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**Thesis dissertation submitted in partial fulfillment for Masters of Social  
Science degree.**

**Title of Thesis:**

**A feminist anthropology of barriers to implementing  
the Choice on termination of pregnancy Act (CTOP).**

# **A feminist anthropology of barriers to implementing the Choice on Termination of Pregnancy Act (CTOP).**

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## **A feminist anthropology of barriers to implementing the Choice on Termination of Pregnancy Act (CTOP).**

### **Executive Summary.**

This study aims to assess barriers within communities and at the community healthcare level that impede delivery of reproductive healthcare rights- in particular it focuses on the South African Choice on Termination of Pregnancy Act (CTOP), which came into effect in 1996. In their scoping study of abortion related research in South Africa Varkey and Fonn state that whilst there have been several studies on the barriers to implementing the CTOP Act at the health service level, few have addressed community barriers (2000). I conducted multi-sited fieldwork between two townships in Cape Town, South Africa on the urban periphery of Cape Town, South Africa. The inhabitants of these two communities are black Xhosa speaking South Africans who live in a mix of informal shack, government built as well as self- built housing. The marginal location of these communities in relation the Eurocentric metropolitan centre of Cape Town reflects the legacy of the racialised reordering of the Apartheid era. The socio-economic effects of this legacy are tangibly present in the poverty, criminality and gender based violence that impacts upon the health of these communities. I focused on reproductive health care services for these townships at the community based service delivery level. Although Varkey and Fonn (ibid) distinguish between studies that address health care and studies that address community barriers to healthcare, I aim to show how the distinction between the spaces of the community as against the institutional space of public healthcare is somewhat arbitrary. Because this study focuses on the cultural politics of implementing the legislation on abortion, the issues that arise and are analysed encompass seemingly divergent levels and social fields of inter-relationality. These social fields of inter-relationality include in their scope law, policy, rights-based public health care implementation, domestic households and gendered relationships between men and women, mothers and daughters, nurses and young women and so on. How such intersecting and interpenetrating levels play out in the lives of individuals can be illustrated most effectively through the anthropological notion of "personhood" as it

regulates and informs communal and individual notions of self in the public health care space. For example, as agents in community based health service delivery Nurses embody a personhood in the context of their professional role, which is inseparable from their identity as gendered persons with distinctive ethnic and racial identities within South African communities. These gendered, racial and ethnic identities are embedded in histories of Colonial and Apartheid State planning. A consistent theme in this paper are how these identities influence moral constructions of sexuality and the ambiguities that nurses feel about the women to whom they provide family planning in relation to their own values around appropriate female personhood.

Ultimately this study will provide experiential data for reflecting upon the broader issues of citizenship and the substantiveness of the rights based approach to reproductive healthcare. My focus upon the female body through an exploration of the cultural politics of implementing abortion legislation will attempt to reveal the gendered fault lines that run between metaphorical political bodies- such as the State- and real life female ones. This will expose the essential fallacy of presuming that women may enjoy equal citizenship with men in a liberal state democracy simply at the behest of legislative reform. It will instead provide an anthropological perspective on how rights –such as the right to health care- become subject to daily practices that may dramatically alter their form and substance, thus negating their potential of these rights to impact citizens in positive ways. Through this exploration I hope in the future to develop insights on how rights can be made more substantive as they relate to both the original content of the legislation upon which they are based, as well as the experiential realities of the people to whom they are directed.

## **Introduction.**

1994 was the year in which South Africa finally threw off the heavy yoke of Apartheid rule and entered a new era, heralded by democratically elected government and the end of institutionalised racial segregation. With political transition came wide reaching legislative reform and state restructuring of public services. This was especially evident in the efforts towards gender mainstreaming which incorporated a host of progressive law

and policy into the new constitution. This introduced a new phenomenon of so-called 'constitutional sexuality' and placed issues such as rape and domestic violence high on the agenda for public awareness and legislative policy making (Walker, 2005, 165). The 1996 Choice of Termination of Pregnancy Act (CTOP) was part of this new wave of legislation. It was the result of years of advocacy and activism by the women's movement that used the democratic transition and constitutional reform as a political opportunity to push for the legalisation of abortion (INSTRAW). The South African CTOP Act is one of the most progressive pieces of legislation on abortion in the world. It allows for abortion on demand up to the end of the 1st trimester (12 weeks of pregnancy) to be performed by a qualified midwife or doctor. Pregnancies in the second trimester (13-20 weeks) may be terminated when circumstances surrounding the continuation of the pregnancy can be shown to pose a risk to the woman's social, economic or psychological well being (Cooper et al, 2004, 75). Before decriminalisation 34% of incomplete abortions presenting at hospitals were estimated to result from unsafe abortions. Two years after decriminalisation this figure had almost halved. The number of legal abortions annually provided increased from 29, 375 in 1997 to 53, 510 by 2001 (ibid.).

Since its introduction however, the CTOP Act has experienced serious barriers and resistances to its full implementation. These barriers stem from a lack of political will at the level of government to provide financial resources for quality of care including choice of methods in how abortions are performed as well as resistance amongst health service staff who are involved in TOP service counselling, referral and provision (Mitchell et al, 2005; Jewkes et al, 2005; Varkey and Fonn, 2000). In light of this I take a feminist approach to contend that resistance amongst health staff is related to wider societal attitudes and values around abortion and female sexuality. These barriers also reflect a context of sexual and reproductive health care in post Apartheid South Africa, where the government has been unwilling, unable and generally reticent about the problem of HIV/AIDS and where culture, tradition, custom and religion are frequently invoked as justifications for practices that place individuals' health and bodily integrity at risk. These practices include virginity testing, unsafe sex, dry sex and rape (Walker and Reid, 2005).

The barriers to implementing the CTOP Act are conjunctural with this wider context and reflect deep-seated values around gender identity and sexuality. Following discursive analysis of anti abortion advocacy I propose these deep-seated socio-cultural values manifest three discursive and interconnected tropes: 1/ a naturalised sense of male sexual entitlement, 2/ a privileging of foetal personhood and 3/ a primary social emphasis on women's biological reproductive role embedded in traditional heteropatriarchal cultural systems (Boyle, 1997).- Notions of tradition place the ideology of female respectability at the heart of communal morality and this can result in the perpetration of attitudes and practices that make it difficult for women to negotiate and feel empowered about their sexuality. This does not mean that women are simply passive victims in this system of values. Women actively engage in this system, sometimes colluding with it in the moral 'policing' of themselves and other women, sometimes resisting it in subaltern or, overtly challenging ways. As noted by Cornwall and Welbourne (2002), the achievement of sexual and reproductive well-being demands fundamental transformation in the societal conditions that engender individual vulnerability to sexual disease, unwanted pregnancy and gender based violence. The authors continue *'It calls for transformations in practice which acknowledge and engage with the fundamental issues of sexuality and power that lie at the heart of improving sexual and reproductive well-being (ibid).*

Some researchers are challenging the bio medical constructions of health and the body inherent in public health interventions and are calling for the connections between gender and sexuality to be integrated into delivery of family planning. (Dixon-Muller, 1996, 137). Other gender and health practitioners and theorists are working on how to incorporate perspectives on gendered power relations and sexuality into sexual and reproductive health care more generally. This approach has flourished in relation to HIV/AIDS prevention as well as gender based violence, and some of these studies take a particular focus on Masculinities (Arnfred, 2005; Hunter, 2005; Niehaus, 2005; Bujra, 2002; Varga, 1997). Yet deep and cross cutting anthropological and particularistic accounts of sexuality and gender roles in relation to SRH care- and in particular abortion are as yet lacking. Furthermore there is an ongoing need to approach the question of women's sexual and reproductive health in ways that *do not* simply serve to underwrite

gendered power differentials through a social constructionist epistemology of gender; that whilst it provides descriptive accounts of gendered power relations, does not actually interrogate radically enough the heteronormative gendered identities and roles upon which those are based.

Despite South Africa's liberal abortion laws, studies suggest that most South Africans remain deeply ambivalent regarding a woman's right to terminate a pregnancy, with many considering abortion to be akin to an act of 'murder'. Statistical studies have found that amongst South African women and men there are no significant differences between men and women on support for abortion (Harrison et al, 2000). Although these are contradicted by studies that show South African boys are three times more likely to condemn abortion than girls (Varga, 2002, 23). Other studies have made connections between negative attitudes to abortion and regular religious service attendance, whilst some have posited connections between educational and socio-economic status, with further education and home ownership indicating greater likelihood of support for abortion (Varkey and Fonn, 2000). Whilst there is a general consensus that abortion is morally justifiable in cases such as rape, support diminishes dramatically when abortion is performed for socio- economic reasons. Across all classes and ethnic groups within South Africa abortion remains a secret and taboo subject. As I will show later in this thesis through my own fieldwork<sup>x</sup> in Xhosa speaking townships, attitudes to abortion are intimately connected to the moral objectification of female sexuality, a qualitative dimension rarely captured in statistical or sociological approaches to why people oppose or are ambivalent about abortion. The young men that I interviewed connected the act of abortion with a moral objectification of the sexualities of young women whom appeared to be pro-active about their sexuality. Thus to these young men, these women were seen to be stepping outside of the<sup>x</sup> traditional bounds of female respectability. In turn I found that amongst nurses in community-based clinics, abortion was often seen by them as representative of sexual irresponsibility and a lack morals amongst women seeking TOP services. In both cases young sexually active women were always seen as pushing at the boundaries of what constitutes an appropriate female Xhosa personhood constructed as this is in notions of motherhood, female respectability and the appearance of sexual

passivity. These accounts were highly suggestive of a moral world-view where abortion has a symbolic role in the production- or fragmentation- of heteronormative identities. In light of these attitudes I decided that my study would foreground ethnographic fieldwork conducted with nurses and young men as entry points into how this notion of female personhood is both structured and practiced as well as reinforced between patriarchal (young men) and matriarchal (nurses) spheres of power.

### **Informal conversations and a first case study.**

As outlined the cultural values expressed by Xhosa speaking informants in my fieldwork around morality were closely intertwined with ideas about appropriate and inappropriate modes of female sexuality.

Several conversations in the early stages of my fieldwork served to clear the cloud of uncertainty I had been experiencing in how to understand and frame my research. In one instance I was speaking to Xoliswa<sup>1</sup> a 44-year-old Xhosa woman from the peri-urban informal settlement, about a 20-minute drive from Cape Town centre.<sup>2</sup> This settlement is typical of Xhosa speaking townships on the Cape Flats, characterised by poverty, minimal transport infrastructure, a general mix of overcrowded shack and sub-standard government built housing and high rates of unemployment as well as poorly paid informal labour.<sup>3</sup> Xoliswa earns R 2000 (approx. \$350) a month as a cleaner in a Cape Town boutique hotel and is married to Thabo who worked as a taxi driver.<sup>2</sup> They have 5 children ranging in ages from 8 to 22. One of these children is the son of Xoliswa's deceased brother, and they currently have a sixth child and his mother (who is Thabo's paternal cousin) living with them, as she is escaping an abusive relationship.<sup>4</sup> The entire family lives in a large shack, with walls constructed of scraps of hardboard under a corrugated iron roof. There is no bathroom, so for this family of two adults, five children and one baby, bathing is done in a tin bath filled with hot water heated on a small primus stove.<sup>4</sup> Xoliswa and Thabo's eldest daughter- who is 22 years old- has an 8-month-old

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<sup>1</sup> For ethical reasons of privacy and confidentiality all names have been changed in this paper.

<sup>2</sup> Thabo is currently unable to work because gang cartels control the Cape Flat's taxi industry. Thabo is not personally connected to the gangs, but their *Mafiosi*-like operations means he fears violent or even fatal repercussions if he attempts to reinstate his business on contested gang turf.

baby boy. This addition to the family has been a very ambivalent process for them, for whilst they dote on their first grandchild, they are deeply unhappy about the circumstances under which he was born. The father of the child is not 'around' and indeed his identity is unknown to Xoliswa and Thabo. It took me several visits with them to broach this issue further, as I could see they were clearly upset when discussing the matter. However one day I was helping Xoliswa make tea whilst Thabo lounged in one of the easy chairs. We began to talk about the baby, and this led onto the subject of their daughter and the unplanned pregnancy. I began to ask them about the father. Their explanations revealed that in customary notions of sexual morality and behaviour for young Xhosa people, "dating" as in commonly understood terms was not conceived of. Instead whilst young people could date in the sense of courting each other for a period of time, this was underpinned by the strong social expectation that after a short period of courting the couple would get engaged and then married<sup>3</sup>. Therefore relationships outside of this framework and extending over a long period with no resultant marriage would be frowned upon as lacking in morally prescribed sexual respectability. Xoliswa explained that what usually happens now is that young people date but there is a tacit agreement between young people and their parents that unless this is a serious relationship that will result in marriage, then the relationship and identity of the lover remains unspoken of and "unknown" to the parents. Here "unknown" signifies the acceptance by the parents of the reality that their children are dating but invokes the continuing social sanctioning upon this through a strategy of silencing on the matter. Thus the social sanction around dating and respectability continues to operate albeit on terms that tacitly acknowledges the ambiguity of such sanctioning in the face of modern ideas around dating and marriage. On recounting the events when it became evident that Xoliswa's eldest daughter was pregnant, it seems that the socialized silence around her relationship with the father quite organically translated into the acceptance that he wasn't going to be 'around'. Probably because the silence represented the non-serious nature of the relationship within customary Xhosa codes of sexual respectability and what constitutes a serious

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<sup>3</sup> The informants moral discourse on dating according to traditional Xhosa values is of course not the only moral discourse extant amongst Xhosa speaking communities and may well diverge considerably from actual practice as will be shown. For a discussion of Xhosa dating practices see for example MAGER. 1999.

relationship. I later came across instances of young men who had what they defined as their 'Baby Mamas'<sup>4</sup> but who hadn't married them, in these instances, because they couldn't afford to pay *Ukulobola*. This adds another dimension as to why a father might seem absent in the girl's parents accounts of his role, unless of course he has paid a sum of money for 'damage'. The damage payment (*Ukuhlawula isusi*) is another traditional practice centring around the social value placed on a girl's virginity and the 'damage' to a women's *Ukulobola* worth if she is no longer one. When I very tentatively asked if abortion had ever been an option both Xoliswa and Thabo had been strongly in favour of their eldest daughter seeking one, but this plan was left aside because in Xoliswa's words *'I could see that she (the daughter) would tell someone, that she wouldn't keep it a secret, that she would tell people about it and that we had encouraged her to do this...'*

Xoliswa's response clearly indicated her awareness of the strong social stigma attached to abortion in her community and her wish to protect her daughter from the shame associated with abortion. In a later conversation Xoilswa also suggested that her eldest daughter had cried when she had suggested abortion as an option. It seemed to her, that her daughter felt scared to have an abortion because of the daughter's boyfriends' attitude to it. He had pressured her to keep the child, and threatened to 'expose' her if she went ahead and terminated the pregnancy.

They now have another daughter, also living in the family home and unmarried- who aged 18- is pregnant. They wanted her to have an abortion, but because her father in a fit of anger temporarily threw her out of the parental home, 'everyone' now knows she is pregnant. This makes the question of abortion impossible due to social stigma that she would incur should she terminate the pregnancy. The father now says he regrets throwing

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<sup>4</sup> The term 'Baby mama' was used by young men to refer to the young women with whom they had children. The status of these 'Baby mamas' as girlfriends was ambiguous. Whilst these young men claimed a sense of possession over these young women, they did not have monogamous and committed, live-in relationships with them. Some accounts suggested this was because financial constraints meant that *Ukuhlawula*, *Ukulobola* or indeed money for housing was not available. Some accounts also suggested that young men did not want committed relationships with the mothers of their children. Other cases would suggest that these young women preferred to retain their independence or live with their parents. The term Baby Mama itself suggests an objectification of a woman on the basis of her reproductive role. See chapter 3 for a more in depth discussion of the issues surrounding this.

her out temporarily because this brought the issue of the pregnancy into the public domain, and he would have preferred her to have an abortion. Nonetheless, negotiations are afoot for the traditional 'damage payment' (*Ukuhlawula isusi*), and there is talk that this will be followed by bride wealth (*Ukulobola*) negotiations. However as I write she is now 7 months pregnant and neither *Ukuhlawula isusi* nor *Ukulobola* have been paid. Her mother (currently the only person in the family with steady employment) is now reconciled to the fact that she will have a second grandchild to add to her four-room shack and family of ten who live within it.

### ***Who are 'they'?***

These events and comments made by the actors close to them raised a multitude of questions around the cultural politics of abortion and female sexual respectability in South Africa. Who are the 'they' to whom it would be so undesirable to have the fact of an abortion made public? Whose threat of opinion and approbation could police the choice to not have one so effectively? Why would 'they' be so against the practice? What and why would their values be invested around the gender role of motherhood especially in a situation where the commitment of the father was uncertain, the parental home overcrowded, little or no money was to be spared in a straitened family situation and minimal financial support from the government existed for children? How would this approbation be expressed and how does this relate to the history of cultural practices around Xhosa female sexuality in South Africa? What could such a dynamic between the right to a legal abortion yet feared social and moral approbation towards a young woman seeking one, tell me about the contemporary cultural politics of female social sexualisation in this Xhosa community? What would be the role of health workers in these processes? What would this also reveal about young Xhosa male sexuality and the man who fathered the child yet was invisible on the day-to-day terrain of pregnancy and child raising?

These questions could all be connected to the overarching inquiry that interrogates what happens when the legal right to abortion becomes subject to the socio-cultural interpretations of doctors, nurses, the community and individuals? Again we return to the

disjuncture between rights as a legally constructed status and rights as a socially constructed substantive daily practice. This question has also been framed as to why abortion is a legal right but not as yet a moral one?<sup>5</sup> Abortion and the cultural values around it have the potential to reveal a complex web of interconnected issues around sexuality, culture, tradition and modernity in Post Apartheid South Africa. Taking abortion as a departure point for the study of such a complex web, and focusing on nurses who are expected to provide abortion services, the young women who request these services as well as the young men who may- or may not- condemn women for doing so, is arguably a key way in which to understand the real politick of gender policies within the new 'constitutional sexuality'. This is because arguably abortion lies at the axial point between a constitutionally enshrined understanding of women's autonomy including the international human rights discourse of bodily integrity, as against hetero-patriarchal authoritarian understandings of woman as reproductive body first and socially embodied citizen only as an afterthought. Therefore the CTOP legislation that came into effect in 1996 can be understood as part of this wave of reform attempting to shift the grounds upon which South African women can access and claim their rights of citizenship.

These examples demonstrate that the continuing shame and stigma surrounding abortion reveals the difficulty women experience in making choices that are contrary to normative societal values. Even renegotiations and resistances may be encompassed by overarching moral codes that attempt to restrict women's agency within the limited parameters of a heteropatriarchal value system that privileges women's reproductive biology as their prime societal role. The fact that sexually active women are always in danger of being branded as *ihule* (isiXhosa-whore) or promiscuous (words never or rarely applied to sexually active men) lest they step outside the bounds of a respectable female sexuality, reveals deep-seated societal values and moral codes that expect women to be the chaste moral gatekeepers of sex and men to explore their sexuality relatively free of moral censure. This infamous and ubiquitous 'double standard' is evident across cultures. This double standard is continues to be embedded in public health and developmental

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<sup>5</sup> For a discussion on the disjuncture between progressive legislation, but as yet condemnatory moral attitudes to abortion in the context of Norway see: Mette Lokeland, 2004, 'Abortion: The Legal Right Has Been Won, But Not The Moral Right' in *Reproductive Health Matters*, 2004; 12 (24 Supplement):167-173.

approaches to Sexual and Reproductive (SRH) and their tendency to reproduce the heterosexual body politic rather than overtly challenge its injunctions about what constitutes acceptable expressions of female sexuality in relation to the reproductive body. Indeed moral codes of selflessness and communal responsibility are as yet deeply encoded in the ideology of maternal altruism and 'woman as mother' in contemporary South Africa as elsewhere. This creates deeply conflicting ideas and practices around female personhood in a changing post liberation context influenced by global feminist discourses on rights and citizenship.

I introduce an ethno medical theoretical perspective in conjunction with these conflicting ideas and practices of personhood, in order to pick up upon the local specificities of cultural constructions of the body- individual/ social/ political within changing mediations of local to national to global flows of information, in particular rights discourses around citizenship, the female body and abortion. I utilise this ethno medical perspective, in this case *lobola*, to focus on young men's narratives of women, sexuality and abortion since only a few studies have focused on men's views in the context of abortion in Africa (Varga, 2002). Cross-cultural studies elsewhere show differences in men's attitudes towards abortion in Africa, with boys in Tanzania more likely to be supportive and boys in South Africa three times more likely than girls to condemn abortion (ibid). Yet studies such as these tend to descriptively underwrite patriarchy through the paradigms of culture and gender that they employ, and none of these studies connects attitudes to abortion to wider issues of sexuality and cultural notions of personhood and modernity. Nor do they interrogate the way in which a woman's sexual choices as part of her negotiation of personhood, influence men's perceptions of her as someone likely to undergo abortion. Thus I sought to connect the issue of abortion to critical issues of sexuality, gender identity and personhood in a post Apartheid Township.

### **Health and gendered power relations.**

Following on from Cornwall and Welbourne's (2002) insight that sexual and reproductive well being requires fundamental changes in societal conditions that give rise to individual health vulnerabilities, an exploration of how gender is reproduced is

important when we begin to look at sexual and reproductive health (SRH). Particularly in the context of pregnancy planning, STD and HIV/AIDS prevention and fostering healthy sexual relationships we need to understand how gender identity strongly mediates and provides a platform for the experiential dimension of sexualities. In turn we need to attempt to understand how these sexualities are mediated by the political, social, economic and cultural life worlds that surround us, and how we as individuals respond to these forces within structures that give us only so much scope for individual agency within social frameworks (Abu-Lughod, 1999).

The focus on SRH in Africa has tended to be viewed through the lens of “development” and therefore a somewhat biomedical perspective has dominated both academic and policy discourses around female sexuality in Africa. These have been especially notable in approaches to family planning and the HIV/AIDS epidemic. As Jane Bennett (2000) notes “...theory around reproductive rights...tends to be developed in networks of feminism where the connection between “the body”, “the woman” and her heterosexual contexts remains...unproblematized”. Only very recently has a turn towards women’s sexuality in the context of pleasure emerged as a subject for study (Walker and Reid, 2005, p. 5; Gosine, 2004; Macfadden, 2003) and this is as yet still far from being incorporated into policy and public health interventions on SRH.

Although there are barriers in accessing TOP across a broad spectrum of South African society, in particular teenagers and younger women experience especial difficulty in accessing abortion services as well as contraceptive counselling and resources more generally. My study was conducted amongst young people ages between 16 and 22 in the aforementioned townships where socio cultural factors intersect with poverty and poorly built housing. My study hones in upon these young women as a population group and I contend that this age group (along with younger adolescents, 13-15) is especially vulnerable to societal as well as changing socio-cultural impacts upon reproductive well-being. This study therefore aims to make connections between issues of health care access, pertinent questions of racially based socio-economic deprivation and the shifting grounds for women’s sexuality in the post liberation context.

### **Citizenship, Sexuality and the right to health care.**

The consequences of what Walker (2005, 165) dubs the new “constitutional sexuality” in South Africa must be understood if we are to push past current bottlenecks in gender dynamics that continue to perpetrate unacceptable levels of violence and discrimination against women. This new constitutional sexuality has undoubtedly created new social spaces and alternative legal and cultural frameworks for experiencing and expressing sexuality. Indeed the post apartheid era has brought sexuality into the public consciousness in ways previously unimaginable. Violence in forms such as domestic violence or the increasing prevalence of baby rape has entered the social imaginary as new legislation and campaigning has highlighted the prevalence and unacceptability of such practices. Same-sex sexuality has to a small extent dislocated the monopoly of heterosexuality of mainstream culture as Lesbian, Gay, Trans-gender and Intersexual (LGTBI) rights have been enshrined in the constitution. This has also challenged the hetero-normative biases previously prevalent in HIV treatment. In another way the post Apartheid era has brought with it deregulation of the media and insertion of South Africa into global markets as media and information boycotts were lifted. This has meant an explosion of pornography available through the Internet, visible high street adult sex shops, short text (sms) messaging services as well as TV programmes that increasingly depict graphic sexual scenes to a population previously banned from accessing such material (Walker and Reid, 2005). All of these currents have brought a new focus upon masculinities in South Africa and what they mean for men as well as how they can be understood in terms of a rights based approach to women’s development. This is an important development for as Jane Bennett (2000) notes

*‘Policy makers should be encouraged to confront the realities of a transformed sexual culture, rather than dwelling on a bygone past...both intended and unintended effects of colonial and post-colonial policies on sexuality and sexual behaviour must be highlighted. Without attention to these concerns, it is entirely possible that past mistakes may be repeated’.*

Indeed there is a clear need to shift the grounds upon which so much of the medical and policy discourse surrounding family planning and population studies has centred its understandings of female body and heterosexuality. Even the terms themselves commonly used in South Africa, such as 'family planning', imply a focus on the biological reproductive capacity of women located in assumed normative heterosexual lifecycles of child bearing. Such normative lifecycles are the crux of how female personhood is predominately understood and evaluated communally. As I will show in my study, interviews with nurses involved in family planning and TOP counselling revealed orthodox meanings of female personhood evident in their views on why family planning is important. What was also present was a clear sense of moral panic about young women's changing sexual attitudes and behaviour, whereby contraception seemed to be a way in which some sense of control and rationality could be exercised over these 'troublesome' female bodies.

For example many of the nurses I interviewed revealed attitudes towards the sexuality of young health service users that saw them as being 'promiscuous'. Many of the young women reported being called derogatory names by health clinic staff when seeking contraception, Emergency contraception (EC) or counselling for TOP services. Beginning with the life history testimony of a young Xhosa speaking woman I saw how such attitudes located in notions of shame and prohibition around female sexuality amongst health staff dealing with sexually active women actually serve to help perpetuate ignorance, fear, shame and ultimately unwanted pregnancies and even the risk of STDS and HIV infection. My study will show how 'enculturation' of the social spaces in Public health system delivery of SRH care, compound young Xhosa women's lack of channels through which to access supportive and empowering information on sexuality and Sexual and reproductive health within their communities.

I propose that a better implementation of TOP services is just one small part of a wider metaphysical as well as institutional transformation of SR health care, contributing to a richer fulfilment of the promise of women's as equal citizens in the new democratic dispensation of South Africa.

...and what of this democratic dispensation? Another crucial stream of analysis locates the body in the discourses and practices of citizenship and state governance. This brings the body firmly within the ambit of political economy and demonstrates where nature becomes culture in the ways in which gender is differentiated in the practices and politics of citizenship and governance. The Hobbesian social contract that underpins the notion of the modern state-citizen relationship implies a metaphorical superimposition of a human body onto the body of the state. On interrogating the gender of this metaphorical body, feminists have found it to be unequivocally and universally male (Gatens 1997). This andocentricity of the state body- which is no less true for South Africa- has permeated through to institutions, laws and policies. However a counter tendency in the new democracies has informed the recent history of revisionist gender mainstreaming which has sought to redress the male bias in formal state politics and political decision making structures. I propose that what happens at the 'ground- level' of daily practices effectively renders these reforms as 'skin deep'. In addition the 'body' of politics remains deeply gendered in its domination by men, the partisan nature by which women's political participation is often bounded as well as in the embedded cultural value systems that exist within society at large that mitigate against the implementation of law and policy reformed along gender equitable lines. In South Africa despite progressive gender legislation attitudes amongst many men towards women remain at best chauvinistic. Indeed levels of violence against women in contemporary South Africa match or outstrip levels of sexualized and brutal violence in many situations of military conflict and civil war (Amina Mama, CCR Seminar, 2006). There is widespread misogyny in South African communities evident in pathological socio cultural phenomena such as the persecution and even murder of lesbians in township communities (Orford, 2006). In addition there are high rates of male on female rape where popular concepts of the vagina present in rape narratives revolve around the idea of an empty space or vacuum needing to be filled (Moffett, 2003).

