

Introduction

In this thesis I examine HIV/AIDS¹ as a disease phenomenon given to the experiences of social agents. That is, I take medico-scientific knowledge about HIV/AIDS (i.e., essence) and give it to the subjective experiences of social agents (i.e., existence). Evidently, this investigation brings the laboratory and the public arena, the terrain of HIV/AIDS education into a relationship. I show that there exists no one-to-one correspondence between the laboratory and the public space where HIV/AIDS education takes place. What I mean by this is that knowledge about HIV/AIDS, emanating from the laboratory, cannot be reproduced unmediated in the public terrain. I argue that this is due to the location between the laboratory and the public arena of embodied human experience. Operating as a historical entity inscribed with societies' meanings, embodied human experience functions as an organising principle ordering the articulation of knowledge about HIV/AIDS in the public space. This means that as knowledge concerning HIV/AIDS enters the public terrain, where it is supposed to replicate itself, it becomes a product of existence. I demonstrate in this thesis the multiple ways by which knowledge about HIV/AIDS expresses itself in the public domain as a product of existence.

In undertaking this exploration I hope to provide an account of HIV/AIDS that seeks to accord primacy to the experiences of social agents. I trust that this examination will make a contribution to existing studies that have made an exploration of HIV/AIDS their concern. Many of these studies have approached the subject of HIV/AIDS from a variety of angles each with their own strengths. Some of these studies have made the political economy of South Africa with its notorious migrant labour system a point of departure (Hunter 2006; Lurie 2000; Jochelson, Mothibeli & Leger 1991). Others with anthropological persuasions have, instead, chosen to make sexuality a theme from which to undertake an exploration of HIV/AIDS (Thornton 2008). Investigations preoccupied with the critical questions of gender and how it informs the proliferation of HIV have also featured prominently in explorations with both a sociological and anthropological bend (Gilbert & Walker 2002; Leclerc-Madlala 2001). Yet again, researching stigma and

¹ Throughout the thesis I will speak of HIV/AIDS because I approach it as a disease phenomenon. I will refer separately to HIV and AIDS where necessary.

its impact on the proliferation of HIV has been an important aspect of these studies (Cameron 2005). The problem, however, is that these studies have neglected the givenness of HIV/AIDS to the experiences of social agents.

In this thesis I explore this givenness of HIV/AIDS to the experiences of social agents by examining understandings of HIV/AIDS among black men who at the time when fieldwork for this thesis was conducted were migrant mineworkers in a South African gold mining business unit that for purposes of anonymity I call Monyakeng. Monyakeng is a subsidiary of a gold mining company that I call Blueflame and is situated in Gauteng, South Africa's premier province and economic hub. What I mean by understandings entails two things. First, there is the question of the packaging of the message of HIV/AIDS by Monyakeng's management and its dissemination and reception by mineworkers who are the immediate intended audience. I ask in this study how this company message of HIV/AIDS is received by migrant mineworkers, the men who make up the subjects of this study. That is, I attempt to ascertain their articulations of what HIV/AIDS is, what causes it as well as how individuals can protect themselves from the possible contraction of HIV. Obviously, I proceed from a position that takes for granted the existence of HIV and of AIDS. It is this position that I allow the subjects of this thesis to engage.

Second, there is the issue of understanding as entailing relationships social agents have with structural forces that govern their existence. In this case I am referring to the location of social agents in society wherein they are producers of the societal forces that govern their lives and are in turn produced by the same forces that their agency help bring about. I am referring in this regard to understanding as a consequence of a relationship between structural forces and the activities of social agents. The composition of society into both material and symbolic structures imply that understanding itself is a by-product of material and symbolic forces and dynamics. This is because social agents have to interact with structures and forces that are both material and symbolic. Understanding, therefore, in this sense, is a product of composite forces and dynamics in the affairs of

social agents wherein society functions as both the conditions necessary for the expression of agency and as the product of that agency².

To include the second dimension in a conceptualisation of understandings implies the existence of minds that are always already shaped by the societal forces that have a dual function as both products of the agency of social agents and as conditions informing how individual agency expresses itself in the world. It is to declare the mind as a product of societal practice, a product, nonetheless, that cannot be reduced to that practice as it always transcends that practice itself. This means that posing the critical question of how migrant mineworkers understand HIV/AIDS is tantamount to asking how societal forces are brought to bear on Monyakeng's interpretative process concerning HIV/AIDS. It is to ask how minds that are always already shaped by society (i.e., those of migrant mineworkers) receive Monyakeng's message of HIV/AIDS and to reflect on the implications of that reception on the relationship these men have with the conditions that shape their individual agency.

In the case of this study a configuration of medical institutions located within a gold mining business unit forms these conditions with a dual function as both products of human agency and as forces attempting to shape and influence the agency of individual mineworkers in a time of AIDS. This configuration provides grounds for constituting mineworkers as individuals with appropriate and relevant agency in a time of AIDS. This constitution of mineworkers as agents in possession of appropriate and relevant agency in a time of AIDS occurs through a process that makes sex its focal point. It makes sex a chief preoccupation by furnishing knowledge about it and by providing information relating to the consequences, on health, of unsafe sex practices. Along with this it avails a whole regimen of technologies that can be used to avoid contraction of HIV as well as concoctions that individuals can take as treatment with the onset of AIDS. The outbreak of HIV and the spread of AIDS among mineworkers has thus not only brought sex under definition of medico-scientific knowledge residing within Monyakeng but it has done so

² Bhaskar 1989: 34-35 refers to this process of conscious production and the unconscious reproduction of the conditions of production as a duality of structure.

with the view of providing mineworkers with saving knowledge in a time of AIDS. Sex and its medico-scientific articulations, as a result, lie at the heart of Monyakeng's attempts to deal with the health of mineworkers as both a population and as individuals.

Attempts to investigate how HIV/AIDS is given to the experiences of social agents appear in various guises in the HIV/AIDS literature (Dickinson 2008; Heald 2002; Selikow 2005; Steinberg 2008; Walker et al 2004). These studies represent an attempt to break from investigations concerned with the structural distribution of HIV and of AIDS and seek, instead, to examine the proliferation of HIV and the spread of AIDS by studying the meanings social agents have of HIV/AIDS. In most of these studies HIV/AIDS and the ways in which social agents articulate it is seen as a consequence of culture perceived narrowly as 'traditional' African culture. Studies following this approach tend to take for granted binaries between what is modern and what is traditional in explications of accounts of how their subjects understand HIV/AIDS. This is mainly true of Heald (2002), Steinberg (2008) and Walker et al (2004). The emphasis these studies place on 'traditional' African culture whose location within social and material realities of colonial history is taken for granted does not only yield accounts of HIV/AIDS that are conceptually weak but it tends to project people as fossils trapped in a distant past. Thus, while social ontologies that are at odds with scientific knowledge about HIV/AIDS do indeed exist it is the romantic way in which they are treated that is problematic.

A conceptually grounded approach that disrupts romanticising social ontologies that are at odds with scientific knowledge concerning HIV/AIDS appears in Selikow's work (2005), whose main focus is an investigation of youth sexuality in a South African township. I regard this work as conceptually grounded because it attempts to overcome the divide, so common in the HIV/AIDS literature, between those who place emphasis on meanings social agents have of HIV/AIDS and those who focus, instead, on structural factors informing the distribution of HIV/AIDS. That is, it tries to explore understandings of HIV/AIDS of social agents by reconciling an emphasis on meaning with that which privileges explanation. Critical realism provides the methodological framework for

overcoming the apparent divide between subjectivists and objectivists. The conclusion Selikow reaches through her examination of the understandings youth in Alex have of HIV/AIDS is that their understandings of HIV/AIDS co-exist with competing discourses that do not allow for a translation of scientific knowledge into correlative forms of behaviour. The assumption implicit in HIV/AIDS intervention programmes, she argues, that scientific knowledge about HIV/AIDS is translatable to safe sex promoting behaviour is flawed because competing discourses render the knowledge of youth of HIV/AIDS into commonsense. That is, the location of knowledge about HIV/AIDS within competing discourses about sex and HIV/AIDS does not permit for the articulation of a coherent worldview. Consequently, youth live their sexual lives in ways that contradict the scientific knowledge they have of HIV/AIDS.

