/AIDS and gender based violence for several years, and its members are mostly residents of Khayelitsha and from poverty-stricken backgrounds. However, many of their members as a consequence of their involvement in these NGO's have had access to training and education, and thus been in contact with international and national debates and policy frameworks addressing HIV/AIDS and gender based violence. As such, the organisations and activists that participated in my study on one hand have a high degree of local expertise on the subject matters, while at the same time also being informed by 'outside' discourses and knowledge. My study specifically aims at investigating how the community organisations and

activists make sense of the intersections between HIV/AIDS and gender based violence, how they construct femininity and masculinity in relation to violence and HIV/AIDS, and how these perceived 'gendered' aspects of the epidemic are addressed in a localised, public awareness campaign.

Public awareness campaigns primarily serve the aim of raising awareness and informing public opinion about – in this case – gender based violence and how it affects HIV/AIDS. However, this campaign did not communicate specific attitudinal or behavioural change messages, but rather addressed people's subtle understandings and local meanings of gender, sexuality, HIV/AIDS, violence, the roles of the community and the government, and so on. As elaborated above, health related behaviour is strongly influenced by social structures, local meanings and power relations. An exploration of the discourses produced in the 16 Days campaign in Khayelitsha may therefore offer valuable insights into the ways in which people's attitudes and behaviours are informed in a specific local context. Berns (2001), referring to popular media such as talk shows, magazines and films, states that

> *"Analyzing popular representations of social problems is important because individuals draw on these sources when constructing their understandings of issues such as violence against women (...). From these resources, individuals construct their own conceptions of what is normal and acceptable (...). The construction of a problem is important because it locates not just the cause of a problem but also its solution."* (Berns 2001: 263)

In under resourced, semi-informal settlements such as Khayelitsha, public awareness activities such as public speeches, theatre and door-to-door information campaigns, reach a far larger number of people than commercial media (Simelela activist in a conversation in December 2007). In addition to reaching a large audience, community awareness campaigns often entail interactive methods or take on the form of large community meetings, where all members are encouraged to engage in the debates. Participants are enabled to negotiate their understandings of social problems with each other and are offered key information and resources by the organisers of the events. This component is important, as research has shown that besides being informed by social structures, local meanings and power relations, people's attitudes and behaviour are also strongly influenced by the beliefs and behaviours of other people in their immediate surroundings (Coulson et al 1998). For these reasons, public awareness campaigns in a community highly affected by HIV/AIDS and gender based violence play an important role in shaping popular and individual understandings of these social problems and ultimately in informing people's decisions.

In order to explore the discourses on gender produced in the 16 Days campaign in Khayelitsha better, it is important to understand these discourses as embedded in a wider 'development' discourse.
As Schoepf (2004: 15-16) points out,

"Knowledge is socially situated, built on previous knowledges with the power to define how we know, and to determine which facts shall be considered 'real'."

Community activists are not operating in a vacuum, but deeply engaged in the negotiation of existing discourses that cut across various historical, political, scientific and social spaces and levels of organisation (local - regional - national - global). Therefore, although the campaign I researched has been compiled and organised by community 'insiders', the information processed and converted into public messages comes from a variety of sources. Community activists through public awareness campaigns then (re)produce specific discourses that may confirm or conflict with a multitude of dominant and popular discourses, while at the same time they produce alternative, local and individual meanings and narratives. This study primarily aims at locating and exploring the discourses produced by community activists during the 16 Days campaign in Khayelitsha. Such an analysis may help to identify those discourses that postcolonial feminists have identified as harmful or oppressive, and make suggestions for the possible impact of such constructions on the efforts to eradicate gender based violence and curb the spread of HIV. An exploration of the resistances, silences and contradictions in such discourses will then help to locate alternative constructions of gender that may offer a starting point from where to further develop and promote more gender transformative discourses in future campaigns.

Thesis outline

This chapter has introduced the conceptual and discursive background to this research dissertation and outlined the main foci of interest, as well as the relevance and aims of the study. Chapter 2 will further ground the thesis in an overarching development discourse and a critique of the representation of 'Third World' women in positions of powerlessness and suffering, arguing that representations of women in HIV/AIDS interventions and social and biomedical research are framed in similar discourses. Chapter 3 offers a review of international guidelines and national policy frameworks that address the gendered context of HIV/AIDS and traces the positioning of 'community activists', PLWHA and women within those discourses. Chapter 4 then links the theoretical and conceptual framework to the empirical study and outlines the epistemology and methodology and introduces the research participants, the research community, and the research questions. Chapter 5 eventually presents, organises and explores the research findings, while chapter 6 links them back to the theoretical and conceptual frame and offers a final discussion and conclusion.

2 Gender, discourse and HIV/AIDS

I understand the discourses accompanying HIV and AIDS as embedded in a wider, globalised 'development' discourse. Such discourses not only inform the public opinion, debates, and social and biomedical HIV/AIDS research, but also affect prevention and treatment efforts in the so called 'community sector'. At the same time, specific localised meanings and experiences of HIV and AIDS in affected communities inform global discourses and development policies. For these reasons, I argue that in order to understand and explore discourses on gender and HIV/AIDS in a local context, it is important to first explore the overarching 'development' discourse that informs such discourses.

This chapter offers a theoretical framework to my thesis. It starts with a critique of Western feminists 'development' analyses of 'Third World' women where Western, white, middle-class feminists have been criticised for reproducing discourses of victimisation and powerlessness, which consequently have shaped feminist movements and scholarship. Such a background is crucial for understanding the ways in which women and men are positioned in HIV/AIDS discourses. With this profile of discursive victimisation in mind as a critical problem for approaching the 'meanings' of experiences of HIV and AIDS within African contexts, the second section of the chapter explores specific discourses on gender, and gender dynamics, in both quantitative and qualitative HIV/AIDS research from Sub-Saharan Africa.

2.1 Women victims and HIV/AIDS

2.1.1 Constructions of 'Third World' women

As much as social 'reality' is constructed by discourses and pervaded by relations of power between more dominant discourses and those who challenge and contest dominant meanings of the world (cf chapter 1), academic knowledge too is informed by and informs dominant, shifting and contesting discourses. Feminist scholarship recognises the production of (academic) knowledge as an act of power that produces and reproduces dominant and oppressive discourses in society (Rheinharz 1992). However, postcolonial feminists from 'non-Western' contexts have uncovered and criticised this very practice within the feminist movement and scholarship itself. The Indian feminist Chandra Mohanty (1991b) argues that Western feminists, in their social analyses of 'Third World' women, have constructed the 'other' women as detached from their material histories and lives and portrayed them as a monolithic category. In other words, 'Third World' women are conceptualised as a single group of women prior to their entry into social relations, a notion that implies their universal oppression and victimisation regardless of specific local and historical realities and meanings. Mohanty (1991a) challenges the notion of the 'Third World' woman as a monolithic category by asking if 'Third World'

women do share a history at all. "The major *analytic* difference in the writings on the emergence of white, Western, middle-class liberal feminism and the feminist politics of women of color in the US is the contrast between a singular focus on gender as a basis for equal rights, and a focus on gender in relation to race and/or class as part of a broader liberation struggle." (Mohanty 1991a: 11, emphasis in original). Postcolonial, 'Third World' feminists stress the importance of the relationality of gender, class and race[1]. According to Mohanty (1991a) a woman does not become a woman simply by being female. Giving an example of dominant discourses during the American slavery period, she states that notions of white femininity as pure, chaste and domesticated could not have been maintained without the relational notion of black slave women as promiscuous and available plantation workers (Mohanty 1991a). "It is the intersections of the various systemic networks of class, race, (hetero)sexuality, and nation, then, that position us as "women" (Mohanty 1991a: 13). In Mohanty's (1991a) terms then, a feminist analysis that seeks to take seriously the locations and struggles of 'Third World' women must acknowledge this.

Western feminists' constructions of 'Third World' women are embedded in a wider historical, (neo-) colonial discourse. In colonial discourse, as in many other oppressive discourses, dominant groups are conceptualised as 'the norm', a construct of social control informed by the ruling classes of societies, normally constituted by white, middle-class men. Colonial discourse is a useful example to illustrate how discourse, truth, and power are intertwined. It is based on a Eurocentric notion of the world and assumes superiority of the coloniser's culture, language, customs, history, religion, political structures and social conventions over the colonised land and societies. The belief in the superiority of the European, white race over the colonised societies legitimises the coloniser's missions of imposing their systems of beliefs and truths over those of the colonised people. Colonisers typically define themselves and their culture as 'civilised', whereas the colonised people and societies are seen as 'primitive'. Ultimately, colonial discourse serves a specific end; it further legitimises and increases the exploitation of the colony's natural and human resources in order to advance the coloniser's status and wealth in the world. (Ashcroft et al 2000). Feminist critique of postcolonial theory has argued that women's experiences in colonisation and colonial discourse have not been sufficiently explored. Women and men have experienced colonialism in very different ways, as colonialism produced new

[1] As Marshall (1998: 547) points out „this manner of categorizing individuals and population groups is not based on any biologically valid distinctions between the genetic make-up of differently identified 'races'." However, the concept of race is consciously used by certain sectors of the population for the purpose of forming a "discrete ethnic group" (Marshall 1998: 547) and is particularly important in the creation of a common identity amongst groups who have been marginalised and discriminated against. In the history of South Africa, race has been used to classify, segregate and discriminate 'non-white' people by the Apartheid government and still does play a crucial role in the claiming and reclaiming of identity amongst the different populations groups today. For this reason, and because race has been widely used by the research participants, I adopt the use of the term as an important marker of identity in this thesis.

forms of respectively reinforced existing patriarchal structures and oppression of women, inflicting a 'double colonisation' on colonised women (Ashcroft et al 2000).

In a similar way to colonial discourse, development discourse, often identified as neo-colonial, supports the notion of Western or 'First World' superiority over the former colonies, the contemporary 'Third World' countries. According to Peet (1998: 235), development is one of many "emancipatory languages of domination" serving the "expansion of modern, western reason." The 'Third World' is consequently mapped in a way that it "gets people and communities in Asia, Africa, and Latin America to be seen, and to see themselves, as 'underdeveloped'." (Peet 1998: 236). The project of development then is not seen as knowledge concerned with the improvement of people's lives and the achievement of true progress, but rather as a political means to shape the 'Third World' in Western terms. According to Escobar (1992; quoted in Peet 1998), development discourse has in fact created a form of underdevelopment that is manageable through Western political and economical tools. The form of power that is intrinsic in development discourse acts "not by repression but by normalization, regulated knowledge, the moralization of issues." (Peet 1998: 236). Development science then becomes the accepted, truth producing knowledge, while its technologies do not erase 'underdevelopment', but multiply it endlessly (Peet 1998).

Mohanty (1991b) further explores how Western feminist analyses of sexual difference in 'Third World' countries have perpetuated a monolithic, cross-culturally applicable notion of patriarchy as universal oppression and male dominance over 'Third World' women. When women in 'Third World' countries are constituted as a single group characterised by their shared oppression, their historically and locally specific material realities are not accounted for. Instead they are universally labelled in terms of their oppressions as victims of male violence or as economically and politically dependant on men. Such a notion creates a victim-oppressor dualism that defines men as oppressors and women as victims prior to their interactions within social relations. Power is then defined in binary terms: "People who have it (read: men), and people who do not (read: women)." (Mohanty 1991b: 64). In a similar way, 'Third World' women in development discourse are constituted as a single group prior to their entry into what Mohanty (1991b: 63) calls "the development process". Assuming that development means economic development, 'Third World' women are depicted as having similar problems and needs and thus similar goals and aspirations in striving for 'development' as 'First World' women. Western analyses of women in 'developing' countries then focus on categories such as formal training or education, (un)employment, wages, health care, and political participation. 'Third World' women consequently are defined in terms of their lacks and sufferings and not their choices or freedoms or the interactions of these (Mohanty 1991b). Considering the points made above, Mohanty

(1991b) asks what would constitute a feminist analysis of 'Third World' women that does not create a universal notion of oppression and lacking. She suggests that it is only by "understanding the *contradictions* inherent in women's location within various structures that effective political action and challenges can be devised" (Mohanty 1991b: 66, emphasis in original). In other words, it is important to recognise women's agency within specific structures and the contradictions that evolve between their (and others') descriptions of their actions and lives and the ways in which such discourses ultimately materialise. I argue that Mohanty's (1991a; 1991b) criticism of Western feminists' representations of 'Third World' women is a useful starting point to explore discourses on gender and gender dynamics in HIV/AIDS research and activism, where discourses on women's victimisation, and moralising discourses resurface but are also resisted. The following section of this chapter will explore how HIV/AIDS has been discursively constructed as a disease of the 'other', and how this discourse has shaped representations of sexuality in Africa, and particularly Sub-Saharan African women's sexuality.

2.1.2 'African AIDS' or a disease of the 'other'

HIV/AIDS is an "an epidemic of signification" that has reproduced particular neo-colonial constructions of the African continent and especially of Sub-Saharan African women (Treichler 1999, quoted in Schoepf 1993: 338). Constructions of 'African sexuality' combined with the high HIV rates in Sub-Saharan Africa, and the predominantly heterosexual transmission mode of HIV then make HIV/AIDS a disease with extraordinary symbolic power (Schoepf 2001). Internationally, responses to HIV and AIDS have been moralising and stigmatising and have quickly been situated at the "fault-lines of society to the poor and disinherited" (Schoepf 2001: 338). The relations of power inherent in the production and reproduction of knowledge and meanings become particularly significant in relation to HIV/AIDS discourse. As Schoepf points out,

> *"Public Health action takes place on a terrain of contested meanings and unequal power, where different forms of knowledge struggle for control. In the case of AIDS in Africa, the defining power lay in the international biomedical arena, but these definitions met with enduring disease representations and practices, especially with respect to contagion and 'disordered' sexuality in afflicted societies (...). AIDS brings forth representations that support and reproduce already constituted gender, color, class and national hierarchies. Societal responses to AIDS (...) are propelled by cultural politics forged in the history of relations between Africa and the West."* (Schoepf 2004: 15)

The biomedical discourse is rooted in a positivist scientific paradigm that draws its knowledge from quantifiable facts such as statistics and leaves little space for an interpretation of the social and political conditions underlying those 'facts' (Craddock 2000). According to Schoepf (2001), biomedical discourses can be traced back to public Western culture of the late 20th century, and capitalist economic notions of health as a result of individually chosen lifestyles. Population groups

with high HIV incidence and prevalence are hence detached from the wider societal context of inequality, and labelled 'risk groups'. Differences amongst people in these designated groups are obscured and individuals inside the 'risk groups' are deprived of their identities, while the disease is inscribed onto their bodies. 'Othering' or the creation of alterity then allows the powerful group to distance itself from risk and blame by dehumanising, stigmatising and discriminating the 'other' (Schoepf 2001). As a consequence, everyone located outside the 'risk group' and the boundaries of stigma is deemed not at risk, a practice that helps the dominant group "to maintain, reinforce, re-construct, and obscure the workings of the established social order." (Schoepf 2001: 338; Deacon 2005).

In the case of HIV/AIDS, 'othering' discourses most prominently blamed homosexual men and Africans for spreading HIV (Schoepf 2001). Blaming patterns towards Africans are rooted in well established colonial and neo-colonial discourses of a distinct 'African sexuality' as promiscuous and immoral as opposed to a pure and chaste 'Eurasian sexuality'. African sexuality is constructed as particularly risky for HIV transmission due to assumed widely accepted practices of polygamy and commodification of sex based on traditional social and marriage patterns (Caldwell et al 1989). This notion was objected by Anthropologists and Social Scientists who argued that such discourses were over-generalising the 'African society' and failed to question the validity of Eurocentric notions of promiscuity and morality in the interpretation of a complex social phenomenon such as sexuality (Heald 1995; Ahlberg 1994). As a consequence, groups with assumed high partner turnover and low HIV preventive behaviour in regions with high HIV rates such as sex workers, truck drivers, and youth were framed as 'high risk groups' and received heightened attention from the biomedical political arena, distancing HIV/AIDS further and further from the general population of the affected region and the world (Schoepf 1993; Craddock 2000).

The framing of HIV/AIDS as a disease of sexual deviance pathologised sexual behaviour of 'risk groups' and 'high risk groups' and particularly affected depictions of sex workers as a "reservoir of infection", fuelling constructions of HIV/AIDS as "a disease of women or the lower orders, from whom the 'pure' required protection" (Craddock 2000; Schoepf 2001: 341). Craddock (2000: 160) argues that HIV/AIDS biomedical discourse has "added ominous over-tones to constructions of female sexuality already rife with oppositional moral connotations." Women in HIV/AIDS discourses are then often portrayed in positions of vulnerability or risk that encourage blame for their behaviour and sexuality. HIV positive mothers for example are blamed for infecting their children with the disease while sex workers and women living with HIV are blamed for their 'promiscuous' sexual behaviour and labelled deviant and stigmatised as reservoirs of infection (Craddock 2000). Thereby, the social

and economic conditions that drive women into sex work, make women vulnerable to HIV infection in intimate relationships, or inhibit mothers from protecting their children from infections, are not accounted for. Constructions of a female, inherent 'vulnerability' to HIV/AIDS have become particularly persistent in the biomedical arena, and Public Health approaches have consequently focused on the particular 'gendered vulnerabilities' of women in numerous studies across Sub-Saharan Africa (see section 2.2).

The consequences of biomedical HIV/AIDS discourse and the reproduction of neo-colonial processes of 'othering' impact on HIV/AIDS prevention and treatment in numerous ways. Early bilateral funds for HIV prevention were centralised in affected countries' health ministries, and governments initiated top-down programmes focusing on controlling sexual behaviour and HIV transmission rates within 'risk groups'. Effective preventive campaigns and technologies aimed at the general population, such as poverty alleviation programmes, promotion of VCT, treatment and care of HIV positive people, or the development of an HIV vaccine were delayed by decades (Schoepf 2001; Craddock 2007). A focus on 'risk groups' furthermore communicated to those outside the group that they were not at risk of infection with HIV, and may have increased their risk behaviour significantly, while Public Health workers were distracted from investigating other routes of HIV transmission (Craddock 2000). The framing of risk within specific 'deviant' groups and 'polluted' women moreover has led to notions of HIV as a visible disease inscribed onto the female body, encouraging unprotected sex with women perceived as 'decent' and 'clean'. Older men who have sex with younger girls because they are perceived as 'HIV free' for example may then not even remotely consider the possibility that they may be HIV positive themselves. This association, besides increasing HIV risk behaviour, has also produced more blame on women and girls for carrying and spreading HIV (Craddock 2000).

Eventually, 'othering' and feminisation of HIV risk in Sub-Saharan Africa has reinforced already existing discourses of 'Third World' women as universally victimised and powerless. HIV/AIDS analyses of women as disembodied categories leave little space for multiple personal identities, practices and material realities and do not account for women's HIV vulnerabilities in relation to gendered political economies and entitlements (Craddock 2000). The discursive construction of Sub-Saharan African women's bodies as "metonymous with infection, degeneracy, and social disorder" then has implications "ranging from social isolation, further economic marginalization, political control, or medical neglect" (Craddock 2000: 164). Schoepf (2001: 347) furthermore points out how a focus on African women's vulnerability "obscures the fact that many African women are able to demonstrate considerable negotiating strength in sexual relations (...)". Vulnerability then denies agency as well as the empowerment drawn from participation in social activism while obscuring the

societal conditions underlying the production and reproduction of inequality. In conclusion, Craddock's (2000: 154) statement summarises how

> *"as a result of a combination of political economic and discursive processes, women often have different if not greater risks to disease than do men. Diseases in other words are cultural products, given a specific moral lexicon depending upon symptomology and the ideological needs of a society at a given moment in time."*

The following section of this chapter will explore a body of social research and Public Health research on the gendered aspects of HIV/AIDS and pay particular attention to discourses of gendered vulnerabilities.

2.2 The gendered epidemic in social science research

2.2.1 Women, femininity and HIV vulnerability

Over the last decade, research and statistics have argued that women, particularly Sub-Saharan African women, are disproportionately affected by HIV/AIDS (UNAIDS 2007a; see also chapter 1). On one hand, biological factors have been identified as playing an important role in the spread of the epidemic amongst women. A larger mucosal surface in the female genitalia, higher viral concentration in semen (as compared to vaginal fluids), and a higher prevalence of STI's in women are assumed to make male to female transmission at least twice as likely as female to male transmission (Jacobs 2003; Burger 2005). Above all however, women's vulnerability to HIV/AIDS has been related to unequal power relations between women and men and social and cultural gender norms. The impact of unequal power distribution in intimate and sexual relationships and the influence of gender norms and stereotypes on sexuality have been explored in numerous studies across the globe, and particularly in Sub-Saharan Africa. Thereby, most of the HIV/AIDS research reviewed identifies hegemonic notions and stereotypes of femininity as increasing women's HIV vulnerabilities. Rao Gupta (2000) states that the dominant notion of femininity across various societies results from a problematic socialisation of women as passive, submissive and inexperienced with regards to sexuality and in relationships with men. She argues that such social expectations and representations of femininity hinder women from being informed about sex, HIV risks and safe sexual practices (Rao Gupta 2000). According to Weiss et al (2000), such notions of femininity are related to social and cultural norms that cut across all social relations and inhibit "women's ability to communicate, make decisions, and seek information and services throughout their life cycle." (Weiss et al 2000: 235). Women's and particularly Sub-Saharan African women's restricted ability to negotiate safe sex, take decisions about their reproductive health and seek health and sex related information are often stressed as a core component of women's HIV vulnerability.

Although certain aspects of femininity norms are very dominant, it is also argued that femininity norms are flexible and changing, and have different impacts on sexuality and relationships and thus HIV risk in different societies and communities. Varga (2003) for example, in a study involving youth in a KwaZulu-Natal township, found that in traditional Zulu culture girls and women gain respectability from men by being sexually available to them and allowing them sexual decision making, but also by taking responsibility for the use of contraceptives. Such apparent contradictions in notions of respectable femininity would create confusion, especially amongst young girls who are expected to be inexperienced and passive, while having to take precautions to avoid pregnancies (Varga 2003).

On the other hand, some research argues that for young and unmarried women in many societies in Sub-Saharan Africa virginity is the prevailing feminine ideal. Virginity ideals are said to be informed by cultural and religious notions of respectable and decent femininity which, according to Weiss et al (2000: 238), are associated with passivity and ignorance about sexual matters (...)". Thus, virginity norms may restrict the ability of unmarried, sexually active women to ask for information about sex and adopt safe sexual practices (Rao Gupta 2000). Other than restricting women's knowledge about HIV risks, such norms would also inform the belief that sex with a virgin cures HIV/AIDS, increasing young girls' and women's risk of HIV infection and rape (Weiss et al 2000). Further, virginity norms were found to encourage alternative sexual practices believed to preserve virginity such as unprotected anal sex or "light sex" consisting in "rubbing the penis against the vagina up to the point of pain" (Weiss et al 2000: 238). Virginity norms were also found to hinder access to treatment for STI's and prevention of unwanted pregnancies, which affects educational outcomes of girls and young women and ultimately again increases their HIV risk (Weiss et al 2000).

Married women on the other hand were depicted as bound to the feminine ideal of motherhood in many societies (Rao Gupta 2000). The pressure that married women face to bear children is said to expose them to frequent unprotected sex and increase their risk of being infected with HIV. Research with women attending public clinics in a rural Ugandan district and in Malawi for example shows that married women use less contraceptives and condoms (Koenig et al 2004; Chimbiri 2007). According to Chimbiri (2007), condom use is seen as a preventative measure for STI's and HIV which is confined to the extramarital sphere and hence associated with infidelity and promiscuity. Unprotected sex was also found to be associated with intimacy and trust. Many women would therefore consciously choose to not use condoms in their marriages (Walker et al 2004). According to Walker et al (2004) moreover, extramarital sexual relationships in Sub-Saharan Africa are more socially accepted for men than for women. As a consequence, many women get infected with HIV by their

husbands. The feminine ideal of motherhood and marriage however too is shifting, and in societies undergoing rapid social and political change it may form contradictory and sometimes risky combinations with notions of 'modernity' (Walker et al 2004). In South Africa for instance, pre-marital sexual relationships are becoming increasingly accepted and contraceptive use more supported, while HIV rates and teenage pregnancies are very high (Jewkes et al 2000). Societal and political change is increasingly discussed as affecting women's health and particularly their HIV risk through the feminisation of poverty, labour migration, and the difficulty for especially young women to find decent jobs (Varga 2003; Leclerc-Madlala 2005a). Because of scarce job opportunities, women often resort to harmful activities to generate an income, such as the exchange of material gains for sex (Dunkle et al 2007). Such economically motivated sexual relationships are highly associated with unprotected sex due to women's lack of negotiation power for preventative measures.

The frequently quoted lack of power for women to negotiate safe sex with their sexual partners is particularly significant in relation to transactional sex. Transactional sex is understood as sex in exchange for material gains and doesn't exclude material exchange in stable, intimate relationships (Dunkle et al 2007). Gender power imbalances and feminine ideals of passivity and submissiveness were identified as forming risky situations for women who engage in such relationships. Women who obtain material gains for sex were found to have to agree to sex in the men's terms, which would often involve unprotected sex (Dunkle et al 2007). Research in three South African provinces has also shown that age discordant transactional relationships (age difference is a marker of gender inequality in relationships) are particularly risky as condoms are less likely used if the man is substantially older than the woman (Jewkes et al 2003). Because men who engage in transactional relationships have often had more lifetime sexual partners and often also engage in multiple sexual relationships, they are more likely to be HIV positive and infect their current female partners (Dunkle et al 2004; Jewkes et al 2003; Jewkes et al 2001; Luke 2003). In addition to being forced to engage in unhealthy sexual relationships, societal change and rising unemployment and poverty are also discussed as increasing the pressure on women to fulfil their 'traditional' social role as caregivers in the communities and families. According to Leclerc-Madlala (2005a: 33), HIV/AIDS in Africa has given the women "a dubious visibility". Besides being constructed as powerless and vulnerable to the disease, women and their sexuality are often blamed for spreading the virus. In addition, with the growing number of people developing AIDS related diseases and eventually dying, women and especially older women throughout the communities are expected to take over responsibility of care for the sick and the orphans. Leclerc-Madlala (2005a) argues that poverty and labour migration have changed societal structures in such a way that women are often left behind in the poorest communities, where they might have no other choice than taking over the duty of caring.

The next section of this chapter will look into how constructions of masculinity impact on both, women's and men's sexual health and HIV/AIDS risks.