My focus upon the female body through an exploration of the cultural politics of implementing abortion legislation will attempt to reveal the gendered fault lines that run

between metaphorical political bodies such as the state, and real life female ones. This will expose the essential fallacy of presuming that women may enjoy equal citizenship with men in a liberal state democracy simply at the behest of legislative reform.

Returning to the concept of the body politic and how the male body has traditionally been enshrined in the institutional structure and political culture of the state, we can also begin to widen the concept of the body politic to see how this institutional-political nexus intersects with culture in to act upon real bodies in gender differentiated ways. Public health care is a key interface site between government policy and communities and a key way in which to explore the dynamics between state policies and cultural values. Public health is an arena riven through with the oft-seeming incommensurability between constitutional rights and cultural practices. This is because technical and bio medical paradigms of health care become subject to individual health professionals own subjective interpretations as well as service users' level of access to information on health care rights as well as their individual capacity (which may be influenced by their culture) to negotiate these rights in the Public healthcare space Post colonial studies on sexuality and policy approaches to sexual and reproductive health in the context of western medicalization- especially in the context of HIV/AIDS- have also deepened our understanding of the processes by which health care is given powerful discursive meanings (Jungar and Oinas, 2005, Patton, 1997, Butchart, 1998) Changing the way in which the female body is legislated for within the body politic is only a first step towards equitable citizenship. As women's rights activists who have advocated for reforms to law ranging from domestic violence, human trafficking, rape and labour rights know, reform is one thing, implementation yet another (Gouws, 2005). Implementation is secondary struggle for the realization of law into articulated, activated, claimable and claimed rights. This is the very stuff of substantive democracy where rights are not simply a legal status but a tangible daily practice (Nyamu-Musembi, 2005). The disjuncture between law and practical articulation results in a struggle to 'make rights real', and is pertinent to South Africa where the aforementioned new constitutional sexuality embodied in a raft of legislation protecting and promoting women's rights exists against a persistent backdrop of horrifying levels of rape, violent sexual abuse and domestic violence. Understanding

why and where progressive legislation is failing at the level of policy implementation can expose some of the cultures of resistance to social transformation with respect to women's rights and reveal their operational as well as their ideological basis. Furthermore, taking an anthropological approach to policy locks this analysis into wider questions about the relationship between citizens as subjects of states within the framework of Governance studies, and interrogates this from a gender perspective. My research implies the essential question of whose bodies are privileged in society and in the power structures of decision making and whose bodies are sidelined, objectified and relegated to their reproductive function above subjectivity and rights claims?

If the constitutional construction of the citizen is now one that seeks gendered equality in the concept of the citizen as a subject of the state, we must interrogate if that citizen is truly equal in the daily practices of public and private life. The social transformation in Post-Apartheid South Africa has brought about a situation where the continuing brutalisation of women by men may "coexist with previously unimaginable levels of integration and acceptance of sexual minorities" (ibid). On this premise we can therefore begin to interrogate the social spaces and daily practices of gender, where the contradiction between constitutional rights and the lack of their translation is being encultured and enacted. This paper will interrogate these spaces in the context of Sexual and Reproductive Health care and in particular the implementation of the CTOP Act. Struggles over the right to free and legal abortion have seen some of the bitterest societal debates around the true 'nature' and 'role' of women. Realising sexual and reproductive health rights is a key plank in both gender equality and a claimable, substantive citizenship.

■ **Chapter One:**

***'Immoral, callous and out of control'?* <sup>6</sup> Female sexuality and gendered power relations: the real politick of abortion.**

Part of the epistemological grounding to this paper is the feminist belief in the right of any woman to make empowered choices over her fertility, which includes access to contraception, in order to ensure, if she chooses to have children, the number and spacing of those children and also the right to abortion in the case of unplanned and unwanted pregnancies. This paper does not therefore give space to the debates that continue to challenge the right to abortion, but instead suggests that those who question a woman's right to terminate a pregnancy ascribe to value systems where a deeper issue is at stake; one which privileges a naturalized or idealized sense of woman's maternal gender role above all other considerations. It is perhaps because of this 'deeper issue', that abortion is as yet a "legal right, but not as yet a moral one". Consequently the translation of abortion legislation into policy, and then into an accessible right, is beset by problems.

Government advocates and health departments will often support legal abortion, employing discourses centred around either the consequences of forcing unwanted pregnancies to term on the resultant child's well-being, or instrumentalist arguments centring on the strain on health services caused by high admissions of women presenting with complications after back street abortions. Yet these discourses whilst relevant and strategically useful in terms of arguing for legislative reform obscure the deeper philosophical and existential issues surrounding society's attitude to the sexually active woman and the ideological emphasis placed on women's role and societal value as mothers. The 'deeper issue' at stake here is that abortion is often seen as a refusal by women seeking it to fulfil the mother role and furthermore as an escape from the biological 'consequences' of sex and sexuality. The demonisation of women who undergo abortion stands in direct relation to the valorisation of women who undergo birth

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<sup>6</sup> Mary Boyle, 1997, *Re-thinking Abortion, Psychology, gender, power and the law*, Routledge, London.

to become mothers. For women sex without reproduction has been a key way in which ground for women's empowerment has been gained since the development of medicalised contraceptive technology. Yet ideologically reproduction is still seen as the appropriate and ultimate consequence of active female sexuality, and abortion as an irrational and selfish response to that female destiny. Deliberately terminating a pregnancy is seen as the ultimate symbol of an irrational and amoral female sexuality without its biological end in reproduction (Boyle, 1997; Petchesky, 1985). In this sense abortion is sometimes seen as women 'having their cake and eating it too', or as an escape from the 'logical consequences' of female sexuality. This intersects with other discursive constructions of heterosexually gendered sexuality where male pleasure and desire are valorised and women's pleasure and desire negated to male needs. For example Petchesky analyses abortion in terms of 'contemporary heterosexual culture and the dilemmas it poses for women (1985, 206). Petchesky notes that unwanted pregnancy and abortion seem most often likely to occur where 'traditional values' around sexuality rather than a 'liberated consciousness' prevail. Sex is not 'repressed' as such, but its agents and boundaries intricately controlled from various centres of power (ibid, 208). Drawing on Foucault, sexuality is shown to have no universal, trans cultural or trans historical form, but instead changes within different historical and cultural contexts. Crucially Foucault's analysis of sexuality in the modern era is linked to the notion of self-assertion, thus in a predominantly 'patriarchal' culture, sex becomes split along a moral binary; sex for women results in reproduction, sex for men results in self expression (ibid, 208). Whilst feminists have connected contraception to the self expression of women's sexuality freed from the reproductive imperative, the many centres of power from which female sexuality is regulated, often mitigate against this possibility of self expression. Contraception visibilises active sexuality, and studies have shown that often young women become pregnant (or get HIV/ AIDS) simply because to practice safe sex signals an agency on the part of a young woman, which contradicts the moral codes of passivity (of non self expression) by which she is supposed to adhere (Petchesky, 1985, 208). In the specific context of South Africa The Joint Monitoring Committee on the Improvement of the Quality of Life & Status of Women (JMCIQLSW) held consultative hearings with civil society and NGOS on women's health. Pregs Govender, who chaired

these hearings, notes a core insight arising from these hearings was that '*Young girls speak of the pressure to have sex with boyfriends and the difficulty of insisting on a condom without appearing unattractively well informed about sex*' (2001, 7).

This gendered double standard was also evident in informants' discourses when speaking of women who have abortions. In general people will often justify their distaste for abortion by saying that some women use it as a form of contraception. Present in many of the narratives when I interviewed young men, was the belief that women who 'sleep around' are 'bitches' who use abortion 'wantonly' to control their fertility. Such discourses of an uncontrollable female sexuality were also present in nurses' narratives when involved in family planning and TOP service provision. For example some nurses described young, female, sexually active reproductive health service clients with terms such as 'Night-prowlers' and a standard part of their counselling was to tell young women that they mustn't think that contraception meant that they could go and sleep with lots of men. Some nurses also invoked the view that women may use abortion as a form of contraception, although when asked about how many such cases they had actually dealt with, numbers of cases were recounted as 2 -3 in family planning careers of ten or more years. These generalisations nonetheless serve to demonise the women who seek abortion as somehow *immoral, callous and out of control*, and says little about either the real reasons that women seek abortions or indeed the gendered power relations that mean for some women, abortion is a last resort where contraception has failed, been unobtainable or non-negotiable.

Boyle (1997) notes how tropes of *immorality, callousness and being out of control* consistently underpin pro-life arguments in particular and societal objections in general to women seeking abortions. Why should this be so? If we were to say the objection to abortion rests solely in the concern for the foetus, we would then ignore three key issues that characterise abortion debates put forward by pro-life proponents. Firstly that pro-life advocates always talk of foetal value and never of the value of a women's right to bodily integrity and choice in her reproductive decision making. Secondly that statistical evidence suggests pro life advocates are also more likely to support the death penalty and

violent warfare in direct contradiction to their apparent concern with the 'sanctity of life' represented for them by the foetus. Thirdly, that abortion debates always centre on the responsibility of women and never focus on the reasons that male partners agree to, coerce or even sometimes force women to seek an abortion (Boyle, 1997). Given these moral anomalies within the pro-life debate itself it becomes clear that what is at stake in the moral outrage is a discourse around sexuality and female personhood. Women's rights are considered unimportant, the supposed concern for the sanctity of life represented by the foetus is contradicted by wider unconcern with genocide, warfare and state violence and issues of male responsibility are not brought under the spotlight. These characteristics of the abortion debate are as true for South Africa as they are for over thirty years of struggle on this issue in North America. The South African branch of the pro-life organisation "Doctors for Life" regurgitates pseudo scientific claims that serve to essentialise motherhood as healthy and right for a woman. Doctors for Life claim that women who undergo abortion 'will suffer from physical, mental and/or spiritual damage'. Boyle (1997) notes the fact that pro-life organizations consistently overstate evidence of the detrimental psychological effects of abortion on women. Yet medical evidence of levels of post-natal depression, are statistically much higher than levels of depression in women who have had an abortion. A turn towards Doctors for Life's views on homosexuality, sheds light on the pro choice stance and its intimate relationship to a particular and essentialised view of women's, and men's, role as heterosexual and biologically reproductive. Doctor's for Life website states

*'Homosexuality is unnatural and no society or religion has ever endorsed it as an 'acceptable norm'. This behavior pattern is contrary to the God-ordained state of marriage between one man and one woman, and is not conducive to a stable family environment to raise children'<sup>7</sup>.*

Key to this study is how deeply riveted societal attitudes to abortion reveal the broader cultural landscape of attitudes to women and female sexuality, and how this cuts across

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<sup>7</sup> Doctors for Life available at: <http://www.doctorsforlifeinternational.com/issues/homosexuality.cfm>  
 Accessed: 17th August 2006.

sexual and reproductive health care interventions, their implementation and the ability of women to utilize them. Most notable is the implicit sense that women who seek and obtain abortion are somehow 'escaping' the logical reproductive consequences of their sexual activity. Boyle (1997) employs Derridian deconstructive logic to show how the ideal of women as Mother is the mirror image of the women who undergoes abortion.

motherhood  
not an  
issue to  
providers

*'To seek an abortion is to simultaneously make a statement about motherhood: a women may already be a mother and not wish to make a further investment in motherhood; women who seek abortions and who are not mothers are either rejecting motherhood on this occasion or rejecting it permanently' Following Derrida, then, we can assume that one important meaning of abortion is 'not motherhood'.*

Boyle goes on to show how discourses centring on abortion rely upon folk notions, socio-cultural values and psychoanalytical theories of women as bound by 'maternal instinct' and as inherently lacking, barren and 'less' (i.e. 'childless') if they do not have children. Characterisations of women who have abortion centre on sexual deviancy, moral lack and inferiority or inherent vulnerability (ibid. 37-45). Female sexuality is an especial bone of contention in abortion debates, yet male sexuality always seems to be completely missing from questions of responsibility. This reflects a wider family planning context where responsibility for contraception is placed upon women through various technologies that often have unpleasant and potentially harmful side effects. Contraception is constructed as a rational act and sex without it is constructed as irrational and deviant. Such irrationality is underpinned by strong social injunctions that regulate women's desires and right to sexual pleasure, thus sex without contraception takes on a two-fold irrationality and deviance. Not only is this seen as risk taking but risk taking on the part of the woman to serve selfish and uncontrolled sexual desires. Such a view was implicit in many of the narratives I encountered in my fieldwork with young men and nurses/

These moralizing discourses ultimately serve to imply that pregnancy and motherhood are the appropriate moral consequences of women's sexuality and sexual activity, indeed the prime reasons for a female sexuality constructed and replicated through notions of female respectability. Abortion is therefore the ultimate deviation from these codified

notions of woman as altruistic mother, as sexually controlled and as respectable within her community.

The sexed body is a 'political body' in the sense that heterosexual sex, gender and sexuality are not as is so often assumed, the natural consequences of human biology, but instead are subject to social disciplines that invest bodies with sexual identities that reflect the values contemporary to that social structure. This 'political body' is also the 'body politic' where it becomes actualized and acted upon within the frame of daily social interaction, workplace labour practices and state law and policy. Heteronormativity is perhaps the strongest regulating force exercised upon bodies, inducted through repetitive reinforcement of the multiple injunctions for how men and women should dress, act, love, desire, and indeed not desire, in relation to the opposite and their own sex. We can understand these social injunctions upon the sexed body through the conceptual lens of gender. Feminist theorists from De Beauvoir onwards have recognized that gender is split upon a binary which ascribes an active agency to men and that consigns women to a default status of 'other' (Fallaise, 1998). More importantly they have recognized and developed perspectives based on the understanding that 'woman is not born but made' (ibid). It is within this hinterland of "Othered" gendered identity that feminists have attempted to challenge the subordination of women. Seminal works such as Butler's (1999) *Gender Trouble* brought new perspectives from 'Queer theory' to show how transgender and transsexual sexualities performatively disrupt and play with the apparent truths of heterosexual gender identity, irrevocably revealing how such apparent truths of heterosexuality are socially generated and tenuous. This has usurped the naturalized association of biological sex with gender identity and revealed the ways in which women become women and men become men through the social codes repeated in countless daily injunctions, utterances and actions.

### **Theoretical Underpinnings to my research on abortion amongst township youth.**

South Africa's 1996 legislation on abortion represents some of the most liberal law making on this issue in existence. Yet scratching the surface quickly reveals that all is not

as it seems to be. This next section outlines how the theoretical underpinnings to my study informed the selection of my research group, the particular places in which to explore this group as well as the processes by which I undertook research.

At the level of policy implementation literature and anecdotal accounts indicated barriers to access and information coupled with resistance amongst health service personnel were some of the problems being experienced by young women at the ground level. As an anthropologist I wanted to understand the barriers to abortion services through the heuristic concept of culture. I was fascinated by the potential to do 'deep anthropology' where I could integrate perspectives on gender in Xhosa speaking communities and how these might affect meanings around abortion and prohibitions to it, within wider discourses around rights, citizenship and feminist perspectives on the body and gender in a context such as South Africa where 'customary law' and customary practices often seem to run in contradistinction to those rights of citizenship. Further exploration led me in the direction of assessing barriers not only at the community but also at the level of health service personnel- in particular nurses. The Western Cape Province for example has only three doctors who are prepared to be involved in the provision of TOP services, thus nurses form the majority of personnel involved in abortion services. Trying to understand the role and subjectivity of nurses in TOP service provision provided yet another dimension to my exploration of issues of gender roles in relation to reproduction, and the way in which abortion reveals deep fault lines between the body politic and heteronormative social structures.

This led to the initial development of a set of questions designed to initiate disclosure, reflection and discussion on this within the space of the semi-structured interview. I also wanted to avoid the sometimes rather polemical tone of pro-abortion journalism, activist literature and even academic studies that seemed to often replace useful and complex reflection with emotive but non-substantive streams of narrative anger. This in part reflects my own journey as a feminist believing unequivocally in the right to choose where I have found engaging with debates around abortion useful for my thinking on and

understanding of the moral, religious and cultural as well as feminist issues implicit in the pro life versus pro-choice debate.

Of course this still leaves the thorny issue of women presuming to speak for the interests of other women. Indeed Monhanty extends her critique across class as well as North South power dynamics as she reminds us that Southern middle class feminists may be as equally susceptible to presuming to have a 'shared experience' and 'know' what is best for their working class sisters. With this in mind I utilized the anthropological concept of personhood to analyze how gender is reproduced and experienced at the local level, but more importantly individual's own understandings of these discourses and experiences. This is also why that whilst I provide a critique of nurses' discourses surrounding young women's sexuality and contraceptive choices, I also try to analyze the cultural and historical groundings to these attitudes. I actively desist from the demonization of nurses who obstruct women's reproductive health choices, a demonisation prevalent in much media and academic literature. In this sense whilst I do not (indeed could not ethically speaking) give the nurses an unproblematised 'voice', I do try to engage with their subjectivities from a sympathetic perspective. On the other hand South African women plainly want and need access to abortion and family planning services, therefore I do not presume to 'speak for them' in this respect, but instead I hope I reflect usefully on the processes by which their desires and needs are unmet.

### **Abortion and Ethno medicine.**

I also began to look at ways in which anthropologists had approached the subject of abortion for clues as to how I might formulate methodologies for exploring attitudes and practices in the field. Yet in the context of ethno medicine for example, unwanted pregnancy occupies a strange liminal space perhaps akin to menstruation. In the case of unwanted pregnancy a woman is neither pregnant in the sense of proceeding forward to birth and her socially ascribed role of motherhood nor is she simply not pregnant. Despite scouring the ethno medical literature I found little dealing with abortion. An exception are the tiny corpus of brilliant studies done within ethno medical paradigms, which have approached infertility and the meaning of empty wombs from Marxist feminist

perspectives on spirit possession (Boddy, 1989). Two of these studies have utilized ethno medicine to investigate abortion in South East Asia by investigating practices of ritual magic and experiences of fetus ghosts, analyzing these as they produce disembodied cosmological responses to the post colonial condition (Moskowitz 2001; Hardacre 1998).

Gammerlort

I ascribe the general lack of attention to abortion within the ethno medical literature to the fact that despite its medicalisation abortion is not an illness and is therefore not classifiable as a disease. Again its liminality becomes apparent in its lack of classification. Perhaps then the best way into thinking about unwanted pregnancy and the body was to think about the process by which the body had arrived at that condition. Certainly themes of sexual self-control or perceived lack of it characterize societies, and in many cases medical personnel's, attitudes to the unwanted pregnancy. Pregnancy is a sign of sexual activity and unwanted pregnancy taken as a sign of 'out of control' sexuality. Through taking this path I realised that I could reintroduce an ethno medical element through investigating the practice of *lobola* (bride wealth) as it configures people's sense of being in or out of control of female biological reproduction.

At the community level, mostly in my interviews with young men, I sought to introduce an ethno medical model where I attempt to locate abortion in cultural epistemologies and practices centring on the symbolism of the reproductive female body in the context of the widespread practice of *lobola* or its contemporary variations in Xhosa communities. This is why I conducted fieldwork with young men as well as young women and nurses. *Lobola's* 'logic of practice' has shifted with the socio economic changes in South African society. In the pre-colonial era it signified the reciprocal exchange of cattle for the reproductive (biological and social) labour of a daughter, who would ensure the genealogical continuity of the social group/ clan. It was an economic transaction imbued with the aforementioned social values between her family and the bridegrooms' often overtime often accrued considerable wealth to fathers 'exchanging' daughters for cattle. With socio economic transformations in the 20<sup>th</sup> century *lobola* became to be seen as more the redistribution of resources between families rather than an exchange of cattle for present and future labour power (Marks, 1987, 21). With high levels of urbanisation

by the late 20<sup>th</sup> century, the ideal of cattle as the locus of family wealth has fragmented, and now *lobola* is typically paid in cash- though still with equivalence to the price of cattle. This has led some traditionalists to contend that *lobola* has become commercialised. The practice of *lobola* is still widely prevalent and indeed considered obligatory amongst urban, wealthy, middle class, university educated Xhosa speaking people as well as in poor urban and rural working class communities. Whatever the shifts in the practice of *lobola* a core tenet seems to have remained whereby a transaction is made between a prospective bridegroom and a bride's family in order to secure his 'right' to claim her as his wife, as well as to ensure his paternity rights over offspring born from the marriage.

With the cultural model of *lobola* in mind I began to approach abortion from the particularistic context of 'Xhosa culture' as well as from abortion's more "universal" meanings in religion, human rights discourses and feminist politics. I hoped by keeping this model in perspective to understand the meanings of abortion within Xhosa communities in relation to the specificities of cultural meanings around the female reproductive body and female personhood that inform prejudices and stigma around abortion.

I paid attention to the variant forms of relationships whereby men claim possession, exclusive access or responsibility for women's reproductive capacity. As well as the practice of *lobola* this also includes the idea of a 'damage' payment *Ukuhlawula isusi*. This is paid in the event that a young man gets a young woman pregnant; he must make this 'damage' payment to her family. I met many young men who told me that they had 'baby mamas', and whilst they were not going to (or in many cases could not afford to) pay *lobola*, they had made *Ukuhlawula isusi*.

Lindisfarne cites the work of Malti-Douglas on Arabo-Islamic writing where 'a gendered attribute (such as a virgin's hymen) can be used to define all dimensions of personhood (Lindisfarne, 1994, 83, Malti-Douglas,). Taking this as a departure point of analysis for the young Xhosa speaking men and women I was in dialogue with, it was clear that

notions of virginity, chastity and the control of women's sexuality were key to nodal points in the life cycle narratives of male personhood. Given the traditional ideological importance of chastity in its relation to the *Ukulobola* marriage system this is perhaps not surprising. Yet historically, the gap between *Ukulobola* as an ideal of culture and as an actual practice has increasingly widened. However, even though it co exists with other forms of relationship (pre-marital co habitation, pre marital pregnancy, single mother parenting), a woman's chastity –or at least the sense that a man has exclusive access to his intimate female partner of the moment- remains a powerful way in which men identify a sense of their own masculine sexuality and personal power. Women then become the objective product of masculinities. Such notions of female sexual self-control are part of a symbolic complex that also informs men's attitudes to abortion. Within certain groups of young men, where hegemonic masculinity is overtly performed and practiced, abortion is reviled as something that women who are out of control and callous and immoral choose to do. This links to notions of female personhood that privilege motherhood as the defining socialisation of female selfhood in relation to masculinities constructed around fatherhood and patronage.<sup>8</sup>

I also drew upon Lyn Denny's groundbreaking ethno medical work with Xhosa communities. Denny has applied medical anthropology to assess and find solutions to why women within the studied communities frequently refuse cervical cancer screening. Denny found that strong cultural beliefs made taboo the inspection by nurses of a woman's vagina. The taboo centred on the fact that inspection by health personnel constituted an affront to the cultural belief that husbands have exclusive right of access<sup>8</sup>. Vaginal examinations by health care staff potentially contest the exclusivity and right of the husband's possession and access to his wife's vaginal area symbolically 'paid' for by him in the *lobola* transaction. This suggested that a woman's vagina can be seen as the symbolic site whereby a patriarchal socio economic system, male power and the affirmation of a masculinity centring on the payment of *lobola* could all be physically experienced and symbolically reproduced. This 'logic of practice' therefore suggested a way into thinking about the meaning of abortion in the context of communities where

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<sup>8</sup> ([http://www.EngenderHealth.org/itf/south\\_africa-2.html](http://www.EngenderHealth.org/itf/south_africa-2.html) 2005).

*lobola* is practiced. A turn towards studying Masculinities reveals a rich field of analysis revealing the multiple ways in how men become and sustain their identities as men, intersects with socio economic histories such as copper mining or agricultural development (Elder, 2003; Delius and Glaser, 2002; Dunbar Moodie with Ndatshe, 1994). These studies also serve to demonstrate that the feminist notion of an all-encompassing ahistorical patriarchy is an essentialism that denies the particularities of time, place and culture in relation to the production of masculinities and the gendered power relations inimical to them. They also serve to show the multiple ways in which masculinities may form and operate and that hegemonic masculinity is enjoyed by some men through the subordination of other men. That “There is no one, typical South African man” is a key focus of recent theorists on masculinity in Africa (Morrell, 2001 in Reid and Walker (Eds), 2005). If it is true that there are ‘many different masculinities’ meaning that whilst ‘some men challenge gender hierocracies, others oppose any attempt to democratize gender relations, and some are happy to support the status quo...’ (Ibid), then we must try to understand both the structural and individual reasons why any man may follow any one of these particular patterns. With this in mind I was particularly interested in conducting ethnography with a group of young Xhosa speaking men who appeared to conform quite strongly to ‘hegemonic’ notions of masculinity as it plays out in the context of the township in which they live. I tried to understand how the socio-economic intersects with ‘culture’ through which these hegemonic self-definitions as young men might be contingent. In particular I wanted to see how these socio-economic and cultural processes were linked to these young men’s affective relationships with women. Through this I hoped to understand some of the contingencies by which some young men come to have particularly negative attitudes towards young female sexuality and related health issues such as abortion, whilst other young men express more caring and co-responsible perspectives.

### ✕The Township as a Field Site.

I wanted to look specifically at Xhosa communities partly because of the historical exclusions engendered by the Apartheid State, which mean that around Cape Town there

are large communities of Xhosa speaking people living in conditions of enormous impoverishment.

Leaving the centre of Cape Town a winding highway snakes past the urban European suburb of Gardens past the beautiful sight of Table mountain to the left and rapidly passes into a flat landscape lined with shacks and endless networks of densely crowded one-storey housing, laced above with cables strung from electricity poles. Within this vast and sprawling landscape Guguletu is a typical township, lying on the windy and sandy Cape Flats, approximately 15 km from the center of Cape Town. In a 2001 census, Guguletu's district office reported a population of 170, 552 inhabitants.<sup>9</sup> Housing is largely characterized by a variable mix of shack dwellings (made from scraps of corrugated iron, hardboard, lined with newspaper etc, and RDP<sup>9</sup> houses (which are uniformly tiny, damp and increasingly dilapidated). In addition there are a proportion of houses that have been built on plots where inhabitants have prospered, and which stand out as larger and as having neat windows, fresh paint and high walls and gates surrounding them. Perhaps because of these kinds of houses, which nestle singly or in small clusters dotted about, Guguletu has a reputation as being one of the more pleasant and prosperous on the Cape Flats. Although given the vast differences in housing within it, this is an entirely relative appraisal. RDP houses in which I visited informants were noticeable for their tiny size (often meaning extremely cramped living conditions for families), their dampness and the general shabbiness of interiors, which although often lovingly cared for, nonetheless exuded poverty. A fact not lost on their inhabitants who spoke of the difficulties of buying and maintaining precious items of furniture as well as the requisite TV on hire purchase.