The work of Selikow is illuminating because it tries to locate the understandings black youth in Alexandra have of HIV/AIDS as well as sex within the material realities of township life. At the same time it recognises that such life is concept-dependent and, as a consequence, appreciating it requires examining the language these youth have of both HIV/AIDS and sex. This results in the deployment of a nuanced conception of causation that takes cognisance of material as well as discursive factors in explications of understandings black youth in Alexandra have of HIV/AIDS and sex. The weakness, however, is that Selikow reaches her conclusions about the understandings these youth in Alexandra have of HIV/AIDS by asking random individuals to talk about a random disease (i.e., HIV/AIDS). I refer to these youth as random individuals because what they say about HIV/AIDS does not emanate from a systematic HIV/AIDS educational programme that they interact with on a regular basis. Instead, what they say about HIV/AIDS issues from a variety of casual sources which include, among others, media and friends. Consequently, it is not surprising that gaps, misunderstandings and half-truths characterise their understandings of HIV/AIDS.

The lack of coherence in their articulations of HIV/AIDS that Selikow captures through reference to the Gramscian concept of commonsense³ is then understandable. Unfortunately, reference to commonsense, while offering a penetrating criticism of awareness as a construct of mainstream HIV/AIDS educational messages it tends to portray a picture of individuals with fuzzy understandings where HIV/AIDS is concerned. Thus, if the educational message of HIV/AIDS is about providing a way of seeing that facilitates avoidance of unsafe sex practices, then youth in Alexandra see but in a blurry way. Their articulations of HIV/AIDS lack proper structure and ethic.

In this thesis I seek to make a contribution to HIV/AIDS research by moving beyond examinations of HIV/AIDS that treat the understandings individuals have of it (i.e., HIV/AIDS) in terms of commonsense. I attempt to show that once commonsense notions individuals have of HIV/AIDS are renewed through a systematic HIV/AIDS educational programme ‘good sense’⁴ emerges. That is, understandings of HIV/AIDS that have coherence, structure and co-ordination but that are not necessarily removed from the features of the world of commonsense appear. As this happens, individuals with a sense of purpose and direction and who have coherent reasons for their involvement in the world as well as thinking about HIV/AIDS in the manner they do surface. I ask in this thesis what does the appearance of individuals with good sense where understandings of HIV/AIDS are concerned reveal. I argue that it reveals complex ways by which marginal individuals (black men who are migrant mineworkers in this case) engage modernity.

In executing this argument I begin first by surveying what the literature on HIV/AIDS in South Africa says about black men (**Chapter 1**). This is because conversation about HIV/AIDS cannot be divorced from the politics of representation. It cannot distance itself

³ Gramsci uses the concept of commonsense to depict a system of thought that is characterised by diffuse, uncoordinated and incoherent elements. The elements of this system, nonetheless, have the potential to be turned into a coherent way of thinking about the world. This can happen through the intervention, in the life of commonsense, of a systematic way of thinking that can help bring order to the diffusion of commonsense (Gramsci 1971:330).

⁴ I borrow this notion from Gramsci (1971) who uses it to refer to a post-commonsense way of thinking about the world. Good sense distinguishes itself from commonsense by its inherent coherence and critical posture. While it may not be equal to philosophy its coherence and critical posture give it affinity with philosophy. Good sense is thus a way of thinking that has gone beyond the world of commonsense.

from attributing to some groups certain attributes because HIV/AIDS involves talk about sex. The location of sex in culture and morality would make such an undertaking difficult. In **Chapter 2**, I outline the research methods that I followed in the gathering of data for this study and I deliberate on the methodological framework that informs my theoretical reflections.

In **Chapter 3**, I furnish a description of Merafong City, the municipality in which Monyakeng is situated. I do so as a way of giving context to the discussions of the understandings of HIV/AIDS of my participants that follow soon after. I also use this chapter to reflect on the changes that have come about to Merafong City since I last left Monyakeng in 1996. My experience of this place and knowledge of Monyakeng is central to the reflections I undertake in this chapter. **Chapter 4** begins my discussions of the understandings of HIV/AIDS of the men who are subjects of this study. I commence this discussion by focusing on the men I call ‘progressives’. These are men who subscribe to the explanations of Monyakeng’s HIV/AIDS programme concerning what HIV/AIDS is.

In **Chapter 5**, I examine the understandings of HIV/AIDS among men I refer to as ‘chance-takers’. These men are similar to ‘progressives’ but distinguish themselves by acknowledging occasional involvement in sex without the use of condoms. As such, ‘chance-takers’ are rebels to the message of safe sex propagated by Monyakeng’s HIV/AIDS programme. I show that they are nonetheless rebels from within the administrative boundaries of the HIV/AIDS programme at Monyakeng. **Chapter 6** discusses the understandings of HIV/AIDS of men I name ‘indigenes’⁵. While these men acknowledge the existence of HIV/AIDS as the company programme articulates it they dispute the genesis it gives to HIV.

Chapter 7 introduces men I call ‘radicals’. These are men who reject the company’s claims regarding the existence of HIV/AIDS. ‘Radicals’ consider the company’s attempts

⁵ ‘Indigenes’ is a conceptual formulation I have borrowed from the word indigenous. I am aware of the criticism that can be levelled against reference to things indigenous which my use of ‘indigenes’ may evoke. However, I use this formulation deliberately to resist the risk of portraying Africa purely as empirical ground for Western forms of theoretical thought. I want to suggest that there are certain forms of knowledge in Africa that Western forms of theoretical thought are not best positioned to articulate.

to intervene in their lives in order to save them from HIV/AIDS as a ploy to kill black people. Consequently, they dismiss the call to safe sex practices that Monyakeng's HIV/AIDS programme propagates. In **Chapter 8** I bring these responses together and try to think about their significance at a theoretical level. **Chapter 9** concludes this thesis by furnishing a summary of the argument.

CHAPTER ONE

On ‘communities of the accursed’: Gay bodies, foreign bodies and bodies of black men

1.1 Introduction

In the previous introductory section I have set out the problem that I seek to address in this study. I said that I attempt to depart from studies that conceive of the understandings individuals have of HIV/AIDS in terms of commonsense. I argue that while the Gramscian notion of commonsense delivers a sharp criticism to awareness as a construct of mainstream HIV/AIDS educational campaigns it does not move away from treating individuals as random others who have to speak about a random disease, namely HIV/AIDS. Consequently, it fails to furnish an engagement with the message of HIV/AIDS, on the part of individuals, that is focused and coherent. That is, it fails to deliver an examination of HIV/AIDS that is grounded in the good sense of social agents. Investigating HIV/AIDS in relation to the good sense of social agents is what I seek to do in this thesis.

In this chapter I examine representations of black men in the HIV/AIDS literature in South Africa. I do so as a way of ascertaining its representations of black men where HIV/AIDS is concerned. This is important because my examination of what it means to say that the men who are subjects of this study understand HIV/AIDS is implicitly a way of representing black men in relation to HIV/AIDS. Consequently, it becomes important to locate this thesis within a broader trajectory of how black men are represented in the HIV/AIDS literature in South Africa. This allows one to show how one departs from particular ways of representing black men in the HIV/AIDS literature. My investigation, therefore, of the givenness of HIV/AIDS to the subjective experiences of the men who are subjects of this study is at the same time an attempt to speak to particular ways of representing black men in the HIV/AIDS literature.