2.2.2 Men, masculinity and HIV vulnerability

Most of the literature examining the gendered aspects of HIV/AIDS focuses on women's vulnerabilities to HIV/AIDS and neglects men's gendered risks. However, it is increasingly argued that power imbalances in sexual relationships cannot be efficiently addressed without looking at gender norms and expectations men face. According to Varga (2001) a focus on men's and boys' reproductive health not only improves their wellbeing, but also impacts on intimate relationships and hence on women's and girls' health. In a review of reproductive health research from Sub-Saharan Africa, Varga (2001) found that masculine ideals depicted men as more knowledgeable and experienced than women, which may prevent them from admitting the need of and seeking advice and information to prevent sexual health risks. Varga (2001) further found that among some male African youth there are misunderstandings and misconceptions around HIV and AIDS at play that lead them to adopt unsafe sexual behaviours. One such misconception is the view of vaginal wetness as a sign of female dirtiness or disease, which may lead to the practicing of 'dry sex'[2], increasing the risk of HIV transmission (Varga 2001). In addition, many young men in Varga's review (2001) were found to not perceive themselves as being at risk of HIV infection and therefore did not want to get tested. In an earlier study with youth in KwaZulu-Natal for instance, Varga (1997) found that young men sometimes relied on physical appearance to determine whether a sexual partner was healthy or infected with HIV.

An additional health risk discussed in the literature is the masculine ideal of men as sexual conquerors. Sexual experience and many, often concurrent sexual partners were depicted as a natural trait of masculinity, or even as a natural right of men (Rao Gupta 2000). As a consequence, Varga (2001) argues that boys usually initiate sex earlier, have more lifetime partners, more intercourse and report more STI's. In a study of masculinity constructions in Zambia, Simpson (2005) describes accounts of Zambian men about the 'manly' was to have sexual intercourse with the elements of conquest and control as central. 'Proper' male sexuality was further described as aggressive and violent, with ejaculation being a sign of virility, and condoms perceived as impairment thereof (Simpson 2005).

Expectations of early sexual initiation, many and concurrent partners and high sexual performance are related to what Connell (1995; quoted in Morrell 2001) has termed a hegemonic masculinity.

[2] Dry sex refers to a dry vagina during sexual intercourse, often facilitated by the use of herbal extracts, and is also seen as enhancing the men's pleasure during sex (Varga 2001).

Hegemonic masculinity is a notion of masculinity, or what it means to be a 'real man' that dominates all other notions (Morrell 2001). Although notions of masculinity are always in the making, and thus fluid and shifting, some traits of manliness are rather persistent over space and time. These traits are always associated with power and include attributes such as authority, independence, toughness, straightness, physical force and control over emotions. Being informed by the ruling classes of societies, hegemonic masculinity is constructed along lines of class and race and therefore operates in exclusory and discriminatory ways (Morrell 2001). As a consequence, minority masculinities such as homosexuality are not only excluded from the realm of power, but also perceived as a threat to 'maleness'. This often leads to stigmatisation and discrimination of, in the case of homosexuality, members of sexual minorities. Such exclusion and stigmatisation may inhibit homosexual men from seeking information about safe sex or treatment of STI's and HIV. According to Varga (2001), there is growing evidence that many men engage in both, homosexual and heterosexual intercourse. As revealed in a study in Kenya, even married men often maintain homosexual relationships, broadening their sexual networks and putting themselves and their sexual partners at risk of HIV (Varga 2001). Walker et al (2004) state that in South Africa too, male-male sexual intercourse is common, and that men who have sex with men (MSM) usually also have sexual relationships with women where they seldom use condoms. Given the high transmission rate of HIV in anal intercourse, such sexual networks are assumed to be particularly risky (Walker et al 2004).

Hegemonic and minority masculinities moreover become particularly relevant in a context where poverty and HIV/AIDS inhibits men from fulfilling their traditional and social roles as providers of the family and heads of the households. Stevens (2008) in this context speaks of a crisis in hegemonic masculinity that the majority of men in South Africa are unable to attain. Because the hegemonic masculinity above all is about power, men that are unable to achieve or sustain positions of power may construct a range of other masculinities, some of these violent, that reassert them of their manliness.

Constructions of men as tough and self-reliant were also found to discourage men and boys from seeking support in times of pain or stress (Rao Gupta 2003) and using health care facilities (Hearn 2005). Research on the use of health services suggests that compared to women, men have relatively low access and adherence to treatment and are also less likely to use VCT services. Faull (2008) points at research that shows how men's use of VCT is substantially lower than women's (Peacock 2005; quoted in Faull 2008). Because seeking health care is associated with weakness and femininity, men were found to avoid health care up until the point of crisis (Faull 2008). However, as Faull (2008) elaborates further, there are more complex factors involved in men's decision making about health care. In her qualitative exploration of a male friendly clinic in Khayelitsha, Faull (2008) found that

men seemed to have more trust in male clinic staff, which was perceived as more trustworthy and confidential. Women and female medical staff on the other hand were accused of 'gossiping' and not respecting the men's privacy. Gender constructions also impact on access to treatment. In Khayelitsha, where Médecins Sans Frontières (MSF) and the Western Cape Department of Health have been rolling out HAART since 2001, 70% of patients on treatment are women (Nattrass 2006). Men are also said to start treatment at a lower CD4 cell counts than women, usually only when AIDS related diseases become visible (Nattrass 2006). Beck (2004) suggests that HIV related stigma affects particularly men when it comes as a result of women 'gossiping' about a man's status in the community. Such breaks of trust would expose and blame men in public and reinforce the emasculating feeling associated with poor health (Beck 2004).

Most research on masculinity and HIV/AIDS however focuses on men as perpetrators of violence and the intersections of gender based violence and HIV risk. The following and final section of this chapter looks at the relationship between violence, power imbalance and HIV/AIDS.

2.2.3 Gender based violence and HIV risk

Most of the research reviewed conceptualises gender based violence as violence against women, which is also the definition of gender based violence set out in the UN Declaration on the Elimination of Violence Against Women of 1993 (UNIFEM 2005: 1)[3]. The majority of the research on the links between gender based violence and HIV/AIDS therefore focuses on how violence against women affects HIV/AIDS incidence, prevalence and treatment and care. Gender based violence is explored as it impacts on HIV/AIDS both directly and indirectly. I refer to direct risk of HIV as the transmission of the virus through an act of gender based violence, as for example in the case of a rape that results in an HIV infection. However, most studies that attempted to examine the direct links between gender based violence and HIV risk point at the difficulties in establishing a direct causality between the two phenomena, and none of the studies reviewed found evidence of the direct causality between rape and increased HIV incidence.

It is however widely assumed that the physiological consequences of gender based violence increase the likelihood of HIV infections in a number of ways. In a review of research from the US, Sub-Saharan Africa and various other regions, Campbell (2002) found indicators for higher prevalence of gynaecological problems in women who had experienced forced sex. These problems presumably

[3] Gender based violence was officially defined in the 1993 UN Declaration on the Elimination of Violence Against Women as "Any act (...) that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." However, UNIFEM states that gender based violence usually but no exclusively targets women and defines gender based violence as "violence involving men and women, in which the female is usually the victim and which arises from unequal power relationships between men and women." (UNIFEM 2005: 1-3)

resulted from high levels of stress that depresses the immune system or manifest in "vaginal, anal and urethral trauma from forced sex" through "direct force or lack of lubrication" which in turn may result in the transmission of organisms into the bloodstream or "back flow of bacteria in the urethra" and hence facilitate an infection with HIV (Campbell 2002: 1332). Kaye (2004), in a review of studies on domestic violence found that women who were forced into marriage and sexual relationships at a very early age were at higher risk of HIV infection due to young women's sensitive genital mucosa which is at an especially high risk of trauma at a young age. In addition, sexual violence, besides trauma to the genitalia would often also involve anal sex, which may cause open wounds and facilitate the entry of the virus into the bloodstream (Kaye 2004).

Other studies explore the causality between different types of gender based violence and increased HIV risks in women and men. Research from Tanzania, Rwanda, Kenya and South Africa found that women who had experienced intimate partner violence had significantly higher HIV rates than women from the same socio-economic background with no experiences of violence by their partners. It was shown that abusive male partners are more likely to be unfaithful, to have multiple sexual relationships and to be HIV positive (Maman et al 2002; Van der Straaten et al 1998; Fonck et al 2005; Dunkle et al 2003). Research on transactional relationships has also found that men who engage in transactional sex are more often abusive and HIV positive (Dunkle et al 2003). These findings suggest that women in abusive relationships are likely to be infected with HIV by their violent and unfaithful partners.

Besides the risk of being infected by an abusive partner, women who experience violence may also frequently engage in other HIV risk situations. Maman et al (2000) argues that "forced sex is indirectly related to HIV risk. It occurs in the same underlying context as other HIV risk taking behaviours (i.e. exchange of sex for money, intravenous drug use, etc.)" whereby the underlying context consists in "poverty, low educational status, poor job opportunities, public housing, lack of adequate child support, etc." (Maman et al 2000: 467). Furthermore, the psychological consequences of gender based violence pose a potential higher risk of HIV for women. Research from South Africa suggests that women who have experienced gender based violence would more often have many and concurrent sexual partners, engage in transactional sex, and abuse drugs or alcohol. Even when accounted for social and demographic risk factors and the contexts in which such risk taking occurs, women with abusive and controlling partners were still much more likely to expose themselves to HIV risks (Dunkle et al 2003). The reasons for higher risk taking behaviour in women with experiences of gender based violence were related to depression, post-traumatic stress disorder and other anxiety disorders (Dunkle et al 2003). With regards to condom use, gender based violence was not found to directly affect condom use, whereas male power and control in relationships were. Similarly, women

who are better educated than their male partners were found to be more likely to suggest condom use to their partners than women with lower educational status in research from South Africa (Dunkle et al 2003; Jewkes et al 2003). Gender inequality also affects the ways in which the epidemic is perceived. Jewkes et al (2003) found that women with multiple partners were likely to suggest condoms in sexual relationships, whereas men with multiple partners weren't. This phenomenon is related to the "gendering of the epidemic" that may reduce the perception of men as carriers of diseases (Jewkes et al 2003: 131). Such perceptions were also found to increase women's risks of HIV and reinforce the image of women as responsible for the spread of STI's and especially HIV. These findings suggest that acts of gender based violence may not directly increase HIV risks, but when they occur in an intimate relationship with unequal power relations the risk may be significantly higher.

Generally it can be stated that research exploring the intersections of HIV/AIDS, gender inequality and gender based violence mostly focuses on Sub-Saharan African women in impoverished rural and urban communities. While many of the gender constructions and experiences of violence revealed in the various studies reflect the reality of many Sub-Saharan African women, it needs to be remembered that such findings tend to be over-simplified and -generalised easily. While, for example, women's lack of power to negotiate safe sex, and notions of femininity as passive and submissive, may resonate with many women's experiences in a particular context, it cannot be concluded that HIV rates in Sub-Saharan Africa are high because of women's relative powerlessness. Discourses of women's vulnerability to HIV/AIDS and violence will be further explored in the empirical part of this thesis.

2.3 Chapter summary

This chapter has introduced the theoretical framework for this research thesis and emphasised the importance of discourses for the analysis of unequal power relations and the reproduction of oppression through language. A critique of Western feminist analyses of 'Third World' women as universally oppressed and suffering has emphasised the importance of accounting for the relationality of gender, class and race in the positioning of women within oppressive structures, as opposed to a sole focus on gender and the promotion of equal opportunities for men and women. I have further shown how in a similar way, the predominant biomedical approach to HIV prevention and the confinement of HIV risk to particular 'risk groups' such as sex workers, young women or truck drivers obscures the underlying social and political conditions that constitute vulnerability. Representations of Africans and particularly Sub-Saharan African women as inherently vulnerable to HIV moreover distract from the impact of harmful discourses of HIV/AIDS as a condition of the 'other' on global prevention and treatment efforts. Feminist analyses of discourses of oppression, for example of accounts of 'Third World' women as powerless sufferers of patriarchy, may offer a valuable approach

to the analysis of HIV/AIDS discourses in social science and activism. The predominant focus on women's vulnerability in development discourse and research has also been identified in social and Public Health research on HIV/AIDS. Research on the 'gendered' aspects of HIV/AIDS has pointed at the importance of social and gender expectations in relation to sexuality and HIV risk. Dominant notions of femininity as passive and submissive and of masculinity as powerful and aggressive were found to be harmful to women's and men's health. Such notions have also been identified as producing and reproducing unequal power relations and increasing the probability of gender based violence in intimate relationships. Although the direct causality between sexual violence and increased HIV risk has not been confirmed yet, many studies have pointed at the relationship between unequal power and gender based violence in intimate relationships and higher risk taking and HIV prevalence in women and men. However, most of the social science and Public Health research reviewed in this chapter tends to focus on the gendered vulnerabilities of women to HIV/AIDS without accounting for the historical, socio-economic and political contexts that shape vulnerability to the disease in equally important ways. The discourses produced in HIV/AIDS research may therefore limit the efficacy of HIV/AIDS prevention and treatment interventions.

At the same time such discourses provide opportunities for the discussion and interpretation of what is happening within communities affected by HIV/AIDS and by those engaging with HIV/AIDS from diverse perspectives. An engagement with discursive analysis thus allows one to track both hegemonic positioning of women (such as, for example, 'powerless', or contradictorily, 'responsible for transmission') and to ask questions about the ways in which those seeking to transform top-down state or biomedical approaches to the epidemic locate gender issues. HIV/AIDS community activism may play an important role in deconstructing those notions of masculinity and femininity that hamper efforts to curb the spread of HIV by promoting more equal gender relations and producing alternative discourses that promote gender equality through social transformation. Before proceeding to an exploration of the discourses on gender dynamics produced in my empirical study of HIV/AIDS activism in Khayelitsha however, it is useful to look at where community activists are located within a wider context of HIV/AIDS interventions. As argued earlier, HIV/AIDS community activists are embedded in a web of discourses that are constantly being (re)produced and contested by a range of actors from local to international levels. The next chapter will look at international and South African approaches to the intersections of HIV/AIDS and gender inequality in order to better understand the political, legal and discursive context community activist are embedded in.

3 Multi-sectoral approaches to HIV/AIDS and gender inequality

When HIV/AIDS started to affect a growing number of women in the 1990s, and at latest since the 1995 World Conference on Women in Beijing, women's rights have been recognised as a crucial component of sustainable development and health. The UN Millennium Goals of 2000 and the UN General Assembly Special Session on HIV/AIDS of 2001 then explicitly made the links between the reduction of gender inequality and the reversal of HIV/AIDS, and its intersections with other forms of oppression and inequality. Simultaneously, multinational organisations, development agencies and governments have acknowledged the intersections of HIV/AIDS and gender inequality and initiated a variety of interventions in an attempt to address these challenges. In line with shifting development paradigms, such interventions have increasingly pointed at the failures of theory-led, top town methods and promoted more participatory, bottom up approaches and partnerships with local actors and communities in affected regions. HIV/AIDS actors recognised that the societal complexities of HIV/AIDS can only be addressed in multi-sectoral responses, and that the 'community sector' is of particular importance in this partnership. This chapter seeks to review international frameworks that have been developed to address the gendered aspects of HIV/AIDS in multi-sectoral responses and aims to give an idea as to where 'community activists' are located within this network of actors and discourses.

3.1 International frameworks addressing HIV/AIDS and gender inequality

3.1.1 Integrating gender in HIV/AIDS interventions

Since the mid 1990s there have been numerous international projects and programmes that have integrated gender in HIV and AIDS interventions. In an evaluation of such programmes UNAIDS (1999) found that HIV interventions in the 1990s tended to focus on either prevention or treatment of HIV/AIDS. A lack of understanding and consideration of societal and contextual factors led to a separation of prevention from treatment and care programmes, where more effort was directed at prevention, especially with regards to approaches which concentrated on heteronormative gendered norms around sexuality. Thus, prevention efforts tended to rely on biomedical models that aimed at behavioural change by promoting sexual abstinence, reduction of sexual partners, non-penetrative sex, condom use and treatment of STI's. Non-discriminatory, inclusive approaches to treatment and care of people infected with or affected by HIV/AIDS on the contrary were only developing slowly and insufficiently. UNAIDS (1999) argues that in light of the complexity of sexuality, HIV risk factors and behaviours, HIV/AIDS interventions should be based on a prevention-treatment-care continuum that accounts for HIV risk in a broader context of gendered, social, political and economical vulnerabilities. In order to explore the impact of gender on HIV/AIDS on different levels, UNAIDS

(1999) distinguishes between interventions that address individual risk factors and those tackling societal risk factors for HIV/AIDS.

With regards to individual risk factors, UNAIDS (1999) argues that the trend to direct prevention efforts at particular 'risk groups' created a false sense of security in the general population. Sustainable preventive interventions should therefore include information, education, and skills building and take into account gender-related barriers to access to such resources for all women and men. In addition, HIV/AIDS interventions should also include a focus on male sexual and reproductive health. Besides the dissemination of information and knowledge, UNAIDS (1999) states that it is important to acknowledge the different needs and experiences of women and men, and address gender roles in peer group activities and couple counselling. Services and technologies addressing individual risk factors moreover need to address the lack of power many women experience over HIV prevention measures. As such, female condoms and vaginal microbiocides are depicted as a means to increase female control over HIV prevention (UNAIDS 1999).
With regards to societal risk factors, UNAIDS (1999) point out that sectors other than health must recognise their responsibility and ability to address the epidemic. While research about gender-related, societal factors impacting on HIV/AIDS is done extensively, research findings face various barriers when it comes to translating them into practice. The Public Health sector on the other side is criticised for focusing on the epidemiology and the controlling of the disease, while ignoring the social, political, and economic aspects of the epidemic. The economic, social and political empowerment of women, the recognition and respect of women's roles in societies as well as economic and social support for PLWHA and caregivers of PLWHA are outlined as crucial factors to address the gendered societal determinants to the vulnerability and impact of HIV/AIDS (UNAIDS 1999).

In order to address the economic, social and political dimensions of the epidemic more comprehensively, UNAIDS (1999) concludes that there must be more emphasis on gender-sensitive care and support initiatives, creating a prevention-care continuum that accounts for gender in all its aspects and on all levels. This would also include a consideration of the gendered nature of state and non-state institutions. Furthermore, gender-sensitive indicators must also be developed in non-health initiatives so that the societal and economic impacts on HIV/AIDS risk can be detected and addressed in the general population (UNAIDS 1999).

The World Health Organization (WHO) has built upon and further developed the recommendations made by UNAIDS (1999) and designed a guideline on how to integrate gender into HIV/AIDS programming (WHO 2002). In a revision of HIV/AIDS programmes that integrate gender, they

identify a "continuum of approaches that have been used that range from harmful to empowering" (WHO 2002: 4), which are outlined below.

(1) Harmful interventions reinforce gender stereotypes and thus perpetuate the HIV/AIDS epidemic further.
(2) No-harm approaches are aware of and work towards eliminating those assumptions and stereotypes about gender that hamper HIV/AIDS interventions.
(3) Gender-sensitive approaches in addition acknowledge physiological and social differences between men and women as they apply to HIV/AIDS.
(4) Gender-transformative interventions aim at challenging and changing the underlying conditions of gender inequalities.
(5) Empowerment approaches have an empowering effect on women, and seek to equalise gender power imbalances in order to reduce HIV vulnerabilities.

HIV/AIDS interventions that consider gendered factors often combine two or more of these approaches. The WHO (2002) states that approaches that take gender seriously need at least do no harm. Gender-sensitive approaches furthermore recognise unequal power relations in relationships but also acknowledge gender and sex related differences in women's and men's needs. Female controlled HIV prevention technologies such as female condoms and vaginal microbicides are promoted as such interventions, while at the same time the WHO (2002) argues that men need to be included as partners or fathers, and not be blamed as violent. Interventions that are gender transformative and thus change the underlying conditions of gender inequality work with men and women as equal players and examine gender constructions as they impact on sexuality and reproductive health. They also aim at eliminating violence against women and are based in the belief that dominant masculinities can be altered and developed into more gender equitable forms. Empowerment approaches eventually understand HIV/AIDS as part of a "larger context of social and economic development" and seek to "deconstruct the sources or components of power that are amenable to project or policy intervention" (WHO 2002: 37). These sources are namely access to information, education and skills, access to economic resources and access to social support and networks for marginalised groups. Women in particular need to exercise political agency and take on leadership positions in all aspects of society. It is also important to pay attention to the contextual factors of empowerment, and recognise gender inequality as a public issue.

In order to complement the technical approaches described above, the WHO (2002) further describes a number of structural elements that need to be considered when acknowledging the importance of

gender in HIV/AIDS interventions. State and non-state actors for example should develop a political will and leadership devoted to gender equality, provide funding "beyond simply providing money for 'gender initiatives'" while de-centralising gender expertise in institutions and make gender a core and not merely an add-on element (WHO 2002: 41). Eventually and similar to the findings of UNAIDS (1999), the WHO (2002) concludes that the knowledge about gender-related factors of the HIV/AIDS epidemic by far exceeds the ability of programmes to effectively tackle these intersections. What is needed is a multi-sectoral, social, economic and political approach to HIV/AIDS and gender inequality (UNAIDS 1999; WHO 2002).

3.1.2 The 'community sector' in multi-sectoral HIV/AIDS responses

In order to establish and better coordinate a multi-sectoral approach to HIV/AIDS on national levels, a number of multi-lateral and bilateral agencies, officials from African governments, NGO's and private sector organisations, mobilised by UNAIDS and the UK Department for International Development, developed three broad principles for HIV/AIDS responses at national levels – the 'Three Ones' – in 2003 (ICASO et al 2007). These principles, to be applied by national governments, entail (ICASO et al 2007: 6):

(1) One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners
(2) One national AIDS Coordinating Authority with a broad-based multi-sectoral mandate
(3) One agreed country level Monitoring and Evaluation System

In this process, there have been considerable efforts to include the so-called 'community sector' in the development and implementation of the Three Ones. According to Jewkes et al. (1996), calls on 'community participation' go back to the International Conference on Primary Health Care in the former USSR in 1978, where the Alma Ata Declaration highlighted the right of individuals and families in 'the community' to access primary health care. Since then, "community participation can be found in almost all major national and international declarations on health and its promotion." (Jewkes et al 1996: 555). The International Council of AIDS Service Organizations (ICASO), the African Council of AIDS Service Organizations (AfriCASO), and the International AIDS Alliance consequently developed a guideline on "The Involvement of the Community Sector in the Coordination of National AIDS Responses" (ICASO et al 2007). In this guideline, the community sector in relation to HIV/AIDS is defined as "non-governmental individuals or groups working with community members who are living with or highly affected by HIV and AIDS" and further states that the community sector is no single entity but rather "a collection of different interests, opinions,

capacities, resources and priorities involved in a variety of activities ranging from advocacy to service provision." (ICASO et al 2007: 2). According to ICASO et al (2007), community sector involvement in the Three Ones, and thus its participation and decision-making in national HIV/AIDS management, has been limited. Often the community sector remained an "outsider" or was "co-opted as an extension of government and excluded from decision-making (ICASO et al 2007: 9).

The reasons for national governments to coordinate with the community sector according to ICASO et al (2007) are its closeness to the action in responding to HIV/AIDS, its ability to act as a "glue that holds responses to local epidemics together", and its "hands-on work and technical knowledge" as instrumental assets in identifying the services that make a difference (ICASO et al 2007: 11). Furthermore, the community sector is said to be able to "mobilise action against stigmatising attitudes (...) by tackling the root causes within communities" and to be "willing to identify and challenge discriminatory practices and policies." (ICASO et al 2007: 11). The community sector is also valued for its ability to reach a broad range of people, "including those in remote areas" and for having developed "ground-breaking and risk-taking responses (...) often with few resources." (ICASO et al 2007: 11). Thereby, it has been located "at the forefront of promoting rights-based approaches to HIV/AIDS that (...) respect and protect people living with HIV/AIDS and other marginalised groups." (ICASO et al 2007: 11). The community sector is also praised for having "pioneered empowering approaches to HIV/AIDS that encourage the participation of a broad range of individuals, groups and institutions" and be able to make "the most of limited funding." (ICASO et al 2007: 12).

According to UNIFEM (2006), the eradication of gender inequality and the empowerment of women are central to tackling HIV/AIDS. Therefore, national responses have to promote gender equality "as a key element in strategies to prevent and treat HIV/AIDS (UNIFEM 2006: 2). For this purpose, UNIFEM (2006) has developed a guide to "Transforming the National AIDS Response: Gender Equality, Women's Rights and the 'Three Ones'". The guide analyses the Three Ones principles from a gender perspective and makes recommendations on how to best integrate a gender perspective in national responses to HIV/AIDS. With regards to the First One – a national HIV/AIDS Action Framework – UNIFEM (2006) recommends that the framework be aligned with existing international declarations committed to gender equality. UNIFEM (2006) also puts particular emphasis on the participation of women and particularly those most affected in the formulation and review of the national framework. In addition, the national framework should make use of existing research on gender equality and HIV/AIDS as a basis for any provisions made in the framework. With regards to the Second One – the national AIDS Coordinating Authority – UNIFEM (2006) advises that this authority should be allocated resources to tackle the gender dimension of HIV/AIDS and that capacity

for gender analysis, programming and mainstreaming be strengthened within the authority. Furthermore, UNIFEM (2006) once again points at the importance of including the voices of affected women in this body as well. Finally, with regards to the Third One - the Monitoring and Evaluation System – UNIFEM (2006) urges that tools of gender-responsive budgeting should be applied in monitoring and evaluation in order to monitor gender-sensitive government spending, and that capacity be built to collect and analyse gender disaggregated data in this process. In addition, monitoring and evaluation should include the analysis of cultural values and social attitudes that inform gender inequality through qualitative research. In conclusion, UNIFEM (2006) too stresses the need to coordinate efforts to eradicate gender inequality and tackle HIV/AIDS with the 'community level', where "people experience most profoundly the impact of the AIDS on their day-to-day lives."

The Three Ones principles are being adopted with different degrees of success in various countries. In South Africa, the HIV/AIDS action framework that provides the basis for the national HIV/AIDS strategy is the HIV and AIDS and STI National Strategic Plan (NSP). The NSP, and thus the national response to HIV/AIDS, is coordinated by the South African National AIDS Council (SANAC) that also includes the national Monitoring and Evaluation framework. The next section of this chapter will look into the South African responses to HIV/AIDS, gender inequality and gender based violence, which have produced a number of discourses that have been very powerful in framing state approaches and community activism in South Africa.

3.2 South African responses to HIV/AIDS and gender inequality

3.2.1 The HIV and AIDS and STI National Strategic Plan 2007 - 2011

The South African response to HIV/AIDS is coordinated by the South African National AIDS Council SANAC, a multi-sectoral body composed of civil society and government representatives and chaired by former Deputy President Ms Phumzile Mlambo-Ngcuka. In 2006, the South African Department of Health was mandated by the SANAC to draft a new HIV and AIDS and STI National Strategic Plan (NSP) for South Africa for the years 2007 – 2011 in order to learn from the mistakes of the NSP 2001 – 2005 and reach a more coordinated and effective national response to HIV/AIDS. The overall aims of the NSP 2007 - 2011 are the reduction of new HIV infections by 50% by 2011 and the reduction of the impact of the epidemic on people living with HIV and AIDS through access to relevant services.