Infrastructure in Guguletu is basic, central highways are tarmacked but side roads where residents live are simply comprised of the sandy soil of the Cape Flats. There are schools and health clinics and some community centers and a few sports grounds. Guguletu has

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<sup>9</sup> The RDP- Reconstruction and Development Programme was the ANC's first basic policy platform adopted at the birth of democracy in 1994. It aimed at growth through redistribution and a strong developmental state. William Mervin Gumede, 2005, *Thabo Mbeki and the Battle for the Soul of the ANC*, Zebra Press, Cape Town.

two swimming pools that serve its population of over 170, 000, but there is a general lack of play areas and facilities for children who play in groups in the street. Shops consist of small convenience stores often run from the front room of residents' houses. Informal food stalls where meat is roasted in open braziers line central roads through the townships. There are many informal drinking places "*Shebeens*" which vary from providing home brewed beer in a front living room, to neatly built houses where bottled beer and food are served. On the whole *Shebeens* have a reputation for being spaces where men socialize and are not generally thought to be appropriate or safe places for women to go, although there are exceptions. Guguletu is also distinguished by a local hangout called "*Mzolis*", which consists of a large outside area covered with an open-sided marquee and provides seating around tables and a space at the front where people dance to the *Kwaito* and house music played by a DJ. This venue is a popular place where many local youth spend weekends drinking, eating delicious *braai*ed meat, socializing and flirting. *Mzolis* also attracts a wide variety of clientele from outside the townships, although it is rare to see white people other than tourists or NGO workers there. Places like *Mzolis* do not exist in other townships such as Langa, Nyanga, Browns Farm or Khayelitsha. In general township spaces lack adequate leisure facilities such as cafes, restaurants or cinemas, these facilities are concentrated in the metropolitan city center of Cape Town 15 km away (or increasingly in satellite developments such as Century City, huge self contained mixes of shopping malls, offices and residential developments. A car is almost essential to enjoy frequent access to these facilities, although mini bus services do provide regular transport to and from the townships for the many workers who provide the labour upon which the daily running of these new developments depend). Public transport to and from the city center consists of public buses, which are infrequent, and a busy privatized mini-bus service, which on the whole is dangerously overcrowded although frequent and relatively cheap. There are also main train lines that run through each township, although these have a notorious reputation for muggings at non-peak hours.

### **Health services in Guguletu**

One dedicated Reproductive health clinic serves Guguletu's population of over 170, 000, divided by 47% males and 53% females. This is described as "youth centred". There is also a RHC clinic at Nyanga Junction, accessible for those who live in nearby parts of Guguletu. Other than this reproductive health services including TOP can be accessed at local community health clinics such as the NY1 clinic, which also provides services for people living with HIV/ AIDS, such as TB testing and treatment<sup>10</sup>. Contraception and TOP referral may also be provided by doctors in private practices for those who can afford to pay for these services, but as this study focuses on public health service delivery, these were not included as sites of fieldwork. There are also Marie Stopes clinics which the local population use, costing less than private doctors, although as these are located in places such as central Cape Town or outlying suburbs far to the south of the city centre, again they were not incorporated as field sites for this particular study which focuses specifically on the delivery of community based SRH healthcare within Guguletu.

Issues around access to health services (and within this reproductive health services) fit into a much wider debate around governance, accountability and the economic development trajectory adopted by the ANC in successive policy platforms (such as RDP or GEAR<sup>11</sup>) and their relationship to the structure and provision of public healthcare services.

### **Socio- cultural dimensions of abortion in Xhosa speaking communities.**

As well as the socio-economic dimension to my decision to focus on Guguletu, from a socio-cultural perspective, statistical evidence suggests that black South Africans (as opposed to Coloured, Indian or White) are generally more opposed to abortion in contexts of either birth defects (bio medical reason) or where the family is on a low income (social reason). In a 2004 survey almost three quarters (74%) of black Africans thoughts that abortion is always wrong for social reasons. This compares to 57% of

<sup>10</sup> Department of Health- Facilities- Reproductive Health Facilities. Available at: [www.capegateway.gov.za](http://www.capegateway.gov.za)

<sup>11</sup> RDP was replaced by the more 'market friendly' GEAR- Growth, Employment and Redistribution in 1996. William Mervin Gumede, 2005, Thabo Mbeki and the Battle for the Soul of the ANC, Zebra Press, Cape Town. .

whites and coloureds and 59% of Indians.<sup>12</sup> Why black South Africans might be more opposed to abortion is an interesting question for this research. These figures relating to the attitudes of black South Africans were not disaggregated by gender, class, urban/rural location or ethnicity (i.e.: Xhosa, Zulu, Khoisan, Sotho or Venda) but did seem to provide a general orientation and support to my decision to focus on Xhosa communities for cultural as well as socio economic reasons. This decision to focus upon a Xhosa speaking community was further supported by statistical surveys that strongly indicate differences in birth rates between the diverse racial groups in South Africa. For example the national total fertility rate (TFR) in South Africa for 1995- 1998 was 2.9.<sup>13</sup> There were notable differences in the TFR between racial groups, with a TFR of 1.9 for white, 2.5 for coloured and 3.1 for black South African women. The TFR for non-urban women was almost double that of those from urban areas.<sup>14</sup>

The research on teenage motherhood added another dimension to my ethno medical approach to understanding abortion within wider frameworks of cultural understandings of the female body and young women's sexuality. There are high rates of teenage pregnancy in South Africa- 22% of births occur before the age of 19.<sup>15</sup> The importance of fertility and child bearing in many African communities is undeniable, although I would qualify this by adding that class, education and changes in women's work opportunities run counter to this emphasis in African, as in many 'Western' societies. For example from 1995 to 1998 the TFR in South Africa for women with no education averaged 4, 5 against a TFR of 1, 9 for women with some university education. In South Africa, 7% of women aged 15 to 49 have had no formal education at all, but about a

<sup>12</sup> [www.hsra.ac.za/media/2004/10/20041008\\_1.html](http://www.hsra.ac.za/media/2004/10/20041008_1.html) 2004

<sup>13</sup> The total fertility rate is the estimated number of children a woman is predicted likely to have over the course of her lifetime. This is predicated on the hypothetical scenario that she were to adhere to the exact current age-specific fertility rates throughout her lifetime. Age-specific fertility rates (ASFRs) are measured annually and the TFR is the sum of these rates projected over a woman's total reproductive lifecycle. The TFR is in effect a "guesstimate" not a "real" rate of the fertility of any one group of women. Population Reference Bureau Glossary of Population Terms, [www.prb.org/Content/NavigationMenu?PRB/PRB\\_Library/Glossary2/Glossary.htm](http://www.prb.org/Content/NavigationMenu?PRB/PRB_Library/Glossary2/Glossary.htm)

<sup>14</sup> Statistics in Brief: The People of South Africa Population Census, 1996, Statistical Central Service Pretoria quoted in National Contraception: Policy Guidelines within a Reproductive Health Framework Republic of South Africa, Department of Health, Pretoria.

<sup>15</sup> The number of children that would be born per women if she were to live to the end of her child-bearing years and bear children at each age in accordance with prevailing age-specific fertility rates. Available at [http://www.unicef.org/infobycountry/southafrica\\_statistics.html#22](http://www.unicef.org/infobycountry/southafrica_statistics.html#22) downloaded 6 June 2007.

quarter have been educated up to matriculation level of higher.<sup>16</sup> However, as yet in many African communities, and notably rural or poor, urban working class ones, the strong cultural mores of female sexual respectability as against the high value placed upon childbearing along with the emphasis on an active male sexuality, result in a paradox of pressure on young women to be chaste according to socially prescribed notions of female respectability yet at the same time sexually active (Preston-Whyte and Zondi, 1992).

Rates of teenage pregnancy amongst young unmarried mothers in Xhosa communities are high and children of unmarried teenage mothers readily accepted into extended family networks of communal childcare (Ibid). Paradoxically although sex and childbirth outside of marriage is ostensibly frowned upon according to traditional Xhosa notions of female respectability, young unmarried mothers are the norm in Xhosa communities. It seems that teenage pregnancy is far more widely accepted than abortion. Such a paradox of contradictory messages around the young female sexual and reproductive body is compounded by peer pressure. On the one hand older women such as mothers and aunts and to an extent peers police the sexuality of young women to be respectable along codified lines of chastity and non-activity, or activity within strictly prescribed lines. On the other hand a plethora of messages from the media, peers and from intimate male partners pressure young women to be sexually active in order to be 'grown up', part of the group, 'cool' and even to ensure the fidelity and continuing attentions of an intimate male partner. Especially where reported first sexual experiences take place under conditions of coercion or force, dominant presentations of love within a romantic heterosexual frame compound such pressures on young women, (Wood and Jewkes, 2001; Preston-Whyte and Zondi, 1992). For adolescent girls and young women this means sexuality becomes a minefield of competing discourses and pressures (ibid).<sup>^</sup> Consequently I wanted to investigate whether this situation was true, and how it played out in the context of the chosen field-sites.

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<sup>16</sup> Statistics in Brief: The People of South Africa Population Census, 1996.

Shula Marks notes how from the early 20<sup>th</sup> century 'changed patterns of child rearing threw the burden of sex education on mothers rather than grandmothers and the peer group' amongst Xhosa communities. This was 'the result of mission abhorrence of female initiation ceremonies and the development of the nuclear family, especially amongst Christian Africans' (Marks, 1987, 23). Yet in traditional Xhosa culture as in many African cultures talk of sex and sexuality is considered taboo between parents and children. Young women may seek advice through alternative matriarchal figures such as aunts or grandmothers. However conversations with young women throughout the course of my fieldwork suggested this intergenerational advice may not always be available where older female relatives adhere to strict notions of female sexual respectability mediated through traditional culture and/ or the Church. This results in an intergenerational conflict around appropriate values and practices of gender identity and sexuality that translates into a lack of communication between young people and the older generation. This lack of communication serves to perpetuate shame, secrecy and fear around sexuality for young women and judgement and condemnation of young women who are sexually active in ways that flout traditional mores. In my fieldwork I found that this intergenerational gap was present in the delivery of CTOP services as part of family planning client-provider relations. Where the clients are young single women and providers older women, intergenerational tensions and differences of opinion about the meaning of sexual activity and female personhood were evident in the communicated meanings of contraception and abortion.<sup>2</sup> Such moralizing discourses and their intimate connections to socially codified notions of gender identity can be interrogated through a feminist revision of the anthropological concept of personhood.<sup>3</sup> My reasons for using a feminist approach to personhood are explored further in the next chapter on feminist methodology.

## **Chapter two.**

### **✓ Feminist methodologies.**

My research was conducted within an anthropological epistemology of meaningful engagement with the cultural narratives on abortion and female sexuality that arose in the course of my fieldwork. These narratives were produced and analyzed within feminist methodologies and feminist perspectives on anthropological epistemology. Close attention was paid to how informants narratives often revealed seamless discourses between matriarchal and patriarchal power dynamics, i.e.: my research looked at power relations between women as well as between men and women. In this sense my work can be said to be framed within a distinctive agenda of feminist research, that refutes earlier essentialist and unequivocal constructions that positioned women as “the oppressed” and men as “the oppressors”.

As part of the multi-sited approach taken in this research, I undertook interviews with female nurses. These interviews were conducted at the two stages of CTOP service provision. The first stage is counseling and referral which may be accessed through any reproductive health clinic or alternatively doctor, public or privately, within the South African health system. For women living in conditions of economic hardship in under serviced townships with poor transport infrastructure, local community health clinics are their primary source of sexual and reproductive health care. The second stage is where TOP is actually performed to remove the unwanted fetus at one of the aforementioned government designated facilities. Given the limitations of space and also the particular focus on community barriers to abortion in this thesis, I focus exclusively on narrative interviews with nurses embedded within local community reproductive health clinics, who provide counseling and referral for TOP as part of the range of services available in these clinics.

### **Interviews with nurses- problems experienced**

My interviews with nurses were fraught with complications in contrast to my interviews with the young men I interviewed. The young men were open and happy to share

opinions and experiences. This also reflects the contexts in which I interviewed them, in cafes and homes, which meant a relaxed atmosphere free from time constraints. In contrast my interviews with nurses were often rather fraught both because of time limits and because they viewed me with initial suspicion and an ongoing wariness since my subject concerned the sensitive subject of TOP. In a conversation with one of the doctors who has pioneered access to safe abortion services in the Western Cape since the inception of its legalization, I was 'warned' that 'nurses know the discourses, what they are supposed to say, you may find it difficult to get what they really think'.

I began by visiting three local clinics in the vicinity of the part of the township where I had been conducting fieldwork with young women and men. My initial requests to conduct interviews on TOP were met with some suspicion and I found myself 'neutralizing' my requests by framing my research more with the broader remit of 'family planning' (reproductive health is often referred to as 'family planning' by nurses, clients as well as policy makers in Cape Town). After phone calls to area managers and presentation of letters of ethical permission from my University as well as many phone calls to set up interview dates, I was able to conduct the interviews. I was aware that nurses at these clinics are often heavily overworked with huge daily case loads, and that my request might seem an unwelcome extra task in nurses daily schedule. Once in the process of conversation I found the nurses helpful and willing to talk, although there was obvious 'caginess' when approaching the subject of abortion. In light of the doctor's warning, I felt that nurses did indeed know "the right thing to say". They had all attended the Values Clarification Workshops (VCWS), which are mandatory for nurses involved in TOP counseling and provision. I often felt that nurses had absorbed the discourses of the VCWS but these had not served to transform nurses' moral objectification of the sexuality of women who seek abortion. Further down the process of repeated interviews with some nurses, attitudes arose that were quite clearly prejudicial about women who seek abortion. Furthermore in one clinic, I noticed a pattern where nurses would usher me away into a side room to talk to one or the other of the young female clients, only to return to be told by the nurses that I had 'just missed' a client come for TOP counseling. My feeling was they did not want me to witness how they dealt with these TOP clients, or

talk to these clients after their TOP counseling session with these nurses. This hunch was supported by many anecdotal accounts recounted to me by young women who had themselves, or knew someone who had tried to access TOP counseling in these clinics. Often they reported having been 'shouted at' by nurses. With further questioning I discerned this 'shouting' was likely to have taken the form of nurses expressing strong generational notions of female respectability and moral judgement upon these young women's sexuality. Interviews with nurses were very complicated often because I had to 'perform' a subjectivity of neutrality whilst I often felt quite shocked by nurses' comments that often clearly objectified young sexually active women and TOP service clients as promiscuous and amoral.

Given the highly sensitive nature of my research topic- abortion- I did not at this juncture of my fieldwork choose to expand my work into a situated feminist praxis of action research which would have consistently challenged negative attitudes to abortion. I felt that it was more important at this stage to generate rich insights into the meanings and practices a prejudicial attitude against abortion implies. One thing I do regret is not working with an additional group of young men who did not display such an overt hegemonic masculinity and who are more supportive of abortion. However the as the scope of this study was limited to charting the socio-cultural landscape of antipathy towards abortion, I hope to direct future studies to cover the differences between those who do and those who do not support abortion. As I envisage that this initial round of research will generate the platform for my doctoral candidacy, and at that stage I also intend to develop my methodology in order to generate more "praxis oriented" and therefore more "challenging" fieldwork interactions with nurses and young people who are uninformed or obstructive with regards to the constitutional right of a woman to seek information and access to termination of pregnancy. I fully (and quite painfully at times!) accept that my study so far is partial, flawed and situated only in and as so far as my own abilities allowed me to engage with the fieldwork within the particularity of a temporal interlude within the field. This does not lessen however my sense that my research might be relevant to broader processes and different cultural contexts in articulating

interpersonal dynamics within the sexual and reproductive healthcare setting, and the effects these have upon mediations of SRH healthcare.

✓ The following chapter sets out to explore the meanings and practices of feminist research, and their significance to the methodologies employed in my research as well as the complexities of 'doing' a research project from a 'feminist' perspective.\* It begins however by looking at some of the racial issues that arose whilst conducting fieldwork, and the generative and ongoing process by which my engagement in the field threw up new insights in relation to this.

### **Being a white anthropologist in a black and white world with shades of grey.**

Much has been written about the postcolonial condition of anthropology, in relation to the postcoloniality of many of the geographic regions on which (often white) anthropologists have traditionally focused their attention. Wryly quoting a "Rolling Stones" lyric in *Beyond Anthropology*, Bernard McGrane (1989, p. 1) notes that 'we all need someone to dream on', and goes on to explore the implications of post modernism and post positivist social science for our relationship to the 'others' that social scientists have 'dreamed on' and what shape that 'dreaming' might take in future anthropological endeavors. A key element of postcolonial anthropology has been to interrogate the conditions of knowledge production, in particular the power relations between the anthropologist (the knower) and the field informants (the known) (Comaroff and Comaroff, 2003). ✓ The politics of representation are key to how knowledge is produced, then written about and then disseminated (Okley and Callaway, 1992).✗

### **The materiality of epistemology?**

γ A key issue in my fieldwork in black township communities was my whiteness. According to countless literature exploring racial power dynamics in the context of postcolonial ethnography, my whiteness has an archeology of white colonial domination that complicates the effects of my presence amongst a post colonial black community

today (ibid). It could be predicated that having a white body might signify my connectedness to that colonial archeology and thus complicate my relationships and power dynamics with black field informants. This complication might in itself be ambiguous and this ambiguousness might throw up ethical dilemmas. The ambiguity rests in how my whiteness might work for or against me, the former in the sense of my rejection by communities as yet dealing with the long term effects of centuries of colonial rule (and of course more recent Apartheid oppression in the context of South Africa): yet this ambiguity might also work for me in the sense that as a white person, I symbolically represent the collective power of white privilege. Vestiges of this power as it inheres in the appearance of my symbolic white body might actually make it easy for me to gain privileged access to people and situations. This would raise ethical questions about power in the research process not conclusively addressed by reflexive methods or any of the other practices developed in the context of such research dilemmas.

Yet ethnographic literature on the 'post-colonial' white (and perhaps I should also qualify that by adding- North American or European) anthropologist tends to assume a monolithic ontology of whiteness that cannot account for the sense of enormous emotional, psychological pain and fragmentation I experienced as a white British citizen, living in South Africa, where I felt no identification with many white English or white Afrikaans-speaking or white Jewish South Africans whatsoever. Although having the same 'white body', I felt experientially and politically 'Other' from many of the whites I encountered who of course might equally feel the same in relation to me or in relation to one of the other white groups that make up the white South African population. At first I felt that many whites indeed felt me to be the 'Other' as soon as I attempted to express any opinion (no matter how politely, sensitively and diplomatically framed) upon the continuing economic impoverishment and social marginalization of black communities. This in itself, and the political discourses of social justice that I did identify with, positioned me ontologically in the arena of white liberalism, which has its own very distinct and problematic history in the context of resistance and struggle against apartheid rule. In time as I settled more into my surroundings and began to hunt out spaces and people in which I felt an affinity, I also began to read literature on white South African

experience, thus becoming more aware of the complexities and contestations that surround white South African identity. In this regard I found Melissa Steyn's (2001) study "*Whiteness just isn't what it used to be*" which interrogates the different constructions of whiteness in the post Apartheid era particularly useful.<sup>17</sup> Steyn's schematic analysis of five different types of discourse that characterize white's narratives about their sense of South African identity in the post Apartheid era, helped me to discern between different forms of 'white talk'<sup>18</sup> and attitudes that I encountered as well as helping me to reflect on my own place as a foreigner with a white body within this context.

As I begin 2007 I have undertaken a small project in which I am beginning to conduct anthropology with young urban Afrikaans-speaking people living in central Cape Town. I intend to use insights gained from this fieldwork to inform a more holistic reflexivity in relation to my core doctoral work, and in addition I hope that at some point I may gain sufficient insight to utilise this secondary project as it might articulate insights into young urban Afrikaner post Apartheid gender identities for example. Overall I feel this will guide me towards a more rounded perspective as I move across the boundaries of Cape Town; boundaries which as yet demarcate spaces heavily distinguished by their racial composition. However, ultimately I do not feel any amount of reflexive discussion of this issue can ever really fully grasp the enormous complexities or indeed fully assuage the inherent power differentials inherent in conducting research as a white woman in impoverished black communities.

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<sup>17</sup> The five narratives that Steyn (2001) identifies, through a variety of methodologies including discursive analysis of what she calls 'white talk', run along a continuum beginning with Afrikaner nationalism that asserts the superiority of white culture and whites' place as paternal and civilizing agents in the trajectory of African development. This is followed by positions that assert a sense of whites as victims of a reversal of fortunes in light of the new post Apartheid social order and then a third narrative which proposes using qualities purportedly inherent in white culture to succeed in the new South Africa. The fourth narrative posits that race is no longer an issue and an unproblematic white African identity is asserted. The fifth narrative represents the most radical of possibilities for white identity in the new South Africa as it aspires to identification with Africanist values and implies hybrid subjectivities free from racial orientation.

<sup>18</sup> See STEYN, MELISSA, 2004, "Rehabilitating a Whiteness Disgraced: Afrikaner White Talk in Post-Apartheid South Africa", *Communication Quarterly*, Vol. 52, No. 2.

In part this new focus has been spurred as I incrementally became experientially as well as epistemologically aware of the problems of white liberalism in my attempts (often clumsily) to place myself within South African society, with all of its myriad cross cutting historiographies of class and race. For example, I remember remarking on some aspect of what I perceived as a social injustice to a young coloured male friend, who instantly in his expression and response registered a sense of offense that I had made the assumption that he would identify with my positional solidarity with “black” experience. I realized his sense of umbrage came from his racial identity as “coloured”, and his own personal inculcation of this identity that meant that to him “black’s” were a relative kind of ‘Other’. This is a racial division especially pertinent to the history of the Western Cape and is located historically within divisive Apartheid social policies that ranked “coloureds” as higher in the social hierarchy than “blacks”, and which assigned “coloured” people material benefits such as better employment opportunities and welfare schemes whilst systematically excluding “black” ‘Africans from these kinds of benefits and opportunities for social advancement. My young friend’s attitudes was informed by this history as well as the subsequent sense of marginalization that the coloured community feels in post Apartheid South Africa which is politically dominated by the South African African National Congress (ANC). The ANC is often perceived as the party of “black” people despite its history and ethos of non-racialism. This friend has an ambitious sense of evolving past the structural constraints of these histories through an embodied modernity practiced through work, education and lifestyle choices. In our intersubjective exchange I had therefore assumed to represent his experience by assuming his ontological state on the basis of his colour, just as someone might assume my ontological state of “whiteness” and solidarity with certain white South African experience on the basis of my colour. This awoke me afresh to the complexities of race and subjective embodiment in South Africa, and warned me to tread more carefully in my assumption about peoples political subjectivities on the basis of their racial appearance.

A second set of experiences complicated this task yet further, when I began interviewing nurses who often revealed intra racist attitudes in their narratives. I felt that such narratives could not be reduced to class prejudice, since they explicitly utilized notions of

'blackness' to talk about the 'ontology' of the sexuality of young black female health service clients. This led me to make explorations into historiographical work on the development of Professional Nursing and Christianity amongst black communities which revealed how such apparent racism could be connected to the career structures of black nurses in the context of Apartheid racial policies on health care. Nursing was one of two professions open to black women (the other being teaching) and qualifying as a professional nurse meant a distinctly 'Othered' status within black communities in which nurses embodied western bio medical notions of modernity and progress as against the traditional health practices of black communities.

black  
nurses

In a second moment of experientially grounded clarity I was in central Cape Town with some young black Xhosa speaking friends. They all live in Guguletu, which is a very urbanized township near Cape Town City center. A small crowd of Treatment Action Campaign (TAC) protesters passed us on the street, and my reaction of excitement as seeing them caused perplexity amongst my friends who derisively commented that they (the protestors) must all be "AIDS cases from Phillippi". Pertinent here is Phillippi's relatively recent history of formation as a Township in the 1980s, when as Apartheid laws governing the movement of migrant labour relaxed, new waves of migrants flooded to urban centers such as Cape Town. This is relative to Guguletu's much older history of rural to urban migration, starting in the 1920s. In intra township social imaginaries Phillippi residents are therefore represented as less urbanized and by turn more connected to notions and practices of rural Xhosa culture, in contrast to the "modern urbanity" of older townships like Guguletu. The fact that the Phillippi residents were so readily derided as "AIDS cases" reflects the intra racial moral landscape of risk and blame around HIV/AIDS with the less "modern", less "educated" and the "rural backward" being one of the social groups (including women in general) who are blamed for the spread of the epidemic. These attitudes are the historical legacies of the Apartheid state, which forged racial subjectivities through the aforementioned hierarchical privileging of coloured citizens as well as the ways in which black communities were fragmented and reconfigured by Apartheid policies such as the 1950 Population Registration Act or the Group Areas Act, also legislated in 1950. In South Africa race identity is ontologically

fragmented by historiographies of modernity and struggles over the meanings of ethnic identity located in spatial geographies of dislocation.

These experiences meant that my sense of whiteness was always shifting in relation to the fragmented ontology of 'white', 'coloured' and 'black' racial positionalities, which I encountered in both my reading and in my daily fieldwork practices. Stanley and Wise discuss efforts by feminists to deal with issues of race in the research process (1990, 33). They critique researchers such as Pratt (1984) however who discusses her experience of becoming the "Other" whilst immersed in the field as the only white woman amongst black communities. Pratt takes this relativist experience of "Otherness" to claim a materiality as the basis of epistemology. Whilst situated in a black community she claims to have become the "Other", and in this process the "Other" became the norm. But crucial to this insight is to recognize the power relations that ultimately condition the possibilities for experiencing "Otherness" in an albeit temporal form. Ultimately Pratt could always leave the black community, '...de-race herself, in a way that black people ...never can' (Pratt (1984) in Stanley and Wise, 33). She had the power to slip back and forth between the boundaries of being "Other" or being the "norm". It is this temporality that renders the argument for a materiality of epistemology, politically rather tenuous in this context, and it is why I do not focus too much on this issue of my own embeddedness. Needless to say I was welcomed, I was often welcomed with amazement because I was a white woman come to step over thresholds that had never been stepped over by a white person. My experiences were good ones ("Other" or not) and I am grateful for the many people in Guguletu who made it so. One constant for me was the material reality (which as it is a constant can arguably be read as a more politically credible form of epistemology-setting the terms for the grounds of knowing and knowledge claims) of the people I encountered in my fieldwork amongst impoverished Xhosa speaking communities. Badly built, cramped and damp housing, salaries that paid monthly what a handbag might cost in the local glossy malls, accounts of frustrated ambitions to gain an impossibly expensive university education and the sight of tin baths hanging on walls in absence of a bathroom with running water were tangible antidotes to the relativist conceptual debates that raged in my head as I lay down to sleep at night. ✓

One of my better moments came when a young female field informant patted me on the hand, smiled mischievously and said "*Phyll, you are my Barbie doll!*"! Turning this over in my mind at subsequent moments I realized that this was indeed a representation of me as an "Other" (and indeed Barbie is a pretty exotic Other!). It was a statement of our friendship across racial boundaries. It was a direct statement of my whiteness as a hyper identity, of a racial visibility as rawly demarcated as pink plastic and nylon blonde hair. Starkly different as I indeed was, being the only white person upon the daily landscape of black township life as me and this young woman often<sup>x</sup> moved around between households<sup>y</sup> and to and from the family planning clinics where I conducted research. Barbie is an exotic Other, a fantasy woman from a fantasy world, and given the massive differences between the European style center of Cape Town in which I lived and the "third world" style of the township spaces in which I conducted fieldwork, her trope of fantasy- of me as a rather fantastic, strange, exotic creature seems rather astute!

What this statement also reminded me of is how as women we objectify each other as well as the more familiar discourse of how we are objectified by men. This leads on to a second important dimension of my research, which is grounded in a feminist approach to epistemology and methodology.

### **The problem of representation and being the "Other": a special claim for feminist research?**

<sup>x</sup> Liz Stanley and Sue Wise (1990, 21) note three tendencies that characterized early approaches to research that claimed a distinctive 'feminist' orientation:

*'First, 'feminist research' was carried out by women who were feminist for other women. Second there was a perceived distinction between 'male' qualitative methods and feminist qualitative ones, and third, feminist research was overtly political in its purpose and committed to changing women's' lives'.*

As the authors reflect, this feminist agenda for a 'feminist research' was a reaction to 'male dominated disciplines and research behaviors', yet it did little to address problems inherent in the research process for feminist themselves. This omission was part of a wider problem with feminist research, still evident in some of its production today, where a notion of feminist research was/ is inseparable from the notion of a universal category of woman, which assumes a shared ontology of experiences and oppressions at the hands of a universally constructed patriarchy. This assumption has attracted wide critique, notably from feminist intellectuals such as Mohanty (1994), who also saw that the Universalist construction of women's' experience was based upon the worldview of white, middle class feminist from 'Northern' countries.