1.2 First things first: The early picture of HIV/AIDS in South Africa

In South Africa, the HI virus was first discovered in 1986 and it was mainly among migrant mineworkers from Malawi that this discovery was made (Campbell & Williams

1999). Following this discovery, the then apartheid government proposed that all migrant mineworkers recruited from Malawi should be tested for the prevalence of HIV as part of industrial attempts to control the possible spread of the disease. Ultimately, the government wanted workers who tested positive repatriated to their country of origin. The Chamber of Mines and the National Union of Mineworkers, however, resisted the proposed dismissals of workers who tested HIV positive. In the end mining companies appear to have phased out the recruitment of migrant mineworkers from Malawi (Campbell & Williams 1999). The genesis of HIV transmission emerges at this time, therefore, as already tied up with notions of otherness. Given that the other (i.e., the Malawian migrant mineworker), appears here as the foreigner such a genesis is already, as some have observed, implicated in xenophobic tendencies (Grundlingh 2001).

Later, when HIV/AIDS was in the public domain, it was seen as a disease that was mostly found among gay men. This is because communication about HIV/AIDS came mainly from industrialised nations of the West which characterised HI as a virus that spread through sexual intercourse between men. In these nations the spread of HIV and of AIDS was put squarely on the sexual practices of homosexuals (Thornton 2008: 25). Along with homosexuals, drug inducers were also blamed for the proliferation of HIV (Reddy & Louw 2002; Grundlingh 2001). This is the perception that the South African public had about HIV/AIDS until such time that it was established that the transmission of HIV in Africa was mainly through heterosexual practices.

What is interesting here is that initially HIV/AIDS emerged in public health conversations in South Africa as a disease phenomenon associated mainly with marginal groups. These are namely, foreigners, homosexuals and drug inducers. By virtue of their marginality these are groups of people who are generally at the periphery of the social order and, therefore, of established dominant practices. The association of HIV/AIDS with these persons at the margins of the social order and dominant practices suggests that earlier versions of the genesis of HIV and of AIDS saw it as a result of the practices of

communities of the accursed⁶. This view engendered the notion that persons located within mainstream society did not have to worry about this disease as their practices granted immunity from the possible contraction of such a disease. All these people needed to do was to insulate themselves from these apparent perverts.

While knowledge of practices of communities of the accursed is important to understanding, the spread of a disease (in this case, HIV/AIDS), an examination that makes these practices a chief preoccupation appears to symbolically have another function. It seems to operate in a way that reproduces the established social hierarchy and its prejudices. This is because it makes HIV/AIDS a problem of expendable, or dispensable, persons (i.e. persons that the system can afford to do away with precisely because of their deviation from the social norm). The association of disease with persons at the margins of the social order seems common where sex is involved (Grundlingh 2001). This is because where disease transmission is linked to sex, morality is immediately implied and it is implied in a way that has negative consequences for the afflicted. The contraction of a disease through sex suggests a dubious moral character on the part of the afflicted. What one sees in the case above is that foreigners, homosexuals and drug inducers appear as persons with these dubious moral characters lacking appropriate conduct necessary to facilitate safety in the context of HIV and of AIDS. It is precisely this lack of appropriate conduct that public health discourse invoked to account for the spread of HIV.

What talk about HIV/AIDS does therefore, is to make the body of foreigners, of homosexuals and of drug inducers visible. That is, it is in the discourse about HIV/AIDS

⁶ By 'communities of the accursed' I am referring to groups of people who by virtue of the difference accorded to them (by society) are marginal. I refer to them as the accursed because by virtue of their difference, that is a deviation from the norm, they are expendable. On the one hand, this expendability serves to reinforce the meaning of the cultural system (i.e. the nation with its economy and health system). They are a reminder of what society ought not to be about which is exactly what the expendability is all about. On the other hand, this expendability is at the same time indicative of what society is all about. This dual function points to the location of 'communities of the accursed'. It is about the relationship of modernity with those it constitutes as different in its categories of sexual orientation, class, race, etc. My formulation of the notion of 'communities of the accursed' is borrowed from Bataille's notion of the accursed that he uses to expound his philosophy of expenditure. His three volumes of *The Accursed Share* develop this philosophy (Bataille 1989; 1993).

that we meet the foreigner, the homosexual and the drug inducer as carriers, or potential carriers, of HIV. The discourse about HIV/AIDS, as result, constructs the foreigner, the homosexual and the drug inducer as persons whose practices are questionable where sex in the context of HIV transmission is concerned; it marks their practices as practices of danger. This results in a loss of focus on safe sex, a key pillar which facilitates the prevention of the proliferation of HIV. Instead, communities of the accursed become the focus of attention. Consequently, the loss of focus on safe sex results in the reinforcement of existing social prejudices about marginal groups. As I am about to show, similar dynamics to the ones I have raised in this section are manifested where black men in South Africa are concerned.

1.3 Black men in the HIV/AIDS literature in South Africa: How do they appear?

In a similar manner to the groups of persons mentioned above, black men appear in the HIV/AIDS literature in South Africa as constituting part of communities of the accursed. That is, their appearance is in such a way that it evokes devotion to the cultural system (i.e. it serves as reminder of dangerous practices that ought to be avoided in a context of HIV transmission); this is evidenced in the various representations in this literature. In some cases, they emerge in the form of older men who are in relationships with younger (mainly black) women (Leclerc-Madlala 2002; 2007). The HIV/AIDS literature refers to these men as ‘sugar daddies’. The unequal relationship of power in these relationships is often seen as problematic because it is said to leave these young women with little room to negotiate safe sex (Jewkes, Levin et al 2003; Machel 2001). This unequal relationship of power is seen as a potential conduit of the spread of HIV because of the apparent economic dependence by young black women on ‘sugar daddies’ that it engenders and because of the potential inability of these young black women to negotiate safe sex. Obviously, this assumes that these ‘sugar daddies’ have an inherent aversion for safe sex practices and that black young women are necessarily victims without agency.

In some instances, black men surface in studies concerned with the sexuality of young black youths in the townships (Selikow et al 2002; Selikow 2005). In this instance, the concern of some has been with how language constructs and structures the sexuality of

black youths in urban townships. It is shown in this regard that the everyday use of language by young black men constructs a binary between sex with 'regtes' and sex with 'cheries'. While the former refers to girls that black young men would consider for marriage, the latter represent girls with whom they would love to have sex for fun. Often it is with lovers that the use of condoms is seen as unnecessary while it may be considered an option where 'cheries' are concerned. It is argued in these studies that prevention programmes ought to take seriously the manner in which young black youths use language on an everyday basis if they are to become effective. Among other things, this examination of the use of language by black youths in urban townships foregrounds the multiple nature of sexual relationships in these places which are said to include transactional sex. The point here is to show how sex is not innate but results from prevailing social and economic conditions. Approaches emphasizing a political economy approach where black men in contexts of HIV transmission are concerned have been undertaken elsewhere (Hunter 2004).

Further, black men appear in research that focuses specifically on examining masculinities in the South African context. In these studies these men are described as bearers of violent forms of masculinities that predispose women to contract HIV. It is argued in these studies that this orientation to violence is a result of the socialisation of men in South Africa. This socialisation, informed mainly by culture and religion, makes women subordinate to men and thereby gives rise to masculine identities that feel entitled to make decisions over the conditions of sex. Culture and religion are thus seen as central features defining the sexual identities of black men; culture and religion give rise to particular male sexual desires that women have to meet. This cultural and religious subordination of women is said to manifest itself in the practice of polygamy, an avenue through which men's unfaithfulness is justified. The black man's sexual desires, therefore, which are culturally determined, put the woman at risk of contracting HIV (Owino 2010).

Clearly, in these conversations the black body of the black man and its sexual appetites appears to be constituted by economy, culture/religion and language. While this in itself

is not problematic it is the common location of this black body of the black man within marginal spaces that raises some interesting questions that have implications for that black body. Africa and townships refer to these marginal spaces. I argue that reference to culture/religion in these conversations is made with specific reference to culture and religion as specific expressions of the African continent as a marginal space – a marginal space compared to metropolitan spaces. Africa's culture and religion are aberrations in relation to the culture and religion of metropolitan spaces. As aberrations culture and religion in Africa give rise to sexual identities that are other and pathological in relation to metropolitan sexual identities. These assertions are commonplace in the HIV/AIDS literature about Africa and South Africa (Caldwell et al 1989; Rushing 1995).