The NSP 2007 – 2011 defines a number of specific contextual factors and risk populations that bear an elevated risk for HIV infection and are therefore given particular consideration in the formulation of

goals and strategies. In the following paragraphs I will elaborate those factors, 'risk groups' and goals that are relevant to the gendered aspects of the epidemic.

Poverty is highlighted as the most comprehensive risk factor for HIV/AIDS. Besides the general health risks for poor people such as inadequate sanitation, high rates of pre-existing infectious diseases, and poor access to quality health promotion and care, poverty is also framed as a gendered risk. Women affected by poverty often have to turn to unsafe sexual practices such as transactional sex and commercial sex work for income generation. Gender and gender based violence are outlined as separate risk factors, but also mentioned in connection with cultural attitudes and beliefs. Sexual violence is directly linked to increased HIV risk due to abrasions in the genital area and power inequalities are depicted as the cause for abusive relationships and the practice of having multiple sexual partners. Patriarchal attitudes are stressed as underlying causes of women's lower status and the limitation of their health related choices. 'Cultural' practices such as virginity testing or the tendency of traditional healers to recommend sex with a virgin as part of HIV treatment are further stressed as HIV facilitating circumstances. Labour migration is also framed as a highly gendered HIV risk factor. Besides the fact that in Southern Africa more women migrate for job seeking purposes than in previous periods, HIV risk not only affects migrants, but also the communities that they migrate from and to.

Women, and especially black women, are identified as a distinctive vulnerable group due to their poor participation in the economic, social, and political spheres of life. Their particular vulnerability is mostly related to gender inequality. Besides being at higher risk for HIV transmission due to gender based violence, women are also portrayed as the caregivers of sick family members and as being "at the forefront of community-based HIV and AIDS activities."[4] However, it is also stated that patriarchal attitudes in South Africa are changing and that women are starting to "regain their appropriate place in society".[5] The NSP 2007 – 2011 also acknowledges the high prevalence of men who have sex with men (MSM) and the fact that there has not been given enough attention to this group in recent years. It is also recognised that sexualities and behaviours of MSM are diverse, and often include bisexuality, interconnecting the HIV epidemic amongst MSM with the heterosexual HIV epidemic. Sex workers (mostly women) are also depicted as a particular 'risk group'. Their HIV risk is related to "high partner turnover and a limited capacity to ensure safe sex during each and every sexual encounter."[6]

The NSP 2007 – 2011 identifies four key priority areas each of which subdivided into a set of distinct goals. The priority areas are (1) prevention, (2) treatment, care and support, (3) research, monitoring

[4] HIV and AIDS and STI Strategic Plan for South Africa 2007 – 2011, Draft 10: 35
[5] HIV and AIDS and STI Strategic Plan for South Africa 2007 – 2011, Draft 10: 35
[6] HIV and AIDS and STI Strategic Plan for South Africa 2007 – 2011, Draft 10: 38

and surveillance and (4) human rights and access to justice. Prevention goals (1) focus on the reduction of HIV vulnerability which is strongly linked to the empowerment of women and the education of women and men about women's human rights. The reduction of the sexual transmission of HIV is also seen in the context of promotion of male sexual health and the reduction of gender stereotypes and gender based violence. Access to post-exposure prophylaxis (PEP) and psychological support for survivors of sexual assaults are further stressed as important interventions for the reduction of HIV infections. The prevention of mother-to-child transmission (PMTCT) is addressed in a wider context of reproductive health services that also acknowledges the importance of the inclusion of men in parental services. Behavioural change models eventually are promoted as interventions that should tackle HIV incidence amongst 'high risk groups' . Goals in the area of treatment, care and support (2) focus on the promotion of VCT, the enhancement of the lives of PLWHA, and addressing the special needs of pregnant women and children. Maternal mortality is stressed as a particular concern to be tackled through women specific programmes. Research, monitoring and surveillance goals (3) stress the need to develop and implement a monitoring and evaluation framework. Moreover, research in the development of new prevention technologies, behavioural research, and epidemiological trials should be promoted and supported. The development of effective vaginal microbicides as a barrier to HIV transmission for women in harmful relationships is particularly emphasised. Research and trials on its efficacy need to be continued, and affordable products made widely available, especially to poor women. The goals concerning human rights and access to justice (4) are to be achieved through public knowledge of and adherence to the legal and policy frameworks and the mobilisation of society and building of leadership of PLWHA. Stigmatisation and discrimination of PLWHA are to be diminished, and legal, religious and cultural barriers to effective HIV prevention, treatment and care removed. The human rights of women and girls, including those with disabilities, are to be achieved through the mobilisation of society and the promotion of gender equality.

The NSP 2007 – 2011 is to be implemented by provinces, local authorities, the private sector and civil society organisations. The responsibility for its implementation is not of the health sector alone but for "all agencies working on HIV and AIDS in South Africa, within and outside the government" and it is intended for use in all departments of the government and sectors of civil society "as a basis to develop their own HIV and AIDS strategic and operational plans to achieve a focused, coherent, country-wide approach to fighting HIV and AIDS."[7] The NSP also repeatedly emphasises the community sector as the level of society where the epidemic particularly manifests but also where there is a high potential and expertise to implement the ambitious plan. Community and home based care are particularly highlighted as promising areas that need further investment. The NSP states that

[7] HIV and AIDS and STI National Strategic Plan for South Africa 2007 – 2011, Draft 10: 53

> *"In general, communities are responding positively to the need to care for PLWHA. Collaboration between the government and some CBO's is well established, with many receiving funding from the government. The provision of a stipend for home-based carers is an important incentive that also contributes to poverty alleviation."*[8]

Furthermore, building of "community leadership" in order for programmes "to be informed and owned by communities and their leaders" is formulated as a guiding principle for the implementation of the plan[9].

While this section has reviewed the South African NSP 2007 – 2011 by paying particular attention to the ways HIV/AIDS has been related to gender inequality and gender based violence, and to how women have been represented in this context, the next and final section of this chapter will look at two legislations that deal explicitly with gender based violence in South Africa.

3.2.2 South African legislations on gender based violence

Two legislations that deal with gender based violence in South Africa are particularly relevant to the gendered context of HIV/AIDS; The Domestic Violence Act of 1998 and the Sexual Offences and Related Matters Amendment Act of 2007. The Domestic Violence Act has been widely praised as an important achievement of the South African women's rights movement. The criminalisation of violence in the domestic sphere, an area of society that has commonly been defined as private, is a significant step in the direction of making violence in the home and family a public issue and responsibility. It also defines rape in marriages as sexual abuse, and thus punishable by law. According to Martin and Jacobs (2003: 3), the Domestic Violence Act defines domestic violence as:

> Physical abuse or threat of physical abuse
>
> Sexual abuse or threat of sexual abuse (any contact which abuses, humiliates, degrades or otherwise violates sexual integrity)
>
> Emotional, verbal and psychological abuse (including insults, name-calling, ridiculing, degrading conduct, threats to cause emotional pain, jealousy)
>
> Economic abuse (including not paying household necessities, bond or rent, selling/giving away property)
>
> Intimidation (making threats or sending threats)
>
> Harassment (watching, loitering, making phone calls, letters, packages, emails, faxes etc.)
>
> Stalking (following and accosting)
>
> Damage to or destruction of property

[8] South African Department of Health 2007: 49
[9] South African Department of Health 2007: 55

Entry into the applicant's residence without consent, where the parties do not share the same residence

An abused partner, whether married or not, in a same sex or opposite sex relationship, living together or not, can apply for a protection order that will serve to protect the complainant from further harm. A child can obtain a protection order against a biological or non-biological parent or any person with a parental responsibility over the child. Also, anyone related to an abuser by blood, marriage or adoption, and any person that is or was in an engagement, dating, sexual, or customary relationship of any duration with the abuser can obtain a protection order as well as any person that lives or recently lived with the abuser in the same residence (South African Police Services 2004).

The implementation of the Domestic Violence Act however has proven to be very difficult, especially in poor communities, where women are more dependent on their male partners for economic reasons. According to the Institute for Security Studies (2001) one major problem is the lack of support services such as (long term-) shelters for abused persons who need to leave their home permanently or while waiting for a protection order to be finalised. Even though the Act makes provisions for emergency monetary relief as compensation for the women's losses of resources (shelter, livelihoods) during the legal process or as a result of domestic violence, the proper implementation of the Act faces numerous barriers whereby financial dependency and financial abuse are often not regarded as legal issues (see also Smythe and Artz 2005). Moreover, a lack of resources in police stations often hinders the officials from serving the order and protecting the complainants adequately. Disorganisation and lack of training of the police and the courts to implement the act eventually lead to a "great deal of confusion surrounding the implementation of the act." (Institute for Security Studies 2001).

The crime of rape on the other hand is defined in a separate legislative framework. Previous to the year 2007 rape was defined by the South African common law as the "intentional unlawful sexual intercourse with a woman without her consent" whereas sexual intercourse was defined as the "insertion of the penis of a male into the vagina of a woman" (Burchell 2007: 699), excluding the possibility of male rape. This definition was highly contested and in May 2007 the constitutional court ordered that the "common-law definition of rape is extended to include acts of non-consensual penetration of a penis into the anus of a female."[10] Forced anal intercourse with a male however was not defined as rape. Anal intercourse between two males, whether consensual or not, was defined under the crime of sodomy until a constitutional court ruling abolished the crime in October 1998 and declared the term sodomy – consensual or not – constitutionally invalid.[11] However, forced sexual

[10] See Masiya v Director of Public Prosecutions Pretoria (The State) and Another, Par. 74.5.
[11] See National Coalition for Gay and Lesbian Equality and Another v Minister of Justice and Others 1998 (12) BCLR 1517 (CC).

intercourse with a male was still punishable under common law, whether in the form of indecent assault or assault with intent to do grievous bodily harm.

In December 2007, the long anticipated Sexual Offences and Related Matters Amendment Act was finally passed, defining both victims and perpetrators of rape in gender neutral terms. It broadened the definition of rape to include all types of sexual penetration, i.e. vaginal, anal, and oral, without consent, and irrespective of gender, including penetration with genitalia, fingers, objects and animal genitalia (Gender, Health and Justice Research Unit 2008).

Importantly, the Act also acknowledges close linkages between rape and the transmission of HIV. Similar to the NSP 2007 - 2011, increased risk of HIV transmission in forced sexual (vaginal or anal) intercourse is related to abrasions and cuts that facilitate the entry of the virus into the bloodstream. Furthermore, adolescent girls who experience forced sexual intercourse are described as particularly vulnerable to HIV transmission due to their weaker vaginal cellular density. In terms of the rights and services for rape survivors however, the Act is somewhat problematic. While survivors of sexual violence may require assistance and treatment for, amongst others, HIV prevention, prevention of other STI's and unwanted pregnancies, injuries to the body, psychological shock, post-traumatic stress disorder, and disturbances in relationships, the Act only provides (medical) treatment to rape survivors; The prevention of HIV through post-exposure prophylaxis (PEP), which was already made available following a cabinet decision in 2002 (Mattheyse 2007). The Act warrants rape survivors the rights to the provision of PEP at designated health facilities within 72 hours of a rape and information about access to PEP ideally within 6 hours of a rape. However, a rape survivor is only entitled to PEP if she/he has reported the rape to the police. Given that currently in South Africa only 7-12% of alleged rapists get convicted, this is highly problematic (Jewkes and Abrahams 2002). For many rape survivors laying charge against a perpetrator is not only daunting, but it also exposes them to the risk of further violence and intimidation from the perpetrator.[12]

On the other hand, and highly contested, the Sexual Offences and Related Matters Amendment Act makes provisions for compulsory HIV testing of alleged offenders. "Survivors of rape or sexual assault may obtain a court order for alleged offenders to undergo compulsory HIV testing and for the results to be revealed to them." (Mattheyse 2007).

According to the Gender, Health & Justice Research Unit (2008),

[12] Quoted from Yonina Hoffman-Wanderer, Gender, Health and Justice Research Unit (UCT), in a public workshop for the Treatment Action Campaign (TAC) in Muizenberg, December 2007.

> *"The envisioned victim-initiated compulsory HIV testing of the perpetrator bears more risks than benefits. First, the provisions create a false sense of security for the victim by suggesting that an HIV-negative test result means there is no risk of HIV transmission. As the alleged offender may be in the "window" period when tested for HIV, the victim cannot rely on the result when making decisions around PEP and safer sex. It is also alarming that the Act makes it an offence to apply for compulsory testing of the alleged offender, with malicious intent. Since only between 5 and 9 % of reported rape cases result in conviction, those who are acquitted and were forced to undergo compulsory HIV testing may try to sue the victim for damages, or have her/him prosecuted for requesting an HIV test. This shifts the blame from the perpetrator to the victim and may have a "chilling" effect on victims, who will be afraid to seek this relief."*

Besides exposing rape survivors to the possibility of vengeance and more violence if an alleged offender was compelled to test for HIV and later released, the Act also entirely misses the opportunity to include protective measures for rape survivors in court and the provision of trauma counselling.[13]

The Domestic Violence Act of 1998 and the Sexual Offences and Related Matters Amendment Act of 2007 are to be understood not only as legislative frameworks that frame legal responses to gender based violence in South Africa, but also as discursive frameworks that shape particular notions of gender, and position women as victims in relation to a protective state. These implications will be further explored in the analysis and discussion of my research findings in chapter 5 and 6.

3.3 Chapter summary

International actors have recognised the complexities of HIV/AIDS and promoted interventions that go beyond the health sector and account for the socio-economic and gendered vulnerabilities of the epidemic as well. It is widely suggested that a comprehensive response to HIV/AIDS should therefore address the underlying factors of gender inequality and include issues of unequal power distribution, access to justice and economical and medical resources, and social support. Interventions should not address prevention in isolation from treatment and care initiatives, and acknowledge and address the societal and economical factors that contribute to HIV vulnerabilities comprehensively. This also entails a paradigm shift in HIV/AIDS interventions from biomedical models targeting particular 'risk groups' to a more inclusive approach considering the general population, which contributes to the deconstruction of stigmatisation of 'risk groups' and PLWHA. Moreover, interventions should account for unequal power relations and the gendered nature of state and non-state institutions and be accompanied by strong political will and leadership devoted to social and gender justice (UNAIDS 1999; WHO 2002). The Three Ones principles have been developed in an attempt to frame

[13] Quoted from Yonina Hoffman-Wanderer (Gender, Health and Justice Research Unit) in a public workshop for the Treatment Action Campaign (TAC) in Muizenberg, December 2007.

comprehensive national responses to HIV/AIDS that unite political actors, civil society, the private sector, scientists and medical experts. The 'community sector' is promoted as an important partner in national HIV/AIDS responses and valued for being close to where the epidemic manifests and action takes place. Thereby, the active participation and decision making of people affected by HIV/AIDS and especially poor women is repeatedly stressed (ICASO et al 2007; UNIFEM 2006). The South African response to HIV/AIDS, as framed in the NSP 2007 – 2011, has at least in theory accounted for the gendered and socio-economic factors that impact on the epidemic. The reduction of HIV vulnerability is strongly linked to the empowerment of women, human rights education in the general population, and access to justice. On the other hand, the NSP strongly promotes behavioural change models directed at 'risk groups' or 'vulnerable groups', and depicts women, especially black women, as such. Women are however not only depicted as vulnerable group but also as "soldiers" in the fight against the epidemic, especially at the community level (South African Department of Health 2007: 37). A review of two legislative frameworks addressing gender based violence in South Africa eventually has revealed a positioning of women as victims in relation to a protective state, and pointed at the challenges that legal reforms face in terms of implementation. Increasing poor people's and especially women's access to justice has proven to be difficult due to a lack of political will to gender justice and insufficient structural, bureaucratic and organisational preconditions for the implementation of legislations.

Unequal power distribution and conflicting interests between the different actors involved in multi-sectoral responses pose immense barriers to the implementation of legal frameworks. Exclusion and marginalisation of poor communities and especially women from decision-making processes are persistent, and attempts to include these groups in decision-making may even reinforce existing inequalities and power struggles. In my study I am interested in how community activists position themselves in this network of actors, how they negotiate the various discourses at play and what discourses they produce themselves. The next chapter will further develop my research rationale and outline the study methodology and epistemology.

4 Epistemology and Methodology

In this study I adopt a critical, feminist epistemology and methodology. According to Harding (1987), traditional approaches to social science have often explored scientific problems that were defined by the social experiences of white, middle-class men. Androcentric interests and knowledge have been defined and legitimised by 'scientifical' claims of objectivity, neutrality, logic, rationality and reason. Such qualities are commonly associated with masculinity, whereas their opposites, subjectivity, emotionality and irrationality, are associated with femininity, and thus irrelevant to science. Subsequently, scientific methodology has been able to claim transcendental truth and further secure (androcentric, white, middle-class) power (Peet 1998).

In HIV/AIDS research, the quantitative Public Health and biomedical approaches that dominate the research in the field are guided by such positivist scientifical principles in order to ensure the validity of the research findings. Data are collected in statistically 'representative' samples, correlates are measured and hypotheses tested and verified or rejected in standardised methodological procedures. The feminist critique of androcentric, positivist science has fundamentally criticised the theory and legitimacy of knowledge itself and declared that there is no such thing as neutral and objective science or representative samples, as there is always a person and a history behind a scientifical problem (Bhavnani 1994). A feminist epistemology then allows for the systematically marginalised knowledge, which is often associated with experiences of women and marginalised communities, to be scientifically relevant. It validates personal experiences, the micro-politics of everyday life, and subjective meanings and constructions. Feminist scholarship does not seek for representativeness and universal truth but rather for the exploration of situated knowledge. Such situated knowledge is unique to the research participants' complex identities shaped by gender, race, class, age, education, and geographical location and is negotiated in the research process through interaction with the researcher (Falconer Al-Hindi and Kawabata 2002). Haraway (1991) argues that situated knowledge does in fact constitute objectivity, for "feminist objectivity is about limited location and situated knowledge, not about transcendence and splitting of subject and object." (Haraway 1991; quoted in Peet 1998: 267).

In this chapter I will elaborate on the rationale of my thesis and direct the focus of interest to specific, localised and situated discourses in a community awareness campaign in Khayelitsha. I will first present the research participants and organisations, and then elaborate on issues of positionality and reflexivity as a researcher. Then, I will introduce some methodological and political concerns in the feminist analysis of 'others' discourses, before proceeding to the research methods and questions.

4.1 The politics of context and positionality

4.1.1 Research participants and context

The three organisations that participated in my research are based in Khayelitsha, and work in close partnerships with each other. Khayelitsha, a poor working class suburb 30 kilometres from the centre of Cape Town is widely referred to as a township, as it was established in the Apartheid years as one of many segregated areas for the black population in Cape Town. According to the 2001 Census, the suburb's population size was 329'026 in 2001 (Unit for Religion and Development Research 2004). However, unofficial estimations in 2008 speak of a population size of 800'000 people (Simelela 2008). The housing situation in Khayelitsha is precarious, with a majority of dwellings being informal shacks (52%), followed by formal brick houses (38%) and lastly semi-detached houses or flats in backyards of shared properties (10%) (Department of Social Services and Poverty Alleviation 2005). The official unemployment rate according to the 2001 Census was 36% (Unit for Religion and Development Research 2004), according to Simelela (2006) it is 80%. In 2007, the HIV prevalence in Khayelitsha was estimated at 30% (Azevedo 2007). Khayelitsha has one of the highest rates of rape in South Africa, and the highest rate of rape in the Western Cape (Simelela 2008).

The Treatment Action Campaign Khayelitsha branch (TAC)

Through internet research and telephone enquiries with Cape Town based NGO's working in the field of gender equality and HIV/AIDS, I compiled a list of potential research participants. I was recommended to contact the Treatment Action Campaign (TAC) to get access to smaller, community based organisations in this field. TAC is a well established and popular HIV/AIDS-NGO that operates on national, provincial, and local levels in South Africa. It was established in 1998 as a response to the South African government's reluctance to acknowledge the urgency of the epidemic in South Africa and provide treatment for HIV positive people (see chapter 1). TAC is also a support organisation for HIV positive people, especially the poor, providing treatment literacy and human rights education to its many HIV positive members as well as the wider public (http://www.tac.org). At the time of my first contact with the Western Cape provincial office of TAC they were mobilising their community activists in Khayelitsha for pickets at the Khayelitsha Magistrates Court, where the case of the rape and murder of their former activist Nandipha Makeke was to be heard. Nandipha Makeke was an activist of the Harare branch in Khayelitsha, and only 18 years old when she was gang raped and then shot by one of her rapists in December 2005. The court case had been postponed not less than 16 times since, to give the rapists and murderers time for bail applications, for their lack of legal representation, or lack of evidence. TAC demanded justice to be served, accusing the legal system for dragging on rape cases, especially of the poor, and for not conducting the investigations and prosecutions properly.

The courts were also accused of losing case dockets, and assigning poorly trained or corrupt legal staff to the cases of the poor. After the 17th court date postponement on the 8th of November 2007[14], the national TAC office called a press conference on the 13th of November 2007 and subsequently a public meeting in front of the Khayelitsha Magistrates Court on the 14th of November 2007. The two events aimed at informing the public about the wrongdoings of the legal system in dealing with rape cases, especially those of the poor. The local branch of TAC in Khayelitsha, the township where the rape and murder had taken place, had been working in partnership with other local organisations, such as Simelela, Médecins sans Frontières (MSF), Rape Crisis, PPASA[15] and Men as Partners[16] on many occasions. Some of those partners, along with representatives of the local government authorities and the Magistrates Court, were invited to speak at the public meeting and at the press conference. TAC Khayelitsha further held public speeches during the 16 Days of Activism against Women Abuse campaign, again in partnerships with the above mentioned local organisations. Those events and campaign activities addressed a complex set of problems evolving from a context of poverty, sexual violence, other violent crimes, HIV/AIDS, failings in the legal system, and lack of accountability of government authorities. I decided to base my field research in that context, and specifically look at the discourses evolving around the intersections of HIV/AIDS, gender inequality and gender based violence in the public events of the organisations.

Simelela – 1-stop Centre for Survivors of Sexual Violence

The stories of Simelela and TAC are strongly intertwined. Simelela was initially set up in November 2003, when counsellors at the Site B ARV clinic had come to understand that many women counselled for HIV had experienced gender based violence. The clinic first offered follow-up medical care and counselling to rape survivors. In December 2003, two years before the Nandipha Makeke murder, TAC member Lorna Mlofana was raped and murdered after her rapists heard she was HIV positive. The following year the community of Khayelitsha, through TAC and other organisations, was mobilised in large numbers to protest against sexual violence, the lack of commitment of the police and the court to bring justice in the case of Lorna Mlofana, and the lack of adequate services for rape survivors in Khayelitsha. The integrated service for rape survivors Simelela was consequently established in August 2005. Today Simelela is a 24/7, 1-stop centre for survivors of sexual violence, offering medical care, prevention of HIV/STI's and unwanted pregnancies, emergency and follow-up counselling, referral to long-term counselling facilities, police assistance and court case assistance (Simelela 2006). At the time when I first contacted Simelela, they were in the midst of planning

[14] Unlike in most of the previous 16 court dates in the Nandipha Makeke case, on the 8th of November there has been a court hearing of the four accused men and one witness. However, the sentence was again postponed due to lack of empirical evidence.
[15] Planned Parenthood Association of South Africa
[16] Men as Partners is a programme established by EngenderHealth in 1996

activities for the 16 Days of Activism against Women Abuse campaign in Khayelitsha taking place from the 25th of November to the 10th of December 2007. They were holding a wide range of awareness raising activities on issues of sexual violence and HIV/AIDS such as door-to-door campaigns, public speeches, exhibitions, and school visits in collaboration with the youth drama group Masibambisane.

Masibambisane – Community Awareness through Drama

The Masibambisane Youth Educational Drama organisation was established by its director Mluleki Sam in 1998. Their dramas aim at raising awareness about social issues affecting the community such as unemployment, crime, rape, or HIV and AIDS. Masibambisane's programme consists in four different projects: Drama performances in primary schools; drama workshops at High Schools; yearly awareness raising performances at the Baxter Theatre; and the Industrial Theatre project, whereby the drama group is mandated by organisations or government departments to write and perform a play on a particular social issue. Simelela mandated Masibambisane to write dramas that address rape and HIV/AIDS in 2005, and Masibambisane has since performed on these topics in many primary schools and public events, such as the 16 Days of Activism against Women Abuse campaign in Khayelitsha.

The 16 Days of Activism Against Women Abuse and the Nandipha Makeke campaigns in Khayelitsha 2007

The 16 Days of Activism against Women Abuse campaign, originally the *16 Days of Activism against Gender Violence* campaign, was first launched in 1991 by the US-based *Center for Women's Global Leadership* (former Women's Global Leadership Institute). The campaign starts every year on the 25th of November and ends on the International Human Rights Day, the 10th of December (Center for Women's Global Leadership 2008). Numerous women's organisations worldwide and in South Africa have since made use of the campaign to address violation of women's rights. In Khayelitsha a group of local organisations and local government departments have been running various related campaigns for a couple of years. In 2007, the year of my field research, TAC, Simelela and Masibambisane used the 16 Days of Activism against Women Abuse campaign to raise awareness about rape and HIV/AIDS through public speeches, door-to-door campaigns and drama performances in the community of Khayelitsha. The Nandipha Makeke campaign aimed at 'speeding up' the court case of the rape and murder of the former TAC activist and reminding the authorities of their obligations to serve justice. Nandipha's court cases coincided with the 16 Days campaign, and so the organisations combined the messages and used the 16 Days campaign to advocate for justice to be served and to condemn gender based violence in public.

I chose the 16 Days of Activism Against Women Abuse campaign in Khayelitsha as the main focus of my field research. The campaign united a number of local organisations working at the intersections of HIV/AIDS and gender based violence in a specific setting limited in time and space. As such, the campaign offered an excellent opportunity to explore gendered discourses as they evolve in HIV/AIDS activism. The public speeches that accompanied the campaign were held in Khayelitsha Site C, Site B and Enkanini, sections of the township that mainly consist of non-brick houses settlements and that according to the statistics of Simelela have a high population density and particularly high rape rates. A clear and large open space was usually chosen in the middle of the local community, and a small stage put up on site. The speeches given at those events targeted the general population of Khayelitsha, namely men, women and children of all ages. Before each event the community activist would distribute leaflets and call for the members of the respective community to attend to the happenings. The events were however visited mostly by young women and children, and fewer young men. Children and youth seemed to be attracted by the music and singing that accompanied the gatherings, whereas older members of the community would usually join them rather sceptically, keeping a bigger distance from the stage.