Feminist claim a special experiential or 'grounded' knowledge on the basis of women's universal oppression, and therefore claim a privileged role in addressing the questions of power and representation that have become prevalent in the post modern turn in the social sciences. Yet feminists have often claimed this grounded knowledge in direct opposition to men, without interrogating questions of power between women themselves. In the context of abortion intra and as well as inter gendered power dynamics and oppressions become impossible to avoid. Women may be equally prejudiced against abortion, and equally condemnatory of women who have one as men. My work with embodied cultural personhood and nurses will show how powerfully women police other women on issues of sexuality and female respectability. This raises key epistemological and methodological issues around what is meant by the term 'woman' and challenges feminist assumptions that women share a fundamental ontology on the basis of their gender as a social construction. The next section of this chapter explores these epistemological issues and outlines some of the basic debates surrounding what constitutes feminist research, the validity of feminists' claims to produce work on women, and the importance of feminist epistemology and methodologies.

**The plurality, diversity and contradictoriness of 'women's experience':  
race, sexuality, ontology and power?**

Issues of race and of lesbian sexuality have brought to the fore the paucity of earlier feminism that assumed a natural solidarity and monolithic ontology of women's experience. The intersection of race and gender has been a key arena in which feminist "of colour" have challenged the "white ontology" of much feminist knowledge production, in the process claiming that black women's experience of being "Other" gives them special claim on understanding the 'fractured ontology of women's' experience (Stanley and Wise, 1990, 30). In this way the "ethnocentrism" of much Western feminism have been exposed (Mohanty, 1994). However these problematisations in themselves are not without their own complexities of class-based differences that rupture the ontologies of black women's experience given the middle class status of many black feminists working within spheres of academia and feminist theorizing (ibid). Lesbian feminists have also interrogated issues of representation and generated critiques of feminist knowledge production in which heterosexuality as the assumed basis of women's experience has been left unproblematised (Frye, 1983). Who and what is the "woman" spoken of by feminists has become an increasingly contested arena in feminist thought.

Continuing the project of rupturing assumed 'solidarities' of women's experience, Stanley and Wise (1990, 39) draw on Riley (1987) and agree that feminists need to overcome the impasse created by feminist essentialism, but they critique Riley's totalizing position that any conceptual usage of the term "woman" is grounded in essentialist thinking. Debates have passed back and forth between feminists as to whether the conceptual use of the term "woman" necessarily implies essentialism or not. Most useful is to employ categories such as for example 'woman', 'gender' or 'patriarchy', but always within a contextual framework of what these terms mean relevant to the people that embody these categories within a specific cultural, historical and political context. This avoids the 'women are... men are' game and situates women as socially constructed. In this sense feminists use of the term woman becomes a political strategy, employed to reveal particular perspectives on gendered embodiment and power relations within particular socio-cultural contexts (Stanley and Wise, 1990).

Yet despite these insights, as yet feminist research may entail enormous assumptions and generalizations contained within categories such as 'woman', 'gender' or 'patriarchy'. Parallel to this tendency, 'feminism' as an intellectual project and political praxis has been subject to a monolithic usage, *'without exploring the academic implications of the political ethical and epistemological differences that existed 'within feminism' as 'between women'* (ibid). In contradistinction, Ramazanoglu and Holland note that expressions of the diversity of women's experiences and interests, especially where these were previously silenced can *'transform feminist debates through focus on what divides women rather than what they have in common'* (2002, 106). This diversity has sometimes been conceptualized in terms of the intersectionalities between gender and other forms of identity such as class, race, ethnicity and nationality. These intersectionalities may lead to continuing political fragmentation, *'but feminist researchers can still investigate what is happening across women's differences and why'* (ibid). In this way feminists may form 'strategies of alliance', that look at the continuities of women's experience despite differences. This does not alleviate problems of differential experience and access to resources in the context of these shared experiences, for example women's differential access to private healthcare in the context of abortion, but strategic alliances may be formed around activism for legislative reform and better policy implementation for women as a whole. Nonetheless issues of how to represent difference whilst retaining a credible feminist research agenda are paramount to the feminist research project. This links to wider debates within the social sciences on how to negotiate power relations and ethnocentrism in representations of the 'other, and it's an arena of investigation for which feminist have claimed a special role in its project of ongoing debate and revision.

### **How feminists negotiate problems of representation and "Otherness".**

Patti Lather defines feminist research as putting 'the social construction of gender at the center of one's enquiry' (1991, 71). Its goal within the human sciences is to reveal the invisibilities and distortions of women's experience, in ways affective towards ending women's unequal status (ibid). Creating a 'gendered lens' on the social order is a fundamental task of feminist research. Much attention has been given by feminists as to how knowledge is constructed and made authoritative. Feminists have sought to uncover

the andocentric bias inherent in this knowledge production and validation. However the idea that an epistemology that is uniquely 'feminist' and which exists in itself is contested. Rather, feminists have attempted to redefine existing epistemologies such as empiricism or realism in the context of gendered power relations (Ramazanoglu with Holland, 2002, 12-13). However, this has generated methodologies that are arguably distinguished as uniquely "feminist" and which many see as central to the emancipatory project of feminism and gender analysis. Therefore whilst some feminists have continued to work within conventional positivist paradigms (claiming a special role in contributing to the gendering and evolution of these); for others, (and this includes many of the second wave feminists), *'the methodological task has become generating and refining more interactive, contextualized methods in the search for pattern and meaning rather than for prediction and control'* (Lather, 1991, 72).

The search for "pattern and meaning" rather than "prediction and control" is a rejection of the "positivist-empiricist" paradigm and a key issue that this raises is the thorny issue of representation. This entails interrogating the relationship between the researcher (*the knower*) and those about whom research is being generated (*the known*). This relationship between *knower and known* is a fundamental issue for the feminist researcher seeking to challenge the andocentricity inherent in the all knowing positivist paradigm as well as contribute to a politics of emancipatory transformation in the lives of the lives with whom the researcher is writing about, working with and or advocating for. Feminist theorists have shown that the subjectivity of the researcher is inextricable from the processes in which research is framed, conducted and analyzed (Stanley and Wise, 1993, Lather, 1991). Indeed, the idea that it is preferable or even possible to be emotionally, psychologically or politically detached from one's research is 'mere mythology' (Stanley and Wise, 1993, 160).

Interrogating the subjectivity of the researcher and her relationship with the subject and subjects of her research also implies a rejection of the positivist claim in the social sciences that posits that there is an inherent, objective truth to be discovered by the researcher. These claims to objectivism and the sovereign authority of the social scientist

to discover and present the truth are swept aside in favour of intersubjective processes whereby the researcher engages in situated and contextual research, always keeping in view the impact of her own subjectivity as it impacts upon the research questions, process, data and analysis.

The structuralist concern with the common starting point of a fixed standpoint rooted in material conditions has given way to post structuralist concerns with the diverse meanings that can arise from materiality as well as the researchers own positionality within the research process. This has led to methodological approaches used by some feminists in order to better negotiate the delicate dynamics between the researchers own subjectivity, positionality and agenda alongside the subjectivities of the people with whom the research is being conducted. Participatory research originating in the struggles around independence and post-colonial identities has much in line with feminist ethics in relation to the research process and has been taken up by feminists, in a broadly multi paradigmatic range of approaches which are reviewed by Lather with the Gramscian concept of 'praxis' (1991). Post structuralist feminist literature explores the culturally specific intersection of structured meaning and daily practices that serve to reproduce, but also change gendered relations. In the continuum of Gramsci's call to intellectuals to forge a 'praxis of the present' some feminists have developed methodologies with an emancipatory objective, seeing these as inimical to the aims of feminist research.

'At the center of an emancipatory social science is the dialectical, reciprocal shaping of both the practice of praxis-oriented research and the development of emancipatory theory. In praxis-oriented inquiry, reciprocally educative process is more important than product as empowering methods contribute to consciousness raising and transformative social action. Through dialogue and reflexivity, data and theory emerge, with data being recognized as generated from people in a relationship' (Lather, 1991, 72).

Inherent in a praxis oriented feminist approach are claims by feminists to have a special subjectivity as women and a particular experience as oppressed which are said to support the feminist task of researching and representing women in these collaborative processes.

The nature of this 'special subjectivity' has become an arena of fierce contestation and reformation within feminist theoretical and methodological debates over the constitution and validity of what is termed the 'feminist standpoint'.

### **Standpoint and representation?**

Taking a feminist standpoint is to make a statement about the relationship between feminist consciousness and the production of feminist knowledge. The production depends upon the consciousness of various forms of oppression rooted in unequal power relations which systematically and in specific ways disadvantage women in general in relation to men. There are various and competing notions of what taking a standpoint means. However Ramazanoglu and Holland tentatively suggest that the concept of a standpoint means

*'Taking women's' experience as fundamental to knowledge of political relations between men and women (of which people may or may not be aware)'. Taking a standpoint means being able to produce the best current understanding of how knowledge of gender is interrelated with women's' experiences and the realities of gender. Knowledge can be produced from a feminist standpoint wherever women live in unequal gendered social relationships, and can develop a feminist political consciousness. It is a way of exploring (as opposed to assuming) how women experience life differently from men, or intersexuals, or others, because they live in specific social relationships to the exercise of male power' (2002, 60-61).*

The authors locate the notion of standpoint at 'the limits of modern thinking' enabling feminists to move beyond debates on objectivity. Yet this standpoint is also problematic and following Haraway (1991) Ramazanoglu and Holland (2002, 61-62) explore this through the metaphor of a 'greasy pole' representing a continuum of competing truth claims. Upon this pole feminists have struggled to keep their grip on a commitment to science and reason in order to 'compete successfully with patriarchal knowledge'. Yet feminists at the same time have tried to grip onto the other end of this pole in their insistence on the relativist claim that the feminists researcher is only 'discovering reality'

as it is situated in the temporal and contextual time/ space of her engagement with the field. Thus feminists slip around on this pole so to speak as they try to balance the tensions between positivism and relativism (ibid).

At the far left 'X' of the greasy pole of 'truth claims' lies the positivist claim that rational acts of scientific research can discover the truth whether it is known to the research subjects or not. This accords the researcher with an 'Archimedean point' or God's eye view (ibid, 61). Investing the researcher with a sovereign authority to represent 'reality'.

Of course feminists cannot ascribe to the Archimedean point on the 'truth claims' continuum because they have already rejected the idea that objectivity is possible as a practice or praxis. At the other end of the pole lies 'Y', or absolute relativism. At this end all reality and claims to grounded knowledge becomes micro contextual, temporal and situated. Generally valid knowledge cannot be produced at this juncture. Postmodernism here reaches a point of apolitical fragmentation. As Lather (1991, 116) notes,

*'...positionality weighs heavily in what knowledge comes to count as legitimate in historically specific times and places. The world is spoken from many sites which are differentially positioned regarding access to power and resources. Relativism foregrounds the shifting sands of context, but occludes the play of power in the shaping of changing structures and circumstances...'*

Ramazanoglu and Holland state that whilst either pole (of absolute objectivity or absolute relativism) can produce knowledge validated by either its generality or its specificity, yet the logic of these polar positions remains tenuous. Furthermore feminists are under pressure to slide towards the intermediate positions, 'none of which can provide certain knowledge or can fully justify their position' (2002, 62). Where feminists are always under pressure to justify the relationship between truth, reality and feminist knowledge in relation to one of the other of the poles, standpoint methodologies can be seen in the context of a struggle to avoid being caught between the X and Y poles of the 'truth claims' greasy pole. Instead it is posited that taking a feminist standpoint means

analyzing how knowledge and power are connected in order to visibilise the hidden and gendered power relations of knowledge production (ibid).

The concept of a feminist standpoint has gained much contention over its evolution as a methodology in feminist practice. Feminist standpoint theorists produce diverse and often disparate versions of what taking a standpoint means although all have a common grounding in the validity of women's socially constructed experience as the epistemological grounds for a knowing subject.

My problem with taking a standpoint is that in practice it just as easily slides between the X and Y poles of the 'truth claims' pole as any previous approach. It may problematize the relationship between knowledge production and gendered power relations, but taking a standpoint can produce equally problematic questions of representation as well as the sovereign authority of the researcher to represent in whose interests and what interests a standpoint is being taken. At heart taking a standpoint means constructing a political category of 'woman' with all of its attendant possibilities for essentialism and exclusion. So often the ways in which women are violent towards other women or the ways in which or men oppress men are hidden from view.

### **Going beyond a standpoint: Doing research on women who are not feminists from the perspective of personhood.**

Standpoint theories have a useful role to play in defining and asserting the grounds for a feminist research agenda and women as the subject for political advocacy. However, I contend that there is the danger of losing a perspective on the complexity of women's relationship to the materiality and ideologies of patriarchal power relations in taking a feminist standpoint unless we take account of the fractured ontologies of women's experience. In the case of abortion, this becomes apparent where women police women on their sexual conduct –and in the case of some female nurses - even obstruct women from their constitutional right to abortion. This also suggested that the many narratives of emotional abuse and poor care with respect to TOP services needed to be approached from the wider perspective of the family planning, setting where a woman will first seek

advice on TOP within the legally constructed system of counselling and referral. This insight was later confirmed in the many interviews I conducted with nurses involved in family planning. I realized that the prevalent feminist standpoint inherent in the discourses of anger directed in much academic work against nurses who obstruct young peoples sexual and reproductive health care intentions only served to demonise these health professionals, whilst failing to capture the deep ambivalence felt by many Nurse's working in the family planning setting. Furthermore, even for women who do not oppose abortion, their agenda is not necessarily a consciously feminist standpoint, therefore undertaking feminist research on their experiences and attitudes is a process of clearly defining what these mean on their own terms, rather than imbuing them with my own feminist agenda. In addition and from the reflexive point of view I felt that since I was a white woman doing research on women from a black community I felt taking a standpoint was inherently problematic and ontologically oxymoronic.

In the course of my initial fieldwork I realized that I needed a way to theorise the complex interrelationships between cultural identity, sexuality and link these to attitudes toward abortion in the Xhosa speaking townships within which I was working where both women and men may co-create powerful injunctions to female sexuality through the reproduction of moral ideologies in particular spheres of power and context. This is why I turned toward the anthropological theory of personhood, and reinvigorated it by using feminist analysis of gender to trace some of the contours by which persons are produced through notions of appropriate female sexuality and masculinity according to distinct socio-cultural categories of what it means to be a woman or a man. The next chapter explores this core theoretical underpinning to my study, and brings it to bear on the complexities inherent in my research where some men objectify women's reproductive health choices as a threat to the socio cultural order, and some women who are also nurses obstruct the substantive rights claims of other women (young female health service clients).

### Chapter three:

#### **'Personhood': negotiating of selfhood with modernity.**

*'Especially when you have a sixteen year old come in for contraception and you have a sixteen year old of your own at home, then you take that sixteen year old coming into the clinic as your own sixteen year old...and you start being a parent, not being a nurse!'*

*Registered Nurse providing family planning services at a township Community Health Clinic, July 2006.*

The above statement made by a nurse I was interviewing can be taken as a point of departure for exploring the anthropological concept of Personhood, and how it relates to communal understandings of self, gender identity and sexuality within the social spaces of Sexual and Reproductive health care. Such statements contain hidden transcripts that speak to trajectories of modernity and the consequent way in which societies 'produce' persons<sup>19</sup>. The concept of Personhood implies that we become a person through socially codified ways of understanding ourselves in relation to others of which parenthood may be one or a professional role another. These codified representations of self, exist within, and are reproduced communally through daily practices and discourses and power relations. Furthermore the concept of personhood is useful in wider anthropological debates that attempt to understand the process of individual's agency in the negotiation of social structures.

In this chapter I will begin with I will begin by outlining the importance of the kind of contextual anthropological study here, to broader questions around feminist representation and rights. Next I will provide an outline exploration of the anthropological concept of personhood, its applications and reformulations within 20<sup>th</sup> century Africanist ethnographic fieldwork and its usefulness in relation to questions of structure and agency. I will then show how the concept of personhood is a key way in which to understand the interpersonal relations between nurses and young female health

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<sup>19</sup> James C.Scott, 1992, *Domination and the Arts of Resistance: Hidden Transcripts*, Yale University Press, 269p.

service clients seeking family planning services including TOP counselling. Implementation of family planning and TOP services necessitates interpersonal interactions between nurses and female health service users, which I conceptualise as social spaces where dividual and individual notions of female personhood intersect and clash. This links into wider processes of modernity and changing practices of identity and sexuality amongst young women that speak to 'contextualised dividualities', in tension with more reified traditional modalities of female personhood. I will also pick up upon themes of 'African sexuality' as they relate to the regional project of refuting earlier essentialist constructions such as those put forward by Caldwell et al (1987).

### **Global feminisms, local women: bringing personhood into the frame of feminist representational politics.**

As noted Mohanty's (1984) seminal critique of Western feminism focused on the inherent ethnocentrism in much Western feminist's analysis of third world women's experience. Mohanty did not reserve her critique for the geographically privileged feminists of the West but also focused on middle class feminists in the Global south. Mohanty believed they were just as likely as their Western feminist counterparts to resort to reductionist stereotypes when writing about poor women. These stereotypes sprung from a blanket representation of poor women in developing countries and traditional societies. This representation focused on third world women's inherent vulnerability, victimization and subordination to a universal, transcultural and ahistorical discursively constructed patriarchy. Third world women were the subjects of a discursive othering by feminists who exoticised them as creatures of tradition, unquestioningly subordinated to and replicating patriarchal structures of customary law, gendered divisions of labour and filial duty. Nowhere did feminists bring into view questions of resistance, agency or the ways in which patriarchy elevates some men whilst subordinating others, or the ways in which matriarchs gain powerful positions in alliance with men at the expense of other women.

Feminists writing about third world women's experience assumed a natural ontology and an automatic solidarity between women based on a notion of shared female experience. This notion of shared experience was not interrogated for the heterosexist, classist and ethnocentric assumptions that underpinned it. Paradoxically despite the claims to solidaristic ontology of experience, in reality, implicit in these representations were Western and Southern Middle class feminists' sense of difference in relation to their Southern sisters. Such a sense of difference replicated the ethnocentrism of colonial and postcolonial development discourses, despite Feminism's ostensible alterity to these.

As mentioned these feminist representations of women's experience reproduced the reductionisms and ethnocentricisms of hegemonic discourses grounded in colonial and developmental power relations and practices. In this sense feminist analysis was also parallel with the tendency of early ethnographic studies to reduce the experience of individuals in 'traditional' non-Western cultures to discursive representations characterized by communal structures and social roles. This reductive ethnocentrism is discussed in the following section. Given this historical tendency and the need to create rigorous epistemologies and methodologies to guard against the repetition of these misrepresentations there is a need for a solid practice of reflexive ethnographic representation. I propose that the concept of personhood has much of value in such a project and as a solid praxis in feminist work. The potential to develop upon insights into personhoods polysemous possibilities is an excellent way in which to interrogate monolithic representations of women's experience and the ideologically grounded societal representations of gender roles as they become subject to individuals own trajectories in daily practices and power relations. Understanding women's experience through the lens of personhood can contribute to the project of divesting early feminisms tendency to allocate a universal identity to women. By interrogating the polysemous and contextualized operations of personhood a more nuanced understanding of power relations and the formation of gender identities *between* women can be elucidated. This brings questions of individual intentionality and agentic capacity to the fore and guards against the reductive tendency of Western and Southern middle class feminist writing that

according to Monhanty produces an image of an 'average third world woman'. She continues

*'This average third world woman leads an essentially truncated life based on her feminine gender (read: sexually constrained) and her being "third world" (read: ignorant, poor, uneducated, tradition-bound, domestic, family-oriented, victimized, etc.). This, I suggest, is in contrast to the (implicit) self-representation of Western women as educated, as modern, as having control over their own bodies and sexualities, and the freedom to make their own decisions' (1991, 56).*

In my study of the barriers to implementing the CTOP Act I do not therefore intend to 'colonize' women as victimized, uneducated or as a homogeneous group. I am not interested in the many simplistic ahistorical, acultural accounts that demonize nurses involved in abortion provision as tradition bound ogres for example, but I do look at the ways in which nurses' employ particularistic notions of tradition in narratives of approbation on young women's sexual moral codes. Neither do I feel that accounts that victimize all young sexually active Xhosa women as the victims of sexual coercion, transactional sex and patriarchal authority are helpful either. In fact at this stage of my research I avoid trying to represent these young women altogether and instead I focus upon unpacking 'patriarchy' through in-depth fieldwork with young men and their attitudes to female sexuality as well as abortion. This does not mean that I do not allow the 'voices' of my young female informants to speak, but I do this through investigating their many accounts of rudeness and refusals by nurses when they have sought family planning and TOP by analyzing the post colonial subjectivities of nurses as they attempt to mediate between notions of Professional and dividual cultural Personhood in the space of the family planning clinic and in the context of counseling young women on contraception and abortion. I hope in a later stage of research at the doctoral level to focus more closely on young women's subjectivities as a development of the research here. I also hope this will eventually contribute to what Monhanty structures as a two fold and simultaneous project whereby we need to make firstly- 'an internal critique of "Western" hegemonic feminisms and secondly- the formation of autonomous,

geographically, historically and grounded feminist concerns and strategies' (1991, 51). The following exploration of Personhood from a feminist perspective is, I contend, a good way in which to work to this Feminist project.

**|||| Personhood- the 'tribal African' collectivist versus 'civilized western' individualist dichotomy.**

Personhood as a subject of anthropological enquiry began in questions around how the individual self was positioned in relation to communal structures. Such a project of enquiry set as it was within an era of ethnography that collided with the remaining decades of colonial rule, reflected the ethnocentrism of that time. Mauss, working in 1938, developed an evolutionary method to put forward the idea that the individual was a concept particular only to Western societies. He proposed the moral and social significance of the individual in Western societies, and the absence of the concept in other societies (La Fontaine, 1985, 123). Thus the project of understanding how individuality and communality intersect was divided along lines that privileged a consciousness of individuality in western societies and a communal consciousness with no or little awareness of an individual self in African societies. Such emphasis on communalism also reflected the structural functionalist paradigm dominant in anthropology of this time. Studies within this paradigm tended to conflate the terms person and individual, and posit these as the social aspect of people, in relation to a conscious self. Such a lack of conceptual separation, resulted in methodological individualism, and overstated or understated a societies' stress on individuality (ibid).

In studies of African societies structure was privileged over agency and this had an ethnocentric and (oft unintentional) racist subtext that saw the 'African mind' as 'primitive' and incapable of the 'level' of 'individual consciousness' ascribed to individuals living in Western societies. Such a view excluded questions of agency in relation to structure and represented African Personhood as a mystical, unconscious relationship of the self to social structure (Leinhardt, 1985). Anthropology on the relationship between the self and society in African contexts had tended to emphasise the

social aspect of how persons are constructed, in contradistinction to the emphasis on the individual orientation to personhood enshrined ideologically and institutionally in western societies. This dichotomy has been shown to be more a construction of ethnography than a reality and the debate around this has accelerated in anthropologies of cultural change in relation to modernity. Yet this question of the relationship between the person and the social structure has a wider relevance to the production of theories around power and agency, which are relevant to the reinvigoration of the anthropological concept of personhood. These will be outlined in the next section.

### **Persons: between social structure and socialised agency.**

Early ethnographies were often little more than descriptive inventories of 'native culture' with painstaking attention paid to kinship structures, rules of social interaction, ritual and taboo, often elucidated through the perspectives of male tribal elders. Thus the representation of the relationship between power and persons was limited to the visible hierarchies and functions of chiefs and the functions of ritual and taboo in maintaining harmonious social order. Persons were theorised as mere vessels of social structure, and power and intentionality inhered in an abstract social order, operationalised through people's adherence to the rules and regulations. Questions of agency were largely hidden from view.

The birth of post modernism brought with it new perspectives on power, social structure and persons. For Foucault power did not inhere in the fact itself of, for example, chiefly office or ritual taboo, and was not a simple relationship of power as force or threat of 'power over'. Instead, for Foucault, power inhered in discursive practices that systemically reproduced the relationships between the powerful and powerless. Language is a key way in which discursive practices are given mutually recognisable meaning, and individuals thus come into view, as agents of discursive communication. This also speaks to questions of power as historical and contextual rather than as a transhistorical or transcultural force. Importantly Foucault developed a more nuanced theory of power, which provided a way of understanding its agentive embodiment by persons. His

theoretical articulation of Benjamin's 'Panopticon' articulated a theory of power as embodied technologies of subjective objectification and discursive replication. Foucault's theory has been critiqued for overstating the power through which disciplinary regimes construct persons, and by which discursive frameworks serve to reproduce 'docile bodies'. (McNay, 1994).

A more 'agentive' dimension to the structure/ agency debate was introduced by Bourdieu's theory of structured practice, habitus and cultural fields. The status and authority invested in hierarchical social roles such as chiefs, matriarchs or business managers for example were theorised as forms of symbolic capital in addition to material forms of capital such as money or land (Threadgold et al, 2002, 22). Such symbolic capital has to be recognised within a relational set of cultural values, and it has to be symbolically resonant across space-time and in different social contexts in order to be recognised and thus reproduce its power, Bourdieu called such recognition that implied the reproduction of symbolic capitals' meaning the 'doxa'. Maintenance of the doxa occurred through the reproduction of symbolic domination. For Bourdieu, people have no expectations beyond their place in the social order inculcated through their education, class etc. Thus he saw that those with the least capital were consequently less ambitious, and realistically or even fatalistically disposed to accept their own place in relation to the field of symbolic capital- the doxa. Objective conditions thus reproduced class domination (ibid).

This aspect of Bourdieu's theory is in agreement with the Objectivist vein of theory that poses a deterministic relationship between objective social structures of a culture, such as values, ideas and desire, produced by cultural institutions such as family, religious groups, education systems or government bodies, and how these will be reproduced in and by individuals (Threshgold et al, 2002, 32-33). Theorists such as the anthropologist Levi Strauss or the Marxist Louis Althusser saw that people's practices were structured by the coordinates of objective social structures and therefore '*reality is delimited and produced by whatever signs we have around us (ibid)*'. Such approaches are evident in the aforementioned ethnographies that provided descriptive accounts of social institutions

and their hierarchical social roles as though they were definitive accounts of the people who inhabited them.

As noted, Mauss stressed that persons were the socially recognised composite of individual awareness of the self. In early ethnography the ideological stress on individuals in European societies meant that European ethnographers studying 'Other's' societies conflated social relationships with individual intentionality, resulting in methodological individualism (Fontaine, 1985, 124-125). For example Radcliffe Brown explained social relationships embedded in the kinship rules of The Mothers Brother in South Africa '*as though it were a relationship between individuals*' (ibid). Studies that looked at personhood studied the structured roles and practices of individuals and the symbolic doxa that produced these, reading off from them, the meanings and intentionality of individuals' actions in an unquestioning relationship between doxa and habitus that precluded questions of agency. Indeed it is important to clarify here two uses of the meaning of agency, the first in the sense of how through structured practice individuals embody and reproduce the social structure through agentic practices, the second whereby structured practices and the Bourdieuan misrecognitions that sustain them, may not simply be accepted, but may be subtly reinvented over a period of time thus potentially transforming the very field of structured practice itself. Modernity also impacts and accelerates the ways in which agency may relate to the second meaning outlined here, and the concept of Modernity and its relationship to this second meaning will be explored further in a later section of this chapter.