Likewise, the township is a marginal space in comparison to the suburb. It is a space of lack in comparison to the suburb. The township is a space wherein traditional African customs have lost their hold. Consequently, it is space of disorder because in townships the African order that African customs presupposes, is dislodged by processes of urbanization and proletarianisation (Delius & Glaser 2002). The township appears in this regard as a space that is devoid of proper African customs but a space at the same time that is not fully urban. It is thus caught in limbo as it is neither fully rural nor is it fully urban. Consequently, it has to develop its own identity by being at the interface between African customs (that it can only imagine) and modern urban values (that it can only mimic because of its exclusion). The township is, therefore, part of the space that is Africa. It is a realm of sexual aberrations and pathologies. The location of informal settlements within townships simply makes the case worse.

Culture and religion as expressions of marginal spaces, represented in this case by Africa and townships, interact with material conditions in an interesting manner. They interact in a way that reproduces gendered power and sexual inequalities that exclude and subordinate women. The culture and religion of these marginal spaces interact with material conditions in a way that buttresses and reinforces patriarchal ideologies that function for the subjugation of women. It is within these marginal spaces that masculinities, steeped in patriarchal ideologies exemplified by the behaviour of 'sugar

daddies' and violent men against women find their home. The proliferation of HIV and AIDS is represented in these conversations, therefore, as resulting from black men's patriarchal attitudes that make negotiating the conditions of sex difficult.

If a patriarchal attitude, steeped in traditional notions of masculinity is what the modern subject leaves behind, then the black body of the black man emerges in these conversations as backward and, therefore, as part of nature. As part of nature the sexual appetites of the black body appear as basic and elementary. They are manifestations of the pathologies inherent in culture, religion and language and the interactions these have with material conditions of township life. As the body of nature the black body of the black man lacks detachment from its basic passions even in the midst of the danger of contracting HIV and of dying of AIDS, it is unable to configure its sexual appetites in line with the rational discourse about HIV/AIDS. It is this inability to frame its sexual appetites in accordance with the dictates of reason that seemingly accounts for the transmission of HIV and of AIDS. In short, the transmission of HIV in South Africa is due to the backward nature of black men's gender identity.

I recognise that there have been attempts recently to move away from representations of black men as negative to ones that show the positive side of black men's gender identity (Lindegger and Maxwell 2007; Morrell 2003; Sideris 2005; Walker 2005). I argue, however, that these studies do not mark a departure from representations of black men in the negative. This is because, as Mfecane (2010) observes, these positive representations of black men in relation to HIV/AIDS are framed in a language that sees them as exceptions to the prevailing norm. They simply highlight practices that dominant representations marginalize.

1.4 What of the black body of the migrant mine worker? Black men, gold mines and HIV/AIDS

Those who first entered into the conversation concerning HIV/AIDS in the gold mines were mainly influenced by prior research on the outbreak of tuberculosis among mineworkers on the gold mines. This research had already shown how TB was shaped by

the connections between Africa's townships, mining industrial capitalism and southern Africa's rural areas (Packard 1990). Following in the footsteps of Packard, HIV/AIDS research in the gold mines saw an association between gold mines and southern Africa's rural countryside where the majority of black mineworkers at the time were coming from. These early researchers saw in migrant labour a conduit through which HIV and AIDS would be passed from the gold mining towns to spouses in the rural areas. This is because they regarded migrant labour as a system engendering multiple sexual relationships that in the context of HIV had potential danger for families of these men in the rural countryside (Jochelson, Leger & Mothibeli 1991).

While Jochelson et al point to migrant labour as a possible source of social conditions that have the likelihood of aiding the spread of HIV, they omit the fact that it is unsafe sex and not multiple sexual relationships that migrant labour supposedly engenders which drives the spread of HIV and of AIDS. By multiple sexual relationships central they seem to assume that all black mineworkers are promiscuous and that promiscuity is a feature of their sexual lives. This shifts the question away from the critical issue of the promotion of safe sex to the issue of the sexuality of black men. This approach becomes problematic when one considers the historical representation of the sexuality of black people beginning with the colonial moment. Jochelson et al do not even bother to say what kinds of multiple sexual relationships exist in the mining towns; they simplistically just point out the potential dangers that such relationships pose. As a result of this, the relationship that exists between the prevalence of multiple sexual relationships and the sexual choices that these men make is not explored. This is a point that those who address the proliferation of HIV/AIDS in relation to migrant labour tend to overlook (Hunt 1989).

I argue that this preoccupation with multiple sexual partners (which imply promiscuity) and not with safe sex emanate from the location of black mineworkers within compounds. Historically, compounds have served as spaces wherein black labour from the rural hinterlands of southern Africa was kept. They were spaces that distinguished rural black men whose duty was service to the mining industrial capital from their white counterparts in town and their black proletarianised residents in the townships. It was a

space meant to keep the distinctions between town, townships and rural areas intact. Thus, it can be said that while town was the space of progress and modernity and the township a space aspiring for progress and modernity (but never arriving), compounds were bastions of tradition in the very heart of capitalism and modernity. They were, and continue to be, at the bottom of the spatial hierarchy constituting South Africa as a nation. It is this location of black mineworkers within the compound as a space of tradition that generates an emphasis on multiple sexual partners over the urgency to promote safe sex.

Some have sought, instead, to situate an investigation of the spread of HIV/AIDS within the context of the formation of social identities within mining industrial contexts. The works of Campbell (1997; 2003) are exemplary in this regard. Campbell's interest is in exploring the psychosocial context of HIV transmission among mineworkers. In her view, understanding the proliferation of HIV/AIDS among mineworkers necessarily requires coming to terms with the conditions within which mineworkers formulate their social identities. This is because, she argues, the sexual choices that these men make are embedded in the meanings they have of their social identities. These conditions, which mediate the construction of their social identities, are said to be characterised by the association with the danger of working underground and the apparent loneliness resulting from absent spouses and families. In short, they are underscored by circumstances of powerlessness (i.e. the powerlessness of black men in the mines) and deprivation. These conditions are said to produce masculinities that are prone to reckless behaviour that manifests in a desire among these men, for "flesh-to-flesh" (Campbell 2003:32) sexual intercourse and that make negotiating the conditions of sex difficult for women. It is within the space of sex that these men attempt to reclaim their power which underground work and general conditions of deprivation deny.

The importance of Campbell's works, notwithstanding, there are weaknesses that need to be pointed out. Firstly, it is not clear why the subjects of her study, black mineworkers, construct their social identities only in relation to the conditions of danger associated with underground work; it is not clear why danger should be such a critical variable in the

constitution of their social identities. Why would safety, which equally is a key concern of mineworkers, not feature in how these men construct their social identities? One would assume that individuals who constantly have to think about safety underground would necessarily develop inclinations that promote safe behaviour even outside the work environment. Surprisingly, Campbell does not acknowledge mineworkers' equally weighty concern about safety underground and explore the ways in which it too informs the behaviour of these men outside of work. Safety is simply discarded in favour of danger.

Secondly, it does not follow that because underground work involves danger that every place underground is *ipso facto* dangerous. Some places underground are dangerous whereas others are safe – not all mineworkers feel equally exposed to danger. For instance, the danger associated with working in the stopes cannot be equated to that of persons working as storekeepers underground. The circumstances, therefore, under which danger underground would result in masculine identities that are prone to reckless behaviour and that crave 'flesh-to-flesh' sexual experiences, need to be properly investigated. We need to understand the conditions under which the danger of underground work would result in condom-averse masculine identities and what is conceptualised as danger needs to be spelled out. It is not enough just to invoke danger and regard it as an explanatory factor determining the sexual lives of all mineworkers. Thus, although Campbell's works are illuminating in the sense that they make the powerlessness of black men a central feature of an exploration of the spread of HIV on the gold mines, they do not aid in understanding why the conditions generated by migrant labour contribute to the proliferation of HIV/AIDS.