4.1.2 Reflexivity and positionality as a researcher

For the reasons stated in chapter 3, I consider the community level an important level of analysis in HIV/AIDS research. Drawing from a feminist epistemology and criticising the normative production of knowledge in 'mainstream' social science (cf first paragraph of this chapter), I was interested in exploring the situated knowledges of a marginalised community. I identified the community organisations presented above as my research participants, and through them a variety of community activists to be not only the informants to my research topic, but also active participants in the generation of knowledge and theory. Ideally, in doing so I would have positioned myself as a medium between the knowledge production of community activists, and the generating of social and feminist theory. However, the relations of power that exist between researcher and research participants, particularly when shaped by different socio-economic and educational backgrounds, do not allow for this. Yet this does not render the research project futile if it is taken into account and critically reflected by the researcher. The reflexivity of the researcher in social science does then also help to address power imbalances between researcher and research participants. Falconer Al-Hindi and Kawabata (2002) argue that self-reflexivity of the researcher about her/his own multiple identities and roles in the research process can help deconstruct the power gap between researcher and participants. Furthermore, Valentine (2002) challenges the often quoted power gaps between researcher and participants and the reluctance of many to conduct research with (social, cultural, gender) groups less powerful than the own. Such reluctance is based in the belief that only members of a specific group

should conduct research within that context, whereas outsiders should refrain from such a venture. Valentine (2002) criticises this view for reproducing insider-outsider dualisms and neglecting the possibility of failure in researching within the own group respectively of succeeding within another group. Such a presumption furthermore reduces the relationship between researcher and participants to categories of gender, class or race, and disregards the opportunity to develop situated identities and relationships in the research process (Valentine 2002).

For this study I have conducted research in the township Khayelitsha, a large, poor working class area at the outskirts of Cape Town, despite concerns of power imbalances between myself as researcher and some of the research participants from different cultural and racial backgrounds and socio-economic status. I met this particular challenge through self-reflection in the research process and the acknowledgement of my subjectivity and reflexivity in the collection and analysis of data. Coming from a privileged background in terms of my social class and education, I was aware that I would face challenges when entering a research field that is marked by social inequalities, low educational status, high unemployment rates, crime, poverty and HIV and AIDS. In addition, I was not only socio-economically privileged compared to the people in the communities I researched, but also a white European researching in a black South African township. Despite of this, or rather because I am part of a Western society that participates in producing and reproducing neo-colonial (development-) discourses of the African continent and people and especially women, I was interested in exploring firsthand how discourses about gender and HIV/AIDS evolve in a local South African, activist context.

In terms of how I was received as a white middle-class European by the mostly black, working-class South African community activists there were some surprising experiences. I had expected my whiteness, my middle-class status and my foreignness to be met with scepticism. However, the area around the Day Hospital in Khayelitsha Site B, where the local TAC branch, Médecins Sans Frontières and Simelela reside, had been overrun by white, foreign researchers, students and journalists over the past few years. My appearance in the middle of the activist-community therefore was nothing out of the ordinary. At certain times however I had the impression that my (middle-class, white, foreign) presence in the middle of a poor, black South African community was being questioned by some of the activists. I wasn't sure however if I was being overly self-aware, or to what extent it did have an influence on the things that were said or not said in front of me. Eventually, I learned to accept that my presence sometimes did shape the ways in which the activists represented themselves and their work in front of me.

There were specific occasions when I felt especially awkward about my presence. This happened mainly when I joined a group of TAC or Simelela activists to an event and everyone was busy organising or carrying out certain tasks while I was standing on the side trying to understand what they were doing or saying, and trying to get some useful information for my research without interfering with the happenings. It usually proved helpful to identify one or two members of the respective organisations as my informants and ad hoc translators, so that I could roughly follow the happenings without disturbing the activity. After a few days spent with the organisations and the activists, I realised that I would have to spend a lot more time in that context and visit many events prior to the 16 Days of Activism Against Women Abuse campaign for me to be able to understand the activities of the organisations and explore my research questions as well as possible. For this reason and because I wanted to be able to 'give something back' to the community organisations that had been assisting me with their time and knowledge, I became involved in TAC and Simelela as a volunteer. I offered to help them with writing, transport or anything else that I could provide for. TAC Khayelitsha asked me to carry out some background research on the Nandipha Makeke case in order to write a short biography to be used in their media communications and public meetings. For Simelela I worked through their electronic rape database and checked the accuracy of the information for them to be able to write a report to their funders. It proved to be very beneficial to spend time with the organisations as a volunteer. Not only did it allow me to contribute to the organisations' activities with my skills and knowledge, it also gave me the opportunity to interact with the organisations on a more daily basis and not only for specific events. This experience broadened my understanding of the organisations, its many members, and the issues they were working on. For a period of about three months I was a regular in Khayelitsha Site B, where TAC Khayelitsha and Simelela are based. It so happened that I was invited to events and even staff meetings that I would have missed had I 'only' been a researcher.

The issue of safety for me as a foreign, white and thus noticeable woman moving around alone in Khayelitsha, a township generally referred to as 'dangerous', posed an additional challenge to my research and volunteering activities with the organisations. I had been warned not to go into 'the townships' alone if I did not know my way around, and to always let people know where I was and when I was to be expected back. I knew that the dangers I may face in Khayelitsha were real, and that I was a woman driving in and out of the township on her own. However, I wanted to be able to go in and out of Khayelitsha on my own, and have the freedom of choosing the times and spaces of my whereabouts spontaneously, adapting them to the demands of my field research. I resolved the safety issue by getting very precise driving directions when I first drove to the organisations' offices on my own, and after knowing my way there I always made sure to leave Khayelitsha before sunset. When the events were taking place in an area of the township I didn't know, I was always accompanied by a

few community activists. It was a mutual benefit as I could offer transport whereas the community activists provided me with knowledge of the area and made me feel much safer.

With the issue of safety and the fact that I was able to leave Khayelitsha before dark to return to my privileged housing situation in a UCT residence in Mowbray, I became more aware of the immense inequalities that shape the agglomeration of Cape Town. While spending time with the Simelela and TAC activists I was told many stories of how women would often get raped in their homes, sometimes by men that kicked down the doors of their shacks at night. I realised that the ability to remain safe was a privilege that many women in South Africa and elsewhere did not have. Especially after having worked on Nandipha Makeke's biography I started to become desensitised to the emotionally heavy experiences I was going through. It had become very difficult for me to continue my research with the immense inequalities and suffering that I was confronted with every day. In an attempt to soothe my growing feeling of hopelessness I moved my focus away from the everyday stories of violence and back to the activities and ideologies of the community activists. I found some comfort in their optimism and the immense power that made them go on every day. And although I have gained great respect for their personalities and their efforts, I left my research field with the confusing question of how to further deal with the inextricable issues of privilege and inequality in my own life.

4.2 Methodological concerns in feminist analyses of discourse

4.2.1 Theorising the discourses of 'others'

In my study I adopt a methodological approach informed by discourse analysis in order to expose and deconstruct the discourses that reproduce unequal relations of power and to explore controversial discourses and discourses of resistance relative to HIV/AIDS and gender inequality as they emerge in a specific local South African context. Discourse analysis is a collective term covering a variety of ideological and methodological approaches and different scientific disciplines, whereby two main strands can be distinguished (Phillips and Hardy 2002). Social constructivist approaches are mainly concerned with exploring ways in which a social reality has been constructed through discourse. Texts and surrounding contexts are read with the aim of providing insights into the organisation and reconstruction of a reality as well as the microdynamics of individual processes that construct this reality. Critical approaches on the other hand focus on the dynamics of power, knowledge and ideology that are involved in and constituted by discursive processes. Their interest is directed towards the role of the discursive activity in constituting and sustaining unequal power relations and aims at unveiling discursive patterns and strategies that enact, reproduce, and legitimate power abuse (Phillips and Hardy 2002). For the purpose of my study I combine the two approaches in order to understand

the challenges in the reproduction of gender inequality in HIV/AIDS discourses in the public campaign. My data analysis aims at finding discursive themes, patterns of collective sense making and broader meanings in talk (Speers 2005), and critically reflects the discursive constructions with regards to their production and reproduction of unequal power relations. It is a gender analysis of discourses in that it particularly pays attention to the gendering of subjects and phenomena through discourse.

Speers (2005) in her attempt to create a feminist framework for discourse analysis, criticises the "interpretive gap between object and representation" (Speers 2005: 179) that characterises social constructivist and critical discourse analysis. Feminist analysis, who is concerned with 'giving a voice' to the research participants, often members of marginalised groups, is torn between the practice of non-interference with the respondents' point of view and the generation of feminist theory as a basis for action and for understanding action. As Speers (2002: 785) points out, the feminist respondent-orientation "tends not to be translated at the analytical level." On the contrary, "many feminists would stop short of an approach in which the researcher uncritically accepts and 'gives voice' to the generally non-feminist arguments of participants." (Speers 2002: 785). Hence, Speers (2005; 2002) suggests moving closer to the text and to the participants' talk in order to abide to the feminist practice of 'giving voice' to participants. With regards to data collection, drawing on the methods of conversation analysis, she suggests to record "everyday social practices as they occur in their 'natural' settings, in courtrooms, at the dinner table, on the telephone, and so on." (Speers 2002: 785). With regards to data analysis, Speers (2002) favours an orientation towards participants' perspectives implied by conversation analysis instead of drawing on available discourses of oppression as suggested by social constructivist and critical discourse analysis. For a feminist approach to analysis "this means that gender, and a range of other sociological and demographic variables (such as age, class, race, and/or sexuality) should not be imposed on the analysis by the researcher." (Speers 2002: 785). Instead of "treating members as determined by gendered discourses form outside talk", a closer orientation towards participants' talk would demonstrate how "members *construct, orient toward, resist and subvert* gender normativity in their talk, and in ways that are observable and amenable to analysis." (Speers 2005: 124; emphasis in original).

In my research I found myself in a similar dilemma; on one hand I was concerned with 'hearing the voices' of the research participants and the specific, situated knowledge they produced in speeches, conversations and interviews. On the other hand, I was interested in tracing the reproduction of existing discourses of oppression and gender stereotypes, which involves the use of pre-shaped, feminist concepts in the reading and interpretation of the data. I resolved to predominantly use

'naturally occurring' data through participant observation that the community organisations produced in their everyday context – such as public speeches – and to use semi-structured interviews only to clarify certain themes and particular questions as they came up in the speeches and observation. With regards to data analysis however I did use pre-shaped concepts and categories, as one of my main aims was to identify existing discourses of unequal power relations in relation to HIV/AIDS in a campaign on gender based violence. However, I was also interested in the types of discourses that opposed such dominant narratives. Those were the instances where alternative discourses and narratives of resistance evolved in the speeches and interviews, which mainly became apparent in contradictions and conflicting statements, in disruptions of a dominant narrative, or in the silences, the un-spoken and un-speakable. Drawing from the previously discussed neo-colonial discourses that universally position 'Third World' women in terms of their oppression and victimhood, I am particularly interested in the ways in which men's and women's identities and roles are discursively constructed and (self-)represented in relation to HIV/AIDS in a postcolonial and post-Apartheid context. The dominant discourse in representations of gender relations in the 'Third World' tends to define power in binary terms, usually with men holding and exerting power over women. In a Foucauldian understanding however, power is defined as a positive, enabling force emerging from multiple sources and underlying all social relations (Foucault 1984c; quoted in Walshaw 2001: 482; cf chapter 1). A Foucauldian analysis then considers "how discourse systematically constitutes versions of the social and natural worlds", how subjects are "positioned by discourse in relations of power", and how they "negotiate contestation and conflict in their self- and world-concepts and attempt to solve these dilemmas through language." (Walshaw 2001: 482).

According to de la Rey (1997), the issue of power in the research process is also central to the question of how the researched knowledge is disseminated and how accessible it is to the general population. Mystification of jargon and other barriers can lead to the research being disempowering instead of conducive to change, and reproduce unequal power relations between researcher and the general population. Thus, especially within feminist research, the positioning of researchers and researched must be more carefully addressed, and go beyond labelling oneself as e.g. white, middle-class, etc. The researcher must be aware of the socio-economic and -political context of the research and the actors involved (including the researcher herself) and acknowledge that her account of others' discourses is a construction itself. Once this has been done, she can examine the various discourses at play, reveal alternative discourses as possible sites for change, and comment on their possible consequences for the project of social justice (de la Rey 1997).

4.2.2 Analysing translations of 'others' texts

For discourse analysis to be critical of relations of power within the research process the issue of language and translation must be more closely looked at. Besides the above mentioned acknowledgment that the analysis of others' discourses is a construction itself, in multi-lingual research settings language and translation form yet another level of construction. In my study the 'naturally occurring' data gathered during the participatory observation and the public speeches was in Xhosa, which constituted one of the major barriers I encountered during the research process. My first point of contact with the organisations was the Khayelitsha office of TAC in Khayelitsha Site B, where hundreds of TAC and other activists gather and work each day. The Simelela clinic is based a few hundred metres away, on the Site B Day Hospital area, and activists of both organisations frequent each others' premises. From those premises, activists set off to marches, door-to-door campaigns, exhibitions or court pickets, where I often joined them. I recall my very first 'outing' with a group of Simelela activists, a visit to an exhibition of local organisations in a Khayelitsha community hall. I had quickly identified one of the activists that was keen to assist me with translating the various leaflets and posters from Xhosa to English. When it came to the translation of speeches however, given the fast pace of the talks, she could only give me summaries of what was being said, and I felt that I lost out on the most interesting parts and details. Language was not only a challenge in terms of my lack of knowledge of Xhosa however. Language, especially in a post-Apartheid context, is embedded in relations of power and inequality. Over the Apartheid years the culture and language of the Xhosa population (along with the other African language groups in South Africa) had systematically been marginalised and stigmatised (Kamwangamalu 1997) whereas English was and is considered the language of power.

I was made aware of the politics of language in an evaluation session that Simelela was holding with the teachers of the schools where Masibambisane had performed dramas about rape. I had been invited to attend that evaluation by two Simelela coordinators, of whom one is Xhosa speaking and the other English speaking of Indian descent. I had automatically assumed that because I was invited, and because I wasn't the only non- Xhosa speaker, the meeting would be held in English. The meeting was however held in Xhosa, and after sitting quietly and not understanding what was being said for a while I carefully asked if it was possible to continue the meeting in English, so that I would understand. The answer that the Xhosa speaking coordinator gave to me was powerful: "Ok, but my English is expensive". It was meant to be a joke, as her laughing suggested, but I knew that there was a political statement in that. Not being a first language English speaker myself, although knowing the history of language discrimination during Apartheid, the fact that my (then) not fluent English could be framed as an expression of power came somewhat unexpected to me. Prior to my interactions with the

community activists in Khayelitsha, the universal assumption that everyone is fluent in English had bothered me occasionally, and exceptionally in class where I often found myself struggling with Northern Americans' fast pace of talk. However, in interaction with Xhosa speakers who were also not perfectly fluent (and fast) in English, I had assumed that English would simply be seen as the language of mutual understanding. One of the very first questions I was asked when first visiting the TAC branch in Khayelitsha however was "are you American as well?" As there had been many white researchers and volunteers interacting with the community organisations, most of them from North America, it was commonly assumed that all whites frequenting Khayelitsha were Americans. When I said I was from Europe, more precisely a Switzerland born Italian, no one seemed to be particularly interested in my origins. My whiteness and middle-class look had automatically been associated with American and English speaking, making me aware of the local perceptions of white middle-class identity and power.

After the experience at the teachers' evaluation meeting with Simelela I always carried a voice recorder with me and recorded speeches and meetings to be translated in English later. However, I learned that even the most careful translation of Xhosa texts into English have to be read as a particular interpretation of the original texts, or yet another discursive construction, dependent on who translates it, what the translator thinks the researcher is interested in, and also what the translator is interested in getting from the interaction with the researcher. My translator was a TAC community activist who had enjoyed several years of informal training and education through the various programmes of TAC and spoke and understood English fluently. She knew the organisation and the stakeholders well, and knew the background of the public campaign I was researching. I played the voice recordings to her while she translated simultaneously and I transcribed the texts in English. In this process, I had to stop the translations several times when I felt that she was summarising the texts instead of giving a literal account of the speeches. I realised that it might have been better to find a translator that was not involved in the organisations and that heard the speeches for the first time. Time and costs however inhibited me from seeking a second translator. Furthermore, I came to understand that there are local and cultural meanings and linguistic constructions in the Xhosa texts that could not be understood nor translated in English. In these cases the translator gave me examples to explain the meaning of a particular narrative, which was of course a translation of her own understanding of it, which may also have been informed by subtle expectations and interests from both parties. Therefore, it is important to be aware of the different levels of discursive and linguistic constructions in my analysis of 'others' talk before proceeding to the presentation and discussion of my findings.

4.3 Research methods: Feminist, ethnographic field research

In qualitative research it is common to use a variety of different methods in order to analyse a phenomenon and its context from different perspectives, a practice often referred to as triangulation of methods and widely adopted in ethnographic research (Flick 2002). Ethnography is a methodology that requires the researcher to delve into the field of her/his research for an extensive amount of time and gather as much data as possible, and from multiple sources (Flick 2002). Ethnographic research methods are hence often participatory, and require in-depth engagement with the phenomena and the research participants involved. However, ethnography is not limited to interactive research methods, as the researcher often needs to gather information on the wider context of the research phenomena, which can be accessed through literature, internet research, expert consultations and various other means. Feminist ethnography contains an additional, political dimension:

> *"Feminist fieldwork is predicated upon the active involvement of the researcher in the production of social knowledge through direct participation in and experience of the social realities she is seeking to understand... However, feminist field researchers add [another dimension] which is not included as a part of conventional field methods... the necessity of continuously and reflexively attending to the significance of gender as a basis feature of all social life and... understanding the social realities of women as actors whom previous sociological research has rendered invisible."* (DiIorio 1982; quoted in Rheinharz 1992: 46)

I have adopted an ethnographic approach in my research and combined different methods of data collection, which will be described below.

4.3.1 Data collection

Data collection consisted primarily in recordings of public speeches, semi-structured interviews, informal conversations with activists and coordinators of the organisations, informal group discussions with activists, attending of organisations' meetings and workshops, and written information on the organisations and their campaigns. Despite the wealth of information however, for the purpose of this thesis I concentrated my interest on the recorded speeches, as these constituted the public message that the campaign communicated to the audience. The additional data was used to understand and describe the context of my data, and to locate the speeches better within this context. A number of specific events that took place in Khayelitsha before or during the 16 Days of Activism Against Women Abuse campaign were identified as my main re search events:

1) *TAC Press Conference Nandipha Makeke case, Cape Town, 13 November 2007*
2) *TAC Public Meeting Nandipha Makeke case, Khayelitsha Magistrates Court, 14 November 2007*
3) *TAC 16 Days of Activism public event, Khayelitsha Enkanini, 27 November 2007*

4) *Simelela & Masibambisane 16 Days of Activism public event, Khayelitsha Site C, 29 November 2007*

(Fig. 2) Public meeting at the Magistrates Court in Khayelitsha, 14. November 2007. Photo: Nosisa Mhlathi, TAC.

Each of these events was comprised of five to fifteen speeches given by different members of the organisations. Some of the speakers were community activists, and a few others coordinators working on local to national levels in their organisations. My methods of data collection was based on participant observation and mainly consisted in voice recording of the speeches held during those events combined with field notes about the event's contexts. Speeches held in Xhosa were later translated into English, and all speeches eventually transcribed. Scripts of the drama plays that Masibambisane performed at some of the events were added to my research data as supplementary information, as it was difficult to translate the drama performances ad hoc. Additionally, notes of conversations with current and former members of the organisations, reports and campaign information (TAC 1998-2008; TAC 2000; Simelela 2008; Simelela 2006) were included in the processing of information.

Following a preliminary analysis of the research transcripts, five key organisers of the public events were identified and interviewed. The interviews were semi-structured, and included a number of questions on the organisations' approaches to HIV/AIDS, gender, gender based violence and particularly rape. Additionally, I included specific questions on issues that arose in the public events. Other than that, the interviews were open and flexible in order for the interviewee to set topics that appeared important to her or him (Flick 2002). These qualitative, in-depth interviews aimed at framing and better understanding the public events as positioned in the organisation's political agenda. The

study participant were informed about and agreed to my participative study prior to my field research. I obtained informed oral consent from those activists who were part of my participative observation and informed written consent for interviews. My research was eventually approved by the Ethics committee of the African Gender Institute of the University of Cape Town.

4.3.2 Research questions

On the onset of my field research I formulated the following broad research questions:

(1) How do the community organisations make sense of the intersections between HIV/AIDS, gender inequality and gender based violence?

(2) Are women and men perceived as being affected differently by HIV/AIDS and violence? How is femininity and masculinity constructed in this context?

(3) How is gender inequality and gender based violence conceptualised and addressed? Do the organisation's agendas and programmes aim at transforming gender inequalities also among their own members and within leadership structures?

These questions were addressed by paying attention to the specific themes during the participant observation (particularly during public speeches), in informal conversations with activists, in semi-structured interviews as well as in the reading and analysis of the data.

4.3.3 Data analysis

Drawing from different theoretical frameworks and practical examples of discourse analysis (Roth 2005; Zajicek 2002; Elvin-Nowak and Thomsson 2001; Meyer 2001; Parker 1999; and Martin 1990), I developed the following model of data analysis for my study;

In a first step the public speeches and interviews were transcribed as literally as possible. A first, critical reading through the body of transcripts got me accustomed to the texts and allowed me to identify the emerging themes and patterns. My main focus of analysis then concentrated on the public speeches, whereas the semi-structured interviews were used to follow the logic and further explore the themes and patterns in the speeches. In a second, more in-depth reading of the transcripts significant paragraphs were labelled with different themes, and the themes grouped together in overarching categories. These categories formed the basis for the analysis of discourses throughout the data. In a further analytical step attention was paid to particular patterns within and across the categories, such as themes that co-ocurred frequently or never, or disruptions of dominant narratives, which allowed me to trace dominant discourses, resistance to dominant discourses, and silences in the data. I also paid attention to frequent repetitions, references to other sources and specific rhetorical moves and to their

possible function in the speeches. The themes and discourses emerging in this process will be presented and explored in chapter 5 and discussed in chapter 6.

4.3.4 Limitations of study

As discussed previously, my data analysis was based on a translation of the original Xhosa texts, which poses questions to the validity of my research findings. In a similar way, a discursive analysis that involves the use of pre-shaped concepts to generate feminist theory is to a certain degree detached from the cultural and linguistic background of the original texts. My analysis, which is influenced by feminist theory and looks at the reproduction of inequality through language, may also not be immediately tangible for the day-to-day business of community based NGO's. Despite these limitations however, I propose that my analysis of a local South African public awareness campaign may raise important concerns with regards to public education messages on gender and violence and make recommendations for future campaigns that aim at challenging harmful gender constructions and inequalities.

4.4 Chapter summary

This chapter was based on a poststructuralist critique of social science as defined by andocentric interests of usually white, middle-class men. 'Mainstream' HIV/AIDS research has been criticised for being based on positivist values of representativeness and validity, and was opposed to feminist scholarship who claims that there is no neutral and objective science. Feminist scholarship is more concerned with experiences of marginalised groups and women, and explores situated knowledges based on intersecting identities of gender, class, race, age, location and education. On the basis of this epistemological background I introduced my own research where I want to explore public discourses of three community based organisations in Khayelitsha, and am particularly interested in their gendered constructions of HIV/AIDS. I introduced the three main research organisations, TAC, Simelela and Masibambisane and the 16 Days of Activism Against Women Abuse campaign in Khayelitsha 2007, which formed the central focus of my research. The location of my research, a semi-informal black township at the outskirts of Cape Town, brought up questions of how to position myself as a researcher in this context. Reflexivity on one's own positionality in the research process and the interaction with research participants is central to feminist research, and goes beyond a simple labelling of the researcher as – in my case – white and middle-class as opposed to black, working-class research participants. I have therefore elaborated on my own experiences, and the negotiations of these within the research context, and resolved that certain issues such as language barriers or subtle interests involved in the research interactions cannot be 'solved' but merely acknowledged. In

addition, researching in a multi-lingual setting required a translation of the original Xhosa texts, which added another layer of discursive construction to my research. One additional concern with feminist research is the 'interpretive gap' between the feminist practice of 'giving voice' to participants, and the generating of feminist theory. In my study I use data occurring in the most 'natural' way, but acknowledge the need to generate feminist theory for social change, and thus the use of pre-shaped concepts and understandings of discourses of oppression and resistance. Eventually, I presented my research questions and the research methods that consisted in a triangulation of public speeches, semi-structured interviews, and written and oral information on the organisations and campaigns. Data analysis was based on a combination of different practical and theoretical models of discourse analysis identifying themes and patterns in the data and analysing the dominant discourses, the disruptions of dominant narratives, and the silences. The next chapter will present and explore the main discursive themes identified in my analysis.

5 Presentation and analysis of findings

The previous chapter set out the epistemology and methodology of this research dissertation. The data gathered through recording of public speeches and interviews during my participatory research was analysed with the aim of finding discursive themes, patterns of collective sense making and broader meanings in talk (Speers 2005), and critically reflected the discursive constructions that emerged in this process. This chapter will now present the findings of this analysis by reproducing and organising the research participants' texts and giving an idea of the possible implications of these discourses for the production and reproduction of unequal power and gender relations. I will first reflect on the research organisations' gender discourses previous to the 16 Days of Activism against Women Abuse campaign 2007, to give an understanding of how the emerging discourses are located within the organisations political agendas and histories. Following this elaboration of the organisations' backgrounds I will present the discursive themes of the public event. I have organised the discourses in three main themes; Constructions of rape, associations between gender based violence and HIV/AIDS, and gender constructions in relation to violence, class and race.

5.1 Behind the scene: Reflections on the organisations and speakers

Given that I chose a public campaign as my main source of data, I regard it as important to first elaborate on the background of the organisations involved in the campaign in terms of the gender discourses they deploy as part and parcel of their day-to-day work, before proceeding to the discourses deployed in the actual public events.