To return to the early structuralist theories of personhood, we can begin to see how persons were theorised by an inductive reading off the symbolic doxa of their cultures. This reinforced the tendency to see African cultures as lacking a sense of the individual, whereby kinship and socio-political formation such as tribe, clan or kingdom produced persons according to logics of hierarchical relationality. The construction of the person was not transhistorical or transcultural, as suggested in Mauss' conceptualisation of *la personne Morale* but instead Mauss posited that a theory of the subject was needed, in order to understand how different views can be dominant at different times, and how

'ours could become dominant, and perhaps irreversibly so, with the development of modern civilization' (Taylor, 1985, 258).

According to Corin anthropological studies or personhood can be organised around two poles, which represent different lines of questioning in relation to culture. It's posited that these two poles are analogous to and have been differentially influential in North American and European Anthropology, reflected in their relative stress in studies that centre on the Pacific and in Africa (1998, 83). The first set of studies attempts to represent experiential and subjective dimensions of human life analogous to 'selves'. The second set focuses on 'the cultural coordinates of the notion of the person' and upon the persons social place within the culture. The second stream then, approaches the study of personhood through Mauss's notion that the Person is a universal category of the human mind, rather than through perspectives on subjective experience. Mauss outlined a teleological schema that fits with cultural Darwinist theories, whereby societies evolve along a continuum that finds its apex in western civilization. Mauss described a progressive evolution from a person-character centred on ascribed roles, to a person as subject of rights and duties ultimately culminating in an autonomous self-centred individual (ibid, 83). Such teleology has been rejected as ethnocentric and stereotypical (cf. Li Puma, 1998). Studies now emphasize that all societies contain both dimensions of the social and individual aspects in relation to personhood.

The notion of 'individuation' appears as a central issue in the legacy of Mauss's theory and the stream of anthropology that has followed it (Dumont, 1985 in Corin, 1998, 84). Individuation, the possibility of negotiating self in relation to social structure and of one's place within it, has been approached from an Africanist Ethno psychology. This used the Freudian Oedipus model to contend that African men are more dependent on a solidaristic and relational sense of personhood, since in African cosmologies the father figure is merged with the Ancestor figures thus making oedipal competition impossible in light of that symbolic association (Cecile and Ortigues, 1973 in Corin, 1998, 84-85). Of course the very Freudian model used to define men's impulse to individuation has been

refined from feminist perspectives to show the inherent andocentricity in Freud's theory (Benjamin, 1988).

Furthermore some theorists have challenged Ethno psychology's stress that a mythical orientation to personhood precludes questions of individuation completely (Corin, 1998, 84). This is key since, as aforementioned, early study of African societies tended to privilege structure over agency and this excluded questions of individuality and agentic capacity. Indeed African Personhood has often been reified as a mystical, unconscious relationship of the self to social structure (Leinhardt, 1985).

The shift to practice centred anthropology, rejected the structuralist's focus on the symbolic doxa as the representative experience of culture, and searched for meaning at the level of the subjective and experiential. Turner (1967) for example, stressed the need to interpret cultural symbols in terms of the social reality of the actors

According to Leindhardt, much African oral literature for example, uses fables of trickery and luck to illustrate the deceptiveness of outward appearances, which implies hidden transcripts and individual's agentic capacity (1998, 143). Corin stresses the importance of such insights for the dynamic of Personhood within traditional African societies, where the notion of individuation refers to 'the structural possibility, framed from within the culture itself, of distancing vis-à-vis the defining power of the social and cultural order' (1998, 84). The turn toward practice centred anthropology has been central in theorising cultures from an agentic perspective and feminist anthropology played an important role in this shift (Moore, 1994, 1996; Strathern, 1998).

Insights such as those generated in Strahern's (1998) feminist work on the partiability of gendered personhood in Melanesian societies foreshadow questions of agency, context and gendered personhood in African societies, as they are dynamically related to questions of social change, and transformation in the context of a continuous process of modernity. The next section will pick up on the theme of social transformation and critically assess it from the perspective of studies that engage with practices of

modernity; in order to explore how the gendered cultural coordinates of persons are reconfigured according to the interpenetration and interfunctionality of multiplying levels of social context, to which constructions of gendered persons may refer.

### **|||| Personhood through the lens of Modernity: do dividuals become individuals?**

As noted, in earlier studies that employed the notion of personhood, a conceptual separation was implied between dividuals (those producing self and others through socially codified practices of personhood) and individuals whose bounded sense of, and practices of self, precluded traditional codifications of the dividable, partible or permeable self. Such a dichotomy was theoretically linked to socio economic concepts of labour and social organisation, as well as the level of stress on kinship relations. This dichotomy posited that pre capitalist labour relations and strong kinship networks produced dividuals whilst in contrast Western societies produced individuals subject only to the commodity logic of capitalist labour relations.

As modern forms of financial architecture, economic capital, labour and political organisation, branded goods and culture have engendered societal change in many communities previously studied by anthropologists within a pre-capitalist framework of understanding, some ethnographers have sought to develop theories of change that adequately chart the relationships between individual, culture and society within transformed and transforming socio economic structures (Miller, 1997; Nash, 1993; Hammond Tooke, 1981).

Following on from this, the concept of individual as opposed to dividual has often been employed to posit social change in terms of a meta-narrative of modernity that creates individual subjects according to the 'commodity logic' of capitalism (Niehaus, 2002). Rights discourses generated from western liberal frameworks of human rights can also be seen as part of this dividual to individual shift in relation to modernity, where the individual is enshrined as sovereign and impermeable. Li Puma (1998) elucidates how

such a conceptual separation is in danger of dichotomising cultures according to those who contain dividuals and those who recognise individuals. In reality all cultures, 'recognise both dividual and individual (or relational) modalities of personhood' (Li Puma, 1998 in Niehaus, 2002). In changing social contexts this relational modality of personhood, or the tension that may exist between dividual and individual modalities of personhood, may become heightened or more tensile as competing notions of personhood come to the fore.

Niehaus (2002) notes how the assumption made by anthropologists that modernity engenders a shift to individual modalities of personhood, rests upon the notion that growing commoditisation means persons are no longer enmeshed in networks of reciprocal exchange, this engenders a sense of individuality. Critically this sense of individuality is posited as concurrent with the belief that the body will be bounded from external influences. Where so much anthropology had focused on dividual modalities of personhood by analysing the codifications of permeable and partible bodies enmeshed in cultural notions practices and taboos around seen and unseen bodily phenomenon (such as blood, skin, semen, menstrual blood and magical forms of energy (cf. Corin, 1998; Weiss, 1998), the idea that modernity seals off the body, through an assimilated understanding of individuality is neither empirical nor cognisant of the real operations of personhood in African societies undergoing change through encompassment or indeed of western societies themselves. For example, the proliferation of 'New Age' practices and beliefs such as Wicca, channelling and tantra in Western societies.

For indeed a dichotomous lens on the differences between traditional and modern cultures serves the ethnographic project well, whilst glossing over the nuances whereby individual modalities of personhood are, and always have been, present in traditional cultures and where dividual modalities are an integral part of, yet understated and glossed over in western cultures. Key here is to step back and interrogate the construction of the dividuality/ individuality; tradition / modernity matrix constructed through the ethnographic project of cross-cultural comparison. Furthermore anthropologists need to grapple more concretely with what is meant and represented by 'modernity'. As Li Puma

(1998) notes, *'we summarize much by the term modernity in the task of understanding how local epistemologies are being redefined by the continuous encompassment of the Global South by its 'Other' (53).*

This is so because firstly 'modernity' does not simply mean the replacement of dividual with individual experiences of personhood. Modern forms of capital, labour and culture can simply serve to flow through modalities of personhood present in 'traditional' cultures. This sense was consistently present in the narratives of the young men I worked with who express individualised notions of self, rights and aspirations whilst at the same time holding strong dividual beliefs about the importance of bush initiation and the detrimental spiritual effects of not following ones traditional culture on ones physical health and mental well-being. Both strong notions of individuality and dividuality were present in these narratives that cannot be reduced to a simplistic dichotomy between African dividual and Western individual personhood. This is contrary to Leenhardt's (1947) view that Western notions of the bounded body, when communicated to traditional cultures that had had no such concept, would free them from the network of relations imposed by traditional Melanesian society; where a person could only be so, by their ascribed relational position to other persons.

Furthermore 'conceptions of the body as unbounded', as partible or permeable, as subject and relational to other person's energies and magical forces, may actually be reinforced and reconfigured by modern forms of labour and social organisation. Nash's Marxist reading of commodity fetishism amongst Bolivian Tin miners is a classic ethnography in this respect. (1993). Anthropologists working in African contexts have shown how anxieties around modernity may be expressed through cultural beliefs around persons' permeability in relation to witchcraft, magic and vampires (Weiss, 1998; Corin, 1998, 102)

Secondly we need to heed Li Puma and interrogate exactly what is meant by modernity not only in form, such as capitalist labour relations or consumer identity logics, but also historically, across space and time. As well as in relation to biomedical and ethno medical

assumptions of personhood. Such projections will have important consequences for how tradition is framed and utilised as a concept, especially where its conceptualisation is in part inductive from the narratives of field informants as they employ notions of tradition to speak of their own anxieties and aspirations in relation to modernity. For example, in the communities where I conducted fieldwork, urbanisation occurred perhaps 40 or more years ago, as part of a longer historical trajectory whereby the Afrikaner South African government sought to colonise and control flows of labour and migration to urban centres. In her book *Reaction to Conquest* Monica Wilson (1961, 2<sup>nd</sup> edition) documented such shifts in the 1930s, in ethnographic fieldwork on the Xhosa speaking clans of Pondoland in the Transkei (Eastern Cape). Framing her research within the study of the transformations enacted on the Pondo by 'contact with Europeans', Wilson traces the cultural and societal shifts engendered by colonisation and rural to urban migration. Many of the shifts and tensions created in communities studied by Wilson in the 1930s, had resonance with the issues I saw facing peri-urban Xhosa speaking communities in Cape Town in 2006. Narratives of distress and anxiety at the loss of traditional forms of parental authority and core cultural values, expressed by Wilson's informants, were remarkably similar to the narratives of modernity as contrasted to tradition expressed by the Xhosa speaking people in my own fieldwork. This raised enormous questions about what is meant by tradition when people today, relate to a notion of Xhosa culture as a pristine and definitive set of referents, supposedly embedded in a period early in the last century. When in fact going back some 75 years reveals a strikingly similar picture of a sense of cultural disruption in relation to the urbanisation and the modalities of modernity contemporary to *that* time.

Another more obvious area of critique in this sense are constructions of modernity and its relationship to the global South that posits a pathological and wholesale destruction of diverse cultures by the monolithically constructed West. Such constructions have been popularised by anti-globalisation writers such as Naomi Klein, who critique the spread of western capitalism and consumerism and its impacts upon 'traditional, indigenous cultural forms. Africanist anthropology itself has not in general grappled well with conditions of intensive modernization, preferring to centre on traditionally framed

communicative contexts such as ritual, spirit possession and ancestor cults. In this way it is easier to theorise neat systems of meaning within relatively bounded communicative contexts. There is a dearth of 'syncretic' analysis of the impacts of modernity on these traditions, or an analysis of how such traditional mediations of culture translate in contexts of intensive urban modernity.

Perhaps this is because in Li Puma's words ... 'the clarity of custom is to the epistemic murkiness of modernity' (1998, 63). Anthropology that stresses customary forms of sociality represents a romantic tryst with a constructed and reified notion of tradition even whilst it claims to chart cultural change. It also fails to adequately theorise the ways in which cultural forms transmitted in the West's encompassment of the South may be transformative, but not on terms of unequivocal assimilation by African communities. A historiographical perspective is essential to reveal the ways in which modernity may have a long and dialectical relationship with traditional modalities of culture.

### ||| **Modernity. Do individuals become 'other kinds' of individual?**

Some theorists have turned the 'modernity problem' on its head, so to speak, in taking the conditions of encompassment by the West, and using them to understand cultures through the specificities of globalisation at the local level. Miller (1997) terms this 'modernity through the prism of the local' and it is an approach vital to understanding how persons are negotiating their own cultures' growing intersectionality and immersion in regional and global flows of 'others' cultural forms represented by goods and information.

For instance what Coke Cola or Nikes symbolise in the communiqués of global brand marketing will not simply be transposed over and above the meanings and practices of identity amongst Youth in a peri- Urban South African Township. More likely the symbolism of such goods, whilst retaining a universalised language of 'status', will take on distinctly local meanings in the socio-economic setting of Urban Xhosa youth networks in the township. In this sense 'culture' has meaning equivalent to 'specificity', as in '*a specific structure of desire expressed in a specific strategy of consumption that*

*defines the contours of a specific identity space*' (Freidman, 2002, 234). According to Li Puma (1998, 53), the 'construction' of persons is central to the analysis of modernity and according to Freidman we can only understand what consumption means in terms of local cultures when we understand the specific ways in which desire is constituted, which in turn is a *'dynamic aspect of the formation of personhood or selfhood'* (2002, 234). Most importantly,

'To approach the construction of the person in the contexts and conflicts of modernity is to problematize the interpenetration and interfunctionality of levels'. (Li Puma, 1998, 53).

Too little ethnography exists that provide 'thick descriptions' of these processes in relation to personhood. More importantly, there are a dearth of studies that relate such processes of personhood as they impact upon sexual and reproductive healthcare. Modernity engenders a multiplying of levels whereby personhood may become contextualised and/ or conflicted. But it also exposes and heightens the tensions between different constructions of personhood as multiplying and interpenetrating levels and spaces mean persons must negotiate the different constructions of personhood and power that inhere in these intersecting spaces. This also complicates relations of power, as they become increasingly subject to multiple sites of production, reinforcement but also transgression and transformation. According to Appadurai

*'Unregulated flows of cultural texts move the glacial forces of the habitus into the quickened beat of improvisations for large groups of people'* (1997, 6).

The stakes of power invested between the symbols and practices of personhood are thus raised and notions of tradition may become increasingly important in a game of cultural capital and symbolic violence for the control over meaning and persons. This symbolic capital often rests on particular constructions of gendered personhood, and may have enormous effects on people's experiences of sexuality and related sexual and reproductive health.

Such a problematization of the *interpenetration and interfunctionality of levels* with respect to questions of constructing persons in relation to a contextualised and conflicted modernity has vital relevance to the post Apartheid moment in South Africa. Questions of gender are central to such a project where as mentioned, a new 'constitutional sexuality' is contradicted and usurped by pandemic levels of gender based violence and male on female rape. Such social pathology suggests that the *interpenetration and interfunctionality of levels* cannot be easily negotiated for example, by men on the margins of the capitalist economic model adopted by the liberation government. This pathology of male identity is being documented in the critical male studies literature emergent in South Africa, and links to question of dividual cultural personhood, whereby men are economically and socially unable to meet the traditional demands of manhood and fatherhood made by their cultures (Niehaus, 2005, Posel, 2003, Morrell, 2001; Ratele, 2001). It also suggests that the modern context of gender equality is challenging the spheres of power where black African men had previously been enmeshed within, paradoxically, a Faustian bargain with the Apartheid state. Which, whilst it emasculated black African men, also colluded with them in oppressing black African women through the reification of patriarchal power in customary law (Mager, 1994, 1-5)? This is an interesting point with reference to national or regional forms of 'modernity' whose conditions must be looked at historically and at levels that encompass state control, government policy, provincial forms of administration and their impacts upon communal structures and cultural logics of gendered power relations.

### |||| 'Contextualized dividuality'.

What an emphasis on interfunctionality and interpenetration of levels, in the context of employing perspectives on personhood to understand cultural processes also implies, is the need for an adequate theory of how different modes of personhood may coexist within a person, in a singular or co current contexts of sociality.

Salo (2004), critiquing Bourdieu's (1990) tendency to see persons as agentive vessels of a dominant doxa, calls the possibility of such a theory 'heterodox habitus'. This implies that individuals may inculcate experience, negotiate and bring to the fore different and alternative constructions of personhood, whilst simultaneously suppressing other constructions, according to the demands of different social contexts. This process implies agentive capacity and intentionality and has also been captured by the concept of 'contextualised dividuality' (Valle Helle, 2005). Thus the recognition that all societies produce dividuals and individual is theorised as a logic of practice in relation to contextual fields whereby different modalities of persons or habitus may be privileged or struggled over.

Valle Helle (2005) has applied the notion of contextualised dividuality as a necessary epistemological and methodological refutation of the 'African sexuality thesis' propagated by proponents such as Caldwell. In line with reified notions of African culture and the dividuals it produces, Caldwell's thesis posited that a distinct ontology of sexuality, centring on polygamy and co-current partner promiscuity, characterised African persons' sexual behaviour (Caldwell et al, 1987)..

Understanding persons as having many dividualities of personhood, contextualised and brought to the fore within different contexts of sociality (thus 'contextualised dividualities') allows for an understanding of discrete social fields of co-ordinated intentionality as for example in Valle Helle's study of sexual behaviour in a semi-peripheral Bostwanan town. Here sexuality is linked to two main contexts of sexual sociality centred on a formal kinship system of marriage alliance or informal relations of gift transaction. In this way Valle Helle takes the notion of dividualities and links it to theory that posits that people may have many sexualities contextually specific to different forms of social structuring within a culture. This reflects Salo's theoretical development of an anthropology of structured practice that reinvigorates Bourdieu's theory of habitus and practice, but which can theorise beyond the internal dynamics of a single social context by employing a polysemous notion of Personhood (Salo, 2004). Power, agency and personhood must be understood across fields of structured practice as they may co

exist, be in relationships of co creation and how individuals move from one field to another, negotiating tensions between self and competing dividualities as they arise in the power relations between individuals and the demands of different socially ascribed personhoods.

For example Valle Helle shows how two different contexts of sociality invest persons with status as wives, adulterers or lovers that are dependent on individual's ability to negotiate the rules of engagement within these different arenas of contextualised dividuality. A person's sexual status as wife, husband, adulterer or lover is not confined as one individual having one identity in one context, but may be fluid, co currently existing or played out across time. An individual may be a wife, lover and adulterer. Having what Bourdieu (1990) would call a 'feel for the game' allows individuals to draw on aspects of their socialised roles as persons and shape them according to desires and needs. Such multiplication of contexts for dividual personhood also reveal the ways in which gender relations are constituted and how practices are structured according to cultural logics of gender. For example Botswanan men migrating to South African mines returned home with money that gave them power to seduce young unmarried women in secret betrothals. When these young women were abandoned, they lacked social or moral power to bring the men to account. Such cultural logic however is subject to reformulation and transformation through modern forms of socio-economic capital that may be linked to practices that challenge traditional gender roles. As modern forms of wage labour and education permeated Botswana, women found new opportunities for economic and social advance outside of sexually based relationships with men. This was coupled with women's reinvention of the cultural logic that had bound them into secret betrothals underpinned by transactional sexual relations. Increasingly women turned such secrecy to their advantage, by choosing whether or not to marry. Valle Helle terms this alteration of traditional cultural logics of sexual practice, socio-cultural entrepreneurship (2005, 197). He also points to the tensions inherent in these renegotiations of structured practice and meaning and their relationship to personhood. For example men are torn between masculine ideals that are mutually exclusive. Such masculine ideals and their conflicts reveal the tensions between contextualised dividualities of personhood such as

being a husband or father or individualised notions of being a lover. A successful lover must maintain a constant flow of gifts and cash to his girlfriend, which may conflict with his ability to meet the demands of being an economic provider in the family household (ibid, 203).

### **Rights based discourses as reflections of modernity.**

As I will show own fieldwork revealed the conflicts and ambiguities engendered through multiplying contexts of relationality in the wake of a continuous process of modernity as exemplified by access to abortion, and the refinements of gendered sociality in relation to this. In the context of the CTOP Act the rights based discourse that underpins it has injected yet another dimension- that of legal personhood- into the social field, and this is in tension with what makes an appropriately gendered person as against the meanings of Xhosa personhood.

Rights discourses (often originating in distinctly western liberal *ideological* notions of the individual) help to shape new discourses of gendered personhood. As mentioned South African political liberation saw a new 'constitutional sexuality' grounded in a bill of rights that embedded the notion of individual rights as the mark of citizenship. Child rights have also been part of the formation of a new definition of legal personhood in Post Apartheid South Africa, and the tensions this can manifest between dividual and individual modalities of personhood was often expressed in parents narratives around their children's conduct. Such tensions reveal how modernity mediated through rights discourses aids in proliferating different social contexts for constructing persons and expressing different logics of practice. According to Salo this kind of 'social heterodoxy' allows for the individual's simultaneous personhood and non-personhood according to co-existing but opposing cultural worldviews (2004, 36). Critically the individual's simultaneous embodiment and non-embodiment of personhood according to different contexts of sociality is inimical to the differentiated structure of power, and therefore agency, within these cultural worldviews (ibid).

In this vein we can analyse a common sentiment expressed, when I asked parents about rebellious and sexually active teenage daughters. This sentiment is that now children have constitutional rights, it is consequently more difficult to exert traditional forms of parental authority over them. Thus children are conceived of by their parents as having a more individual legal status that usurps their dividual obligations to modes of personhood in part constructed through reference to tradition and disciplined through parental authority.

Nurses also repeated such narratives of anxiety and rupture in their narratives of providing family planning to young women. This was expressed through notions of female respectability and a moral panic around female sexuality in young women. As nurses sought to negotiate their own sense of personhood both parental and professional in response to the young women's experiences, a distinct tension between the dividual obligations of Xhosa cultural personhood and the individual obligations of the constitutional right to health care surfaced in nurses' sense of blurring between embodying parenthood and 'Nurse-hood'. The concept of 'Nurse-hood' helps to elucidate some of the tensions experienced by persons as they negotiate individual feelings as against dividual obligations. Most importantly this concept problematises the issues of interpenetration and interfunctionality of levels in as they relate to discourses of rights based health care and the tension between traditional and modern modalities of gendered identity that are struggled over and mediated through the social spaces of SRH care, in this particular context the township family planning clinics. For their own part young women display a contextualised dividuality in their interactions that speaks to an important way in which theory of personhood needs to be developed.

The next chapters of the paper pick up upon the themes discussed here. Firstly semi structured narrative interviews conducted with young men will be analysed with the concept of personhood in intersection with perspectives from critical male studies and social geography. Following this a chapter will explore how the dynamics of personhood and 'Nursehood' mediate the implementation of the CTOP Policy and present data from interviews conducted with key gatekeepers to explore barriers to access. Next data from

narrative interviews, life histories and participant observation conducted with nurses in family planning clinics will be interrogated from the perspective of Personhood, paying especial attention to how certain dividualities surface in interactions between nurses and young women. This analysis will be interwoven with perspectives from historical studies of Nursing as they relate to the dynamics of community based health care today. Lastly a concluding section will analyse the intersections between the way in which dividualities are contextualised in both communal spaces and clinics, drawing out their implications for further research into understanding the barriers to implementing the CTOP ACT.

## Chapter Four:

### **Tangents: Male Sexual Respectability/ Female Respectability/Abortion and Rebellious Female Bodies.**

*'...Some years ago, a grandson of mine...was playing around in this pool...a young lady, aged, I suppose, about three, like himself, came towards him with nothing on. My wife, who was there, asked him, 'Is that a boy or a girl?' He thought for a minute and said, 'I can't tell, she isn't wearing any clothes'. This shows, of course, that anthropologists, with all their insight and profundity, are really saying the things a baby can tell you...but this little anecdote contains a lot of ready insight in itself, for, of course, three-year olds know that boys and girls are born different, look different, genitally and otherwise, but at the same time, how do you know that a boy is a boy and a girl is a girl? That a man is a man and a woman is a woman? It has got to be shown in some way' (Meyer Fortes, 1983, 394)*

*'If you can dance and you know it and you really want to show it' (catch phrase from popular SABC 1 dance showcase 'Jika MaJika'.)*

This section of the paper takes a turn off at a junction, so to speak, along a tangential road that takes in the broad landscape of how sexuality is discursively constructed and experienced amongst young men and women in the Township where fieldwork was conducted. It was evident in my fieldwork that part of the problem with implementing TOP as part of family planning services is an intergenerational clash between nurses and clients centring on different ideals and practices of appropriate female sexuality. Whilst young women spoke of their experimentation as well as difficulties in negotiating the emotional as well as sexual dimensions of their relationships with young male partners, nurses often spoke in simplistic terms of the need for young women to be chaste, to wait to have sex and then to do so in the context of early marriage.

Given this, I contend that we need to explore in depth the wider context and conditions within which young women are becoming sexually active as against the modality of what

constitutes appropriate female sexual behaviour set by older nurses. My methodology relied upon young people's narrative accounts and hanging-out (participant observation) with them to elicit the modes and meanings of the female sexual and reproductive body in township social imaginaries as well as the physical spaces of township life. A particularistic localised form of patriarchy seemed to condition the possibilities for women's sexual expression and the meanings of women's attempts to step outside of strictly confined and socially codified boundaries. These social codifications are regulated through space and dress as well as women's conduct in relation to the nature and spacing of her relationships. Such social codification as a regulatory practice came through clearly in my interviews with young men who had strongly demarcated beliefs about what kind of women dress in what kind of way, occupied what kind of space and had what kind of relationships, and indeed what this meant for their choices and practices in relation to sexual and reproductive health and abortion. For example data will be presented that shows how young men associated a popular local bar where young women went in groups to socialise, flirt and enjoy themselves with a notion of a 'dangerously individual' promiscuous female sexuality. For one young man interviewed it was unequivocal that 90% of the women who because they occupied this space therefore must have had abortions.

Thus I look at young men's perceptions not only of abortion but also of how they categorise women in relation to women's sexual and reproductive choices and activity. As I will show such categorisations impact not only upon contraceptive choices and sexual risk-taking, but also for how men evaluate unplanned pregnancy within this categorisation of women. Ultimately these meanings inhere in a double standard of morality around sexuality that serves to reproduce notions of motherhood as the prime societal role for women. They also speak of masculinities in flux and of men for whom early fatherhood is an ambiguous mark of male personhood in contexts of economic and social marginalization. Most strikingly, the issues explored here show that the traditional roles and pathways to personhood ascribed to women are increasingly being fragmented and reconfigured into new forms of social and moral expression. The failure of SRH services to capture both the range and implications of women's struggles to assert a

different set of terms for their sexuality results in a failure to adequately counsel and assist these same young women as they attempt to seek service delivery of family planning. This is because public health tends to continue to reify women's sexuality within heteronormative and patriarchal bounds, even whilst it recognises the detrimental effects of these bounds (domestic violence, coercive sex, etc.) upon women.