Others have chosen to examine the proliferation of HIV and of AIDS on the gold mines by investigating the location of sex within religious beliefs, cultures, moralities as well as expressions of gender. This is evident in the work of Dickinson (Dickinson 2009) who explores the work of peer educators on the mines and studies what happens when these individuals attempt to intervene in the lives of their peers in contexts that are challenged by HIV/AIDS. He enters this exploration by critiquing the top-down model of HIV/AIDS

communication in the mines. This is because this model is blind to forms of behaviour that can only express themselves in intimate spaces where a sense of trust and collegiality exists. It is in these hidden spaces that forms of behaviour that are at odds with the message of HIV/AIDS are found and where the location of sex in complex religious beliefs, cultures, moralities and expressions of gender manifests. Consequently, Dickinson argues for a model of HIV/AIDS communication among mineworkers that seeks to empower those who work at the grassroots level of the communication of HIV/AIDS, peer educators make up these agents (i.e., he argues for bottom up models). His view is that the empowerment of individuals working at grassroots levels, such as peer educators, can help fight these complex behaviours that are hidden from management's view and that are impediments to the safe sex practices.

Evidently, while the work of Dickinson is crucial in that it highlights forms of behaviour that exist outside of the radar screen of the dominant ways of HIV/AIDS communication and shows the challenges they pose to the message of safe sex its weakness is its optimism in appropriate training and empowerment of peer educators. This emphasis on bottom up forms of empowerment aimed at eradicating behaviours that are at odds with the message of safe sex overlook the critical question of embodiment. As a result, it is blind to the human being of desire and who is a political animal. This generates an uncritical relationship with projects of utility (i.e., with systems of means and ends) which such an education of peer educators would seek to foster. The resistance that individuals have to such projects is always seen in relation to their lack of appropriate knowledge. The manner in which they use knowledge in their encounters with those working to promote safe sex is never seen in relation to their capacity to question the legitimacy of the claims of the bearers of the good news of the message of safe sex. These individuals are simply portrayed as victims of blind adherence to traditional ways of understanding the world. Redeeming them from the stranglehold of tradition, an implicit assumption in the work of Dickinson becomes the ultimate goal of attempts to formulate intervention strategies.

I argue that Dickinson neglects embodiment because his work lacks spatial reflection. Its weakness is that it ignores hostels as marginal spaces in South Africa after apartheid. Consequently, it fails to reflect on the location of sex in religion, culture, morality and notions of gender in relation to the position of black men within hostels in a South Africa that is transforming itself from apartheid. This absence of spatial reflection provides us with subjects with sexual practices that assume a divorce between the symbolic and the spatial. Space does not feature in the positions they take regarding sex; only the realm of the symbolic does. Consequently, Dickinson's subjects are subjects whose practices in relation to sex are determined purely by a social ontology of meaning that lacks interaction with space and how subjects perceive it. This failure to make space an important factor in reflecting about practices that impede the message of safe sex leads to a negligence of the relationship between space and the black body of the black migrant mineworkers and how this relationship shapes the transmission of HIV.

An important question, however that needs to be answered concerns the representation of black men in HIV/AIDS research on the mines. Firstly, these men appear in Jochelson et al (1991) as men whose sexual lives are characterised by multiple sexual relationships that imply promiscuity. Mining contexts are characterised as places where black mineworkers are involved in rampant sex. Secondly, these men emerge in Campbell (1997; 2003) as men who are so powerless that the only space wherein they can realise their power as men is in the space of sex where they assert themselves over women. The implication here is that for these black men the world of work and the world of sex interact in ways that reinforce patriarchy and that predisposes women to health risks. The sense of powerlessness of these men drives them to impose themselves on women in ways that deny women negotiation over the conditions of sex. Thirdly, these men surface in Dickinson (2009) as bearers of tradition that serves as a stumbling block towards the realisation of safe sex.

If sexual promiscuity, subordination of women within the space of sex as well as attitudes towards sex that are hardened by tradition are what the modern subject seeks to overcome, then the black mineworker is an embedded subject. The black mineworker,

like the rest of his black fellows in the townships and elsewhere in Africa that one meets in the HIV/AIDS literature, is static and lacks movement away from rudimentary dispositions that reason eradicates. He cannot depart from his embodiment and assume a disembodied body that adapts to the dictates set by reason. This inability to bid farewell to his embodiment puts him within the space of nature and the environment. It renders his body the body of nature and the environment. It would appear that research on HIV/AIDS in the mines fails to interrogate this issue.

I argue that this negative depiction of black men in the HIV/AIDS literature is due to its inability to transcend structure in its articulation of the proliferation of HIV and of AIDS. Since its preoccupation is with structure and the location of the human being within it, gender, class, race and political economy become important variables in explicating the causes of HIV. Evidently, this makes particular groups of people and their sexual practices a point of focus. In a context of historical relations of power between white and black people this characterisation of black men is problematic. It makes them, and not the disease, a problem. I seek to overcome this negative representation of black men by examining HIV/AIDS as a phenomenon given to their experiences.

1.5 Conclusion

In this chapter I have attempted to furnish accounts of the appearance of black men in the HIV/AIDS literature. I have shown that the analysis that informs the emergence of these men in this literature is framed by a preoccupation with structural forces (i.e. political economy), gender and class, which by virtue of the historical location of black people within colonial and apartheid modernities, results in a focus on race. While attention to questions pertaining to political economy, gender and class is not wrong in itself, it is the subsequent failure to reflect about black men in contexts of HIV transmission in relation to the historical connections between place, space and the idea of progress that represents a pitfall of this literature. This is because it is in this historical connection between place, space and the idea of progress that a black identity has surfaced. These connections, which continue to inform how black identity is perceived, need to be interrogated when undertaking research about black people in the contexts of HIV/AIDS. Where such

connections are not interrogated, stereotypical undertones about black people and black identity are simply regurgitated. This is my criticism of the HIV/AIDS literature I surveyed above. There is a need to move from such pitfalls to questions pertaining to the real issues affecting the health of black people and black men in the case of this study. By focusing on the givenness of HIV/AIDS to migrant mineworkers, the subjects of this study, I am trying to move in that direction.

CHAPTER TWO

Research methods and methodology

2.1 Introduction

In the previous chapter I have shown that the representation of black men in the HIV/AIDS literature is informed by studies that place emphasis on categories of political economy, class, gender and culture. I have said that while these furnish valuable information about black men where HIV/AIDS is concerned, their flaw is the failure to incorporate into their reflections the location of black identity in the connections between place, space and the idea of progress. This inability to bring spatial reflection to a concern with structure as well as the social ontologies that are its feature gives rise to research that is blind to the ways in which it may be participating in the reproduction of stereotypical representations of the people who are its research targets. Black men and their appearance in the HIV/AIDS literature, I have argued, are victims of this kind of research.

In this chapter I do three things. Firstly, I discuss the methods that I used for data collection. Secondly, I lay down a conceptual framework that guides my articulations of the understandings of HIV/AIDS of the men who are subjects of this study. This conceptual framework is the key finding of this study and addresses the responses of the men who are subjects of this study to Monyakeng's message of HIV/AIDS. Thirdly, I outline a methodology that will guide the assumptions I make about the nature of reality in my explications of the understandings of HIV/AIDS of these men. This methodology furnishes meta-theoretical grounding to the conceptual approach of this thesis.

2.2 Fieldwork research methods

This study draws on a combination of interviews, participant observation and an analysis of documents for its findings. Participant observation was conducted at Monyakeng for a period of eight months, formal interviews were conducted with 26 men, and a range of company documents and additional interviews were used to supplement my knowledge of the HIV/AIDS programme at the mine. In those instances where I use company documents in this thesis I will refer to them as 'internal company document' in order to keep the name of the company as well as the business unit where I conducted my study

anonymous. Providing actual titles of these documents would undermine the anonymity that the thesis has to observe in its attempt to keep the men who are participants unknown. These documents bear the name of the business unit in which the study was conducted.