As indicated in chapters 1 and 4, TAC is an organisation that foremost advocates for the rights of HIV positive people. Its main focus is on questions of access to treatment, treatment literacy for poor South Africans, PMTCT programmes, public awareness of HIV/AIDS, and the rights of PLWHA. According to a campaign coordinator, 'gender issues' came into TAC with a growing awareness of how women in South Africa were disproportionately affected by HIV and AIDS. The women activists in TAC, who were mainly involved in the treatment literacy programme, had recognised that many women inside and outside the organisation had to cope with gender based violence, or reproductive health issues such as cervical cancer, without any major support. They had also recognised that although the vast majority of TAC members were women, women tended to be mostly volunteers involved in education programmes and operating on the grassroots levels, while men were more likely to be in the coordinating and leading (paid) positions. Simultaneously, a number of HIV positive, women TAC members had been raped and/or killed by men in their families or communities. As a consequence, women activists started to advocate for a platform in the organisation where women would find

support, and from which they could lead a separate Women's programme dealing with issues that particularly affect poor and HIV positive women. This programme would address violence against women and gender inequality, rights education for women, PMTCT programmes, issues of treatment for HIV positive women with cervical cancer, and prioritise PLWHA and women within TAC. From the TAC National Congress 2005 onwards, the organisation committed itself to tackle gender inequality comprehensively, starting with training women leaders and addressing gender imbalances within TAC, while at the same time carrying the commitment to gender equality into all their programmes but also developing separate gender specific programmes. However, according to current and former women TAC activists, 'mainstreaming' gender inside the organisation, and especially letting women lead was and is an ongoing struggle. In this process, some of the most influential women leaders left respectively were encouraged to leave TAC. Nevertheless, TAC has carried on with the Women's Rights and Women in Leadership campaigns, most recently focusing on three main programmes;

(1) Women's health with focus on cervical cancer

(2) Gender based violence with focus on rape

(3) Training of female leadership

The gender based violence programme (2), where my research events were based in, was developed out of the recognition that gender based violence is the "main fuel of spreading of HIV" (woman TAC campaign coordinator). Furthermore, TAC in this programme campaigned for better legal accountability for rape cases and brought public attention to the rape and murder cases of their former members. As mentioned earlier, in the area of gender based violence TAC has been working closely with the Rape Survivors' Clinic Simelela. The discourses evolving in the context of the gender based violence programme are therefore strongly intertwined with Simelela's history and gender discourses.[17]

Chapter 4 showed how the Rape Survivors Clinic Simelela was first established by MSF in 2003 as a medical centre offering HIV prevention and follow-up care to rape survivors. The primary reason for the establishment of the centre was the recognition of MSF staff and counsellors at the local ARV clinic that a high number of women counselled for HIV reported gender based violence. In the same year, TAC member Lorna Mlofana was raped and murdered after disclosing her status to her rapists. The court case was dragged on over several months, after which TAC mobilised the community of Khayelitsha to raise public attention to the case and advocate for a comprehensive 24/7 centre for rape survivors in Khayelitsha, recognising that rape cannot be tackled by simply addressing its medical

[17] This paragraph is based on an interview with one of the TAC campaign coordinators in April 2008.

risks. Simelela extended its services and became a comprehensive 1-stop centre for rape survivors with trained and dedicated counsellors and medical staff in August 2005. However, given the history of Simelela's *raison d'être*, Simelela in its public communications foremost emphasises that rape, besides psychological trauma, physical injuries and unwanted pregnancies bears an elevated risk of HIV infection (Simelela 2006; Simelela 2008). The particularly high risk of HIV through rape is related to abrasions in the genital areas that facilitate the transmission of the virus. Referring to a statement of the NGO People Opposing Women Abuse, Simelela (2006: 19) further argues that approximately one third of women who get raped and do not receive PEP will become HIV positive. At Simelela, 86% of new rape cases have reached the centre within the crucial 72 hours of a rape, and 89% of these have been given PEP. None of these rape survivors who have returned for a 6 weeks and 12 weeks follow-up have become HIV positive within that period (Simelela 2006). At the same time, conversations with medical staff at Simelela revealed that it is not possible to establish whether a rape survivor who becomes HIV positive within the follow-up period was infected through the rape, or through consensual unprotected sex within the window period before the rape or during the follow-up period.

Simelela however also has a strong preventative focus on rape. The high rate of rape in Khayelitsha is related to "community attitudes" that make "certain types" of rape socially and culturally acceptable and to the low commitment rate of rapists, both encouraging men to rape (Simelela 2006: 22). Furthermore, the stigma attached to rape and the associations of rape with HIV/AIDS are said to inhibit rape survivors from seeking help and press charge against rapists. Simelela (2006) also reports that many rape survivors are frequently blamed for having been raped, which often results in self-blame and isolation or exclusion from families and the community. Such community attitudes are exemplified by a citation of a rape survivor in the introduction of Simelela's 2006 report:

> *"People laugh at me and say "Oh, you will get HIV aids now". These are my neighbours and people who live around me. They don't seem to think the men that raped me did anything wrong.*
>
> *The other day I was walking down the street. A girl called me over but when I walked towards her a man pulled her aside and said, "Don't touch her! Don't go near her! She has been raped and maybe she has some disease."*
>
> *The day before that I got in a fight with an old woman. She was drunk and she wanted me to go buy her beer. When I said no, she said, "That's why you got raped, because you're mouthy. If I were a man I would rape you too." I hit her.*
>
> *This has changed my life. The way people look at me, the way they react. I don't feel comfortable anymore. I get worried about what my boyfriend is going to say to his friends. I'm afraid of what his family are saying. Sometimes I don't even feel like a person."*
> (Simelela 2006: 3)

Individual and community attitudes towards rape and its associations with HIV/AIDS are addressed in community awareness and education campaigns in partnership with TAC and the youth drama group Masibambisane. Masibambisane has been mandated by Simelela to perform dramas about rape and rape attitudes in the community. Their scripts have been developed in collaboration with Simelela, but also entail personal experiences and understandings of rape of the young actors.

In addition, Simelela also addresses the lack of legal accountability for rape cases in South Africa and particularly in poor communities by working closely with the South African Police Services (SAPS), the Department of Correctional Services (DCS), the National Prosecuting Authority (NPA) and the specialised Sexual Offences courts (Simelela 2006). Simelela provides their partners with important information on the circumstances of rapes in Khayelitsha, which they draw from their comprehensive client database. The organisation thus also serves as a centre of local expertise and information pool. Hence, Simelela addresses rape from a multi-sectoral perspective, and provides rape survivors and the wider community with information, care and support in medical, social, psychological and legal issues relative to rape and other forms of sexual violence.

To sum up, TAC's and Simelela's involvement in issues of gender based violence and HIV/AIDS grew out of an understanding of gender inequality and gender based violence as:

1. impacting negatively on the lives of HIV positive women, and
2. significantly increasing HIV incidence in women and children.

These underlying assumptions and understandings need to be kept in mind when proceeding to an analysis of the gendered discourses in the campaign. It is also important to note that the speakers of the campaign, although individuals, were to some extent representing the discourses of their respective organisations. However, given that most speakers were community activists (as compared to provincial or national coordinators and leaders), their speeches were also informed by local understandings of HIV/AIDS and gender based violence, and experiences within the community organisations and from interactions with community members. According to the campaign coordinators of TAC, Simelela and Masibambisane, the messages of the campaigns were partly informed by the organisation's agendas, but written and compiled by the community activists themselves. The discourses I explore in this research are therefore neither purely 'official' organisational discourses, nor personal opinions, but public discourses informed by various levels of organisational discourse and personal experiences brought into a community highly affected by HIV/AIDS and gender based violence.

The speakers of the public events were mostly community based activists of TAC and Simelela, and actors of the youth drama group Masibambisane. A few provincial and national coordinators spoke when the media was addressed (at the press conference on 13 November 2007) or when the event was visited by national media representatives (at the public meeting in Khayelitsha on 14 November 2007). The speakers' demographic details ranged from their being young female and male teenagers (most of them Masibambisane actors), to men and women speakers between 20 and 40 years, and a few women speakers between 40 and 50 years. Approximately 70% of the speakers and actors were women. All the speakers from the organisations participating in the study were black and mostly coming from a poverty-stricken background, with exception of a few speakers from a middle-class background. Of the invited speakers from the government authorities, two were women, black and from a middle-class background and one was a coloured man from a middle-class background. In my analysis I have also included a few statements made by partner organisations of TAC and Simelela, which have not been presented in this thesis.

The audience consisted mainly in members of the community who happened to be in the area at the time of the event. They were mostly young women and men, children, and a few older women and men. All of the community members attending the public events were poor black residents of the informal settlements in Khayelitsha. An exception was the press conference, where national media representatives were invited, and the public meeting that was mostly attended by adult community members who were waiting for court hearings outside the Magistrates court in Khayelitsha, and a few national media representatives. The community members attending this event were again black residents of Khayelitsha from a poverty-stricken background, whereas the media representatives were mostly white, middle to upper middle-class, with a few coloured, black and Indian journalists again from a middle-class to upper middle-class background.

The demographic details of those speaking and those listening, and the different organisational hierarchies behind the speakers and the audience, bring up questions of unequal power and authority. It would be interesting to further investigate to what extent the speakers' and audience's backgrounds have influenced the public campaign, and if and how unequal distribution of power within and between the organisations has been reproduced in this process. However, in my research I analyse the speeches as a body of discourses represented through a public campaign. The four main events that I analysed were sometimes organised by TAC and sometimes by Simelela, but in all events speakers from both organisations were there. Moreover, each organisation usually sent the same speakers to each event, and the speeches were often very similar. I will therefore focus on the discursive themes, understandings and meanings that were collectively communicated to the audience, and not so much

on the individual organisations' hierarchies, speeches and speakers. I will also include a few statements and explanations from the interviews with the campaign organisers and coordinators, which will help understand and locate the discourses better. Finally, before proceeding to an exploration of the discourses constructed in the public campaign, it is important to remember that my analysis is based on a translation of the original Xhosa speeches, and is in this sense a discourse analysis of the translators' discursive reconstruction of the original (cf chapter 4).

The main aim of the 16 Days of Activism against Women Abuse campaign was to raise awareness about gender based violence in the community of Khayelitsha. With a few exceptions of accounts of violence against boys and men, gender based violence was mostly framed as violence against women and girls. Due to the particular composition of Simelela's and TAC's political agendas and TAC's ongoing campaign in relation to the court case of Nandipha Makeke, rape was the central theme on which the public campaign was based. The various speeches given at the public events told stories of rape, its context and consequences, and the health risks related to it. It is through the debates on this particular type of gender based violence that a variety of discourses on gender and HIV/AIDS emerged. My analysis will first look at how rape has been located and contextualised, and then explore the specific conceptualisations of HIV/AIDS, HIV risk and gender identities resulting from this.

5.2 "Everyone can be raped!" Locating and contextualising rape

The public events combined the various perspectives and experiences of the organisations in an attempt to bring comprehensive information about rape, the rights and services for rape survivors, the prevention of HIV, and the responsibilities of the community and the government to the audience. In the opening speeches of each event speakers frequently referred to national and local statistics to emphasise the extent of rape in South Africa and Khayelitsha. According to the organisations, 52'000 rapes are reported in South Africa every year, and 70-80 cases of rape dealt with each month at Simelela. However, it was assumed that reported rapes in Khayelitsha and South Africa form only the tip of the iceberg, which has also been confirmed by studies on the underreporting of rape in South Africa (Jewkes and Abrahams 2002). References to national and local statistics were often used to introduce and visualise what some called a 'rape crisis' and others a 'gender war' in Khayelitsha. The rape crisis narrative was a reoccurring theme throughout the speeches, and served to highlight the urgency of the issue in debate. Although, as mentioned above, gender based violence and thus rape was mainly framed as affecting women and girls, there were a few accounts of male rapes too. The vast majority of speeches however constructed the 'rape crisis' in Khayelitsha as targeting women and children, with men as the perpetrators.

5.2.1 Stranger danger: Rape as the invisible omnipresent threat

While the rape crisis narrative constantly reminded the audience of the fact that women and children would get raped anywhere and anytime in Khayelitsha, most speeches situated rape outside of the known circles of the family and constructed rapists as strangers. One extreme example of the stranger rape scenario was recited by one of the speakers in a closing speech:

> *"We are having a crisis in Khayelitsha, everyone can be raped. Even women get raped in their homes, sleeping in their homes with their husbands and then the perpetrator knocks down the door and rapes them."* (woman Simelela speaker)

The rape crisis in this statement is magnified by the scenario of strangers knocking down the doors of people's shacks at night, and entering the assumedly safe space of the home. This example underlines a statement often made by anti-rape activists that in an era of extreme gender violence, there are hardly any spaces left for women to feel safe. Such statements usually refer to domestic violence, situations where women are abused by men they are related to. However, the safety of the home is given another meaning in areas with informal housing, where the walls that protect from 'outside dangers' are sometimes only made of cardboard, corrugated metal sheets or thin wood. In addition, many activists reported how structural problems and poverty, such as inadequate access to water and sanitation facilities, pose an additional risk to women. One Simelela coordinator for example explained why rape is so high in Khayelitsha as following.

> *"I think it's around abuse of substance, alcohol, drugs. And that's why it is so prevalent in Khayelitsha. I think those two factors play a huge, huge influence. Ehm...unemployment. I think also in terms of housing. Ehm... where you know one room is shared by possibly six people. Ehm... water and sanitation, people have to go out to use a toilet or to use the taps, during the day and night, they are very vulnerable, particularly at night."*
> (woman Simelela coordinator in an interview in April 2008)

The distinction between violence in the private sphere and stranger rape in these examples becomes blurred. The rapists in the stranger rape scenario in contrast to more common forms of violence 'in the home' however are anonymous strangers, indiscriminately raping women whom they assumedly don't know. Speakers in fact often reported that women and girls of all ages, from little babies to grandmothers, could get raped by anyone, from boys as young as 6 to old men. The anonymity of the stranger danger was, as in the case of the quotations above, often associated with the anonymity of the night, where stranger rapes were mostly situated. The dangers of the night were frequently also associated with alcohol and drug abuse by men who under the influence of a substance lost control and raped women who were frequenting shebeens, or walking home in the late hours. Substance abuse was often defined as inextricably linked to HIV and gender based violence, as shown by the following statement.

> *"In the Western Cape, you can't speak about HIV and gender based violence without alcohol and drug abuse, they are interconnected. It is mostly men who drink at night."*

(woman speaker partner organisation)

The case of former TAC activist Lorna Mlofana, who was raped and murdered outside a shebeen one night in December 2003, was referred to several times in this context. Lorna Mlofana was on her way to the toilets when she was cornered by eight men, gang raped and murdered. It is assumed that Lorna did not personally know the perpetrators, but that they were known by other people in the neighbourhood. According to accounts of TAC activists, Lorna was beaten to death after trying to persuade her rapists not to rape her because she was HIV positive. The associations between Lorna's HIV status and her murder will be explored in section 5.3.1 and in chapter 6. What is relevant in the story narrated in this context are the ideas evoked by the scenario of a gang rape perpetuated by unknown men at a shebeen at night. Shebeens are notorious for illegal consumption of alcohol, in fact shebeens are defined as unlicensed establishments selling alcohol (Ndabandaba and Schurink 1990). In an interview with one of the TAC campaign coordinators, the relevance of the location of Lorna Mlofana's rape and murder was explained.

> *"(...) women are being told when to be on the streets, where they should be and what they should be wearing. Because that's the questions that get asked. "Was she home?" "No she was in a shebeen. Therefore she deserves to be raped because she was drunk." "Was she wearing a miniskirt?" If you're wearing a mini skirt it's like you're calling for rape."*
> (woman TAC campaign coordinator in an interview in April 2008)

Given that drug and alcohol consumption in the speeches was directly associated with men and male violence, and public spaces at night constructed as dangerous for women, the location of Lorna's rape and murder may unintentionally have brought up issues of blame on women who enter those spaces and therefore 'ask to be raped'. The fact that during Lorna's ordeal, no one but her sister who was also being attacked tried to help her, confirms such ideas. According to Orford (2006: 79), "in South African townships, there is a tacit acceptance that women who are raped or physically attacked in that environment are not entitled to receive aid from others." The case of Nandipha Makeke's gang rape and murder, which was integrated and often used as an example for how men indiscriminately rape women who walk around alone at night, happened under similar circumstances. Nandipha was attacked by four men at night, after having left the house of her friend where they had been partying and drinking. The four young men ambushed, gang raped and later shot her dead for reasons that are unclear and again will be explored in section 5.3.1 and in chapter 6. Although it is also unclear whether or not Nandipha knew at least one of the perpetrators, her gang rape and murder represents another example of gender based violence happening outside the home, with alcohol being consumed, and in the danger of the night.

Speakers however also were aware of discourses of blame around women who crossed gendered boundaries, and publicly exposed and denounced these. Masibambisane did so by directly confronting

the community members with their own gender stereotypes, which according to its director would make people reflect on their attitudes, and give them a forum to negotiate these with others.

> *"Hey man, it is clear that everyone is a rape victim, see?*
>
> *(Chorus): Yes!!*
>
> *But some women are saying they are not rape types and they would never be raped.*
>
> *Hey woman, that's still a minor thing they say those drinking women they call for rape.*
>
> *You are just joking they say even their way of dressing caused them to be raped.*
>
> *Hey man, this one makes me laugh; they say the reason why men rape is because they can't control themselves when they felt like having one.*
>
> *(Chorus women): Ooh! Come on that's nonsense, man, nonsense! We are holding a serious rights case here!"*
> (men and women Masibambisane actors)

Although most speeches told stories of stranger rapes, Simelela speakers also often gave accounts of rapes by known perpetrators (cf following section), which were also confirmed by their own statistics. According to these statistics, of the reported rapes, indecent assaults, suspected rapes or attempted rapes reported at Simelela, 66% were committed by known perpetrators of whom 14% were members of the family. 72% of incidents occurred in the home of the survivor or perpetrator, and only 24% in open spaces. 33% of incidents involved drugs or alcohol and 8% of perpetrators were known to belong to a gang. 71% reported one perpetrator, 9% reported two, 4% three, 2% four and 2% five or more, the maximum being fifteen (Simelela 2008). It then seems surprising that accounts of rapes perpetuated by strangers in open spaces and at night were so predominant in the public campaign. This was partly related to the cases of former TAC activists Lorna Mlofana and Nandipha Makeke, who TAC had already brought to public attention on several occasions before. Further possible reasons for and implications of TAC's focus on stranger rape will be explored in chapter 6 whereas the next section of this chapter will look at constructions of rape in the domestic sphere.

5.2.2 The known perpetrator: Rape in the domestic sphere

Rapes by known perpetrators in the public campaign were mostly narrated by Simelela speakers and actors of Masibambisane, and to a much lesser degree by TAC speakers. As argued above, TAC had a stronger focus on cases of women who were raped outside the home and in the context of substance abuse and gangsterism, and did not so much refer to the wider context of gender based violence in Khayelitsha. Accounts of rape by known perpetrators on the other hand gave more insights into the wider context of gender based violence, and were not surprisingly mostly located in the immediate family of the survivors, as illustrated by the following example.

> *"There are cases whereby this woman knows that her husband is raping his girls but she doesn't want to report because she depends on this guy. We as women must stand up and report the cases."* (woman Simelela speaker)

Many cases of domestic rape were said to affect children, some of which only a couple of months old. According to one of Simelela's coordinators, 44% of cases reported at the centre in 2008 were children, and the statistics show that 66% of attempted rapes were perpetrated against survivors aged 6 – 18 years (Simelela 2008). The surprisingly low percentage of known perpetrators who are members of the family reported at Simelela (14%) are an indicator for the difficulties women and children face in exerting agency when the abuse happens in their own family. Similarly, Masibambisane in one of their plays spoke of power abuse, incest and domestic rape.

> *"Old people are forcing children to touch their private parts!*
>
> *Hey you, old people say children must be naked to play with children's private parts. After that, they are going to rape these children.*
>
> *Parents are saying to children, they must not speak out about these things otherwise they are going to kill them.*
>
> *Hey woman, listen to this one: A Mother of a child would say, a child must not speak out about what the father is doing because there would be no one who buys them food and clothes!"* (men and women Masibambisane actors)

These examples tell the stories of women's and children's powerlessness and fear in the face of domestic abuse and economic dependency. It is notable how in examples of domestic violence, women and children were often constructed as one, vulnerable group. Besides infantilising women, such statements, if unexplored, may also raise discourses of blame on women for tolerating their own and their children's abuse. The Simelela speaker quoted above later addressed the structural context of women's and children's dependency on abusive partners and fathers more comprehensively and informed the audience about a possible way out of the abuse.

> *"If you report the case, maybe the father is raping the child and you report the case, the father just says to you, you can leave, and they [social workers] can find a place of safety for you and your child to stay without the father. And the place will be safe for you."*
> (woman Simelela speaker)

Women's shelters, which are referred to in this quote, are presented as a possible solution to the problem of domestic violence. However, women's shelters at best offer a short-term solution to women and children who decide to exit an abusive family situation. A conversation with a social worker at a women's shelter accommodating women and children from various Cape Town townships revealed that there are not enough long-term solutions in place. Because of the short periods of time most shelters allow women to stay due to restricted space available, most women go back to the abuser after only a few weeks or months at the shelter. The Domestic Violence Act of 1998 makes financial provisions to break the cycle of violence and dependency in a more sustainable way (cf section 3.2.2).

However, these provisions face problems of implementation and conflict with a wider social context that sanctions domestic violence in South Africa (Smythe and Artz 2005).

The social context was also debated in the public campaign. Besides financial and structural reasons, the public speeches depicted social factors as playing a particularly important role in keeping women in abusive situations.

> *"Some of the victims are raped by their brother, family, relatives. Some of them don't want to report because they say it's a family matter. Stand up, don't say it's a family matter, come and report the case because the child is already damaged emotionally."*
> (woman Simelela speaker)

> *"Many families are saying children must not tell anyone instead they must wait for other family member to be present so that they would talk this through. Because if they tell other people the family would be embarrassed therefore they would talk as the family and end that as the family."* (men and women Masibambisane actors)

In many communities and societies all over the world, the notion of domestic violence as a 'private matter' is dominant. This notion serves to mask the systematic abuse of women and children in many families and partnerships as a means to uphold male control and power over the family unit and the wider society. In this statement, the speaker publicly opposed the patriarchal framing of violence in the family as a private matter, by calling on the audience to *"stand up"* and *"don't say it's a family matter"*. In doing so, the speaker created a sense of communal responsibility for opposing and combating domestic violence in Khayelitsha, and reframed domestic violence as a public concern.

Countering dominant notions of rape in the family as a private matter also entails a reframing of people's very understanding of rape. The still widely upheld belief that women cannot be raped by their own husbands or boyfriends because they have an obligation to be sexually available to them was brought up several times in the campaign. One speaker referred to the practice of lobola, which according to many activists I spoke to is often abused to exert ownership over women's lives and sexualities and legitimise violence against women.

> *"If a man said to you, you have been paid to have sex with me, so if you don't want to have sex with a man, say no."* (woman TAC speaker)

In addition, notions of what 'types' of women do get raped were also frequently raised in the public campaign. According to the activists, there was a very persistent stereotype about women who got raped in Khayelitsha as being indecent, lose, or too cocky. This stereotype is related to the notion of women who go out at night, drink or visit shebeens as 'asking' to be raped discussed in the previous section. It automatically implies that 'decent' – speak married – women can by default not be raped, least of all by their own partners. Masibambisane addressed this stereotype in their play by exposing the problematic notion of rape as occurring only to 'certain' women.

"Hey girl, did you know that many wives think that they will never be raped by their men?

(Chorus): Yoo! They would slowly die, and continue being raped till death by their men."
(men and women Masibambisane actors)

The framing of rape as only occurring outside the home, and to women who through their attitude or behaviour have 'asked for it' also feeds into the patriarchal project of maintaining power and control over women's lives and bodies. 'Othering' rape as an act that only happens to 'indecent' women creates a blame on rape survivors for being responsible for the rape. Simelela reports how as a consequence, rape survivors are stigmatised, and kept from speaking out and seeking support (Simelela 2006). In this way, the true extent and context of rape in the home and outside the home is silenced, and rape ultimately sanctioned by communities and families. The sanctioning of rape in Khayelitsha was also blamed on the government, and represented as a consequence of major failings of the justice system. These discourses will be further elaborated in the next section of this chapter.

5.2.3 Failing the women, legitimising rape

The two events that were attended by national media representatives, the TAC press conference and the TAC public meeting in Khayelitsha, particularly blamed the government institutions for being responsible for the high rape rates in the country and especially in poor communities. This is related to the history of TAC's activism as an organisation that was launched to address the South African government's lack of responsibility for the rights of the poor and particularly PLWHA. In the context of the 16 Days campaign and the Nandipha Makeke case, TAC aimed at bringing the legal institution's lack of accountability for the rape cases of poor women to public attention. Speakers frequently illustrated the failings of the legal institutions by referring to the low conviction rate of rapists in South Africa.

"Only 5% of rapists get convicted. It takes longer for women to get justice. We had a case of Lorna Mlofana that took 3 years to bring justice. Nandipha's case has been going on since 2005." (woman TAC speaker)

Estimations of rape convictions in South Africa vary. According to Jewkes and Abrahams (2002) between 50 and 5% of rape cases go to court, and only 7-12% of those who do result in a conviction. Conviction rates are particularly low in poor, informal settlements such as Khayelitsha, where according to the campaign coordinators only about 5% of cases result in a conviction.

The court hearings and sentences in the cases of Lorna Mlofana and Nandipha Makeke had been delayed over a period of three years, and had caused outrage in the community of Khayelitsha who was mobilised by TAC and other organisations to put pressure on the legal institutions. The campaign coordinators of TAC and Simelela related the unnecessary delays in the court procedures to poorly

trained and uncommitted legal staff and the low prioritisation of cases of sexual and domestic violence. Despite the important achievements of the South African women's movement in the criminalisation of domestic violence and the broadening of the definition of rape (cf section 3.2.2), the legal institutions are still pervaded by a deep-rooted patriarchal attitude that poses a major challenge on the realisation of women's rights in the country, which is expressed in the statement *"it takes longer for women to get justice"*. As one of the Simelela campaign coordinators elaborated further, cases of women such as domestic violence and rape are still not commonly regarded as cases the courts should be dealing with but rather as issues to be resolved by social workers or the families themselves. Therefore, such cases take a long time until they get heard in court, and the low commitment of prosecutors and magistrates lead to lengthy, harrowing and traumatising experiences for women. Women who reported rapes at the police stations moreover were said to be questioned in inappropriate ways, as illustrated in the following statement from a speech.