### **Reasons for bringing men into the picture.**

If as Fortes suggests gender must indeed be 'shown' in order to be both subjectively experienced and objectively identified (a process which contains the paradox of self objectification so clearly captured by Butler's (1999) notion of performativity), then how can we utilise Fortes insight in the study of masculinities? Most importantly how can we understand the processes of selfhood invested in personhood whilst avoiding the methodological individualism of psychology? Understanding individual processes of masculinity within socially codified frameworks of Personhood engendered through ritual, taboo and daily practices locates these processes within a wider anthropological project of understanding selves in relation to other selves and the social structure. Key is to understand how meaning is generated through these processes but also key is to understand the 'silences' whereby some meanings are privileged to the exclusion, or drowning out of others. It is in these silences that we will discover the tensions between the individual self and the personhood that that self must ideally embody. If masculinities often depend on a meaning which invests in a sense of being opposite to women, then forms of hegemonic masculinity equally invest in the silencing of others ways of understanding and expressing manhood. In her study of the social constructions and meanings of abortion in Western thought Boyle utilises the deconstructive theory of French philosopher Jacques Derrida and argues that

*'One of the reasons why the areas of silence that surround an issue are so crucial in understanding how it is constructed is because meaning is not absolute but relational...the opposition between two terms of ideas, such as man and woman, is maintained by attaching only a very limited set of meanings to each and by maintaining a*

*silence on the multiple meanings which might be attached to each term...In the case of abortion, then, we would expect that at least some of the ways it has been represented in the debates will be maintained only by contrasting abortion with events which are represented in very different but equally limited ways, and by maintaining a silence on the full range of meanings which might be attached to both abortion and its 'opposites' [Boyle, 1997 #15].*

### **Hegemonic masculinity, 'troublesome' female bodies and abortion.**

Following Boyle I sought to understand how meanings of abortion were informed by oppositional meanings around gender identity and sexuality. The double standard of male to female sexuality was useful in understanding the operations of oppositional categories, as well as pointing towards the multiple meanings of female sexuality that might underlie them. In utilising Boyles notion of finding meaning within the 'silences' I drew a distinct separation between ideals of gender identity and sexuality expressed by the people I conducted fieldwork with, with the fragmented reality of young men who struggle to maintain a coherent sense of Personhood invested in a sense of hegemonic masculinity, and young women for whom traditional codes of female sexual reticence and physical seclusion were being rejected in favour of active sexuality. This active sexuality also had dimensions related to transactional sexual relationships thus complicating the meanings of silences further. The silences on the full range of meanings that might be attached to abortion served to demonise women who stepped out of traditional bounds and assuaged the sense of disturbance to men experiencing a sense of dislocation, expressed through a moral panic about rebellious female bodies.

Thus as part of my methodological fieldwork focus I decided to incorporate interviews with men on their attitudes and experiences around relationships and their thoughts on abortion as well as experiences where an intimate partner has had an unplanned for, or unwanted pregnancy. I will briefly outline some of the emergent literature on masculinities in South Africa and explain my thinking in including men in the scope of my fieldwork relating this to the concept of personhood.

Masculinities have become the focus of a growing body of work from scholars (Connell, 1995). The prefix 'hegemonic' to the noun masculinity is suggestive of the ways in which theorists have attempted to deconstruct the seeming naturalness and inviolability of masculinities constructed around tropes of heterosexuality, physical strength, mental rationality and emotional stoicism to the exclusion of other forms of self-expression. The definition of gender identity and sexuality as socially constructed along male/ female heterosexual binaries and located in discursive frameworks so central to post modern theory and originating most obviously in the work of Foucault is the intellectual driving force behind the study of masculinities. Judith Butler's *Gender Trouble* (1999) encapsulates the key themes of this intellectual project, rigorously interrogating the 'natural ontology' of biological sex and its relationship to gender. Butler notes that

*'Gender can denote a unity of experience, of sex, gender, and desire, only when sex can in some sense be understood to necessitate gender- where gender is a psychic and/ or cultural designation of the self –and desire- where desire is heterosexual and therefore differentiates itself through an oppositional relation to that other gender it desires' (1999, 30).*

Asking the question what makes a 'real' man and adding inverted commas around the word 'real' instantly subverts the notion that male identity is based on some biologically pre-determined, static, pre social and 'natural' ontology of maleness. Leading to the realisation that, *'The internal coherence or unity of gender, man or woman, thereby requires both a stable and oppositional heterosexuality'* (1999, 30). For Butler masculinity exists within a dialectical binary to femininity and is presented as a 'natural truth' of the relationship between biological sex, gender and sexual desire. Such an approach is key to understanding moral attitudes to sexual practices since sexuality is presented as intimately tied into gender identity and serves to both form and reinforce normative gender roles most typically dichotomised as male aggression and action and female conciliation and passivity. Interrogating accepted 'truths' of masculinity opens up the possibility of understanding how men become men through social practices and in the

context of institutional frameworks that encourage the replication of hegemonic masculinities within wider discursive frameworks of heterosexual gender relations.

Theorists have also attempted to explain exactly how such a system of heterosexual dialectics is reinforced by and in turn reinforces hegemonic notions of masculinity and why indeed such a system exists. Notable within feminist theory's contribution to this project have been feminist revisions of Marx's notion of capital and labour, interrogating patriarchal heterosexuality predominance as the 'orthodox' family structure that ensures the accumulation of profit through the social reproduction of both biological and social labour.

In the context of South Africa this Feminist-Marxist approach has found a wide currency in studies of the spatial segregation and gendered distribution of labour under the Apartheid state. Locating 'sex' at the centre of inquiry Elder speaks of a 'malevolent geography' instigated by the regime of Apartheid that instituted an heteropatriarchal spatial division of labour centred around the male labourer who migrated to commercial centres and was housed in the all male environment of hostels sending remittances to his wife and family located in the rural areas (2003, 5). '...correct forms of sexuality and erotic desire were constructed formally within the framework of heterosexual procreational sexuality (*ibid*, 4). As Elder notes the identities of mother as rural labourer as black woman; the father as miner as black man and so on are interdependent identity clustering's that draw upon a procreational world view. This follows Foucault who saw that the family cell helps to encodify bodies to replicate heterosexual gender relations and their attendant and limited range of gender identities and roles. This reveals that the heterosexual fog of apartheid racial planning has left a lasting legacy in the policy hotspots of the housing shortage and the HIV/ AIDS pandemic (*ibid*, 13).

Directly relevant to Elder's analysis of black masculinity within both Apartheid and contemporary South Africa is the widely discussed trope of Male 'crises' often located as a central logic for the turn towards studies of men and masculinities. The trope of male crises has resonance in both a historical and contemporary setting in relation to black

South Africans given the legacy of Apartheid violence, the devastation waged on social structures by apartheid spatial and economic planning and the contemporary setting where unemployment and a lack of access to education, basic services and the unfulfilled promised of post Apartheid South Africa characterize the daily reality for a large majority of black African men (Niehaus, 2005).

However this is an area of study deeply contested and presents a deep contradiction in how to understand Xhosa male sexuality within social structures that seem to perpetuate unacceptable levels of violence against women. Such a project is fraught with seeking to avoid what has become known as the 'pathologisation' of black male sexuality. Such pathologisation suggests a naturalised ontology of black African male sexuality as uncontrollable and innately animalistic. Key to overcoming such discursive reproductions of racism is to locate patriarchy, male identity and male sexuality in the local contexts of socio economic structures whereby specific pathologisations occur, but whose specificity reveal they are by no means inevitable or natural. The crises points of gender based violence and HIV/AIDS have been the springboards for policy makers to look for solutions in the research generated by critical male studies. Theorists such as Robert Connell have located studies of masculinity within a Gramscian framework of analysis, making connections between cultural meanings and material conditions, invaluable for understanding masculinities as they relate to trajectories of socio economic change. Thus much analysis in South Africa has focused on the emasculating effects of Apartheids racist project on black African men Whilst there are a wealth of studies that look at the historical Apartheid context for sexuality there is also an emerging field that is looking at sexuality in the post Apartheid moment. These studies include Walker and Reid's *Men Behaving Differently* (2005) which looks at issues surrounding shifts in the meaning and production of masculinity in the context of constitutional reform on gender, Morrell's *Changing men in Southern Africa* (2001) which includes South African case studies on similar themes and shifting away from a tendency to focus on heterosexual masculinities; Gevisser and Cameron's *Defiant Desire* (1995), a collection of essays (many autobiographical) exploring gay and lesbian sexuality in the run up to and birth of democracy as well as collections such as van Zyl and Steyn's *Performing Queer* (2005)

which includes chapters exploring gay male identity in South Africa. Together these studies are making connections between sexual identity, gender identity and personhood locating these in social spatial patterns of shared cultural meaning within an understanding of what economic anthropologist Daniel Miller calls ‘modernity through the prism of the local’ (Miller, 1995). Here, themes of rupture and distance (*ibid.* 2) -so implicit to Apartheid spatial orderings- are used as analytical tropes to chart the localised impacts and cultural absorptions of global flows. These flows may include media images of gay gender identity or the principles of international feminist organizing as well as brand names and consumer goods. These flows define new and globally aware spatial and social imaginaries that Appadurai (1991) labels the ‘global ecumene’. In this sense we may begin to understand the life worlds of contemporary South African citizens as characterized not only through the legacy state driven racialised spatial segregation, but also within spatial and ruptured frameworks of global to localized social imaginaries that negotiate and incorporate the ideas and images of a global cultural repertoire of values and lifestyles.

In this sense the ‘car’ as an example of a ‘global to local imaginary’ repeatedly cropped up in interviews as a way for men to explain the way in which they think about women as objects of desire. International brands of luxury cars are appropriated as symbols of desire and status in men’s self-representations. In particular cars and women were conflated in notions of male social status. The clique of male informants I worked with referred to very beautiful women as BMWs. A symbolic complex connects the access and obtainment of sexual partners with cultural meanings around *lobola*, where ownership of nice cars seemed to have metaphorical resonance with the idea of paying and caring for a woman through the practice of *lobola*. The next section of this chapter will take a closer look at this conflation and relate it to other themes that emerged from my interviews with young men, revolving around notions of personhood that invest men with a naturalised sense of sexual entitlement and which categorize women’s deviations from the codes of a female respectable personhood as immoral and dangerous. These perceived deviations were often expressed through young men’s condemnatory perceptions of women who undergo (or who they would perceive undergo) abortion.

Studies such as Jewkes and Woods work with Xhosa youth in the Eastern Cape have shown how masculinity and sexual behaviour can usefully be studied in this way. Their exploration of Xhosa youth male identity showed how young men negotiate the potential loss of control and subsequent threat to notions of hegemonic masculinity when embroiled in the uncertainties of romantic relationships with girls, by conflating their feelings for hyper desirable women within their peer groups with an expensive brand of the German manufactured Mercedes car-the 5-60. The globally marketed exclusive status of this car becomes particularised within the context of these young men living in the Eastern Cape. The idea of possession and ensuing associatory status are obvious in their conflation of the car with their girlfriends. Jewkes and Woods note that whilst these men may have multiple partners it is the girl categorised as the 5-60 who is the one he feels most love for and following on from this will be the one most likely to be violently attacked or coerced into sex by a young man seeking to assert his sense of hegemonic masculine control. Echoes of Apartheid spatial politics and their effects upon these Xhosa youth are present in the fact that cars in general are highly prized possessions and take on symbolic as well as practical currency in areas where as yet townships are located far from urban centres and public transport infrastructure is inadequate and poorly funded. This heightens the association of social status with car ownership where young women seek associations and relationships with men who have cars and are thus able to transport them to the metropolitan centres of Cape Town.

### **Meanings of male personhood, the female body and abortion in the spaces of a Township.**

There is no irony in the fact that theorists have likened post Apartheid South African cities such as Cape Town to Los Angeles, where the rich increasingly retreat behind their luxurious gated communities and the poor congregate in ghettos of poor quality housing with minimal public service provision (Marks, 240). Within such a context of spatial segregation the car, already a universal symbol of mobility and freedom, accrues a hyper-social and gendered status.

*'You change women like you change socks if you've got a car'...*

*'If you hire a car, you will see how many girls get into the car, in the township, when you've got a car you've got the world' (24 year old man).*

In my fieldwork I found that cars-symbols of mobility in both a real physical and a social symbolic sense- were enduring tropes with which men described their relationship to women. One 50 year old Xhosa male explained *lobola* to me through the metaphor of a 'nice car' and although his explanation centred on treating either a nice car or a *lobola*'d wife with value and respect, yet meanings of patronage, propriety and property danced at the edges of his explanation. Another Xhosa male, a café manager of 23 years old told me that although he had many '*cherries*' ('non-serious' girlfriends) he had one special woman who was his 'Baby mama' (they had an 8 month old child together). She was his 'BMW', an appropriated acronym used by the young men I interviewed to mean- 'Be My Wife'. Obviously playing on the expensive and exclusive symbolism of this luxury car and the 'exclusive' nature of their relationships and feelings of propriety for much desired women.

The car as a trope of gendered mobility and sexual worth shows us that we cannot divorce the subject of sexual identity from the local and global trajectories of historical and contemporary influences upon the South African citizen subject. Those observing the contemporary culture of politics in the post Apartheid years note the intimate and intricate relationships between space, personhood, race and gender identity (Salo, 2003, 2005; Jackson, 2005; Jewkes and Wood, 2001; Morrell, 2001). These studies show the dynamic interplay between the legacies of traditional gender roles enmeshed in histories of Apartheid state welfare, housing and institutionalised segregation policies and what is happening to these gender roles in a contemporary landscape of optimism and ambition for access to the benefits of South Africa's insertion into global cultural flows. Salo for instance traces changing meanings of female personhood, where the demise of Apartheid state welfare channelled principally through mothers in coloured communities, has diminished matriarchal power within these communities on the Cape Flats at the same

time as young Manenberg women are seeking to define new meanings of female personhood in liberated South Africa (Salo, 2003). Niehaus employs ethnographic fieldwork in order to understand why men rape, and finds that the act of rape becomes a temporal performativity of a constructed hegemonic masculinity in contexts where men in actuality feel emasculated and inadequate, both in relation to traditional demands of their cultural personhood and the visibility of empowered and independent women in their communities (Niehaus, 2005). There is much potential here to explore the implications of these dynamics for sexual and reproductive health behaviour. One school of thought claims class has become the new marker of difference in a South Africa struggling to reconcile its Apartheid history with the twin demands of democracy and capitalism, yet class is as yet strongly divided along racial lines. Thus the intersection of class and race is a key way in how men and women view each other and the landscape of their sexuality and how their desires may be strongly influenced by their sense of place within the local-global trajectories of space, place and personhood. For example, Jewkes and Woods trace the effects of material deprivation in the context of a material culture that looks to global consumerist flows for the measure of success and personhood. Young men struggling to define their identity and their place as men within the space of the post Apartheid Township face numerous obstacles to social and economic betterment. The cross cultural factors that contribute to how men may become men are exacerbated in this context, so that these men seek to court many women simultaneously to prove their place in the pantheon of hegemonic masculinity as defined within the framework of localized global trajectories of desire. Girls especially prized for their beauty and desirability within the male peer group become the focus of a young mans special desire attention and are named after the 5-62, a particularly expensive make of the Mercedes motor car. These girls are also the targets of these young men's worst expressions of violent behaviour as the men struggle to deal with the pressures of sustaining control both physical and emotional over these highly prized women.

### **Transactional sex or sexual transgression?**

In this sense the social body and its interrelatedness to the political body become reformulated in a post Apartheid context to express a racially inflected consumer centric

value system. Gender relations are not fundamentally altered through liberation but may be simply readapted along hegemonic lines to correlate with the desire and symbols of masculinities invested with a naturalised sense of entitlement and property over female bodies. *Lobola* for example is now commonly paid not with cows but with their cash equivalent. Young men describe young women and their relation to them in terms of desire for and ownership of cars, which have arguably come to represent the pinnacle of BEE achievement and status. Adverts for cars on national television consistently play on the memory and meanings of black anti Apartheid struggle by presenting cars as a just reward for those who were oppressed in an era of liberation. Here, oxymoronicly perhaps, a consumer centric version of social justice is being put forward. Such images arguably reconstruct post Apartheid black male identity according to commodity logic of racialised desire. Black African men inhabit consumerist fantasies of hip hop bling represented by the latest in designer clothes and mobile phones, whilst white men continue to be used in adverts for computer technology which represent intellectual capital (Gillian Schutte, 'Mixed Blessings' Documentary Film, 2006). These representations reflect the continuing spatial and social segregations, which determine access to forms of social capital, be they cultural or intellectual. On a very practical level, owners of cars hold enormous status in townships where public transport systems are so poor and leisure facilities so few. In this context the purchase of a car becomes another point of reference along a continuum of societal initiation into being a man with distinctly local meanings and significance for male personhood in the under resourced post-Apartheid township. In this way we can begin to understand how materiality and the performativity of masculinity operates in a distinctly local township setting. Walking around the township I noticed that men drive the vast majority of cars. This may exacerbate gendered power relations. As one 19 year old woman told me, *'I have only had one boyfriend who had a car and it's very difficult when you do, because all the other women want to get him because he has one'*. In another interview a 24 year old male from stated *'in the township when you've got a car you've got the world'*. He recounted how in social spaces such as Mzoli's (a very popular hang out in for young people), men with cars are coveted and competed for by young women. A distinct sense of an economic system of desire, power and sexual access centring on cars emerged from

these accounts. Elaine Salo (2003) traces this tendency in her study of young women in Manenberg Township, where the 'taxi queens' rebel against traditional gender roles of respectability and seek escape and excitement. Nevertheless they seem to be reinscribed within normative patriarchal frameworks of gender identity as they come to rely on transactional sex with men owning cars in order to take them (periodically) away from the townships and into the metropolitan hotspots of Cape Town.

Young women who challenge social constructions of gendered sexuality by transgressing acceptable social standards of female respectability in relation to who, why and how many men they have sexual relations with may continue to be vulnerable to STDS and unplanned pregnancies. This is because despite women's attempts to define their sexuality according to reformulated moral codes, embodied codes of hegemonic masculinity amongst men may operate to categorise these women as *isifebe*, promiscuous and men may seek to contain such women through forms of patronage, which indeed some women seek and accept.

The power relations inherent in forms of transactional sex and their effects on women's ability to negotiate condom use negatively impacts upon women's sexual and reproductive health. Nurses I interviewed in three of the townships' Reproductive Health Clinics (RHCS) spoke of the problem of younger women dating older men where such relationships hold a spectrum of reciprocal rewards for both parties. For the men the status of attaining multiple partners who are young pretty and nubile, for women the very tangible benefits of a man who has a car and buys them gifts of clothes, Cell phones and airtime and who pays for them to go and have their hair braided into fashionable styles or gold caps put on their teeth. However many anecdotal accounts that cropped up in my fieldwork suggested that transactional sex may also take place for benefits of a one-night ride in a car and beers and airtime. Furthermore young women engaging in transactional sex were not always from poor homes. Some had families more than able to provide them with much desired clothes, Cell phones and airtime. This still left the issue of mobility and status that men with cars can bring, but also raised questions about women's

ambitions and desires that go beyond simple economic constructions of transactional sex and its motivating forces.

Transaction may actually be a form of transgression and may therefore be evaluated in terms of how and in what way a woman expresses her sexuality. Deviations from strictly policed norms or normalised alternatives are heavily censored and punished, making women vulnerable to stigmatisation in their communities and peer groups. This may result from women on women moral policing as well as men's condemnation. For example I heard accounts where women gossiped about a woman they knew had undergone abortion, who was then called derogatory names such as *Ishuele* and *bitch* when male peers passed her on the street. Men's attitudes to women they perceive, as lacking appropriate modalities of female respectability are derogatory sometimes compassionate and on the whole contradictory. They are happy to validate their own sense of masculinity by sleeping with these women, yet roundly condemn the same women for doing so. Men may even recognize the social and emotional reasons that a woman will sleep with them for nothing more than a few seductive words and ride in a car and a few drinks, but they will nonetheless do so and condemn the woman afterwards. Nowhere in young men's accounts of their sexual partners was a discourse of validation, approval or understanding present for young women who are sexuality active in ways parallel to their male counterparts. Women must either resist sexual advances for an appropriate period of time before allowing themselves to be seduced thus constructing their sexuality in terms of heteronormative sentimental romanticism (which is often temporarily and instrumentally applied by young men) in order to avoid condemnation for their sexuality. In turn, men feel a constant sense of fear that their sense of masculinity will be disrupted by women who might cheat on them or sleep with their male friends.

Whilst sleeping around and cheating are seen as normal modes of behaviour for men, they are widely condemned for women, thus women often seemed to become locked into destructive relationships where the overriding social injunction to be sexual in the context

of heteronormative romanticism seemed to be a contributing factor in their ability to recognize and break free from emotionally abusive partners.

Key to understanding this is the continuing conflation of an active heterosexual male sexuality with notions of a powerful and appropriate male gender identity. Here we return to notions of personhood that valorise heterosexual men who have many partners. Such men are lauded as *Udlalani* (playboy) or *Bunji* (a charming/ handsome man). When I asked focus groups of women for *isiXhosa* names for men that had critical or 'bad' connotations for sexually active males they couldn't name any, although one 42 year old woman ruefully joked that '*perhaps we should think of one!*' Instead the English American word 'player' was used. A later group contradicted this and said that *Udlalani* did indeed mean a player, but the meaning was much more muted than in names for women that imply moral condemnation. Several male interviewees noted that *Udlalani* is a 'nice' word, since it conjures up associations of prowess and success with women. The lack of words to place male sexuality within a moral framework contrasts strongly to the wide selection of derogatory names (used amongst the Xhosa communities I interviewed) available for the moral judgement of sexually active women in both *isiXhosa* and English such as *Ihuele* (whore) or *Amahule* (whores), *Isfebe* (loose woman), *Umarhotsha* (prostitute) the Americanised 'ho', and 'bitch' (this last word was always pronounced with great emphasis and venom).

However an emergent body of literature is exploring the changing meaning of concepts such as *Udlanani* or 'playboy' given the changing social context for such operations of hegemonic and hyperactive male sexuality in an era of HIV/ AIDS. Hunter (2005) notes the changing meaning of *Isoka* (an *isiZulu* term traditionally used for men admired for their sexual networking with many partners) now that so many of these men are visibly wasting away from AIDS related illnesses amongst Zulu communities in Kwa Zulu Natal. Hunter traces how the previous connotation of *Isoka* with sexual prowess and success with women is changing to one of condemnation with the use of the term *dirty-Isoka*. Stadler tracks similar shifts amongst *Sotho* communities in the South African Lowveld (2003). Certainly at a discursive level some of the young men I talked to were

very aware of and worried about the dangers of unprotected sex. One noted that '*Udlalani*' are '*men obsessed with women, they are like whores who are women obsessed with men. Neither is any good*'. However there is as yet a much stronger derogatory emphasis on sexually active women than men, and women on the whole tend to be blamed for the failure of contraception resulting in HIV/ AIDS or unplanned pregnancies. A moral vacuum tends to persist around hyperactive male sexuality. One young male informant surprised me tremendously when he referred to himself as 'promiscuous' a word so often used by men (and women) to condemn women but rarely applied by men (or women) to men. He also noted that men who date many women are obsessed and this is not good, but admitted that despite his six year relationship with the mother of his child he has regularly dated many other women. I asked him why to which he replied '*Promiscuity, I'm gonna call it that, I'm finding myself, it's not honesty, I'm just finding myself, I'm just being promiscuous, you know what I mean*'. This contrasted strongly to the use of the same word in relation to women, which generally revolves around its ascribed meaning of a derogatory nature rather than a sense of a woman 'finding herself and exploring her sexuality'. Indeed whilst young women are rebelling and resisting traditional notions of appropriate female sexual behaviour, and whilst there are indications of paradigm shifts in relation to how hyper sexually active men are viewed, in general it is sexually active women who remain vulnerable to moral judgement or blame for HIV/AIDS, STIs and unplanned pregnancy.

A constant thread in male narratives was blame on young girls and women for spreading HIV/AIDS through their multiple sexual partnerships with Sugar Daddies. Indeed the one context where young men were consistently and emphatically condemnatory of *Udlalani* (player) type male sexual practices was in the context of these 'Sugar Daddies'. These were defined as men who engaged in sexual relations with much younger women, for example men in their 50s and 60s who sleep with women in the 20's, but also men in their thirties who have sexual relationships with adolescent girls between 15 -19. For the young men I interviewed these older men were clearly '*Udlalani*', and exploitative and 'dangerous' bodies.

## **Young men's attitudes to abortion: the 'irrationality' of female sexuality and the idealisation/ naturalisation of Motherhood.**

What then of young men's attitudes to women where unplanned pregnancy and abortion are concerned? Ethno-medical approaches already suggest that Xhosa traditions invest in a sense of male possession and authority over the female sexual and reproductive body. Traditionally this is symbolized and reciprocally practiced through *lobola*. Another traditional practice is that of the damage payment. When a young man gets a girlfriend pregnant tradition states that he must make a 'damage payment' to her parents (this may precede or partly make up a *lobola* arrangement but not necessarily). Narrative accounts pointed to a moral economy of male personhood and the 'damage payment' in relation to abortion. One young man recounted what happened when his girlfriend became pregnant, *'her parents they wanted 10,000R for the damage...it was not very nice...'* When asked if his girlfriend had wanted to keep the baby, he stated *'I'm working, I can maintain my baby, I can, why kill an innocent baby? Why?' ....'My Mum said to me, if you want to keep the baby you can...you are already there in the bush...you know what happened in the bush to be a man...when you are a boy- not a man- you get a girl pregnant-they will say to you-look here- you are still to go for your initiation, the cost of the baby is the cost of the initiation, so for a man who is not initiated the money is for that or an abortion'*. Such statements reveal the intimate connections between a sense of responsibility and control over the female reproductive body and nodal points in the life cycle in the specific context of Xhosa male personhood. Moral attitudes to abortion can therefore be viewed from this particularistic place of meaning.

Obviously a focus on *lobola* makes the ethnic group represented in this study only partial in relation to the diversity of ethnicity and cultures within South Africa. However there are aspects of the symbolic complex invested in *lobola* and its relationship to the female reproductive body that are conjunctural with practices that whilst not definably 'ethnic' are recognizably similar in their underlying ideologies about gender roles and the female reproductive body. These can be summed up in the concept of transaction, whereby institutional forms such as marriage and generalised cultural practices such as

engagement and the purchasing of an engagement ring have the potential to invest romantic relationships with patriarchal notions of property and propriety in relation to women's reproductive potential. It is also important to note here the shift in practices of *lobola* whereby cash has replaced cattle as the medium of exchange, and where payment may now be made, for example, as a down payment on a house for the couple rather than to the brides' father- this has been theorised as the shift from communal solidarity to consumerism (Lye and Murray, 1908). Arguably however these shifts have only served to reinforce rather than reconfigure the underlying logic of practice centring around patriarchal possession of women's reproductive labour (ibid).

Furthermore as suggested in the work of Jewkes and Woods it is often the inability of young men living in conditions of hardship and material deprivation to conform to both traditional and contemporary demands of masculinity that drive men to seek proprietorial forms of control over intimate partners. This may play out as a sense of propriety over the child when a special intimate partner becomes pregnant and in this way fatherhood has particularistic meaning in Post Apartheid contexts of deprivation as a rite of passage of masculinity and abortion an affront to a young man's ability to care for a child. One young man, the one who's 'Baby Mama' he referred to as his BMW, was unequivocal in his condemnation for women who have abortion; *'It's disgusting, it's fucking disgusting, evil- how we men look at it when a woman does it'*. For him women who have abortions are; *'bitches – a woman who is dating about three men at the same time.... so you fall pregnant for some stupid reason, it's your problem'*. Evident in his statement is an underlying connection between abortion and female promiscuity.

When his girlfriend became pregnant and talked about having an abortion he told her that he would leave her if she did, and made clear that he wanted the child because *'...maybe god planned me to have one baby in life, you're killing my last baby in life, so it's what I believe'*. He agreed that there might be some social reasons such as poverty for abortion in the case of teenage pregnancy but went on to say that *'when she thinks of herself only that's a little confusing, she must think of me as well. If I need the baby, gonna maintain the baby'*. This fits with analysis that it is women who must carry the burden both

physically and symbolically of producing a masculinity focused on fatherhood (Lindisfarne, 1994). His narrative evoked a strong sense of obligation and pride that he should be able to 'maintain' his child. Having known him for the full eight months of my fieldwork at that point, I also knew how ambitious he was and how frustrated he felt at having to drop out of the local Technikon College because he could not afford to pay the second year's fees. Maintaining a child and fatherhood were crucial ways in which he could assert a sense of fulfilling the codes of male personhood in the face of so many uncontrollable life chances.