In order to collect information concerning the understandings of HIV/AIDS of the men who are subjects of this study, I used interviews. These were open-ended and semi-structured. They were designed in this manner to allow for conversation, clarity and probing and lasted between one and a half hours and three hours. These interviews were situated within the epistemological framework of active interview data collection. Active interview traditions reject the conventional view prevalent in standard interviews which views the interviewee as a passive repository of knowledge which is readily available, through a neutral scientific process to the interviewer. Instead, it views the encounter between the interviewee and the interviewer as constitutive of a meaning-making process in which the subjectivities of both participants are activated by an interpretative practice, that is, “the procedures and resources used to apprehend, organize, and represent reality” (James & Gubrium 1997:149).

This process of meaning-making is seen as equally important as the questions and responses that are a feature of the interview process. Both the meaning-making process as well as what is asked and conveyed are, therefore, seen as critical components “expanding an appreciation of the constitutive activeness of the interview process” (James & Gubrium 1997: 142). Though I acknowledge that there can be no unmediated access to reality I nevertheless caution against the perception of reality as nothing more than a product of discourse. Upholding such a view, I believe, imbues narrative with omnipotence. Discourse may mediate but it does not deny access to some form of epistemic gain (i.e. some form of truth).

The men that make up these interviews are 26 and come from Lesotho, Mozambique and the Eastern Cape province of South Africa. The choice of this study population was motivated by two reasons. The first is a more practical one and has to do with the fact

that the researcher is capable of conversing in the languages that are common to these communities of migrant mineworkers, that is, Sesotho, Fanakalo and IsiXhosa. In choosing this study population I wanted to cast the net as wide as possible and to locate the study within a multi-ethnic and multi-regional context. The second reason has to do with the fact that the men who are likely to reside within the hostels of the business unit in question are those who come from the places that have been mentioned above. Their location within these hostels, therefore, made for easier access.

This study, as a result, is an examination of the understandings of HIV/AIDS of a particular group of black men in a given business unit of a certain gold mining company. However, to say that this thesis is an investigation of a particular group of black men and their understandings of HIV/AIDS is not tantamount to saying that the findings of this investigation have no bearing or significance beyond the group of black men under examination. While the findings of this study cannot be generalised and applied to all black men everywhere, they, nonetheless, raise pertinent issues for black men beyond the study population of this thesis. The fact, therefore, that this study is an examination of a particular group of black men does not take away the possibility of reflecting at a more general and universal level about the responses of black men to HIV/AIDS.

Burawoy (1998) refers to the method of employing interviews and participant observation in order to investigate empirical phenomena (i.e., ethnography) as the extended case method. The extended case method is premised on a reflexive model of science that acknowledges the intersubjective relations between the researcher and the researched and turns them (i.e., these relations) into advantage. In this regard it is opposed to the detachment so valorised by methods that assume a positive model of science. Instead of taking comfort in a misplaced detachment a reflexive model of science grounds its investigation in a multiplicity of dialogues. The first of these is that between the researcher and the researched. It embeds this first dialogue with the second, that between local processes and their extra local forces “that in turn can only be comprehended through a third, expanding dialogue of theory with itself” (Burawoy 1998: 5). The extended case method as a result enables movement from the unique to the

general. It furnishes not only meaning but explanation as well. In this regard it challenges science without dispensing with the idea of science. The strategies that I have employed in order to collect data for this study were an attempt to follow Burawoy's extended case method.

2.2.1 Choice of subjects

The men that I interviewed for this study were chosen through the networks they have with their colleagues. In selecting them I used the knowledge of one of the *indunas*⁷ who was asked to introduce me to the hostel occupants when I first arrived to undertake my research. I relied on him to suggest possible men that I could interview. I also relied on the men who I interviewed for suggestions of possible interviewees. This gave rise to a multiplicity of snowball-affect sampling patterns that collapsed after 3 to 4 interviews. I would then begin a new interview in an attempt to build a new snowball-effect pattern. In a few cases, there were men I interviewed who did not belong to any snowball-effect pattern. What I came to realise during the process of conducting these interviews was, that the men who were recommended as potential interviewees were either in agreement with the person making the recommendation or that the two were actually in total disagreement regarding HIV/AIDS and the issues relating to safe sex. Thus, there were already some conversations going on between these people concerning HIV/AIDS and what these referrals allowed me to do was to tap into their conversations.

In asking for potential persons to be interviewed I paid attention to the age and occupation of potential interviewees. In doing so, I wanted to examine whether young people understand HIV/AIDS any different from older ones. I also wanted to investigate whether the level of education or one's occupational status played any major role in facilitating how one understood HIV/AIDS. This aspect of the interview process was mainly influenced by the conversation I had with one of the senior personnel officers who received me at Monyakeng when I first came to introduce myself and my study. The

⁷ *Indunas* is a generic term for black mineworkers who are clerks. The word comes from *Fanakalo*, a colloquial used in the mines in South Africa, and is plural for *induna*. Its continued usage to refer to black mineworkers who are clerks indicates how the old and the new co-exist in the mining industry in South Africa after apartheid.

perception that this gentleman had was that the proliferation of HIV/AIDS at Monyakeng and in the mining industry in general was due to the lack of education among a significant number of mineworkers. Lack of education among these men, he thought, made tradition, a phenomenon that he believed was a stumbling block towards the reception of the message of HIV/AIDS, to thrive. Later in the study it will be shown, that this perception was misplaced.

2.2.2 Recording of data

All interviews were recorded and transcribed. Apart from the interviews I conducted, I also kept 'after-interview notes' as a supplement to the formal interview process. Through experience I have learned that people often withhold information when they are being interviewed formally. However, once the process is over they tend to share information they would otherwise not share within the context of the formal, taped interview. It is this information that usually comes after the end of a tape-recorded interview that I refer to as 'after-interview notes'. The after-interview setting sometimes provides leads and reveals information that interviewees generally withhold and will only divulge outside of the tape-recorded conversations. This process has yielded valuable information with regards to this study. It was during the after-interview session that I would take the interviewee back to some key themes of the interview and tease them out in a more relaxed environment. Some of the controversial issues in this thesis emerged during these sessions.

2.2.3 From formal conversations to informal spaces

The eight months that I spent conducting fieldwork at Monyakeng were not only about doing interviews and reflecting on emerging patterns and issues. They were also spent on visits to many of my former colleagues and acquaintances. The former are men I had worked with while an employee of Monyakeng and the latter men I had known by virtue of belonging to the same sections underground. The purpose of my visitations was twofold. Firstly, I wanted to use these former connections to scout for potential interviewees. Secondly, I realised that I could use these networks as a way of testing whether the patterns and issues arising from the interview process had any currency

beyond the immediate conversations I had with my interviewees. It was within these spaces of informal conversations that I discovered that the issues emerging from my interviewees resonated with a much wider audience. I never entered these spaces to conduct interviews. Rather, my sustained presence in the hostels, as a former electrician, raised curiosities that led to conversations with me about what it was that had brought me back to the mines. My reasons often sparked discussions about HIV/AIDS that had a bearing on the conversations I had with my interviewees. In some instances these conversations occurred without curiosity about my presence at the hostels, I just joined as an observer. These visitations were very helpful because they often placed Monyakeng within the broader context of the transition from apartheid to democracy and provided commentary on this transition. I used these conversations, emanating from spaces of leisure to anchor issues arising from conversations with my interviewees.

2.2.4 Talking about HIV/AIDS: Challenges from the field

I have to acknowledge that looking for potential interviewees did raise some challenges. This was because I was looking for these men within a context in which HIV/AIDS is contested. More so, I was searching for potential interviewees in a situation in which the company's HIV/AIDS programme communicated a dominant version of what HIV/AIDS is. This meant that the men who subscribed to the claims arising from the company's HIV/AIDS programme were willing to be interviewed and were willing to suggest potential interviewees that I quickly noticed were like-minded. This was particularly the case at the early stages of my research. I sensed that there was a tendency to project an image of success on the part of those I initially interviewed. I often discovered during the interview process that these men had connections with the company peer education programme.