> *"The women of Khayelitsha are disappointed; the dignity of the women is falling apart. When they report rapes, justice is not served. As women in Khayelitsha, even at the police station when they report rapes they have to justify what they were wearing."* (woman TAC speaker)

This account shows how women are already discouraged to press charge against rapists by the very first legal institution that they have to approach if they want to embark on the lengthy legal process. Many rape cases therefore stop there, and do never proceed to an investigation and prosecution. This statement also addresses the previously discussed practice of blaming women who get raped for having 'asked for it' by transgressing socially accepted gender boundaries. The speaker not only challenges this popular view of women who wear 'sexy' clothes as being lose and wanting to provoke men sexually, but by making the point that *"the women of Khayelitsha are disappointed"* and *"the dignity of the women is falling apart"*, she discursively creates a collective of women that resist patriarchal attitudes, discrimination and violence against them. The blame against the legal system however was not only framed in a gendered discourse, but also combined with a class and race discourse. The same speaker quoted above shortly afterwards concluded her speech at the press conference with the following argument:

> *"When cases of rich, white and coloured people are reported, they don't take so long."* (woman TAC speaker)

Similarly, another speaker at the public meeting in Khayelitsha asked:

> *"When Jacob Zuma has raped that lady the case was speeded up and now why not for Nandipha?"* (woman TAC speaker)

These statements, still referring to the case of Nandipha Makeke, emphasise racial and class based discrimination and marginalisation in the experiences of women in Khayelitsha not only as women, but especially as poor black women. It is argued that the vulnerability of women in Khayelitsha to violence is sustained and to a certain degree sanctioned by their racial and class identities. In wealthier

communities in South Africa, especially amongst the well established and privileged white middle and upper class, media coverage, public interest and legal commitment to the cases of rape or murder of women are much higher, especially when a white woman has been raped and/or murdered by a black or coloured man. The lives and bodies of black and coloured women from working class and poor areas on the other hand are far less covered by the media, raise less public concern and thus provoke less legal commitment. As Hames (2009) puts it, black women's bodies are only of interest when violated or diseased and at best become statistics, but never cases of national concern. She further states that

> *"[V]iolence against the already marginalized is structurally embedded within the bureaucratic system. This violence includes harassment, abuse, homophobia, xenophobia, discrimination, threats and increasingly murder. The bureaucratic procedures, policies and protocols are intentionally slow and delay or deny justice."* (Hames 2009: 2-3).

TAC's efforts to bring the cases of black poor women to public awareness then have condemned the discrimination of poor women not only in their own communities, but also in the national bureaucracy, within public debates and the media. However, as much as the above quoted speakers express resistance against patriarchal systems and attitudes, and racial and class discrimination, some speakers frequently also framed their blame in yet another (disguised) patriarchal discourse, as illustrated by the following example.

> *"Because police are failing them [the women in Khayelitsha], the courts are failing them, departments that are supposed to protect them are failing them, women, it just shows all that justice is not given to people, justice that does not exist."*(woman TAC speaker)

In this example, male dominated institutions such as government bodies are portrayed as being responsible for the protection of women, a discourse also reflected in the attitudes of male speakers and the construction of non-violent masculinities in the public campaign, which will be explored in section 5.4.2.

Another widely debated obstacle that women face when trying to access their legal rights was access to PEP for rape survivors. In order to get free access to PEP, rape survivors have to report the rape to the police and get a case number. This poses unnecessary stress on rape survivors who are not always in a condition to report a rape to the police within the 72 hours window PEP has to be taken, especially not if reporting to the police causes more traumatisation. In this context the rape survivors' clinic Simelela was often pointed out as an achievement of the organisations' efforts to counter the failures of the government.

> *"We as TAC stood up and fought to get Simelela for the rape victims in Khayelitsha. So that the victims can get PEP and counselling and also get the policeman to open the statement at the same place, under the same roof."* (woman TAC speaker)

Simelela's services were often highlighted as an important achievement to address rape comprehensively, but also to curb the spread of HIV in the community. The ways gender based violence and rape were further associated with HIV/AIDS will be discussed in the following section of this chapter.

5.3 Gender based violence as the "main fuel" of HIV/AIDS

Gender based violence, and particularly rape was often referred to as a distinct HIV risk. Due to the organisations' political agendas and goals elaborated previously, the fact that rape bears a high risk of HIV could be read as an underlying assumption throughout the campaign. One of the most frequently repeated claims throughout the public events affirmed that *"gender based violence fuels the spread of HIV/AIDS"*. This assumption was sustained by the speakers' frequent reference to the importance of reaching Simelela within 72 hours of a rape to receive PEP and prevent an infection with HIV. At the public meeting outside the Magistrates Court in Khayelitsha for example, Simelela was introduced as following.

> *"Simelela is a rape clinic. We provide counselling, we provide PEP, we open the statements. You must come to Simelela within 72 hours of a rape to get PEP, to open a case and to get counselling in the same place."* (woman Simelela speaker)

Later in the same speech, the speaker raised the issue of HIV prevention again and explained PEP more comprehensively.

> *"You can prevent HIV only if you come within 72 hours. The most important thing is that you can finish your dose within 28 days."* (woman Simelela speaker)

Educational messages like the two examples stated above were often delivered by Simelela and served to inform the audience about the rights of rape survivors and the services available to them in the community. By stating that HIV can be prevented if a rape survivor reaches Simelela within 72 hours moreover, Simelela implies that rape is likely to result in an infection with HIV. It then was to be expected that the direct risk of HIV infection through rape would be debated exhaustively in the public campaign. An exploration of the ways gender based violence was predominantly related to HIV/AIDS however revealed a very different meaning of the gendered nature of HIV/AIDS.

5.3.1 Women's HIV/AIDS related vulnerabilities

Statements of gender based violence and rape as fuelling the HIV/AIDS epidemic were almost always accompanied by accounts of women as being *"at the heights of HIV/AIDS"* (woman TAC speaker). In my interview with a woman TAC campaign coordinator, associations of HIV risk and gender were explained as following (my voice in square brackets).

"The statistics and also the issues about rape and HIV positive women around that so that's the key of our work and that is the main issue that affects our own members. (...) There's a higher rate of rapes now than ever.

[Ehm... And you say rape does directly influence HIV infection...]

Because it's a power issue. It's a power issue and it's also... links with denialism, it also links with issues of HIV and discrimination of people living with HIV... just as the other stories are related with the Nandipha Makeke case. And also if you look now at children being raped and the issues of traditional beliefs that if you sleep with a virgin your HIV will disappear."
(woman TAC campaign coordinator)

As exemplified by this interview extract, experiences and knowledge of rape as directly increasing the risk of HIV infection were not clear, or resorted to popular myths such as the belief that sexual intercourse with a virgin cures HIV/AIDS, which would increase young girls' risk of rape and HIV. What the coordinator is in fact referring to are *"power issues"* involved in sexual relationships and violence against HIV positive women. In the public campaign speakers in fact mostly told stories of stigmatisation and discrimination of HIV positive women, stating that women bear the 'brand' of HIV/AIDS.

"Women bear the brand of HIV/AIDS. And that is why I see so many TAC activists here. Because they recognise HIV is killing women. They recognise that women are the care givers of those who fall ill in this country. They recognise that mortality, especially natural death, has risen faster amongst women in South Africa. Women bear the burden of looking after the sick, children and people living with HIV. Gender based violence is the driver of HIV."
(woman guest speaker)

Again this statement, although referring to *"gender based violence "* as the *"driver of HIV"*, does in fact speak of women's HIV/AIDS related vulnerabilities as a consequence of the stigmatisation of HIV/AIDS and PLWHA, and the feminisation of HIV/AIDS and health care. The feminisation of HIV/AIDS was related to the fact that women make more use of VCT services due to their frequent exposure to health services in the context of family planning and reproductive health. A TAC campaign coordinator further explained the 'female face of HIV/AIDS' in an interview with me.

"Women are the first to actually go and test for HIV because we easily access you know health care centres, either because we take there our kids or because we go there for family planning. So for us to test for HIV is not as difficult as it is for men who see going to a clinic as a sign of weakness. (...) We [as women] are the first to open up about HIV because that's the nature of women, they talk about their key issues (...) so... they get abused. If women actually talk openly about their status they get abused because it's a shame for our family... you know...it's like if you disclose it for your own man, you know if I am HIV positive therefore my man should be HIV positive. So those type of things... like the Nandipha Makeke case when she was raped, when she told people that she was living HIV positively... with HIV she was killed you know it's like you're spreading HIV. (...)"
(woman TAC campaign coordinator in an interview in April 2008)

These examples show how women, due to the feminisation of health care, are blamed as carriers of HIV and as responsible for its spread, although they are the ones who test earlier and more frequently,

and who acknowledge their status more often than men. HIV positive women's stigmatisation and discrimination was mostly stressed in the context of the rapes and murders of former TAC activists Lorna Mlofana and Nandipha Makeke. Both young women had been active members of TAC by the times of their murders and were involved in HIV education in the community. As elaborated in section 5.2.1, Lorna had been brutally murdered by her rapists for having tried to 'give them HIV' after disclosing her positive status to them. Nandipha was also murdered after being raped, but unlike in Lorna's case, Nandipha's HIV status appeared to play no role in her murder. Nevertheless, speakers referred to both cases to raise awareness of the increased risk of violence that HIV positive women faced.

> *"We as women living with HIV are vulnerable to this rape because Lorna was one of the women who were raped in Khayelitsha because of HIV. Nandipha was not HIV positive but the problem was that Nandipha was an active member of TAC so they just killed her. You rather not disclose your status if you are in trouble because if you say you are HIV positive they rape and kill you."* (woman TAC speaker)

This statement, read carefully, speaks of the complexities of intersecting gender and HIV/AIDS related violence that women are confronted with in Khayelitsha. The speaker first states that Lorna was *"raped because of HIV"*, confusing the cause of her murder with the cause of her rape. She then refers to Nandipha's case and states that she was not HIV positive, but nevertheless murdered because she was *"an active member of TAC"*. The last sentence then sums up the previous statements by warning the women in the audience to not disclose their status if they are *"in trouble"* because if they would say they are HIV positive the perpetrator(s) would *"rape and kill"* them. These accounts of gender and HIV/AIDS vulnerabilities speak of the multiple discrimination of women in Khayelitsha. They are not only vulnerable to rape, but if they disclose their status to their rapists, they will also get killed. In addition, if they are involved in activism, or are otherwise 'in trouble', they are equally vulnerable to rape and murder. The above quoted statement was contradicted in another speech during the same event, which called on the audience to disclose their status.

> *"We as women living with HIV we must come out with our status and stand up and report these cases [of gender based violence] because we are vulnerable to this. We as women living with HIV, I just want to say come forward people living with HIV, let's stand up and report these cases because we are really suffering."* (woman TAC speaker)

The seemingly conflicting appeals to HIV positive women's agency in the face of violence indicate a self-representation of HIV positive women as positioned between a complex set of identities and choices. While disclosing their status and becoming visible HIV/AIDS activists may increase their risk of violence, activism also empowers them to be assertive about their HIV status, and thus challenge the stigmatisation of HIV positive women that makes them vulnerable in the first place. It also empowers them to stand up together, and speak out against the violence they are confronted with.

The 'female face' of HIV/AIDS was sustained by the composition of speakers in the public events. As mentioned earlier, about 70% of speakers were women, which also reflects the organisations' membership. Moreover, many women TAC speakers in their speeches disclosed their HIV status to the audience, whereas none of the men TAC speakers did in the events I visited. However, although gender based violence, rape and their associations with HIV/AIDS were predominantly discussed in relation to women, some speakers, especially men, also challenged the dominant image of female vulnerability to violence in the context of HIV/AIDS. The next section of this chapter will explore how violence against men and male rape were discursively constructed and contextualised in relation to HIV/AIDS.

5.3.2 Male rape and HIV risk

As stated earlier, gender based violence in the public campaign was mainly conceptualised as violence against women and children. There were however some accounts of rapes of boys and men as well. These accounts targeted the male audience, and mainly aimed at addressing men's reluctance to make use of Simelela's services.

> *"We fight women and children abuse, boys and men are also involved. The problem is that men don't come forward if they get raped. And then they take out their anger by bulling. We ask men to come forward and get help!"* (woman Simelela speaker)

The reluctance of men and boys to approach Simelela for support was partly related to the confusion about the very existence of male rape. Speakers would thus often raise the issue of male rape when giving a description or definition of what constitutes rape. However, the confusion about male rape stated amongst men seemed to be reflected in the speeches as well. One Simelela speaker for instance introduced the issue of rape in her speech by stating that rape is *"a forceful penetration of the penis through the vagina"* and later added that *"males get raped too"*. The same speaker at another community event explained:

> *"When you speak about rape, you mustn't refer to females only, you must refer to men and boys as well. Because they also get sodomised. A boy can't get raped, he is sodomised."* (woman Simelela speaker)

In another speech, she stated:

> *"Boys are being sodomised but some do not even know how and if they were raped."* (woman Simelela speaker)

In these examples, the speaker reproduces the confusion about male rape by stating that "*men get raped too*", and then again, that men "*can't get raped*" but are "*sodomised*". The confusion of terms describing male rape was to some degree also related to the changing legal definition of rape in South Africa. Although at the time when this speech was given (early December 2007) male rape was not yet

defined as such, sodomy had been declared a constitutionally invalid term for its stigmatising history in 1998 already (cf section 3.2.2). The negative connotations of the term sodomy may thus have raised homophobic discourses in the community. At the same time, activists had also recognised how homophobia prevented men from seeking help in the case of rape, as the following two examples illustrate.

> *"Men say counselling is for women. If you are a man and go to a hospital you can ask a man for assistance."* (woman Simelela speaker)

> *"Hey man, people think that it is gay people who rape and it is only gay people who get raped.*
>
> *(Chorus): Yiyoo! They would remain a stereotype while they are slowly dying on the other side. Continuously getting raped.*
>
> *Some people are saying man cannot be raped because they can fight for themselves.*
>
> *(Chorus women): Yiyoo! They wold remain stupid, they must ask those who have been raped already".* (men and women Masibambisane actors)

The notion of men who get raped as being gay is related to hegemonic masculinity constructions that define activities and (in)abilities associated with femininity – such as seeking help and the inability to fight back – as inherently unmanly (cf section 2.2.2). Interestingly, the discourses emerging from the accounts of male rape were not only based on the disruption of a dominant masculinity, but also of a dominant notion of femininity. It is notable that about half of the accounts of male rape involved female perpetrators, which hardly reflects the reality of male rape. These scenarios were often drawn when rape was described as not only affecting women, but also men, in an attempt to reassert the male audience that they are not always the ones to be blamed. The disruption of dominant femininities in the accounts of male rape that involved female perpetrators was reinforced by a depiction of women as economically more powerful than men.

> *"(...) we are not saying that it's only women who are affected, even us as men are also affected. Sugar mummies also abuse men because of economic power over them."*
> (man speaker partner organisation)

The economic power that sugar mummies hold over men is associated with greater sexual power. This statement therefore implies that in order for a woman to exploit a man sexually, she needs to be of higher socio-economical status. In another account of male vulnerability, women were said to abuse men who lost their economic power and thus could not fulfil their socially ascribed role of providers of the family.

> *"Some men are vulnerable to be abused by women but they just sit down and don't report the cases. Some of the men get frustrated because they don't work but in the end of the day the women abuse them because of that. You can't just be a man without giving me anything."*
> (woman Simelela speaker)

It is interesting how poor men's frequent experiences and anxieties of emasculation, social exclusion and failure in the face of unemployment, poverty and rising HIV/AIDS rates are not addressed as

serious issues in their own right, but only brought up to contextualise the rare occurrence of female-male sexual abuse.

Another disruption of dominant femininities was displayed in a rape play of Masibambisane, where the female perpetrators 'overpowered' the male victim by outnumbering him. In this example, a male Masibambisane actor told the story of a man who had fallen asleep at a party and was raped by *"four chicks"* without a condom, of which one was *"one of my favourite chicks"*. Later, when he went to the hospital, he was told he was HIV positive. The actor further recited that *"he understood that the four chicks had infected him so he decided to spread the virus further."* The underlying statement in this example is that in order to be raped, a man must be asleep, under the influence of a substance, or that there must be a higher number of (female) perpetrators. In addition, the sexist language in the representation of the four female perpetrators is striking. The colloquial term 'chicks' is degrading and belittling of women and it is interesting how it is used in a context where women have subverted their socially accepted role as victims. It is furthermore a contradictory statement as the four women are on one hand constructed in possessive and objectifying terms (*"one of my favourite chicks"*) while at the same time being portrayed as perpetrators of a violent crime. It is also notable that in this portray of a female-male rape, the possibility of a direct infection with HIV through rape was explicitly told for the first time. In an interview with one of the campaign coordinators it was explained to me how men would often deliberately spread HIV as a consequence of their despair and inability to deal with their own HIV diagnosis.

> *"Men find it very difficult to actually acknowledge that they are HIV positive. The thinking, especially from a person who does not have enough information about HIV, I got it from someone else, therefore I have to give it to someone else. There's still that perception that if I have HIV, I'm gonna die anyway. So men find it very difficult to assert their statuses. And during that time, they become very irresponsible about their own health and sleep with a lot of people and all that because they say "I've got it from someone else therefore other people should get it as well." So they don't know whether they are getting someone else who is HIV positive and they will be reinfecting themselves with another strain of HIV (...)."*
> (woman TAC campaign coordinator)

While the campaign coordinators recognised the risks associated with men's reluctance to acknowledge their responsibility with regards to HIV risks, the previously quoted account of a female-male gang rape that resulted in an HIV infection reinforces the notion of women as carriers of diseases. Also, it is interesting how HIV risk for men was only debated in relation to male rape, and not, as in the case of women's HIV risks, within the context of gender and power inequality, poverty and discrimination. While women were positioned within a wider net of inequalities and vulnerabilities, male vulnerability was only stressed with regards to rape, and only in the context of rape, to HIV risk as well.

The contradictions between the campaign coordinators' clear understanding of the effects of gendered discourses of blame with regards to HIV/AIDS, and what is actually communicated to the audience in a public campaign, speaks to the complexity and sensitivity of public HIV/AIDS and gender equality education. The particular constructions of femininity and masculinity, and its intersections with the concepts of class and race will be further explored in the next section of this chapter.

5.4 Constructions of gender, class and race

Sections 5.2 and 5.3 presented how rape has been conceptualised and contextualised and how as a result of that, HIV/AIDS has been constructed in relation to gender based violence. Through these discursive representations, particular ideas about men and women, and meanings of masculinity and femininity emerged. Femininity and masculinity have predominantly been represented in binary terms which perpetuate ideas of women as victims and men as perpetrators. However, there were some contradictions within these dominant representations that challenged gender stereotypes and resisted hegemonic gender identities. This section of the chapter aims at exploring the dominant gender discourses, the contradictions and disruptions within these discourses, and ideas about 'different' gender roles and identities as they emerged in the public campaign.

5.4.1 Female victimhood, resistance and solidarity

Because gender based violence was predominantly framed as violence against women, discourses about women as victims were very common. As argued previously, these discourses have positioned women within a wider context of gender and structural violence, and constructed their particular vulnerability to and from HIV/AIDS as multi-layered and complex. In their self-positioning within intersecting inequalities, women sometimes associated their gendered vulnerabilities with their racial and class related vulnerabilities as poor black women, but mostly highlighted gender based vulnerabilities in isolation from class and race. This can be read as a strategic positioning of women not only as members of a marginalised community, but as women with particular and additional experiences of violence and discrimination in a community highly affected by poverty, violence and HIV/AIDS. While women were mostly represented, and represented themselves, as victims of male violence and discrimination in relation to their HIV status, a closer reading between the lines of these discourses revealed narrations of resistance to victimisation. The higher exposure to health services due to the feminisation of health care for example allows women to access HIV related knowledge that enables them to take charge of their health. VCT and HIV treatment is widely recognised for its preventative function (Day et al 2003). In this sense, HIV has not only been given a 'female face' in terms of women's stigmatisation as carriers of the virus, but also in terms of their contribution to curb

the spread of HIV through their preventative behaviour and the dissemination of HIV/AIDS knowledge. One speaker for example disclosed her status by stating:

> *"I am a proud woman. I am living openly with HIV."* (woman TAC speaker)

With this statement, she not only tells the audience that she is HIV positive, but that she is a proud woman living openly with HIV. Her body language and performance moreover showed that she is also healthy (thanks to ART) and powerful, thus opposing the image of HIV positive women as diseased and powerless. The collective agency of women HIV/AIDS activists in breaking the stigma and the silencing of HIV/AIDS in the community then becomes a form of resistance against their multiple vulnerabilities.

The power of the collective and community activism as an opposing force in the face of women's victimisation was also expressed in the context of the failures in the legal institutions. Although women often stated how they were let down by the law, and how the legal system failed to protect them, *"the women of Khayelitsha"* also expressed their disappointment with the legal institutions proactively. In solidarity with the dead Lorna Mlofana and Nandipha Makeke, one speaker for example exclaimed:

> *"We are here to tell the Judge he must speed up the rape cases. Policemen in the police stations must get workshops on rape because they are on denial!"* (woman TAC speaker)

The women's collective and solidarity, framed in HIV/AIDS activism then becomes the intervening agent between the victimised and silenced women and the male dominated, patriarchal legal institutions. The common experience of women's suffering then becomes a unifying force that gives them strength in the collective action, and the women's struggles are organised, in Mohanty's (1991a: 5) sense, in an 'imagined sisterhood'. In this way, *"the women of Khayelitsha"* are able to claim power back from the state, and from the public debates that represent them as powerless, by relocating and expressing power in their collective struggle. This example is related to Foucault's (1984c; quoted in Walshaw 2001: 482) concept of power as a form of resistance that automatically results in reaction to oppression. In his view, power results from multiple sources and operates in different directions, rather than being a binary concept that is located within the powerful and exerted against the powerless (Foucault 1976, quoted in Strebel 1997: 111). It is important to bear in mind the potential of women's resistance to their oppression in the formulation of knowledge for change. This particular implication will be further explored in chapter 6.

Claiming back and relocating power through collective action also relates to the reframing of gender based violence as a public concern. The previously quoted statements calling on the women in the audience to *"stand up"* and report rapes, and *"don't say it's a family matter"* (woman Simelela

speaker) are an expression of women taking back the power that sustains this form of violence by disrupting the notion of gender based violence as a private matter, and of power as a possession of men. In a similar way, the previously quoted speaker who advised the women in the audience to *"say no"* (woman TAC speaker) to sex, even if their husbands pretended they were entitled to it because they paid lobola, is a display of women taking back their power to make decisions over their lives and bodies, reframing coerced and forced sex in marriages as a political and public issue.

This form of resistance was also expressed against the patriarchal attitudes within the legal institutions, that allow rapists to get away unpunished. TAC, by mobilising hundreds of activists to protest outside the court buildings where the cases of Lorna Mlofana and Nandipha Makeke were heard, reframed violence against women as a cause that affects the community as a whole. However, the activists were also critical of the fact that the two cases had only been brought to justice after years of community mobilisation and public pressure. Reminding the legal institution of their duties, one speaker asked:

> *"In South Africa, 52'000 cases of rape are reported. What are we going to do are we going to demonstrate every time to speed up the cases, what are the responsibilities of the magistrates, is it TAC's responsibility or the community's? (...) Not all of those cases know mobilisation such as this one. And it is the duty therefore, of the people who are in charge of that case, to do what they are meant to do. And we can't excuse that the community can't be assisting, but not in all of these 52'000 cases that will happen."* (woman TAC speaker)

Questions of responsibility and accountability for rape cases in the poor and marginalised communities were debated exhaustively in the public campaign, especially at the public meeting outside the Magistrates court in Khayelitsha. Representatives of two legal institutions had been invited to answer questions of the attending community members about the reasons for the unnecessary delays in rape and murder cases of poor women. One of the central questions in this debate concerned the lack of resources that was invested by the authorities, and as a result of that, what the responsibility of community members' and organisations' was in providing support to them. There was a tendency on the authorities' side to shift more responsibility onto the shoulders of women volunteers, a proposal that was rejected vehemently, as the following example shows.

> *"(Department for Community Safety representative): There should be a volunteer that is going to take the rape cases [at the police stations], whether it is in the middle of the night or in the day, she is supposed to be there at the police station (...).*
>
> *(Woman in the audience): Are we still depending on volunteers, again, although we know that volunteers are not getting anything?*
>
> *(Department for Community Safety representative): I am going to make plans for the volunteers to get something so we can rely on them. I feel the pain of being a volunteer without getting anything, I will try to make a plan, but I cannot say today or tomorrow they will get something, but I cannot say more, it is a long term process."*

One of the campaign coordinators later added:

> *"It is very rare to see a woman in the police station trained to take rape statements. We need to train more women to be involved in rape cases. (...) I don't think the procedure of volunteers will work because they don't get incentives to come. We mustn't rely on that, government needs trained police women for that."*
> (woman TAC speaker)

These examples show that the women community members and activists, although they are aware of the power and impact of their collective action, draw a careful line between their own, and the government departments' responsibilities. In doing so, they refuse to let themselves be exploited, and make a clear statement as to what services they are entitled to receive from the government authorities. In this sense, they also position themselves as a collective of poor women opposing their discrimination and exploitation from representatives of higher socio-economic classes with a larger share of (state) power. It is interesting to note how the women's racial identities were only included in their accounts of vulnerabilities when they spoke to national – predominantly white – media representatives, as shown in the example of the TAC press conference discussed in a previous section. It indicates how gender, class and racial identities are enacted flexibly, and in relation to other identities perceived as discriminatory or oppressive. It is a display of discourses of oppression and discrimination activating discourses of resistance and reclaiming power. The following and last section of this chapter will now look into the particular constructions of masculinity that emerged in the public campaign.

5.4.2 Traditional and 'progressive' masculinities

As shown throughout this chapter, men were predominantly portrayed as violent rapists and abusers, as abusing drugs and alcohol, and as irresponsible in their sexual behaviour. There were however a few accounts of men as victims of rape, and of men's vulnerability to HIV through rape. Even in these accounts however, men were still depicted as violent or irresponsible, as shown in the above quoted example of men who get raped and then *"take out their anger by bullying"* (woman Simelela speaker) or in the scenario of the man who got raped and infected with HIV and later deliberately spread the virus further. In contrast to the discursive positioning of women within a complex context of vulnerabilities, constructions of men's vulnerabilities were also more one-dimensional. Men's identities and experiences of violence were not related to racial and class based discrimination or poverty, but only to their gender. As a consequence, men's vulnerability to HIV was framed within their gendered vulnerability, and only explicitly raised in the example of the female-male rape, which required a construction of women as violent.

In response to the many accounts of men as violent and irresponsible in their sexual behaviour, some men speakers raised violence against women and children as an issue that concerns them as men as well. In their accounts of women's vulnerabilities, they created particular notions of femininity and masculinity with different implications for the role and responsibility of men in the community. Only one speaker however explicitly called on men to take responsibility for their violent behaviour, which is shown in the statement below.