Most of the time he felt that unplanned pregnancy is the woman's fault, *'There are contraceptives that they must use, condoms, so if they don't use that stuff they are bitches that are falling pregnant'*.

This sentiment was echoed in interviews with other young men within this social clique. Banzi, in a wider and much reiterated narrative about the 'promiscuity' of young women who hung out at the popular bar Mzolis' claimed that *'90% of the girls at Mzolis' have had abortions'*. No matter the truth of such a claim, its power is in the perception of young women who are in male eyes *'Isifebe'* and the claim that these women's sexual activity results in abortion. Also implicit in this narrative is the trope of space (Mzolis) as it is connected in gendered ways with the women who do or do not enter and occupy it. These statements reveal more about moral attitudes and a sense of moral panic about highly visible sexual activity in young women than it does about moral values concerning abortion. Again tropes of immorality, callousness and being out of control that define condemnatory perceptions on abortion reveal social constructions of female gender identity and sexuality that stigmatise women who transgress the rituals of a visible female respectability. Banzi's perception that 90% of the women at Mzolis have undergone TOP isn't really about the fact that these girls had not used contraception or really the fact that they had undergone abortions. The real moral panic centres on the fact that these women were behaving in ways condoned for men but not women and doing so in highly visible public spaces. In contrast Banzi's accounts of his Baby Mama were narratives of how women should conduct themselves and what spaces they should enter. He recounted how

she had become pregnant the first time they had sex. When I asked why they hadn't used contraception he told me with evident pride

*'She told me she was a virgin, I was so lucky eh...at that time she was 16, there are very few girls who you find are virgins at that age, very few, very few'.*

When I asked him about the spaces in his girlfriend went to he was emphatic that *'she doesn't go to Mzolis'...* *'she sits at home, her parents are very strict'*. He took evident pride in noting that his Baby Mama is very 'stubborn', a direct reference to her resistance to his sexual advances when they first dated, and it was equally important that this stubbornness or form of chasteness was visible to his close male friends *'...she is so stubborn you can ask Joe, you can ask Zakes, you can ask Malusi'*. Nonetheless despite his obvious pride and affection for his Baby Mama, Banzi had another long-term girlfriend and every weekend went out drinking with his group of male friends. At these weekend-long drinking parties he would regularly sleep with the young women he so roundly condemned as *Isifebe*.

Banzi's narrative also revealed something else important with respect to the complex associations between personhood, gender and sexuality in the context of the township social structure. The conflation between his girlfriends female respectability- the spaces she eschewed and in turn occupied, and the fact of her virginity, all fit into a symbolic complex that serves to produce an experiential –if perhaps temporal and fragile- sense of a hegemonic form of masculinity. If chastity and virginity are important to sustaining a this hegemonic form, then we can see the hymen and the womb as social spaces of performative masculinity (Lindisfarne, 1994), The strict regulations placed on these spaces is in direct correlation to the strict confines placed on the spaces where women may be seen to socialise and perform a respectable femininity. In this context abortion is a symbolic as well as physical negation of the womb space. Thus abortion was considered disruptive of the symbolic complex of heteronormative performative identities invested in controlling its access, content and meaning as a social space.

## **The spaces in-between: rebellious female bodies and the challenge to masculinity.**

Lindisfarne warns that dominant folk models of honour and shame centring around virginity that 'couple a rhetoric of gender' with a 'euphemism of power' may actually serve to 'underwrite forms of patriarchy through abstractions of real gender relations thus lending a 'spurious coherence to a much messier social reality' (Lindisfarne, 1994). My intention is to represent the much messier social reality, where patriarchy and associated forms of masculinity are contingent, shifting and subject to interruption. Such disruptions are located in the spaces where idealised forms of male personhood mediated through hegemonically constructed forms of masculinity become subject, object and subordinated, as noted, to rebellious women, men with greater power, cheating partners or the realisation of alternatives to valorised patterns of bad male behaviour. Abortion as noted before may be seen as a disruption to male personhood in relation to the lifecycle node of fatherhood or as a disruption to a sense of coherent masculinity where that coherence depends upon a complementary construction of a coherent femininity embodied in motherhood.

Although the young men's narratives focused on the operations of sexual networking in the context of defining a hegemonic masculinity, there was always a strong claim in these narratives that their Baby Mamas or long term girlfriends would never cheat on them. The assertive power of this claim however was undermined by the constant reference to the need to avoid women who were *Isifebe* since they carried disease and might betray you by sleeping with your friend. Although all of the men that I interviewed claimed to be cheating on their girlfriends, the idea that their long term girlfriends would cheat on them was never countenanced or expressed in dramatic terms such as Joe's statement that if his Baby Mama cheated on him '*I would kill myself...I would kill her!*'. The constant anxiety that ran as an undercurrent through these narratives is that women would disrupt a sense of male personhood constructed around control and exclusive access to sexual partners, by cheating on their men, especially with friends of these men.

This fear of being cheated on and the perception that women who do cheat display an overtly transactional mode of female sexuality (linked to their perceived status as *Isifebe*) has another important dimension in this context, again returning our analysis back to cars and their symbolism in the social economic marginalization of post apartheid South Africa. We have already noted these young men's obvious condemnation for women who occupy space such as Mzolis and the conflation of women engaging in transactional sex with the claimed practice of using abortion as a form of contraception. In this way Mzolis is seen as a space of sexual consumerism antithetical to the idea of sex as for reproduction. A constant reference to the men who are seen to form transactional sexual arrangements with these women is their status as 'big men' defined by the fact they own cars, have money and are in Banzi's word '*Bling-bling*'. Young men without cars or money may feel undermined by these men. In Joe's words, the women who go to Mzolis '*Girls they are sleeping with big men, advertising themselves, selling themselves...they are rushing things, and they don't want young boys, they will say, what am I going to do with a schoolboy, I will ask her why? And she will say...I don't want a young boy who can't maintain me*'. Young men felt a great sense of frustration and also condemnation for girls who break traditional Xhosa codes around sexuality and who seek material benefits from sexual relationships. Sometimes this manifested as genuine concern for the well being of the women. Joe in a conversation about a woman he knew who had multiple sexual partners noted '*She doesn't care anymore, about herself, she isn't looking forward, to how she could get married and have kids in the future, she just fucks herself around at an early age*'. As Banzi noted '*traditionally you had to wait until the age of 21 to break virginity....but now, at 13 or 14 they are no longer a virgin...and they are killing babies these girls*'. It was also claimed that when women are desperate for money they may even overtly sell sex to men '*big guys, who do this, they've got cars*'. .. '*They've got much much power*'.

Thus in this context abortion becomes locked into a symbolic complex of opposites where women who engage in transactional sexual relationships with 'big men' who have cars, betray and threaten the masculinities of men without money and cars, according to the commodity logic of male personhood that conflates ownership of nice women with

ownership of nice cars. The fact that these women are perceived to undergo abortion is a double betrayal as it speaks to the traditional commodity logic of *lobola* where women are ideally supposed to gear their sexuality towards an end goal of marriage and reproduction. Even in the consumerist shift within *lobola* practices whereby cash is paid to the woman rather than cattle to her father, the underlying logic of practice, which is to ensure the woman's reproductive labour and the paternity of off spring, is retained. In the context of Mzolis then, young men such as Banzi may perceive the transactional nature of female sexuality as resulting in a cost-benefit calculation to have an abortion, as a consequence of uncontrollable female consumerist desires; in direct opposition to the obligations and duties of *lobola*. Here once more, implicit is the trope of the idealised respectable, maternal, altruistic woman, for whom motherhood is divested of any notion of costs as opposed to benefits but naturalised as fulfilling her prime destiny of personhood.

Where women were stepping outside of the bounds of traditional modalities of respectable female sexual expression, men immediately assumed a transactional nature to this deviation. There was little in men's discursive understandings where female sexual activity was understood as something about desire, pleasure and empowered choice. When I asked questions about girls and their desire for sex, responses revolved around, 'there are those, they just do it for fun, I would say, I don't know', or 'men are better than women...cos when I am drunk I can control myself, but a girl, she can do anything, she will come to me and say I've been looking for you the whole day and will say I really really love you'. 'They are not stubborn, they will go with you, until tomorrow, they don't care, they will get cider, food, airtime, a good time'.

Such narratives hint at the spaces where women are attempting to set terms of sexual expression for themselves outside of strictly confined traditional modes. In the space of the townships, this is not easy given the lack of social, cultural and economic capital that conditions many South African women's lives. Often then attempts to break out are thwarted and reinscribed within localised forms of patriarchal control. The dependence of women on men who have cars is one effect of this, but also in men's perceptions and

stigmatisation of sexually active women. As one 19 year old woman recounted in a narrative of self-policing *'I used to be a bitch, I was like that, for about 6 months last year, I would go with lots of different men who had cars, but you get stigmatised by men as Isifebe'*.

### ***Introduction to next part of thesis***

The preceding chapter focused on male narratives of gendered sexuality and drew out some of the relationship between these and perceptions of abortion. My purpose in undertaking this aspect of the research was to chart the broader landscape of cultural values around female personhood and the socialised female reproductive body in relation to the lack of *moral right* that women as yet enjoy in accessing safe, legal abortion services in South Africa. A clear value system emerged from these accounts that reviled female sexuality as irrational and reprehensible if resulting in unwanted pregnancy. This perceived irrationality of female sexuality in the context of abortion speaks volumes about its conceptual opposite, the naturalization and idealization of motherhood, the prime socialized reason for female sexuality (Boyle, 1997). As was noted the realities of women's sexual and affective relationships with young men are often occluded by the strong injunctions to abstinence and female respectability expressed by nurses. The next half of this paper explores this dynamic in more depth.

A small field of ethnographic study on Nursing has used classificatory schema inspired by Mary Douglas's (1966) binary conceptual framework of purity and pollution in order to understand the ambiguous status that nurses embody as carers for the sick and thus as mediators between the boundaries of health and disease. Accordingly nurses must be adept at 'managing ambiguity' – a central task of their caring roles (Littlewood, 1991, 170). This caring role is made exponentially more difficult in relation to the gravity of the disease needing to be contained and controlled. My belief is that nurses involved in areas such as contraception and TOP provision must manage an ambiguity of care all the more difficult since its origin is not in physical disease but instead the bio-social processes of sexuality and reproduction with all of their conjunctural moral codes, prohibitions, and injunctions. For this reason and as outlined in chapter 2- the concept of Personhood

Nurses

became an essential way to understand the positioning of nurses in relation to the 'management of ambiguity' where such ambiguity is deeply complicated by changing behavioural patterns of youth sexuality and intergenerational conflicts around these. My use of the concept of Personhood reveals the intimate connections between person, place and socio-economic structure, it shows how male and female personhood is deeply complicated by historical processes and contemporary realities that contest disrupt as well as reproduce the value placed on a particular kind of gendered personhood centred on patriarchal control and matriarchal respectability. Indeed in relation to reproductive health services, where so many taboo and intimate physical and psychosocial factors combine then sensitivity of health staff is a paramount factor in women's sense of trust and accessibility in relation to SRH services. Taking such an approach a step further, the rights based approach to health care understands treatment and access to sympathetic health providers as a basic right.

## **Chapter Five.**

### **CTOP in the clinic: Nurses and client provider relations analysed from feminist perspectives on history, culture and personhood.**

The preceding chapter focused on male narratives of gendered sexuality and drew out some of the relationship between these and perceptions of abortion. My purpose in undertaking this aspect of the research was to chart the broader landscape of cultural values around female personhood and the socialised female reproductive body in relation to the lack of *moral right* that women as yet enjoy in accessing safe, legal abortion services in South Africa. A clear value system emerged from these accounts that reviled female sexuality as irrational and reprehensible if resulting in unwanted pregnancy. This perceived irrationality of female sexuality in the context of abortion speaks volumes about its conceptual opposite, the naturalization and idealization of motherhood, the prime socialized reason for female sexuality (Boyle, 1997). The next chapters shift from the realm of the patriarchal to the realm of the matriarchal, and here analysis centres on Nursing as a gendered profession and the interpersonal interactions between nurses and

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clients. These interactions are conceptualised as an intergenerational and gendered social space where notions of female respectability and personhood are mediated and struggled over. Many of the charged discursive presentations and moral panic voiced by men around the sexuality and morality of young women were echoed by nurses in their accounts of young women who seek control over their reproductive intentions in the township space of the family planning clinic.

In the second half of this paper I will turn to a focus on what I call 'Nursehood' and in the context of this a) provide a brief outline of how the CTOP Act translates into structured services, then b) document some of the barriers to implementation by presenting accounts from narrative interviews I conducted with key gatekeepers in the provision of abortion services in the Western Cape as well as presenting data from interviews with field informants. I will include perspectives from historiography to look at Nursing as a racialised profession in South Africa and connect this to post colonial literature that analyses medicine and medical practice as a form of Western discourse. This will be interwoven with discourse analysis of nurses own accounts of counselling on TOP. These accounts will be analysed with the concept of personhood interrogated from a feminist perspective to understand nurses' ideas, attitudes and feelings around family planning and TOP provision. Through this I hope to make pertinent links between discursive constructions of female sexuality present in male discourses (such as those explored in chapter three), which are reflected and reified in the constructions of female sexuality present in the social spaces of health care. These reproduce gendered power relations and may manifest as a negation of a woman's constitutional right to seek TOP within a nondirective, supportive and non-abusive health care setting.

### **Post Apartheid "*Batho Pele*"- People First.**

With the political transition the structure of government delivery in public services was radically overhauled in a raft of new legislation and policy aiming to eradicate the racial inequalities systemically institutionalized under Apartheid. The 1995 White Paper a discussion document, which looks at the policy on the Transformation of the Public Service which was constructed around the framework of the *Batho Pele* (People First)

charter of 8 principles that included standard setting, accountability and public consultation as key components of reformed public service delivery [White Paper, 1995 #12]. This was located in a rights discourse drawing upon the new Constitutional Bill of Rights as well as basic needs rights approach as it was embedded in the now defunct Reconstruction and Development Programme (RDP) policy platform. The subsequent 1997 White Paper on the Transformation of Health Services in South Africa aimed to ensure 'restructuring of health services from a largely curative-based and fragmented system to a more community oriented one' [Department of Health, 1997 #11]. Decentralization and an emphasis on the comprehensive provision of primary health care were central to this policy framework (*ibid*).

### **TOP- provision in designated facilities.**

The 1996 Choice on Termination of Pregnancy Act (CTOP) recognized that 'the Constitution protects the right of persons to make decisions concerning reproduction and to security in and control over their bodies'. Termination was made subject to request on demand by a woman in up to 12 weeks of gestation and included minors (women under 18 years of age) who do not need parental consent. This may be performed by trained mid wives at the primary health care level. Termination from 13 up to 20 weeks may be carried out for social or bio-medical reasons if a medical practitioner, after consultation is of the opinion that continuing with the pregnancy would pose a threat to the woman's mental or physical health (CTOP Act, 1996).

Termination of Pregnancy may only take place at a facility designated by the Minister of Health. In addition the Act directs that 'the State shall promote the provision of non-mandatory and non-directive counselling, before and after the termination of pregnancy' (*ibid*).

Studies on women presenting to hospitals with incomplete abortion since the passing of the CTOP Act suggest that whilst many abortions are now carried out within the legalized framework of TOP service provision through designated facilities, many women as yet attempt abortion either through methods such as self medication or by consulting

traditional healers (Jewkes et al, 2005). Both statistical and anecdotal evidence suggests that lack of knowledge about the law as well as fears of unsympathetic and even abuse from health professionals deter women from using legal abortion services. This represents a huge accountability gap in relation to women's access to a legal right of their constitutional citizenship.

The body politic and its gendered discriminations outlined in the introductory chapter are evident in the governments' refusal to designate TOP services as a scarce skill. All doctors receive a scarce skills premium reflecting the urgency of encouraging skilled medical personnel to stay in South Africa rather than seeking more lucrative careers in the 'brain drain' of skilled staff abroad. nurses in the selected Health care fields of Operating Theatre Technique, Critical Care (Intensive Care) and Oncology receive a 15% premium (i.e.: a 15% increase of salary) for their scarce skills in these designated crises areas<sup>20</sup>. TOP services are the scarcest skill of all amongst registered Health personnel, but government has so far refused to designate them as such and some believe this is because the South African government is wary of taking a pro active stance on TOP since 'this would not be a good message' (Richard Burzleman, Co-coordinator for TOP services in the Western Cape Province, pers comm., June 2006). Given the cultural disincentives for health care workers to train and provide TOP services (such as stigma amongst their communities as well as hostility from other nurses not involved in TOP), it would seem appropriate to provide nurses with financial incentives to train as TOP providers. However the continuing taboo surrounding abortion means that its implementation depends on dedicated health care staff, who are prepared to voluntarily take on the difficulties of working as TOP providers despite the additional workloads and stigma from colleagues. This contributes to the fact that TOP services are critically understaffed, thus services tend to be overbooked and staff overworked. This does not contribute to quality of care in TOP services for clients.

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<sup>20</sup> [http://www.doh.gov.za/docs/misc/skills\\_allowance.pdf](http://www.doh.gov.za/docs/misc/skills_allowance.pdf) Public Health and Welfare Sectoral Bargaining Council (PHWSCB), Agreement No.1 of 2004, Recruitment and Retention Allowances, AGREEMENT: INSTITUTION OF A NONPENSIONABLE SCARCE SKILLS ALLOWANCE: DESIGNATED HEALTH PROFESSIONALS WORKING IN PUBLIC HEALTH SECTOR HOSPITALS / INSTITUTIONS AS MANAGED BY THE HEALTH EMPLOYER, 28<sup>th</sup> January 2004.

Of course part of the professionalism of being a nurse is negotiating ones personal feelings by subordinating them to the ethics and demands of ones job. Nurses who find this compromise impossible in the context of abortion services have the right through a clause within the CTOP Act to claim conscientious objection and thus be exempt from involvement in TOP services. The Health department policy guidelines and protocols states in its section on Conscientious Objections' that whilst according to the Constitution of the Republic of South Africa *'everyone has the right to freedom of conscience, religion, thought, belief and opinion'...* *'however, the clients right to information and access to health care services must be respected. Therefore, if a health care provider feels uncomfortable in dealing with a client who request termination of pregnancy, the client must be respectfully referred to a colleague who is willing to assist the client in obtaining the service'* (Department of Health 2000). However, neither nurses who are involved in TOP services nor nurses who are actively pro choice always make such distinct ethical choices in the daily operations of their professional roles. This conundrum is further heightened in the context of TOP counselling. In the context of TOP community health clinics constitute a key interface where rights and information about TOP are supposed to be communicated and my fieldwork suggested that nurses often invested these services with personal cultural values.

### **TOP Counselling.**

In the course of my fieldwork I found a key barrier to access were experiences of abortion counselling and referral in community health clinics, the first stop for women seeking TOP services within the legal structure of provision. In Jewkes et al's (2005) study of women presenting with incomplete abortions in Gauteng province, a 'lack of information on rights under the Act and perceived poor quality of designated services were the most important barriers to access. I recall a look of relieved amazement on the face of one young field informant faced with an unwanted pregnancy, when I told her that she did indeed have the right to a free and legal abortion. A recent research survey conducted in family planning clinics amongst a sample 831 women in the Western Cape Province showed that 32% were not aware that abortion is legal in South Africa.

Furthermore great variability was found from clinic to clinic in terms of women's knowledge around abortion legislation (Morrone et al, 2006). This interclinic variability was cited as a key finding for further research (ibid). I propose that the anthropological research conducted on personhood and culture in my study has much to contribute to the project of understanding variation between clinics and the overall gap between legal policy and women's lack of knowledge about their health rights in relation to abortion.

In chapter two I defined Nurses Professional personhood – which I dubbed 'Nursehood' as a set of codes, ideals and identity centred on the caring role of nursing as mediated through nursing education. These codes contain definitions of legal personhood enshrined in the constitutional right to health care, as well as in context specific rights discourses such as those conveyed in the Values Clarification Workshops (VCWs). Undertaking VCWs is mandatory for nurses if they are involved in CTOP counselling, referral or provision. Dividual-cultural personhood is defined from a feminist perspective as a set of ideas, values and practices, which locates the self within a gendered framework of appropriate roles for men or women (Though of course such a definition does not preclude the question of agentic capacity)<sup>21</sup>. Specifically in this context, female respectability is expressed through a chaste or generally passive sexuality and motherhood as well as a set of behavioural codes centred on dress, the spaces in which women socialise and relationships with other women within the kin group and extended support networks within the community.

### |||| "Nurse-hood".

An exploration of 'contextualised dividuality' and its theoretical overlap with studying youth sexuality in the spaces where information on sexuality is transmitted will inform the next section on 'Nursehood'.

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21 For a discussion of agentic capacity in the context of debates around personhood, gender and agency see Elaine Salo, 2004, *Respectable mothers, tough men and good daughters. Making persons in Manenberg township, South Africa*. PhD Thesis.

With the emergence of post modernism, theorists such as Bourdieu became more concerned with questions of how structure is reproduced through human agency in daily practices. He saw sites of human interaction as cultural fields defined as *'a series of institutions, rules, rituals, conventions, categories, designations, appointments and titles which constitute an objective hierarchy, and which produce and authorize certain discourses and activities'* (Fensham and Threadgold (Eds), 2002, 21). Critically, Bourdieu did not see these cultural fields as static, but as sites of conflict between groups or individuals, whose interactions were critical in shaping and determining what constitutes capital within that field. *'Cultural fields, that is, are made up not simply of institutions and rules, but of the interactions'* (ibid). Such explorations of the way in which structure is practiced and reproduced through agency suggested a way in which persons become so, through the subjective embodiment of culture.

Subjective embodiment, or what Bourdieu terms the *'habitus'*, relates to how selves know themselves as persons through socially codified practices of the self. Thus we return to the notion of personhood, but with a new set of theoretical tools with which to delineate the substance and movement of personhood through time, space and structure. This will be further explored in a concept which I dub *'Nursehood'*.

*"Nursehood"* implies a professional distinction to the notion of the self in relation to a set of institutional structures, professional discourses, practices and legal rights. Nurse-hood is the subjective embodiment of these structures, practices and rights. Returning to Bourdieu we could say that a Nurse has a habitus of practices that relate to the field of Nursing. She/ he is individualised within this field by a set of legal and ethical concepts about what a Nurse is, what they should or should not do and by the social capital created by the interactions between individuals or groups and education and career structures within the medical profession. An illustrative example of how individual Nursehood is constructed can be analysed through the policy documents of the South African Nursing Council (SANC), which regulates the national nursing profession. It includes the following definitions in its glossary to explain the terms used in the 2005 Nursing Act.

*"Professional nurse" means a person registered as such in terms of section 31;*

*"Nursing" means a caring profession practiced by a person registered under section 31, Which supports, cares for and treats a health care user to achieve or maintain health and Where this is not possible, cares for a health care user so that he or she lives in comfort and with dignity until death;*

*"Scope of practice" means the scope of practice of a practitioner that corresponds to the level contemplated in section 30 in respect of that practitioner;*

*"Unprofessional conduct" means a conduct which, with regard to the profession of a Practitioner, is improper, disgraceful, dishonorable or unworthy (SANC, 2005).*

Such definitions set out and regulate the discursive frameworks and structured practices through which individuals who undergo training to acquire the habitus of a Nurse, must define, understand and conduct themselves as professional persons. In the context of care, SANC regulations further state that nurses must have *'respect for the dignity and uniqueness of man in his social-cultural and religious context and approaches and understands him as a psychological, physical and social being within this context'* and furthermore be *'able to direct and control the interaction with health service consumers in such a way that sympathetic and empathic interaction takes place'* (SANC, 1985).

Nurses then, are expected to cultivate a habitus as 'professional individuals', initiated into, and bound by ethical codes of conduct in relation to their interpersonal interactions with health service users. Problems arise when nurses find that such professional individuality intersects and is in tension with other demands of individual personhood located in cultural or religious values. In the specific context of TOP, the conflict that may arise between a nurses religious values and their professional conduct is managed by a clause within the CTOP Act that allows health professionals to claim 'conscientious objection' and refuse to be involved in TOP services.

Yet I hypothesize that nurses may experience conflicts between intersecting dividualities of personhood, and their own individual struggle with these, that cannot be captured by a claim to conscientious objection. This hypothesis will be supported by presentation of data later in this chapter. Such individual struggle reveal the inadequacy of Bourdieu's mono construction of the habitus and speaks instead to contextualized dividualities, whereby the fields of family planning and TOP become sites of struggle over the cultural capital of the female body, that can as sites of space akin to those studied by ethnographers in the context of ritual. Ritual ethnography reveals how issues associated with life, fertility, fulfillment and individuation, are ritually inculcated by the structural differentiation culturally established between figures such as mothers, fathers and grandparents through lifecycle rituals such as initiation (Corin, 1995, 1998). Such studies have previously dealt with traditional spaces of ritual culture and inculcation such as kinship networks and purity taboos. Yet I propose a shift to understanding the processes associated with ritual inculcation to the spaces unambiguously associated with 'modernity'.

For example how might these ritual processes may be analogous to the communicative contexts embodied between different agents in the spaces of family planning. Here culturally established structural differentiation between older nurses and younger women produces culturally charged interpretations of policy in relation to family planning and TOP. Supporting this is a compelling argument that the shift from initiation to schooling is immensely significant, as the primary realm where girls receive knowledge and experiences related to sexuality, fertility, and motherhood changed (Thomas, 2003). Indeed in Urban Xhosa speaking communities, traditional ritual forms of initiation for girls are but a distant and dim memory. In addition, the nature of sexual education in schools has tended to concentrate on bio medical paradigms rather than the emotional and relational aspects of sexuality. Therefore the creation of alternative spaces for young women's 'initiation' as sexual agents has become paramount. This need is also relevant to disturbingly high levels of HIV/ AIDS transmission and also teenage pregnancy. I therefore place the family planning clinic as one important site of such knowledge transmission.

In the spaces of family planning, the polysemous possibilities of 'being persons' and the conflicts between these come to the fore. Often, instead of receiving uncomplicated information about how individuals can safely negotiate sex, sexuality and contraception, women receive socially codified messages about how to be 'appropriate' and sexually respectable Xhosa female persons. For example, I return to the Nurse who described the experience of providing family planning to young women as a frustrating conflict between feeling like a Nurse and feeling like a concerned parent, who spoke of her values as a family planning Nurse in terms of the counseling she gives to young women whereby she emphasized

*'I will talk as a parent, you as a daughter; you would like that person to be a somebody in the future; she will tell me that she has a boyfriend, and I will say, please abstain from sex at an early age, from 16 up until you are married, it's those values you put in a girl'.*  
*Interview with Nurse: 21<sup>st</sup> July 2006.*

As noted Acts and regulations provide a policy framework which guides the substance of what kind of training health staff receives in order to conceive of their professional role in relation to clients. However it is not so easy to separate out personal beliefs and values from the ethical demands of professional workplace roles. A core thread with respect to my fieldwork focused on nurses in the context of client-provider interactions in the social spaces of family planning, were intergenerational tensions encompassing deeply gender differentiated values in relation to young women's as opposed to young men's sexuality expressed through communal notions of personhood that conflicted with the professional obligations and ideals of professional personhood. This core thread to my research links to the need (as outlined in chapter two) to engender a double movement: firstly to overcome the reductive stereotyping of previous feminist writing on women in marginalized communities, whilst at the same time undertaking a second project of building and nurturing an alternative praxis that can adequately cope with and represent the complexities of women's lives as they struggle with the tensions between tradition and modernity in contexts of poverty and social fragmentation.