In order to overcome this pitfall I developed a strategy of consciously looking for counter-voices to the dominant voices coming from the company's HIV/AIDS programme. To do this I often asked my interviewees whether they knew someone who did not hold the same belief as they did about HIV/AIDS, I would then look for those persons. I often took care that I kept my referrals anonymous, because I thought that

anonymity was important in such cases, the mention of individuals' names had the potential of being explosive. In fact, some of these men who referred me to their colleagues often warned me not to say who it was that had referred me to them. In this way I was then able to tap into existing points of disagreements between colleagues and friends. What this implies is that some voices were harder to find while some were easily accessible. This may explain why the voices that are in agreement with the company's HIV/AIDS programme predominate in this study.

Also, I learned that talking about HIV/AIDS poses some difficulties because it involves talking about sex. This was particularly true where older men were concerned. Talking to them about sex generated some uneasiness because it meant crossing status boundaries. This status boundary is determined by age which in many African contexts decides the why and how of a conversation between younger and older persons. Certainly, sex is one of those items that structure the nature of conversation between the young and the old persons. As a younger man talking openly about sex with older men would not only be impolite but it would also be downright rude. So, I have had to navigate that terrain very carefully, had to use caveats and indirect ways of asking questions so as to show my respect to seniors. It is perhaps that knowledge and the mannerisms that I made use of, that made for easier reception on the part of these men. To those who did not know me, and there are many in this study, I have had to emphasise from the beginning that I am not only a student but that I am an ex-mineworker myself. In doing so, I was not only trying to find a connection with my interviewees but I was consciously attempting to say to them that I had come to speak to them as a man and not just some student from a university. I have had to lay claim to my manhood in the presence of the men who are subjects of this study. This claim, which I think worked very well for me, was never without contestation. I recall talking to Sello (see Appendix 1 for his profile), one of those older men in this study. After the interview, which was frank and fascinating, he told me that he would never have spoken to me about sex under normal circumstances. He spoke to me about sex, he said, only because he too had a son at the university and that he knew that, just like me, his son would one day have to go and do research and that he expected people to treat him with kindness. He never spoke to his first-born son about

sex, he continued, until he (the son) was a married man. Reflecting on this conversation I realised that my status as a younger unmarried man raised some challenges where conversation with older men and possible married men was concerned. This is precisely why I had to exploit my position as an ex-mineworker to the full. It was my most available way of claiming manhood in the presence of real men.

2.3 Choice of research site

Two reasons motivated the choice of Monyakeng as a research site. The first is that at the time when this study was conceived Blueflame (and the mining industry in general) was said to run intensive HIV/AIDS intervention programmes whose aim was to curb the spread of HIV among mineworkers. HIV/AIDS education was said to be one of the core features of these intervention programmes. The emphasis on periodic and systematic HIV/AIDS education aimed at mineworkers attracted me as it implied a renewal of commonsense notions of HIV/AIDS. I thought that such educational programmes had yielded individuals with coherent knowledge about HIV/AIDS seeing that they had commenced a few years before the conception of my study. That is, I thought that these programmes had created space for encountering individuals with good sense in relation to HIV/AIDS.

The second is that at that same time of the conception of this study, Monyakeng was said to be the leading example of a place in which workers were participating in voluntary counselling and testing. That is, it was a place wherein workers were being encouraged to test for HIV so that they could know their status. Company statistical information at the time bore testimony to this. Thus Monyakeng provided a place where there existed not only an Aids programme but one that had a regular audience consuming its messages. The fact that this audience happened to be mineworkers was an added advantage to the objectives of this study.

2.4 On positionings as ways of seeing: Thrashing a conceptual approach

The information that I have collected from the interview process has made visible the operations, within Monyakeng, of what I call a medi-world. A medi-world is a region

within the system conceived here as that part of social life that is governed by the interests of money, power and technical ability⁸. It is necessitated by health-related forms of crises which require medical intervention. In the case of this study that crisis relates to the proliferation of HIV among workers in a gold mining business unit. As a region within the system, a medi-world comprises of a variety of practices which structure its composition; these practices accord its nature and function. In the case of this study the practices of capital and medical science converge within a dispensation of democracy, in order to structure the articulation of this medi-world. Power, as a result, underscores how a medi-world expresses itself. In the case of this thesis bio-power constitutes the most prominent form of power relating how a medi-world articulates itself. This is because the provision of health, in a time of AIDS, to mineworkers as a population and as individuals is a key mission of the operations of a medi-world. Benevolence towards workers, thus, characterises how a medi-world functions. I argue that the discourse of HIV/AIDS at Monyakeng already assumes the operations of a medi-world as well as the practices that structure it. As its name suggests a medi-world is saturated with medico-scientific knowledge about diseases. Though its operations are manifest in mineworkers' knowledge on, for example, tuberculosis (TB) and silicosis, I focus on it with regard to HIV/AIDS.

As the underlying reality behind Monyakeng's message of HIV/AIDS and its propagation, a medi-world configures the responses of mineworkers to the message of HIV/AIDS. That is, the understandings of the men who are subjects of this thesis about HIV/AIDS already presuppose the operations of a force whose practices shape how the message itself is packaged and proclaimed. The understandings of HIV/AIDS of these men, as a result, constitute the pillars of a medi-world. As infrastructure pointing to the workings of a medi-world, these understandings comprise positionings, they constitute durable but dynamic structures in perception (i.e. they are embodied experiences capable of translating into forms of agency) that are made evident by the interactions of these men with Monyakeng's message of HIV/AIDS. I refer to them as positionings and not

⁸ Calculability, efficiency, predictability and control are key features of the system. The system as a result, refers to that part of social life in which rationalisation is the motto. Habermas' (1984) discusses this in detail.

positions because they are not fixed and rigid but are subject to change because of their dynamic character. They yield durable but temporary dispositions in relation to the phenomenon of disease and do not result in subject constitution. Positionings are, therefore, embodied but modest outlook-generating structures and mechanisms. They inform the givenness of HIV/AIDS to the experience of social agents. Consequently, they provide social agents who possess internal conversation⁹ with ways of seeing.

Since positionings do not depict subject constitution but dispositions or perspectives expressed in relation to a given issue at hand, they do not necessarily point to what happens in actual practice in life. They speak, instead, to the views of these men concerning HIV/AIDS as these men feel and think about it at a given time. They do not point to what these men are but rather how they feel and think about the message of HIV/AIDS as it is communicated by the company's HIV/AIDS programme. The information that I have been able to collect through the interview process, as a result enables me to speak with confidence about their views concerning the company's message about HIV/AIDS and less about their actual sexual practices in real life. I can only talk about practices by way of assumptions. This means that as structures pointing to a relationship with a medi-world the positionings found in this thesis do not concern what happens in real life practices but focus, instead, on ways of seeing of the men who make up this study regarding HIV/AIDS. This is not to say that their views cannot translate into practice but simply to caution that I do not have evidence for the things they actually do in practice. I rely on the accounts of these men and attempt to talk about them as they presented themselves to me.

This study has been able to uncover four of these positionings that constitute dispositions in dialogue with a medi-world found within Monyakeng. These positionings are respectively, 'progressives', 'chance-takers', 'indigenes' and 'radicals'. I have named these positionings after the men who resemble the dynamics that each positioning

⁹ By internal conversation I refer to that internal dialogue that is a feature of individual personal identity which informs the choices social agents make in the world. By according social agents an internal conversation I am arguing that they have reasons for the things they do and believe in the world. The concept is elaborated in detail in Archer (2007; 2003; 2000).

depicts. This means that I have been able to identify four of these durable but dynamic structures that relate how the men who are subjects of this thesis understand HIV/AIDS. As durable but dynamic structures, positionings are products of engagement between the message of HIV/AIDS underscored by the workings of a medi-world and the things that the men take for granted as things that make up who they are. Positionings are, as a result, constituted at the interface between system and life-world¹⁰. Their composition allows entry of aspects of the life-world, manifest in the things that these men take for granted as things that make who they are, into a terrain characterised by technical knowledge and expertise. It is this entry that enables the configurations of these positionings. Positionings, as a result, require the workings of a medi-world in order to come into operation. That is, they entail social agents in possession of knowledge about a given disease in order to manifest.