> *"Women and children are abused. Our mothers and sister are raped and killed. There is no democracy for women and children. What kind of sex is forced sex, what sex is that? This is not a matter for our government anymore. We get drunk and abuse. Where is our dignity as men, what are we doing?"* (man TAC speaker)

This speaker refers to a statement often made by South African activists that even after 1994, when the country had its first democratic elections, women still don't enjoy their rights. He then directly addresses the male audience by asking *"what kind of sex is forced sex?"* and *"where is our dignity as men, what are we doing?"* and states that *"this is not a matter for our government anymore"*. With these statements he challenges the very politics of his own organisation, who historically directed its activism at the failures of the government. This man activist however has recognised that there are male attitudes and behaviours that need to be addressed at the individual and societal level too. Another man speaker addressed men's violent behaviour while explaining the role of POMU[18] in the community of Khayelitsha.

> *"[W]e are trying to persuade the mindset of men not to do rape. (...) POMU are the men who don't do rapes, who don't beat their wives, they are thinkers of positive things."*
> (man TAC speaker)

This activist sees his role and the role of POMU as providing a positive example to other men by stating that they are the men who *"don't do rapes"* and *"don't beat their wives"*. He also speaks of men's mindset as the cause for violent behaviour, but does not specify how this mindset is constructed and how it manifests, and how POMU persuade other men of non-violent behaviour. It seems that although some men activists want to acknowledge their responsibility for male violence, there is confusion about the role of men in combating gender based violence, and in dealing with their attitudes and defining their roles. This confusion was also evident in some men speakers' attempts to call on the men in the audience to not abuse women and children, as exemplified by the statement below.

> *"Guys, don't abuse our children, don't abuse our mothers, don't abuse our wives because we believe when you abuse one of them you just kill them all because they don't have the power to fight with us as men."* (man TAC speaker)

[18] POMU (Positive Men United) is a group of male TAC members in Khayelitsha that address issues of masculinity and gender based violence in their work with other TAC members, POWU (Positive Women United) and the wider community.

As illustrated by this statement, men speakers often associated women's vulnerabilities with the vulnerabilities of children, which, as argued previously, infantilises women and blurs the function of gender based violence. It is moreover not entirely clear to me what the speaker was referring to by saying that *"when you abuse one of them you just kill them all"*. He might have been speaking to the women's collective that is not powerful enough to stand up against male violence. This assumption is sustained by his statement that the women *"don't have the power to fight with us as men"* and therefore need to be protected from and by them. Such constructions of femininity imply an understanding of men as strong and protective. In fact, most speakers who appealed to men's responsibility in relation to gender based violence did so not by challenging male attitudes and redefining male roles, but by constructing a non-violent masculinity as protective. In this construction, men understood their responsibility as protectors of women and children.

> *"It's not right to abuse a child, it's not right to abuse a woman, we as men we must protect our mothers and children not to be raped. All in all, we as POMU must say stop women abuse and children abuse. We are here to protect, not to abuse them. Because they are our mothers, our sisters, our children."* (man TAC speaker)

In an attempt to refuse patriarchal and abusive attitudes towards women, these men activists construct a 'different' masculinity as being not abusive but protective of *"our mothers"*, *"our wives"*, *"our sisters"* and *"our children"* who are constructed as a group that is inherently weak and defenceless. Such constructions of masculinity are problematic, and do not challenge or deconstruct dominant stereotypes informed by hegemonic masculinities. The implications of such gender representations will be explored further in chapter 6. Except for the examples of violence against women presented here, men's responsibility for the concerns of the community, including HIV incidence, treatment and care, or stigmatisation of PLWHA, was not debated in the public campaign. The silences about men's responsibility in relation to these problems of the community raise important concerns with regards to the gendered message that was communicated to the audience through the public campaign and may hamper efforts to prevent HIV/AIDS and gender based violence. These concerns too will be further discussed in chapter 6.

5.5 Chapter summary

The aim of this chapter was to find discursive themes, patterns and meanings in the speaker's talk and critically reflect their discursive constructions with regards to the production and reproduction of unequal gender and power relations. I have shown that the gender discursive background of the organisations involved in the campaign were strongly related to their history and political agendas, based on an understanding of gender based violence as disproportionately affecting HIV positive women, and as significantly increasing women's HIV risk. The public campaign focused on one

particular type of gender based violence, rape, and debated its circumstances and context, questions of responsibility and accountability, and HIV/AIDS risks. In this sense, there were many different purposes at work in the public campaign's representations of rape. The speakers gave advice as to what services are available to rape survivors, what rights rape survivors have, raised awareness about the extent of rape in Khayelitsha and the circumstances in which rape occurs, and also attempted to challenge hegemonic gender identities and dangerous gender stereotypes.

I have shown that although the vast majority of rapes occur in the private sphere, the public campaign particularly focused on stranger rapes perpetrated at night and within the context of drug and alcohol abuse. I partly related this representation to TAC's ongoing campaigns on the rape and murder cases of its former members, and also suggested a contestation of private – public boundaries in informal settlements, blurring the differences between domestic violence and stranger rape. Rape in the private sphere was mainly situated in the family, involving children and women as a vulnerable and powerless group, and brought up questions of unequal power distribution in intimate relationships. I have argued that although the speakers challenged popular rape myths and discourses of blame on rape survivors for 'having asked for it', some harmful discourses may unintentionally have been reinforced, which will be further elaborated in the final chapter of this thesis. Questions of responsibility and accountability for rape cases were also debated with regards to the failures of the legal institutions, and were related to intersecting gender, class and racial discrimination. It is interesting how responsibility and accountability for rape was placed primarily in the actions of the state, and not in the actions of men.

I have further shown how rape was framed as a distinct HIV risk throughout the campaign, and how speakers repeatedly emphasised the importance of reaching Simelela within 72 hours of a rape to prevent an infection with HIV. However, accounts of women's vulnerability to HIV/AIDS in most speeches told stories of multiple discrimination of HIV positive women, which were related to the feminisation of HIV/AIDS. Because women test earlier and are more visible in HIV/AIDS activism, they have become stigmatised as carriers of diseases and face an elevated risk of physical and sexual violence. Women's HIV/AIDS vulnerabilities were also related to poverty and social marginalisation. Men's HIV risks on the other hand were not debated exhaustively and only related to HIV infections through rape. I have argued that the silences about men's responsibilities for gender based violence and HIV/AIDS may inhibit the transformative function of public campaigns, which too will be elaborated in chapter 6.

Finally, I have shown that although women and men were predominantly represented in binary terms as victims and perpetrators, there were complexities in these discourses that revealed resistance and

attempted to challenge dominant constructions. Some of these constructions, such as the reclaiming and relocating of power through women's collective struggles, bear important implication for the production of knowledge for change. Other constructions, such as the creation of a 'different' masculinity as protective instead of abusive, have been criticised for reproducing unequal power relations between the sexes. Chapter 6 will reflect these findings further, and discuss the implications of dominant and 'counter'- discourses on gender in relation to the theoretical and methodological framework of this thesis.

6 Reflection and conclusion

This research dissertation was informed by a social constructivist approach to HIV/AIDS as a social phenomenon that is constructed through discourses and produces specific ideas about gender and gender dynamics. My understanding of discourses is based on Foucault's (1981) concept of discourses as embedded in relations of power that allow dominant groups to maintain power through the production and reproduction of 'truths' and knowledge, but also inform discourses of resistance to domination and oppression (quoted in Raab 1998). I have argued that discourses on the gendered aspects of HIV/AIDS emerge from multiple sources ranging from international and national levels through the production and circulation of diverse forms of research to NGO's and the 'community sector', which raises important questions about unequal power in the production and reproduction of knowledge and in interactions between different actors. HIV/AIDS interventions and research have long been informed by neo-colonial and biomedical constructions of HIV/AIDS as a disease of the 'other' that have produced particular notions of gendered vulnerabilities. Arguing that discourse analysis bears the potential to understand oppressive discourses and inequality, and create knowledge for change (de la Rey 1997; Strebel 1997), I set out to discursively explore the public talk of three community based organisations in Khayelitsha during the 16 Days of Activism against Women Abuse campaign 2007. I proposed that a discursive analysis of community organisations' public talk offers insights into how dominant and oppressive discourses are reproduced at a local level, and at the same time locates discourses of resistance and change in the disruptions and contestations of dominant narratives. An exploration of a public awareness campaign in a community highly affected by HIV/AIDS and violence also adds to an understanding of knowledge construction through public education and therefore may offer valuable insights into the ways in which people's health related attitudes and behaviour are informed.

The findings presented and discussed in the previous chapter suggest that while some discursive constructions reproduced dangerous gender stereotypes concerning masculinity or the meaning of rape, and perpetuated discourses of blame and discrimination, other discourses bore alternative and more gender transformative messages that can inform future HIV/AIDS interventions. This chapter will further explore the findings of my analysis with regards to the production and reproduction of harmful and transformative gender discourses, and reflect them against the conceptual and theoretical framework of this thesis.

6.1 Vulnerability as a process

Although there were some disruptions and resistances which will be explored further below, the predominant discourses on women and femininity in the public campaign portrayed women as inherently vulnerable and victimised with regards to HIV/AIDS and violence. In chapter 2 I argued that discourses on gender and HIV/AIDS produced at a community level need to be understood as located within a wider framework of development discourses. Mohanty (1991a) identified representations of 'Third World' women in Western feminist and development literature as detached from their material realities and histories and constituted as a monolithic category outside social relations and development processes. Such representations then portray 'Third World' women as universally oppressed, powerless and suffering. Women in (post-) colonial and development discourse are thus positioned (and often position themselves) as victimised, i.e. at the receiving end of violence that is commonly perpetrated or facilitated by men. Thereby, victimisation and vulnerability tend to be conceptualised as a female status, frozen in time and space, rather than a process that is being produced, reproduced and also contested and redefined (Mohanty 1991a).

The public campaign analysed in this thesis has to a certain degree reproduced such discourses of an inherent female vulnerability to violence. The discursive creation of a 'rape crisis' or a 'gender war' in Khayelitsha perpetuated an image of rape and rapists as an omnipresent threat that can waylay women anywhere and anytime, and with no specific purpose. This notion was supported by an overemphasis of the public campaign on rapes perpetuated by strangers in the night and within the context of drug and alcohol abuse. Without questioning the urgency of campaigning for justice for women like Lorna Mlofana and Nandipha Makeke, the dominant focus on the stranger rapist indiscriminately raping and murdering women obscures the underlying power relations between men and women and obscures the wider context of gender inequality and patriarchal structures that informs violence against women in Khayelitsha and in South Africa. Moreover, the dominant construction of rape as perpetrated by strangers in the night and in relation to alcohol consumption may also have brought up issues of blame on women who cross gendered boundaries, despite some speakers' attempts to expose and criticise discourses of blame. I am pointing at this not to criticise the speakers for having given an account of the context of Lorna's and Nandipha's rapes and murders, but to raise attention to the already widely established and very persistent views of 'recreational drinking' and the occupation of public spaces at night as a male privilege. In this patriarchal notion, women who cross gendered boundaries are perceived as indecent, and rape and even murder becomes socially legitimised. In much of the feminist literature, rape is conceptualised as a means of men to assert or reassert control over women (Kiremire 2007; Orford 2006; Jewkes et al 2006). In Kiremire's (2007: 105) words, rather than driven by an uncontrollable sexual urge, "rape is motivated by the desire to use the sex act to demonstrate power,

debase and belittle women in order to dominate and control them." Jewkes et al (2006: 2950) state that it also serves "as a vehicle for self-communication by men about their powerfulness." According to Sam Waterhouse of Rape Crisis Cape Town,

> *"Rape and especially gang rape is an extreme expression of male sexual entitlement over women and is used to control women either directly or indirectly. The threat of gang rape is sent out to other women in the community, strengthening the control of the rapists over all the women in the community. Gang rape is used to punish a woman for not conforming to the expectations placed on her."* (Waterhouse 2006; quoted in Orford 2006: 78)

This relates to Chesler's (1972) early notion that "patriarchal society views all women as 'mad' and 'out of control', due in part to women's supposedly emotional as opposed to rational disposition." (quoted in Lawless et al 1996: 1374). Women are thus placed along a continuum which ranges from "damned whores" on one end to "God's police" at the other end[19] (Summers 1975; quoted in Lawless et al 1996: 1375). This continuum is useful for understanding how women in the patriarchal order are positioned within a very limited set of identities imposed on them by patriarchal interests and norms in order to keep them 'manageable'. Women who transcend their socially ascribed place in the community are hence labelled immoral or indecent, which legitimises their punishment through violence.

Rape in this sense serves the purpose of reasserting male power over a woman that has gone 'out of control'. According to Jewkes et al (2006) a woman's drunkenness is a factor that is interpreted as behaving outside of accepted gender norms, and rape, particularly gang rape, consequently used as a means to punish or teach her and put her back in place. Gang rape however is not always primarily about the woman. Depending on what constitutes the 'gang', which can be a lose group of men created through a rape, or an institutionalised gang with hierarchies and rituals, rape is used as a means to reassert power over a territory or the members of the gang. 'Streamlining', a locally prevalent form of gang rape, is committed by two or more perpetrators, of whom one is often the woman's boyfriend. 'Streamlining' is mostly used as a punishment for the woman's behaviour outside of gender norms, or for having another partner. At times it is also used as a means of "male bonding, a 'favour' to the boyfriend's friends." (Jewkes et al 2006: 2951). Thus, rape does not simply 'happen' to women because they are inherently vulnerable to male and sexual violence. It is a strategic act of gender based violence informed by patriarchal interests and power displays that fulfils a specific function in maintaining the established male order.

[19] Summers'(1975) continuum is based on the Australian society but I find it a useful model to understand the identities and expectations imposed on women in South Africa as well.

An unexplored and unquestioned representation of a 'rape crisis' in Khayelitsha that perpetuates ideas of women as inherently vulnerable to rape moreover not only blurs the function of rape in the patriarchal system, but also undermines those types of rape that are far more common, namely those perpetrated by known men inside the home. According to Simelela, these forms of rape are the most common in Khayelitsha, which is also confirmed by Jewkes and Abrahams (2002) for South Africa as a whole, stating that the most common forms of sexual coercion "occur within marriages, dating relationships, families, or where sex is agreed to after blackmail, threats, trickery or persistent pleading." (Jewkes and Abrahams 2002: 1232).

As argued in chapter 5, accounts of rape in the domestic sphere gave more insights into the causes of gender based violence as rooted in unequal power relations between men and women. Domestic rape was mostly framed in the context of women's and children's economic dependency on men and in the popular notion of domestic violence as a private matter. However, some unspecified statements of women's tolerance of male abuse in the accounts of women's and children's economic dependency on abusive men may have reinforced existing patriarchal discourses of women as being responsible for their own abuse. Such notions of women's tolerance of violence not only create blame on women who are in abusive relationships, but also distract from the responsibility of men to not abuse their power. In this sense, discourses of blame are yet another patriarchal strategy to maintain power and control. On the other hand, some speakers appealed to the audience to not keep domestic violence in the private sphere silent, and to break the cycle of violence and economic dependency through community activism, and making use of services provided to individuals that leave abusive relationships. These discourses reframed domestic violence as a public concern, and challenged patriarchal constructions of violence as private, and thus 'manageable' inside the home.

I have also noted that most accounts of domestic rape were reported by speakers of Simelela and Masibambisane, whereas TAC focused more on rape perpetuated by strangers, which was related to TAC's ongoing campaigns for justice for their former members Lorna Mlofana and Nandipha Makeke. It is however striking that TAC so far made public cases of gang rape and murder occurring in public spaces at night, whereas they have put less (if any) emphasis on more common cases of domestic violence and rape in dating relationships and marriages. This may be interpreted as a disguised strategy of patriarchal power within the organisation to blur the proportions of domestic violence by overemphasising violence against women outside the home and by not addressing the failings of the domestic violence courts and the police in dealing with domestic violence. This strategy is also discussed by Berns (2001) in relation to public debates on rape that sensationalise stranger rape and depictions of 'sick rapists' as a means to obscure more common forms of everyday domestic

violence. There are parallels between this suggestion and the experiences of women TAC members within the organisation with patriarchal resistance to female leadership and the formulation of a feminist agenda that states that addressing gender inequality starts at home and inside the organisation itself (cf section 5.1).

The public campaign's perpetuation of ideas of women's inherent vulnerability was also stated in relation to HIV risk. Informed by the organisational backgrounds, rape was depicted as significantly increasing HIV risk in women, although the specific associations between the two phenomena appeared to be unclear to the speakers and most campaign coordinators. The literature reviewed in section 2.2 also pointed at the difficulties in establishing a direct link between sexual violence and increased HIV incidence in women. In fact, sexual violence in isolation has not yet been associated with increased HIV rates in women, whereas sexual violence in combination with other forms of gender based violence was (Dunkle et al 2003). It was suggested that women with experiences of intimate partner violence have higher HIV incidence and prevalence rates due to the higher risk behaviours of abusive partners, as well as their own increased risk taking as a consequence of the abuse (Maman et al 2002; Van der Straaten et al 1998; Fonck et al 2005; Dunkle et al 2003). These findings suggest that women in abusive relationships are likely to be infected with HIV by their violent and unfaithful partners or through their own risky practices. It was also stated that forced sex occurs in the same underlying context as other HIV risk behaviour, namely poverty, low education, and poor job opportunities (Maman et al 2000).

Considering the evidence from the presented research, it is notable that in the public campaign in Khayelitsha, no explicit reference was made to women's risks of getting infected with HIV by their husbands or boyfriends, in non-consensual *and* consensual sex. Again, TAC's lack of focus on legal accountability for the cases of domestic violence is interesting if one considers the higher HIV risk in this type of gender based violence as compared to more 'sensational' and isolated cases of rape by strangers and in public spaces. The perpetuation of misleading information with regards to the direct risk of HIV infection through rape moreover also reinforces stigmatisation of rape survivors as indecent and diseased. It is interesting how accounts of HIV risk through rape mainly came from Simelela and Masibambisane, although Simelela exposed and accused the stigmatisation of rape survivors as HIV positive in its 2006 report (Simelela 2006). It indicates a conflict and insecurity in the organisations as to how to address the *possibility* of HIV infection through rape, without implying a direct association of rape survivors as HIV positive, thus reinforcing their stigmatisation and marginalisation.

The accounts of rape as a distinct HIV risk deployed in the public campaign did not seem to resonate with the experiences of the 'women of Khayelitsha'. What women speakers mostly told were stories of poor and HIV positive women's discrimination, stigmatisation and marginalisation, which illustrated the complexities of their daily lives in a community highly affected by HIV/AIDS and gender based violence. Lawless et al (1996) relate the feminisation of health care and the resulting violence against HIV positive women discussed in chapter 5 to the stigmatisation of HIV/AIDS as a sexually transmitted disease. Such a representation of HIV/AIDS associates HIV positive women with notions of promiscuity and uncleanliness, which goes against the socially sanctioned role of women as caregivers or moral guardians (Lawless et al 1996). Violence against HIV positive women can thus again be understood as a patriarchal means of punishing women for having behaved outside gender norms. Discourses of HIV risk as occurring to individuals who through immoral or indecent behaviour have acquired the virus are related to well established, neo-colonial discourses of HIV/AIDS as a disease of the 'other' (cf section 2.1.2) that also inform Public Health interventions and biomedical approaches to HIV prevention.

The parallels between international, moralising and stigmatising responses and the situating of HIV/AIDS at the "fault-lines of society" (Schoepf 2001: 338) that display existing relations of unequal power between the West and 'Africa', and the blaming of women in Khayelitsha as carriers of diseases is striking. Both processes also fulfil a similar function; to distance the more powerful group (men in Khayelitsha; the West) from risk by blaming and dehumanising the 'other' (women in Khayelitsha; Africa). Men's blaming of women as carriers of the virus, and the association of the disease as a visible dysfunction inscribed on the (African) female body also gives men (and the wider society) a false sense of security. This may be another reason, besides the association of health services with femininity, for men's reluctance to test and treat HIV/AIDS stated in chapter 5. It is a paradox situation that blames women for being promiscuous and spreading the virus, whereas, as stated by Rao Gupta (2005; 2000), most women get infected through heterosexual intercourse with their intimate partners who are reluctant to access VCT services or use condoms.

Women's HIV/AIDS related vulnerabilities in my findings were also framed in intersecting inequalities based on women's gender, class, and race. The self-positioning of the 'women of Khayelitsha' within these intersecting identities and their flexible enacting of these in response to different discourses of oppression illustrated the complexities of their experiences of discrimination and violence. The discrimination of the women in Khayelitsha as women *and* as poor women, and their marginalisation by society and the legal authorities as a result of their class and racial identities both shape their vulnerability to HIV/AIDS and violence. Their vulnerabilities in this sense are

understood as a process rather than an inherent feature of femininity or a status frozen in time and space. It is useful to further look at Mohanty's (1991a) conceptualisation of 'Third World' women's vulnerabilities as located at intersecting inequalities based on gender, class, and race as opposed to analyses of Western feminists who focus on unequal gender relations in isolation. Mohanty (1991a) thereby emphasises the need to understand the relationality of these identities as they shape women's social and political lives. She understands relations of power as non-binary (cf chapter 1 & section 2.1), and frames them as

> *"multiple, fluid structures of domination which intersect to locate women differently at particular historical conjunctures while at the same time insisting on the dynamic oppositional agency of individuals and collectives and their engagement in 'daily life'."* (Mohanty 1991a: 13).

Therefore, "systems of racial, class, and gender domination do not have *identical* effects on women in Third World contexts" but rather "operate through the setting up of (...) particular, historically specific 'relations of ruling'." (Smith 1987: 2; quoted in Mohanty 1991a: 13, emphasis in original). Relations of ruling are defined as intersecting relations of power, organisation and regulation beyond traditional concepts of power. In Smith's (1987) words, relations of ruling entail

> *"a complex of organized practices, including government, law, business and financial management, professional organization, and educational institutions as well as discourses in texts that interpenetrate the multiple sites of power."* (Smith 1987: 3; quoted in Mohanty 1991a: 13-14).

In other words, power is not inherent in a powerful (male, institutional) agent and imposed onto the oppressed and victimised women, but rather a process that is produced, reproduced, and contested between and within various social relations. Relations of ruling are a valuable concept to understand the ascribed position, and the (self-) positioning of women in an HIV/AIDS context. In this sense, the self-representation of the 'women of Khayelitsha' as positioned within intersecting unequal power relations forms an alternative discourse to the dominant notion of women's inherent vulnerability to violence and HIV/AIDS.

The discussion of the findings so far indicates that the 'solution' to the stereotype of a female inherent vulnerability and victimhood in the face of HIV/AIDS and gender based violence is not to simply inverse the direction of power by stating that women are violent too, or that men are vulnerable too. It needs to be acknowledged that female vulnerability is a reality, but one constructed through various historical, economical, political and gendered processes, and not a female characteristic, as much as male violence is a reality constituted through social, historical, political and gendered processes. The following section of this chapter will address the confusion and the struggles to define an 'alternative' masculine discourse in the context of HIV/AIDS and gender based violence encountered in the public

campaign – which is also confirmed by ongoing academic and activist debates about the role and place of masculinities in feminist activism (Dahné 2008; Connell 2005; Morrell 2001).

6.2 Men and anti-violence discourse

As argued in the previous section and in section 2.2, violent male behaviour is significantly associated with increased HIV risk taking and seropositivity in men and women. Violent male behaviour is informed by hegemonic masculinity constructions, roles and expectations ascribed to and self-imposed on men. Such gender norms increase men's sexual risk taking behaviour and also inform their reluctance to make use of VCT services and HIV treatment (cf sections 2.2.2 and 2.2.3). For these reasons, the literature on the intersections of HIV/AIDS and gender inequality over the last decade has increasingly stressed the importance of looking at male gender constructions and stereotypes to effectively address the gendered risks of the epidemic.

International and national frameworks on how to integrate gender in HIV/AIDS interventions have addressed this concern too (cf chapter 3). UNAIDS (1999) in a review of programmes that integrate gender in HIV/AIDS interventions argues that risk behaviour needs to be tackled in the general population (not only in 'risk groups') and particularly in men. Both UNAIDS (1999) and the South African NSP 2007 – 2011 then stress male sexual and reproductive health as an area that needs much more attention, whereby it is argued that men's different gender needs must be acknowledged too. In other words, interventions should acknowledge gender differences with regards to needs and choices of men, and go beyond 'adding men'. The WHO (2002) moreover states that in order to be gender transformative, interventions should not just acknowledge gender power imbalances and different gendered needs, but also work towards changing the underlying conditions of gender inequality by working with men and women as equal partners. This includes an attitude towards men that is non-judgemental and does not blame men for being violent, but assumes that dominant masculinities can be developed into more equitable forms. Similarly, the South African NSP 2007 – 2011 promotes PMTCT in a wider context of reproductive health that includes men as partners in parental services. The South African NSP 2007 – 2011 also acknowledges the high number of MSM in South Africa and the fact that there has not been given enough attention to this group. It is also recognised that sexualities and behaviours of MSM are diverse and often include bisexuality, thus interconnecting the HIV epidemic amongst MSM with the heterosexual HIV epidemic.

The tendency to address male health risks and the stereotype of male violence stated in HIV/AIDS research and international and national guidelines was also discernable in the public campaign in Khayelitsha. Throughout the public events, issues of men's vulnerability to HIV/AIDS and violence,

and of men's responsibility with regards to violence against women were repeatedly raised (cf chapter 5). These issues were mainly stressed by men speakers, which I assume was an attempt of men (and some women) to counter discourses of blame on men for their violent behaviour, to soothe men's anxieties in relation to the blame and to encourage them to participate in activism against women abuse. In chapter 5 I have further shown how in doing so, some (mainly men) speakers constructed gender based violence as not only affecting women, thereby portraying men as equally vulnerable to rape, and through rape, to HIV infection. These representations of men's vulnerability however do not confirm the reality of male rape, which is significantly lower than female rape (Graham 2006).

Accounts of male vulnerability to violence also entailed disruptions of dominant gender identities that inverted the direction of power in gender relations by constructing women as powerful and violent, and men as weak and vulnerable. Berns (2001) terms the tendency to state that 'women are violent too' in male talk about gender based violence a "patriarchal resistance" and a "political countermovement" to a feminist construction of violence (Berns 2001: 262). The patriarchal resistance discourse degenders violence by framing it as human and stating that men and women are equally violent. 'Humanising' violence then becomes a "rhetorical tool for diverting attention from men's everyday violence" and blurs the proportions of gender based violence (Berns 2001: 266). Berns (2001) further argues that although in the patriarchal resistance discourse the violence is degendered, "when it comes to discussing responsibility for ending abuse, the focus is the culpability of women." (Berns 2001: 269). Thus, the blame for domestic violence is gendered as female, and men's responsibility for violence against women is undermined. Although in the public campaign women's tolerance of male abuse was not overtly blamed on women, I have argued that by not pointing out the responsibility of men for their violent behaviour, speakers may silently have implied such blame on women (cf chapter 5 and previous section).