With this in mind a rigorous attempt to explore the specificity of women's experiences must be undertaken in order to avoid the kinds of reductions of women's experience evident in some feminist writing that posits a universal, ahistorical and transcultural as well as politically unified subject, one key way in this project of both refutation and alternative construction is to trace the historical specificity of women's material and discursive experiences and the impacts this has upon current struggles over the meaning of female personhood. This chapter will attempt to demonstrate this by outlining some of the historical currents that conditioned women's experiences and expectations as they entered the nursing profession. This will be linked to the history of Christianity in black Xhosa communities and the historical struggles over women's sexuality characterised by moral panics and injunctions to purity and chastity. Such currents are interwoven with data presented from interviews with nurses for whom powerful notions of female respectability can be seen as linked to the historical struggles over Xhosa cultural identity and insertion into modernity on terms set by the white Apartheid Government.

### **'Nursehood'- contemporary and historical perspectives.**

The next section will present fieldwork data from nurses' narratives and how these narratives reflect codes and anxieties relating to the social production of persons in this township. It will employ discursive analysis to assess implications for how abortion is given meaning as these meanings originate from the intersection of specific racialised Nursing histories, gendered cultural values of personhood within the community and the complex vocabulary of sexual morality that has emerged within process of Globalization and modernity, as these have accelerated in the Post Apartheid era. In the historical context of South Africa, the andocentricity of the body politic was also coupled with racial ideologies that can be explored through historical perspectives on nursing, family planning and abortion policy. The purpose of this section will be to connect current policy and nursing practices as they exist today with these historical perspectives, and to hypothesise how these histories play out in the discourses and interpersonal dynamics between clients and providers in the space of the contemporary reproductive health clinic.

## **How historiography can inform contemporary analysis of government policy, nursehood and reproductive healthcare.**

### **‘Bantu Nightingales’.**

The next section looks briefly at the literature on the history of nursing and indicates its relevance to enriching the understanding of nurses’ personhood as it plays out in the contemporary family planning clinic. Historical studies suggest that nurses played a key role in the creation of ‘modern subjects’ during the Apartheid era and I contend that these currents as evident in new ways in the era of the post Apartheid South Africa. The particularistic historiographical take on nurses’ personhood as will be explored here, is of course intimately connected to cultural communal forms of personhood as explored throughout this paper. Understanding this historical and racialized dimension of Nursing enriches the potential to understand the complexity and dynamics of nurses’ contextualized dividualities in the public health care setting. For example, how historical currents can specifically manifest in the space of the family planning clinic can be traced in nurses’ discursive presentations of black women’s family planning choices. For example, the remarks made by one black Xhosa speaking nurse during a semi-structured interview reflected the discourses of several nurses I interviewed who problematised educating women about contraception in the following terms:

*‘Our black women, if I can say that, they do family planning but not as much as we would like them to.... they still have those perceptions, the older ones, that they must have a lot of children’ (Interview with Family Planning Nurse, 21<sup>st</sup> July, 2006).*

Inherent in this comment on the family planning choices of older black women is a discourse of modernity as opposed to ‘traditional’ notions of fertility and the cultural emphasis on large families. The designation of clients by nurses as ‘our black women’ suggests a sense of paternalism and objectification consonant with the nurses’ embodiment and dispensation of ‘modern and educated’ forms of knowledge regarding

family planning. In a long narrative interview my questions surrounding why young women have unplanned pregnancies for which they seek abortion despite having previous information on and access to contraceptive resources was answered by the Nurse with the following reflections:

*'With us, the black people, somewhere, somewhere, somehow we lost our values. Because now I'm talking the way I see things...because with me, my parents, I grew up with my mother and you couldn't ask anything. If she said do this, you just did it, didn't ask, that's how we grew up, how the values were reinforced in use. Then with our children, I don't know whether it's because we were liberated, we send them for better education, then they can talk, they ask a lot of questions. Sometimes there is a conflict in your mind, you think this one asks a lot of questions, I never asked a lot of questions, I just did what I was told'*

In 'Divided Sisterhood' Shula Marks (1994) provides an extensive historiography of nursing in South Africa and in particular the experiences of black South African women who entered the nursing profession. By 1997 only a third of all South African nurses were white and black nurses were the 'de facto main purveyors of healthcare to the (black) African populace' (Marks, 1997, 28). Given the enormous limitations of both education and employment for black women under the Apartheid government, nursing (along with teaching) was one of the precious few ways in which black women could embark upon a career structure, their only other options being manual or domestic labour. However black South African women's entry into the nursing profession was intimately connected to dominant white rule and its panics and consequent policy responses to the possibilities of black bodies in contact with white ones. Black nurses were the pragmatic policy solution to what many saw as the 'problem' of white female nurses touching black male patients' bodies (Marks, 1994, 50-51). Where the practical constraint of funding meant the infeasibility of an all out policy of racialised nursing, Apartheid Nursing policy put white nurses in supervisory roles over (preferably) Indian or (if necessary) black nurses, thus obviating the need for white nurses to actually have to handle black patients (ibid, 53).

At the turn of the 19<sup>th</sup> century non conformist Christian missionaries had begun to train black women as registered nurses, who were drawn from the same black Christian educated elite as the individuals who were to later form and dominate the ANC in its struggle for liberation. These first black nurses were often third generation Christians and they were dubbed 'Bantu Nightingales' by the African writer H.I.E Dhlomo (Marks, 1997, 30). The missionaries trained the nurses in Western values which deliberately served to distance them from their communities and create a new middle class elite.

*'Their entire education from mission school to nursing college was designed to give them a new identity which was far removed from the 'ignorance' and 'superstition', the 'barbarity' and 'bestiality' of native life. They were to moralize and save, not simply to nurse, the sick' (Ibid, 30-31).*

This ethos came to dominate the relationship between nurses and patients in black communities whereby nurses came to embody meanings of modernity and progress in their role as gatekeepers of Western medicine. The role of Western medicine as vector of modern discourses of civility, progress and modernity is the subject of a wide body of literature relevant to different country contexts (Musere, 1990; Vaughan, 1991; Packard, 1991). An equally expansive body of literature also interrogates the development project as it has sought to control individuals' reproductive intentions justified by Malthusian paradigms in developing countries (Ahlberg, 1991). The control and regulation of fertility and sexuality has often been tied up with efforts towards nation building (Klausen 2004, Feldman-Savelsburg, 1999). In the context of South Africa this was evident in the white Afrikaner governments' desire to control black fertility for fear of 'swamping' as well as the fertility of poor whites, for fear of 'poor whiteism'. Both were an affront to Afrikaner designs of whites' place at the top of a 'natural hierarchy' of the social order (Klausen, 2004). Inherent in such a project was the drive to control subaltern sexualities and shape them to fit Western ideas about what constitutes morality, progress, civilization and 'being modern'. Nurses were seen as ideal candidates to help further Apartheid designs to control the sexuality and productivity of black bodies. By the 1980s when state plans

were to create a settled middle class, nurses 'whose training had prepared them to be 'ladies', the harbingers of western values- were seen as ideal collaborators' (Marks, 1994, 210).

Nurses then stood at the frontier between black and white South Africa. An uneasy position ambiguous in the ways in which it situated black nurses as lower in the professional hierarchy of the South African Nursing Council (SANAC), whilst according nurses a higher social status within their own black communities. A gendered reading of this ambiguity reveals the complex intersections between a nurse's professional status and notions of morality and female respectability as well as class.

Historically this differentiation has often been read as a struggle between "Red" communities, implying conservative, un-schooled and pagan as against 'School' or missionised ones' (Mayer and Mayer, 1990, 35). Marks shows that in the first half of the twentieth century Black nurses were critical agents in the construction of the new colonial subject, and colonial subjectivity. *'In their white uniforms, they would represent the harbingers of progress and healing in black society, a shining light in the midst of savagery and disease' (1994, 78).*

As mentioned some nurses equated women's request for CTOP services with both ignorance and a lack of moral values which the nurses perceived as arising from what can be read as their perception of certain clients rural 'Red' Xhosa cultural identity and practices. In itself this perception of rural Xhosa identity implies a strategic use of what tradition can mean.

In the specific context of abortion another Nurse in a narrative interview commented of the women who came for TOP counseling

*'....most of those who need TOP, so far as I have worked here, they come recently from the Transkei- The Eastern Cape' (Interview with Family Planning Nurse, 17<sup>th</sup> July, 2006).*

This Nurse went on to expand this statement with opinions on the lack of education of these women, and continued her narrative commenting that the women get

*'Unplanned babies, and then they run for TOP'*

Clearly implicit in the Nurse's comments is a moral panic whereby notions of women who seek TOP center on out of control bodies and sexualities- they get *'unplanned babies and then they run for TOP'*. The association of women who seek TOP with recent arrival within the long history of migration of rural Xhosa people from the Eastern Cape can be read as implying that the Nurse sees these women as embodying a 'Red, unschooled and pagan' Xhosa cultural identity in contrast to nurses' sense of being the arbiters of 'modern' education and moral correctitude.

It must be noted here that 'recent arrival' from the Eastern Cape can be a very relative term within this history of rural to urban migration. For example when driving through an informal settlement in a Xhosa speaking township with two of its residents I was informed of the particular history of different parts of the settlement. The two people I was with had lived there since their migration from the Eastern Cape in the early 1980s (some 25 years). They pointed towards areas of shack housing where people have lived since perhaps the mid 1990s (some 10 years) with a certain disdain, explaining that these people were 'recent migrants'. What 'recent' means then is a very political and contested term in the long history of rural to urban migration in contexts of enormous impoverishment?

Knauft comments how *'In many marginalized and disempowered areas, the local making of modern subjects entails the incitement, categorization, and denigration of what it means to be "backward", "uncivilized", and "unenlightened". These stigmas provide the local background against which "progress" and "development" are configured (133, 2002).*

The final section of this paper shifts to nurses' personhood as it plays out in intergenerational struggles over the meanings of young female sexuality in the contemporary community based family planning clinic. A case study of a young female health service client is introduced to illustrate the ways in which nurse's cultural values may impede the delivery of an individual's right to reproductive health services and CTOP. As nurses draw upon powerful dividualities as community matriarchs young women's' reproductive health intentions become positioned as symbolic of a dangerous individual impulse to sexuality, that nurses see as bereft of traditional cultural values regarding female respectability and sex within marriage. Data is then presented from interviews with nurses in sexual and reproductive health clinics to illustrate this dynamic between dividual and individual modalities of personhood.

### **Generational gaps: Matriarchy and the disciplining of female sexuality in the reproductive health clinic.**

#### **Wanisna- 19-year-old Café waitress living with Aunt in Guguletu.<sup>22</sup>**

Wanisna would often recount to me how she felt scared about going to the local health clinic for contraceptives or abortion counselling because she feared that members of their community, neighbours, family or family friends might see her and place judgement on her moral standing and female respectability. (This fear also stemmed from experiences where people seen entering sexual and reproductive health clinics have been automatically assumed to be HIV positive, a status as yet surrounded by enormous stigma in South African communities). Wanisna told me that when she was 16 she had gone to seek oral contraception at her local primary health clinic in Guguletu. She told me that she was 'shouted' at by the nurses there, who spoke to each other over her head about the 'promiscuity of young women today'. They tried to press her to use injectable contraception, which Wanisna refused because having tried it before she felt it made her feel both "sick and made her put on weight" (arguably a subjectively awful prospect for any self conscious 19 year old). The nurses flatly refused to give her oral contraceptives

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<sup>22</sup> As noted before all names used in this paper are pseudonyms.

claiming that she would forget to take them. This was despite the fact she has no record of taking (and therefore forgetting to take or otherwise) oral contraceptives whatsoever, and despite the fact that National policy guidelines on contraception state that nurses must give nondirective and non-judgemental advice to clients. About five months after I had first met Waniswa she became pregnant, after she had unprotected sex with one of her multiple short-term partners. Since this pregnancy was unwanted she came to me to ask for advice about where to go for an abortion. She wasn't aware that it was her legal right to seek one free of cost from the public health system. Given her previous experiences at family planning clinics she felt completely unable to face the local community based clinic nurses.

My over-riding impression of her during our many conversations was that she was very vulnerable. She had lost her own mother to AIDS when she was just 12. She now lived in a small dilapidated RDP built house with her maternal Aunt, who seemed fairly removed from a guiding parental role in relation to her niece. Waniswa loved going to local hangouts, such as the aforementioned Mzolis (see chapters two and three), and had many boyfriends. In fact one of these boyfriends was one of the young men whose narratives on women and abortion are analysed in chapter three. It would be typical in much developmental literature to stereotype Waniswa as a young woman at risk from STDS, unwanted pregnancy and HIV/AIDS, likely to seek love and attention in relationships with men thus leaving her vulnerable to manipulation and abuse. No doubt this assessment would be useful.

However perhaps such an assessment would miss the fact that for Waniswa sexuality was potentially-as for anyone else- an arena of self-expression and pleasure. If she was at this stage of her young life seeking sexual adventure in all the wrong ways, i.e.: putting herself at risk from unwanted pregnancy as well as STIS and HIV that is no different from her many male peers or indeed young men and women the world over. In fact we can recall the words of one of the young men in chapter three who describing his own sexuality stated *'Promiscuity, I'm gonna call it that, I'm finding myself, it's not honesty, I'm just finding myself, I'm just being promiscuous, you know what I mean'*. I contend

however that it is the particularity of her situation in a context of socio-economic deprivation in tandem with strongly competing notions of female personhood that compound her health vulnerabilities. If she had had better education and a better home situation as well as more supportive attitudes from health care staff to which she went for advice and resources to try to ensure her reproductive well being, perhaps she would take fewer risks in relation to her sexual health. I do not wish to overstate the role of health providers in influencing the sexual and reproductive health choices of young people, but I do assert that if health providers fail to respond to the complexities of young peoples lives and how this influences their well-being, then this is an opportunity lost to assist a young person in making good choices to ensure their health. If health services fail to do so because of embedded cultural attitudes of its health providers then this is indeed a matter of health service accountability and the substantive rights of citizenship gone awry.

NB

It can be assumed that negative attitudes by the health clinic staff not only failed to help Waniswa make safe choices to prevent unplanned pregnancy but also failed to counsel and support her in related choices around protecting herself and her intimate partners from STDs and HIV infection. When in a series of interviews designed around the life history method, I questioned Waniswa again about the particular experience with rude health clinic staff; I saw an element that had not been so apparent to me on her first recounting of this experience. I realized that not only a strong notion of appropriate and respectable female respectability underpinned the health care workers response, but conjunctural with that, a strong sense of generational divide in relation to mores and practices regulating female sexuality.

This sense of inter generational values was echoed in an interview with a family planning nurse where the motif of parent –daughter was striking. The nurse recounted how she reflected on her sense of ambivalence and frustration when counselling young women who come to the clinic for contraception

*'You are here. I did try to be your parent, your mother, but I am not going to refuse to give you something for contraception, so now, I'm going back now, as a nurse, but firstly you become so frustrated'.*

This ambivalence centres on notions of female respectability located in a matriarchal personhood, and a moral panic over young pro-active female sexuality. Such moral panic was apparent in the narratives of care expressed by the nurses, all of whom working in township family planning clinics were mothers aged from about 38 to 60.

The next section of this chapter presents further data from interviews with nurses as it reflects upon the dynamics of personhood evident in Waniswa's experiences of seeking family planning.

**“Contextualised dividualities”: Nurses as mothers, young female clients as daughters.**

Nurses own narratives of ambivalence of counselling for TOP, connects the modalities of professional personhood or 'Nurse-hood' and how this relates to other modalities such as their 'Personhoods' as mothers and 'Xhosa women', embodiments, which are valorised as powerful matriarchal roles within their communities. In representing the nurses' narratives I am not 'giving women voice' in the sense of giving 'space' to the voices of women unproblematically constructed as 'oppressed'. Nurses exercise power in the family planning clinics, which draw upon powerful matriarchal roles that are enmeshed within ideal values that underpin gendered power relations in these communities. For example, the fact that most nurses' spoke of entering into the 'parent role' when counselling young women cannot be taken at face value for the caring role it potentially expresses. The 'parent role' may be read as a heuristic device for nurses' disposition -or contextualised dividuality- as powerful communal matriarchs that define their socially embedded sense of relationality to young women. The supposedly 'neutral' space of the family-planning clinic becomes subject to the interpersonal dynamics generated by these embodied dispositions.

As I argued in chapter 2 these dynamics are indicative of the ways in which sexuality is a key terrain of struggle in broader processes of modernity and cultural dislocation. They reflect the ever increasing complexity of what it means to 'make of oneself a subject' which becomes *'increasingly problematic in a world of increasing individuation, moral differentiation, and social decontextualization'* (Knauff, 2002, 133).

As noted in the introduction and analysis of Nursehood, nurses are bound into a professional personhood by a set of National Nursing guidelines and practices, intersecting with policy directives on the provision of contraception, abortion, and so on. Yet the nurses I interviewed often negotiate an internal and ambiguous battle between feeling like a parent and having to act as a Nurse when counselling young female clients on contraception and TOP. This ambiguity centres on the tension inherent in the legal rights-based construction of the individual and her sexuality as opposed to the cultural and communal values and obligations invested in orthodox notions and practices of female personhood. These can be theorised as competing 'contextualised dividualities' through which nurses must juggle the different obligations and constructions of female personhood implicit in these distinct roles. Nurses often present a dialogic awareness of this tension by referring to the different roles they feel they manifest in their interactions with the young women. This dialogic awareness is expressed through their self-representation as parents and of course this has a gendered specificity in their role as matriarchs and mothers. This sense of ambiguous self representation where the professional personhood of Nursehood becomes subsumed by the cultural value system of local dividual personhood becomes most apparent in nurses narratives and sense of anxiety when dealing with teenage girls and young women (classified in this paper as being between 16 and 22). For example when I asked one Nurse how she felt about counselling very young women on contraception she replied,

*'Especially when you have a 16 year old come in for contraception and you have a 16 year old at home, then you take that 16 year old as your own 16 year old and you start being a parent, not being a nurse'* (Interview with family planning nurse, July 21<sup>st</sup> 2006).

Switching between the sense of embodying Nursehood and the embodiment of local cultural personhood aka the Mother role often aroused in nurses a sense of frustration.

*'Sometimes when you are talking as a parent, you become so....so....so angry....that this young teenager is telling you that she's sexually active, and she cant do without it...she cant abstain. You become so angry, you become frustrated, then you try and talk and get out of that frustration' (ibid)*

The Nurse went on to explain how she then tries to deal with the situation by thinking about the young client and her role in the following way

*'You are here. I did try to be your parent, your mother, but I am not going to refuse to give you something for contraception, so now, I'm going back now, as a nurse, but firstly you become so frustrated' (Ibid).*

This switching between roles and feelings of frustration express nurses' sense of ambiguity as they struggle to fulfil their professional obligation by law to provide non directive counselling on contraception, which conflicts with their own often strong moral codes surrounding female sexuality and personhood. Listening to these nurses gave me some insight into what might have occurred in the family planning clinic that Wanisna attended, and was refused oral contraceptives when she was 16 years old.

NB

This final section looks at nurses' narratives which center around the implied promiscuity of young women. For example a common sentiment in many of my interviews with nurses when they talked of young women seeking SRH services was that young women were irresponsible and didn't bother to use contraception, instead getting abortions when necessary.

As one nurse said

*"Sometimes they are so careless; they decide they don't want to use contraception. They decide they want to do a TOP" (31<sup>st</sup> July, 2006).*

She also mentioned that young women should be given injectable and no oral contraception because

*"Some days they go to the birthday parties, they come very late, or early in the morning, you don't know what is happening at the birthday parties"(ibid).*

Another nurse commented that it was important for young women to be given contraception because

*'They are night prowlers you know, they like to go around at night'.*

Another nurse recounted how she deals with counselling young women who come to seek TOP services

*'I will talk to that person as a daughter and me as a parent, you would like that person to be a somebody in the future; she will tell me she has a boyfriend and I will tell her-please abstain from sex at an early age, from 16 up until you are married, its those values you put in a girl'*

Clearly, abortion was related with a loss of cultural values and the appropriate ways in which a young woman should begin and enact her sexual life within the domain of marriage. Again we return as in young male narratives to the implication that female sexuality is irrational and out of control unless it operates within strictly bound confines of regulated heterosexual unions and results in childbirth. An alternative codification of appropriate female sexuality is present in the Nurse's narrative of *'I will talk to that person as a daughter... you would like that person to be a somebody in the future... abstain from sex at an early age...it's those values you put in a girl'*. Implicit in this desire to codify particular values is the sense of local dividual personhood where the

Nurse embodies a disposition of community matriarch, invested with producing a young female Xhosa person in turn cognisant of her roles and obligations as a dividual person.

Some nurses also saw young women seeking TOP counselling as an indication of *their own* failure as family planning providers. One Nurse commented

*'I get so frustrated, when they come here for TOP, we tell them we are a family planning clinic, we are not here for TOP. You get girls, and they don't use the method\* (injectable contraception\*), and then they decide they are going to use abortion like the method. We say to them, you can't go running to use abortion like the method.'*

Again the Nurse lamented the parental authority that she seemed to lack over these young women

*'They don't want to listen... she wants to listen to her friends...doesn't want to listen to me as a parent... doesn't listen to the nurses'.*

In this sense wider community struggles over the dispersal of power according to intergenerational authority play out in TOP counseling sessions. I contend these sessions are especially charged for nurses given the symbolism of unwanted pregnancy as the result of sexuality without logical and rational consequences of reproduction.

The feelings of frustration and of not being listened to suggest a communication breakdown between nurses and young women one which I suggest is located in the disjuncture between the kinds of dividualities being brought to the table in the counseling sessions between providers and young clients. One 17-year-old woman I interviewed at the same clinic as the Nurse above commented

*'It's so difficult to talk about sex with the older Nurses here...some of them are shouting at people, that's what my friends say, that's why I didn't come here before because I was so scared of them shouting at me'.*

Such judgements on the part of health staff are also important to look at given the problem of women continuing to seek back street or self induced abortions despite the legal right to have one provided by the government health service. Many of these women are teenagers despite the 'minor consent provision' within the act that seeks to protect them from illegal and dangerous back street abortions. Reports consistently suggest that teenagers as well as younger women often experience condemnation for being sexually active from health clinic staff and many feel too scared of condemnation from health clinic staff to seek professional help when discovering an unwanted pregnancy (cf. Jewkes et al, 2005; Cooper et al, 2004; Dickson-Tettah et al, 2001).

In the context of Sexual and reproductive healthcare, constitutional rights may become subject to powerful ideologies, values and personal feelings around female sexuality, masculine identity and cultural ideals. I wanted to see how an anthropological approach could utilize and contribute to understanding these processes in the context of abortion counselling, provision and aftercare as well as family planning. This connects to key reformist aims in contemporary policy making. For example a policy document published by the South African Department of Health in 2001 outlined a strategic plan for the implementation of the CTOP Act (DOH, 2002)<sup>23</sup>. This strategic policy document sets out ten strategies and ten corresponding activity stages for the improved implementation of the CTOP Act from a rights based perspective on reproductive health. Strategy 5 of this document focuses on improved provision of client-friendly TOP services, with the recognition that this is a crucial point at which to support a TOP client in her future reproductive intentions, through aftercare that focuses on contraceptive advice and access (*ibid.* 27). Strategy 7 of this document focuses on access for minors, acknowledging a context in which 'young girls are particularly vulnerable to coercion and violence' (*ibid.* 30). Strategy 6 emphasizes the need to support health care providers to provide quality TOP services (*ibid.* 26). The corresponding set of strategic activities includes emphasis on Values Clarification/ Health Workers for Change workshops in order to address

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<sup>23</sup> Strategic Planning Workshop, 2001, National Strategic Plan for the Implementation of The Choice of Termination of Pregnancy, Act 92, 1996, Department of Health, South Africa.

negative attitudes and reasons for these; to separate out health care provider from client values and to integrate 'attitude' as a variable in a quality care matrix. The Department of Health policy document on TOP recommends that *attitude* should be used as a key performance indicator in performance management systems at different levels (*ibid.* 47).

I propose that we cannot understand how to transform *attitude* unless we can understand the complex histories and practices of personhood that individuals embody in their respective roles as clients and providers. This study was a no doubt flawed but hopefully useful attempt at such a project of understanding personhood as it plays out between clients and providers.

## IN CONCLUSION

The concept of personhood employed and interrogated from the feminist perspectives was developed throughout this paper in order to unpack young men and nurses' narratives as they relate to dividual and individual notions and practices of female personhood. Attention was paid to how these dividual and individual modalities play out in the tension that often arises between cultural values and constitutionally grounded rights. The histories of Apartheid spatial segregation and the consequent impoverishment and marginalization of township communities were reflected upon as it affects constructions and practices of masculinity within these spaces. The historical currents relevant to the history of nursing explored in the previous chapter were related to nurses' place within communities and how they manage family planning health services. The aim was to chart the substance of the competing and relational notions of personhood expressed in young men's and nurses accounts of the sexually active young women who as health service users seek TOP services.

By articulating the concept of personhood upon young men's narratives on female sexuality as well as nurse's discursive notions of a respectable female sexuality, the reproductive body was explored as a key site of heteronormative truth claims. This showed that abortion is connected symbolically in contradistinction to the belief that women are emotionally, psychologically and even spiritually destined to be mothers on

the basis of their reproductive biology. This is deeply embedded within cultural systems of thought and becomes a key site of struggle when those systems of cultural thought encounter modernity engendering polysemous possibilities of variation and difference.

The constitutional right to abortion and policy guidelines on nondirective contraception counselling can be seen as two of the plethora of multiplying and interpenetrating levels and spaces, whereby persons must negotiate the different constructions of personhood and power that inhere in these intersecting spaces. Since sexuality is such an emotive site of contested values and definitions of personhood, relations of power in the family planning clinic are indeed complicated by these proliferating moral meanings. The functionality of the interpenetration between these multiple spaces and sites of personhood is dependent upon individuals' ability to negotiate the complicated meanings and power relations produced between them.

Nurses must try to implement policy directives and embody professional Nursehood as they interact with young women in community based settings in townships where nurses have often lived all their lives, and feel a strong dividual investment in helping to produce young personhoods. However in this process, nurses may see young women as dividuals at the expense of seeing them as individuals engendering a deficit of accountability in how young women are able to access their constitutional right to nondirective sexual and reproductive healthcare. I do not contend that this is the whole picture. This anthropological study has simply attempted to throw light on the statistical evidence which suggests that women are still aborting outside of legal facilities and studies which suggest the difficulty which young women face in accessing non judgemental, non directive TOP counselling from nursing staff.

Different contexts and levels of structured practice, i.e.: legal rights, rights based health care, traditional notions of respectable Xhosa female sexuality and changing notions of female sexual expression intersect in the discursive space of family planning. In relation, different kinds of personhood interpenetrate as they are embedded in the different sets of values and power relations each field of structured practice produces. Power plays out as

an expression of the structural location of the gendered cultural logics of practice each kind of personhood embodies. Thus nurses are therefore able to draw on powerful cultural logics of gender and influence the delivery and meanings of TOP services through notions of female sexual respectability, sexual continence and self-control.

Young women do not simply passively agree to such symbolic representations of contraception, but they may acquire a 'feel for the game'<sup>24</sup> in strategies of self-silencing and acquiescence to the nurses imposed meanings of family planning and sexuality in order to get the health services they need and want. Or they may simply self-silence by avoiding attending clinics for fear of judgmental and recalcitrant attitudes. My contention is such self-silencing as a strategy of agentive power in the family planning space, actually serves in parallel to compound young women's lack of access to information and emotional support in familial spaces thus increasing their sexual and reproductive health vulnerabilities.

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<sup>24</sup> PIERRE BOURDIEU. 1990. *The Logic of Practice*, trans. Richard Nice. Cambridge: Cambridge University Press.

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