As much as the patriarchal resistance discourse diverts from an engagement with male responsibility for male violence, accounts of men's vulnerability as opposed to men's violence also indicate a shift in men's self-identification as men, and in their conceptualisation of masculinity. Men speakers' self-identification as vulnerable have to be understood as embedded in a South African historical transition period. Since 1994, women have been claiming their rights and gaining more power while at the same time, unemployment rates are rising, and poor men are failing to fulfil their roles as providers of the family. The disappearance of the 'heroic' masculinity of the anti-Apartheid struggle and rising HIV/AIDS incidence and prevalence rates also add into men's fears of emasculation and failure. In this period of change and insecurity, masculinities in South Africa are being challenged and altered. Morrell (2001) has grouped the different responses of men to change in South Africa into three

categories; Reactive or defensive, accommodating, and responsive or progressive (Morrell 2001: 26-30). These categories are not clearly distinguished from each other but often overlap, which is caused by the ambivalence inherent in men's responses to gender transformation. Robins (2008) has explored ambivalent constructions of masculinity in his research with a male-only HIV/AIDS support group in Gugulethu, Cape Town, stating that while men attempted to construct 'new', more 'sexually responsible' masculinities, they often expressed their concerns about not conforming to the notion of a 'real African man', thus resorting to a hegemonic construction of masculinity. Ambivalent discourses of men as vulnerable versus men as violent are related to the confusion about, in the case of my study, what it means to be a man living in a community highly affected by HIV/AIDS, poverty, and gender based violence. Due to the lack of engagement with men's intersecting vulnerabilities and responsibilities however, male anti-violence discourse in the public campaign resorted to more available and dominant patriarchal discourses.

The speakers' confusion about men's vulnerability and the resulting ambivalent constructions of 'different' masculinities in the public campaign was also expressed in the speakers' confusion about the very existence of male rape. While acknowledging that men can get raped too, the use of stigmatising terms such as 'sodomy' to describe male rape may have brought up ideas of male rape as a homosexual act and reinforced homophobic discourses. Although the speakers contested the stereotype that only gay men get raped, they did not address homophobia by deconstructing the notion of a gay man as unmanly. By stating that men who get raped are still manly, thus not gay, it was silently implied that gay men are unmanly. Thus, their attempts to frame male rape as 'still manly' did in fact reinforce homophobic discourses, and indicates another self-identification of men with a hegemonic construction of masculinity. Such discourses also silence HIV risks amongst MSM and have negative effects on HIV prevention amongst this group of men, whether they define themselves as gay or not.

The sexist and objectifying language in the scene of the female gang rape of a man (cf. section 5.3.2) indicates another form of ambivalent identity in the depiction of men as vulnerable. By using terms such as *"one of my favourite chicks"* in the description of the female rapists, the vulnerable man reasserts patriarchal power and possession over women by discursively objectifying and belittling the women who victimised him.

The fact that men's vulnerability to HIV risk was only stressed in relation to the unlikely scenario of a female gang rape of a man is also significant. The lack of debate about other HIV risks for men, such as the practice of having multiple and concurrent (female and male) partners or men's reluctance to

use condoms and access VCT, also counters HIV prevention efforts in the community. This silence encourages male risky sexual behaviour, and reinforces the notion of women as carriers of HIV. As argued previously, men's vulnerability was generally constructed as one-dimensional, i.e. only as 'gendered' and framed within a patriarchal resistance discourse that resorts to hegemonic constructions of masculinity. No reference was made to other vulnerabilities of men, such as their racial and class based discrimination and stigmatisation, poverty, or their experiences of HIV risk based on hegemonic masculinity constructions such as the social pressure to have many sexual partners and high sexual performance. Such silences indicate a lack of self-reflection about men's 'new' vulnerabilities and risks in a time of political and gender transformation and rising HIV/AIDS rates.

Another discursive construction against notions of male violence deployed in the public campaign represented a 'different' masculinity as protective instead of violent (cf section 5.4.2). Men speakers stated that men's role in the fight against women abuse is to protect women and children because they are not strong enough to protect themselves. Such statements portray women and children as an inherently weak and vulnerable group that needs protection from the stronger and violent sex. There is on one hand a fundamental contradiction in this idea, because if women need protection from men, it is implied that male violence is an inherent feature of masculinity, and thus unchangeable. If men are capable of change towards non-violent behaviour however, there is no need for women and children to be protected, or to protect themselves, from men. On the other hand, constructions of masculinity as protective do not oppose the original understanding of patriarchy as the rule of fathers where men are seen as the legal authority over the family unit and community, and as the protectors thereof. Thus, the attempt to construct men as 'different' as in protective instead of violent, is the other side of the same coin of a hegemonic masculinity. Morrell (2001) categorises the definition of masculinity as protective of women and children as a reactive and defensive response to change in South Africa. He terms it one of many strategies deployed by men of all races and classes to restore male order in a time of shifting and emasculating gender roles (Morrell 2001: 27).

Men who commit themselves to non-violence against women and children without challenging their socialised and deeply embedded roles as their 'natural' protectors may also struggle to let go of their roles as decision makers and leaders in organisations, communities and in the family. In both constructions of masculinity, 'traditional' (abusive and in power) and 'progressive' (non-violent and protective), men are still in charge and control of women's lives and bodies. By merely committing to non-violent behaviour the very source of gender based violence and gender inequality, unequal power between the sexes, is not addressed. Such concerns were reflected in the women TAC activists'

experiences with gender transformation in the organisation. In an interview with one of the TAC campaign coordinators, the issue of 'progressive' versus 'traditional' men was raised in an account of her experiences with the Women in Leadership programme in TAC (my voice in square brackets).

> *"[How is that... how is your experience with that, is it difficult, is it working?]*
>
> *It's a very difficult... position. Because we have to deal with issues of patriarchy... ehm... given the social you know, background of people that's coming from, cultural issues, we deal with men who also are not employed you know, men who were taught to be head of the houses, to be decision makers, so now if you tell them that they have to listen to a woman speaking, it's a difficult change. You get men who are progressive, you get men who are still clinging to their... it's not an easy... it's been a frustration ehm... kind of a journey but we learn from... we learned to say if YOU can't do it, who else. You see, you get very irritating you know... responses from men that you think they are progressive, within the movement. Especially when you think it's a human rights organisation you think you expect everyone to be heard, but it does not work that way. But you will understand that as much as we are empowering women, the more women are empowered, the more resisting the men become, because of power issues. Power is taken away from them and we have to deal with such issues. So it's not an easy... it's not. It takes time, but that is why we say it now, we need to also involve the progressive men, to actually make it sink to the other men to talk to the other men, to make it... to say this is something... we are not doing the women a favour, it's something that needs to be addressed, and it will be addressed."*
>
> (woman TAC campaign coordinator in an interview in April 2008)

She conceptualises 'traditional' men as backward and not willing to see women – inside and outside the organisation – as equal partners, whereas 'progressive' men are (expected to be) supportive of gender equality. Yet, even amongst the 'progressive' men she experienced reluctance to let go of the unequal power share they hold over the organisation. At the same time, she states that there is a need to include these 'progressive' men to *"make it sink to the other men"*. It is clear that in her experience, patriarchal resistance comes from multiple sources, even from those men who are seen and see themselves as 'progressive' thus supportive of gender transformation.

The experiences of women TAC members, and the discourses constructed in the public campaign, are a display of the struggle and difficulties to create a radical, change oriented discourse of masculinity outside patriarchal and stereotypical male roles. As also illustrated by the TAC coordinator's statement *"the more women are empowered, the more resisting the men become"* the reinforcement of patriarchal power in TAC's masculinity discourse does not (yet) allow for space for female leadership.

The dominant discourse of men's responsibility with regards to the protection of women and children from abuse was countered by a striking silence about any other responsibilities of men, such as prevention and treatment of HIV/AIDS or challenging stigmatisation and marginalisation of the poor and PLWHA. This silence is related to the previously stated construction of men's vulnerabilities as one-dimensional, i.e. only to female-male abuse within a patriarchal resistance discourse which I have

argued is rooted in a lack of self-reflection and of self-positioning in relation to men's vulnerabilities and roles in times of change.

However, the speakers' attempts to challenge homophobia, to counter notions of men as violent, or to publicly condemn violence against women, are proofs of their changing masculinity constructions towards more gender equal forms. These changing identities are (still) ambivalent because of the high levels of insecurity about what it means to be a man in South Africa (see also Robins 2008). At the same time, it is important to be careful of such 'new' constructions of masculinities proposed in male anti-violence discourse. As other research has suggested, constructions of men's interests for gender equality might come as attempts to disguise underlying patriarchal interests to increase male power within social movements (White 2000 and Flood 2005; quoted in Dahné 2008: 25). Men's involvement in activism against violence and for gender equality then leads to a modernisation of patriarchy, rather than a transformation of it (Connell 2005; quoted in Dahné 2008: 25). At the same time, change is happening and there is evidence for organisations, groups, and individuals in South Africa that are committing themselves to gender equality (Dahné 2008; Robins 2008). They adopt a partnership approach that is self-critical of reproduced power inequalities within their organisation and in partnership with women's organisations, acknowledge current inequalities and take responsibility to challenge these (Dahné 2008).

Questions of responsibility for ending violence against and the discrimination of poor and HIV positive women were exhaustively debated in the public campaign. Besides silencing men's responsibilities, the speakers also constructed transformative discourses with regards to the relationship between the government authorities and the poor communities. These will be elaborated in the following section of this chapter.

6.3 Communities, the state and gendered responsibility

International frameworks and guidelines such as UNAIDS (1999) and ICASO et al (2007) have stressed the importance to account not only for individual HIV risks, but also societal risks, and to address the gendered risks of HIV/AIDS from a multi-sectoral approach (cf section 3.1). Thereby, they promoted a prevention-treatment-care continuum which is non-discriminatory and thus addresses underlying unequal power relations, discrimination and stigmatisation, especially of PLWHA and women (see also UNIFEM 2005). Addressing the unequal power distribution in society, and particularly in the context of HIV/AIDS and gender inequality, entails an inclusion of PLWHA and women in decision-making processes in interventions and policy formulation. Moreover, gender inequality cannot be tackled solely through specific interventions. A commitment to gender equality

must reflect the gendered nature of state and non-state institutions, and develop political will for gender equality that goes beyond creating separate 'gender' or 'women's' departments (UNAIDS 1999; UNIFEM 2005). Relating to that, international and national actors have raised the importance of including the 'community sector' and specifically PLWHA and women in these responses. This commitment was also discernible in the South African NSP 2007 – 2011, who emphasised the importance of developing 'community leadership' to build local ownership for the implementation of the NSP, particularly in the area of care for PLWHA.

Such appeals to multi-sectoral approaches bring up questions of unequal power relations between the various actors involved in such responses. ICASO et al (2007) have affirmed that the international framework to multi-sectoral responses, the Three Ones, have only had limited success in national interventions, amongst other reasons because of the difficulty to truly include the most marginalised and affected people in decision-making processes and the formulation of policies. Although the South African civil society is represented in the monitoring of the implementation of the NSP in the national coordinating authority SANAC, the commitments set out in the NSP that address the gendered risks of HIV/AIDS, such as access to justice and human rights education in the general population, the reduction of HIV vulnerability through empowerment of women, the reduction of stigmatisation of PLWHA, or the building of PLWHA and female leadership, have proven to be difficult.

The accounts of the community activists in the public campaign in Khayelitsha have confirmed these difficulties, and also raised additional obstacles in addressing gender inequality and HIV/AIDS comprehensively. One such obstacle was debated in the public meeting outside the Khayelitsha Magistrates court, where community activists and the audience questioned two representatives of the government authorities about the failings in the justice system. The example of the Department for Community Safety representative asking the community members to arrange for women volunteers to take up statements of rape survivors at the police stations illustrates a shifting of responsibility from the government onto poor women volunteers' shoulders (cf section 5.4.1). In a similar way, the South African NSP 2007 – 2011 promotes the development of 'community leadership' for care of PLWHA. Even though the NSP mentions provisions for a 'stipend' that contributes to poverty alleviation, there is no mentioning of investing resources to increase the number of formally employed and trained health workers.

Leclerc-Madlala (2005a) criticises this recent tendency of governments to refer to community health workers and caregivers as 'leaders' in the fight against HIV and AIDS, and the promotion of community based care models as a strategy to transfer the responsibility of HIV/AIDS management to

NGO's and affected communities. The fact that such responsibilities are mostly carried out by women reinforces gender stereotypes and may also prevent women from obtaining formal education and employment. According to McClintock (2002) the association of women with community care is related to a construction of women as symbolic bearers of the meanings and values of communities. While women are constructed as moral and ethical guardians however, they are excluded from the realm of power and decision-making in their families, communities and the state. Leclerc-Madlala (2005a: 6) urges the need for "leading carers" to step out of the dying rooms and into positions of power, to evolve into "caring leaders".

Understanding the role of women as community caregivers and bearers of (symbolic) meanings and values from this perspective then also reveals the relations of power that are at play between women from poor communities and the government institutions. A lack of government responsibility to care for PLWHA or to effectively address cases of gender based violence reinforces women's traditional and symbolic roles as caregivers and guardians of their communities, and sets them back in terms of education and economic activities. Similarly, the situation of women in TAC who form the majority of its volunteer membership and are mostly involved in community education programmes, while men are more represented in coordinating and leading positions, are a display of unequal distribution of responsibility and power. The shifting of 'hands-on' responsibility onto poor women's shoulders, and the lack of accounts of men's responsibility for the everyday problems of the community in the public campaign and in TAC generally indicate a gendering of responsibility that disadvantages women. As my findings show, the women activists seem to have internalised this responsibility in their collective struggle however, while at the same time, they expressed resistance to being exploited by the government (cf chapter 5).

Questions of responsibility between the different actors involved in the commitment to gender equality and the curbing of HIV/AIDS also raised some critical voices with regards to patriarchal constructions of violence. By condemning the discrimination and marginalisation of poor and HIV positive women in legal procedures, and the lack of the government's legal accountability for rape cases, the speakers framed violence against women as a public concern and opposed silencing strategies in patriarchal constructions of violence. As such, the practice of directly addressing the government authorities and literally remind them of their duties to fulfil the rights of people enshrined in the South African constitution displays an alternative discourse in the face of women's vulnerabilities and victimisation.

On the other hand however, the fact that responsibility for the high rates of rape was mainly placed in the failings of the government de-emphasises the responsibility of men for their actions, intentions and

their abuse of power. Instead of framing the responsibility to acknowledge and address unequal power relations and male violence in relation to both, men and the government, men were placed in yet another hegemonic construction, in their role of protectors. At the same time, women's resistance to patriarchal notions of violence as private and the relocation of power in their collective struggle also challenged the construction of men as their natural protectors. In this sense the public campaign, while reproducing unequal power relations and silences about men's responsibility for violence against women at some points, has also made a contribution to shifting the discourse of women's and poor communities' vulnerabilities, of discrimination and stigmatisation of PLWHA, and the government's lack of accountability to rape cases. These examples show that civil society organisations can challenge the dominant discourses in national responses and international policies and guidelines that address gender inequality and HIV/AIDS, if they are careful to not reproduce dangerous gender stereotypes. The public awareness campaign has then argued that a reasonable national, multi-sectoral response to the challenges posed by gender inequality, violence and HIV/AIDS must address the discrimination and marginalisation of poor communities and regard cases of gender based violence as public concerns that need to be tackled through sufficient allocation of resources and strong legal commitment.

6.4 Concluding remarks and recommendations

In this research dissertation I have argued that even though international and national actors often point at the 'community sector' as an important partner in HIV/AIDS interventions, and promote community activists as agents of change, the 'voices' of the most affected and marginalised groups and individuals do not automatically produce enabling and change-oriented knowledge. At the 'community level', despite high levels of commitment to challenge injustice, certain patriarchal and neo-colonial discourses of HIV/AIDS as a disease of the 'other', of sexual promiscuity of women, or of vulnerable and powerless women, are reproduced. My analysis of the public talk of the community organisations at one key moment in Khayelitsha has shown that women tend to be discursively 'caught' in representations as poor, vulnerable, dependent on men, or as diseased and promiscuous. These representations on one hand fulfil a specific function in maintaining patriarchal order and control over women's lives and bodies in the private and public spheres. On the other hand, these discourses reflect the women's very real experiences of violence, stigmatisation and marginalisation in their community and more broadly, as citizens of South Africa. Despite the seeming trap, I argue that it is precisely within these discourses of violence, stigmatisation and marginalisation that change-oriented and enabling discourses can be created.

In the introduction of this dissertation I have referred to Strebel (1997: 117) who suggests that

> *" (...) the very multiplicity of discourses, the softly stated alternatives and contestations, the detail and nuance all offer spaces for change and point to a key to a more positive response. Dominant discourses are neither static nor unchallenged. They are contrasted to alternative positions, to less dominant ones and to silences, and they are modified in interaction with discursive positioning."*

In other words, in the disruptions and contestations of dominant discourses lays the potential for change. As people position themselves, and make sense of their lives, in communication with each other and in the negotiation of discourses, disruptions and contestations of dominant narratives are potential sites of self-reflection and change. The multiple and sometimes contesting identities and the ambivalences that result from such reflections offer spaces for reformulating identities, and ultimately, changing people's attitudes and behaviour. My discourse analysis of the 16 Days of Activism against Women Abuse 2007 in Khayelitsha has shown how PLWHA and particularly poor HIV positive women who have experiences of violence, discrimination and marginalisation, attempt to position themselves in more powerful positions by claiming the authority of experience to speak up for themselves and to locate their vulnerabilities, and by claiming their rights as members of their communities and citizens of South Africa.

This is however not an appeal to recognise the women's agency as opposed to their victimhood, that is often made in feminist research. Jungar and Oinas (2009: 3, forthcoming) in this context criticise the "desperate agency" that theorists seek in women's self-representations of their victimhood and vulnerabilities. They further argue that if oppression and the lack of choices is part of a woman's experience, "it should not be erased by glorifying her assumed agency" which they see as a "self-assertion of power by the researcher, who defines her" (Jungar and Oinas 2009: 3-5, forthcoming). Instead, they argue that feminist research should go beyond victimhood – agency dualisms, and recognise that resistance and agency are inherent in victimhood and vulnerability.

Jungar and Oinas (2009, forthcoming) recommend using 'vulnerability' instead of 'victimhood', to emphasise the context of women's oppression and restriction of agency, and to show how decisions and resistance are formulated within this context. Moreover, such an approach reveals the broader relations of power involved in the creation of vulnerability, and constructs vulnerability as a political process. Thereby, global inequalities such as unequal trade relations or the "unjust bio-economical world order" that for example make ART unaffordable for the majority of those in need of treatment, are exposed (Jungar and Oinas 2009: 2-9, forthcoming). Similarly, Farmer (1996) in relation to HIV points out how vulnerability is created or increased for particular women and men. He points at the "differential political economy of risk" to which some women are subjugated and frames this in the

concept of structural violence[20] (Farmer 1996: 23): "Structural violence means that some women are, from the outset, at high risk of HIV infection, while other women are shielded from risk." (Farmer 1996: 23). Such an approach to vulnerability also works again discourses of blame on 'victims' for being responsible for their own conditions (Farmer 1996).

The public campaign in Khayelitsha then reveals how the links between HIV/AIDS, gender and violence are far more complex than commonly maintained, and how they are rooted in intersecting inequalities based on class, gender, race, location, sexuality, and more. In terms of the campaign's educational message, the public events on one hand offered the audience information about rape, HIV/AIDS and the services available to them. On the other hand, the campaign raised the issue of inequality and marginalisation of the poor community, and gave the residents of Khayelitsha an opportunity to voice their frustrations, and to engage in a political debate with NGO's that advocate for their rights and representatives of the government and legal authorities.

In a more global context, the public campaign in Khayelitsha may also have helped deconstruct stigmatising discourses of HIV/AIDS as an 'African disease' by pointing at the inequalities that shape vulnerabilities to HIV/AIDS, as opposed to racial and sexist discourses. The entrenchedness of discourses of vulnerability and discourses of social, political and legal marginalisation displayed in the public campaign moreover show how a poor community affected by HIV/AIDS cannot address the 'gendered' aspects of the epidemic comprehensively, if they suffer from structural violence, discrimination and a lack of government and legal accountability. International and national responses that want to respond to the challenges posed by HIV/AIDS, gender inequality and gender based violence can draw from such alternative and enabling discourses to formulate more change oriented and less moralising and patronising messages.

In this sense, my analysis of the public campaign in Khayelitsha has shown that the different representations of women's and men's roles and vulnerabilities in relation to HIV/AIDS do reflect patriarchal gender notions but are at the same time pervaded by recurring counter-discourses, silences, resistance and contradictions. These seemingly confusing elements of a 'local' discourse on HIV/AIDS and gender based violence are a reflection of the complex material and discursive realities of PLWHA in Khayelitsha, and particularly of women's lives, sufferings, choices and resistance in an environment highly affected by poverty, social disruption, HIV/AIDS and gender based violence.

[20] In Johan Galtung's (1969) definition, structural violence is a situation of social inequality (the *actual* situation) that occurs although it may be prevented or avoided (the *potential* situation). Systems of oppression and discrimination such as racism, sexism, or homophobia and economic marginalisation through unequal trade relations are examples of structural violence.

Women's self-locating within their vulnerabilities therefore is done from a very complex position between the women's experiences that constitute their vulnerabilities, and the reformulation and re-location of power through resistance to the conditions that constitute those vulnerabilities. As such, the 'gendered' risks of HIV/AIDS deserve a re-reading beyond dualisms of victimhood and agency.

Implications of study and recommendations for future campaigns and research

Most importantly, instead of perpetuating ideas of women as inherently vulnerable to male violence, future campaigns should point at the intersecting inequalities based on race, class and gender that constitute the vulnerabilities of certain women. In doing so, public awareness campaigns may not only start to challenge harmful gender stereotypes in local communities, but also contribute to a public debate that openly addresses the global and national social inequalities that facilitate the spread of HIV/AIDS and sustain gender based violence. With regards to the (re)production of ideas of gender based violence specifically, public campaigns should pay attention to not fall into the sensationalist trap perpetuated by the media and over-emphasise stranger rape, but focus more on everyday domestic violence. Such a focus allows for understanding gender based violence not as random acts committed against women for no specific reason, but acknowledges its wide occurrence and systematic nature. A focus on domestic violence and rape 'inside the home' also offers a possibility to raise awareness to the high HIV incidence rates within stable relationships and families. In addition, public campaigns should be careful of not reproducing discourses of blame on women for either 'tolerating' domestic abuse, or for crossing gendered boundaries imposed on them by patriarchal interests. For these purposes it is important to also address problematic constructions of masculinity, and increase public debates on the role and responsibilities of men.

The fact that the vast majority of public speakers were women, and that none of the men speakers (to my knowledge) disclosed their HIV positive status in public, may also have reinforced harmful stereotypes of women as either victims or diseased and guilty for spreading the virus. An attempt to inverse the direction of power by stating that women are violent too, and men are vulnerable too however has been termed a patriarchal resistance strategy to disguise male responsibility for violence. In a similar way, the construction of a 'different' masculinity as protective instead of abusive was found to be yet another patriarchal notion of what it means to be a man. Hence, there is an urgent need to focus more on men's experiences of HIV/AIDS, and the constructions of alternative masculinities that account for the realities of poor men affected by or infected with HIV but also address men's responsibilities for social and gender justice within their communities and families. More specifically, public campaigns should address social and economic problems that many men in South Africa face such as unemployment and the related anxieties of failure and social marginalisation. Such discourses

may contribute to a deconstruction of rigid, hegemonic notions of masculinity that are not attainable for the majority of South African men, and open up spaces to discuss alternative masculinities that are more sexually responsible and supportive of gender equality. Moreover, a public debate on alternative masculinities in times of change and hardship may also diminish social pressure on men, and facilitate more supportive relationships with partners and communities.

Future research on this subject may want to investigate questions of responsibility for gender justice and the curbing of the spread of HIV/AIDS further. It would be interesting to engage in debates on the gendered discourses of state and non-state actors and point at how responsibility is shifted from governments to poor communities, especially women, and how such discourses ultimately work against the project of social and gender justice. Furthermore, future research may also look more specifically at public awareness campaigns in communities highly affected by HIV/AIDS and gender based violence, and explore the ways in which public messages are understood, and translated into practice, by the local audience. It would be interesting, and much needed, to pay specific attention to the constructions of masculinity in public education messages, and to explore how men and boys understand and translate such educational messages.

Tribute to TAC, Simelela and Masibambisane

While in this research dissertation I have been rather critical of TAC's approaches to gender inequality and gender based violence, and particularly of the controversies in relation to the Women in Leadership programme and the experiences of women members of the organisation, I do also acknowledge and respect the enormous achievements of the organisation. TAC has made ART accessible to hundred thousands of poor and HIV positive South Africans, has challenged and altered HIV/AIDS related stigma in the broader society, has been a role model to other African countries affected by HIV/AIDS and has influenced their development of HIV/AIDS activism, and ultimately has made HIV positive people more visible and their voices heard in international HIV/AIDS debates. TAC has also raised global debates about affordability of treatment and challenged neo-liberal power displays in multinational pharmaceutical concerns, and advocated for the development of more affordable ARV-generics in developing countries. TAC's approach to social and political activism moreover has challenged processes of globalisation, and mobilised communities affected by HIV/AIDS and structural violence into active citizenship (Jungar and Oinas 2009, forthcoming).

My criticism of Simelela's and Masibambisane's 'over-emphasis' on the direct causality between rape and HIV risk also needs some elaboration. In pointing out that research has not confirmed the strong connections between rape and HIV incidence rates, I may (unintentionally) have implied that Simelela's HIV preventative focus is not justified. I do acknowledge that rape bears a substantial risk for HIV infection, although more women get infected with HIV by their intimate partners in consensual sex. Furthermore, Simelela has an important HIV preventative function if one considers that in average 80-100 women, of whom most are teenagers and young women of child bearing age, are tested and counselled for HIV prior to be given PEP each month. As such, Simelela's VCT services reach a demographic range of women who is not usually tested in large numbers (as opposed to women who are already pregnant). Simelela could even increase their HIV preventative function by focusing more on domestic violence (whether it entails rape or not), possibly combining this approach with TAC's campaigns for legal accountability, in this case for better implementation of the Domestic Violence Act. Increasing the understanding of domestic violence as a distinct HIV risk, and continuing to emphasise that un-consensual sex in intimate relationship does constitute rape, may increase their referral rates from women in abusive relationships that are at high risk of contracting HIV by their partners through consensual and non-consensual sex.

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