I treat these positionings as ideal types¹¹ since they do not correspond to actual entities in the real world. While this thesis has identified positionings as real structures with the potential to make social agents do things in the world (i.e., with agency), the same structures may exist elsewhere but with some form of variations that this study has not been able to identify. They are results mainly of abstraction. Also, social agents may possess more than one of these structures. This means that these positionings are not features of particular social agents. They are features, instead, of the circumstances of particular social agents located in a given time and place. These positionings highlight what happens when medico-scientific knowledge leaves the laboratory and enters the public arena.

I show in **Chapter 4** that a positioning of ‘progressives’ comprises the entry into the space of technical knowledge and expertise of the ideas these men have of themselves as providers to their families and as men with culture, morality and religion. These ideas do not only furnish these men with a sense of self in the world but provide a feeling of what

¹⁰ By lifeworld I denote that part of social life characterised by shared understandings and values developed in inter-subjective relations over time that provides social agents with a sense of who they are. I have borrowed this understanding of lifeworld from Habermas’ *Theory of Communicative Actions* (1984).

¹¹ I use ideal types in the Weberian sense of entities that are products of abstraction and that do not necessarily correspond to perfect entities in the world.

they value, believe, are willing to live and die for as well the things they are prepared to sacrifice and it is this sense that they bring into an engagement with the message of HIV/AIDS. This means that they enter that terrain in which a medi-world is operative, that space of bio-power, as men with sets of values that they take for granted. I will demonstrate that it is these sets of the things they value, that provide the infrastructure for Monyakeng's message of safe sex. In doing so, I argue that there is no one-to-one correspondence between the dissemination of information concerning HIV/AIDS and its reception by men who make up this study. Thus, the reproduction of the claims of the message of HIV/AIDS evident in this positioning is indicative of how forces beyond the immediate communication of the message of HIV/AIDS are brought to bear in shaping the configurations that it takes.

In **Chapter 5** I explore a positioning of 'chance-takers'. I demonstrate that this positioning allows for entry into the domain of technical knowledge and expertise of erotic values that these men take as given. 'Chance-takers' enter into dialogue with Monyakeng's message of HIV/AIDS as men who take for granted their subject constitution as sexual beings in need of sexual partners. This is not necessarily because of the fact that they are far away from their wives and feel deprived, it is rather because as heterosexual men they can be attracted to women they consider beautiful and they can initiate relationships with them. These men enter this space with the ideas about beauty that they take as given. I show that entry of these ideas into the sphere of the medi-world disrupt beliefs of safe sex practices, because these ideas advance self-indulgence to the exclusion of safety. In examining this positioning I shall attempt to ascertain the factors that may lead men, who otherwise believe in safe sex practices, to embark on risky sexual behaviour. I will argue that by grounding ability to avoid the contraction of HIV in men conceived as utility maximisers the message of safe sex proclaimed at Monyakeng underestimates embodied sexual desire. This, in short, is a disrupting positioning.

In **Chapter 6** I show that a positioning of 'indigenes' derives from the entry into the sphere of technical knowledge and expertise (i.e., of a medi-world) of culturally based notions of health and disease. I demonstrate that the ideas which these men take as

obvious unsettle and disrupt dominant explanations of HIV/AIDS at Monyakeng because they introduce counter-aetiologies about the causes of HIV and AIDS. These counter-aetiologies give rise to explanations of HIV/AIDS that compete with that of the content of Monyakeng's HIV/AIDS programme. However, because 'indigenes' adopt the technologies that Monyakeng's HIV/AIDS programme makes available in order to curb the spread of HIV among its workforce they give rise to a complex positioning that combines elements of both the system and the life-world. I demonstrate that ideas about the desire of men to want to control women's bodies are central to how these counter explanations of what Monyakeng calls HIV/AIDS articulate themselves. I argue, as a consequence, that the image of the body of a woman as vile relates how this positioning expresses itself.

In **Chapter 7** I outline a positioning of 'radicals' which I maintain emerges out of the entry into the domain of technical knowledge and expertise of the ideas that consider HIV and AIDS as the work of a malicious enemy. This malicious enemy who takes the figure of white nations that historically colonised Africa seeks the destruction of black communities in Africa because the enemy is opposed to their freedom. In this regard then HIV and AIDS become representative of contemporary forms of the subjugation of life to power in ways that seek the destruction of the lives of people who constitute black communities in Africa. They are indicative, therefore, of the continuation of colonial forms of governmentality and their intention to reduce black bodies to bare life. This positioning, as a result, introduces the politics that these men take for granted into the space that is meant for medical science. I argue in this chapter that historical memories associated with colonial forms of governments shape how this positioning finds expression.

2.5 Critical realism: A methodological framework for grounding positionings

To say that the men who are subjects of this thesis see HIV/AIDS through positionings (i.e. the embodied durable but dynamic structures) has certain implications. Firstly, this makes positionings entities with a real existence that can be defended. Secondly, these positionings imply a particular relationship between structure and agency. This is because

as embodied entities they are products of composite forces emanating from the relationship between social agents and the external world they inhabit. Thus, the question of which methodology is best suited to defend such entities as well as the implications they have for a relationship between structure and agency becomes of paramount importance. I argue in this section that critical realism is best suited for this undertaking. It is helpful in enabling a discussion about these positionings as forms of truth.

Critical realism is mainly a philosophy of ontology and is realist because it is critical of the “current postmodernist and social constructionist vogue” (Cruickshank 2003:1). It is also critical of the foundationalist views of knowledge (Sayer 2000). Thus while it rejects simplistic notions of a reality out-there waiting to be discovered but recognizes that this reality is “stratified, differentiated, structured and changing” (Danermark et al 2002:10), it simultaneously negates the opposing view that reality is merely a product of constructed narratives. It holds that the “self can obtain knowledge of a reality that is separate from our representations of it” though that happens through the deployment of “fallible theories” (Cruickshank 2003:1). Consequently, critical realism “combines and reconciles ontological realism, epistemological relativism and judgemental rationality” (Danermark et al 2002: 10).

A critical realist methodology is best suited for this undertaking because it articulates causation in relation to a conception of ontology as stratified between the divisions of the real, the actual and the empirical. The real is important in two ways. Firstly is it the realm of whatever exists (whether that thing be natural or social) whether or not it happened to be an empirical object and irrespective of whether we happen to understand it. Secondly, it is the realm of objects, their structures and powers (physical or social) and their capacities to behave in certain ways and causal liabilities and passive powers which may (or may not) lead to certain kinds of change. The actual is the realm of events. Is it the realm of what happens when these powers are activated and what they do. The empirical is the realm of experience and observation (Sayer 2000).

This realist conception of ontology presents a nuanced view of reality wherein what happens does not necessarily exhaust what could happen under different circumstances or conditions. This means that there can be no guarantee that what has been known to operate in a particular manner (i.e. a regularity) will always function as previously known. This is because such knowledge does not necessarily take into account the nature of the mechanism or mechanisms that give rise to such a known event. They take the relationship between cause and event as exhaustive of reality. However, once we realise that what gives rise to what is known to happen, are underlying mechanisms operating in the realm of the real and that under some given circumstances the conditions enabling the operation of these mechanisms can change our confidence in discovering causal laws in the sphere of the social crumbles.

Thus, instead of looking for causal laws characterised by the existence of regularities, realists search for causal explanations to observed enduring phenomena. In doing so, they seek to provide an explanation of the mechanisms that give rise to such observed phenomena. Since the realm of the real is not only the realm of the physical but also of the symbolic, the scope for things that can account for causes is broad and complex. In this scheme of things both physical and symbolic entities can account for causes. This suggests that mechanisms reside in both physical and symbolic entities. Thus such entities possess causal powers that manifest themselves under certain conditions. This suggests that explanations that focus on the relationship between cause and event confine their analysis to the realm of the empirical and overlook, as a consequence, the realm of the real which ought to inform social explanation.

By grounding positionings within a context wherein reality is conceived as “stratified, differentiated, structured, and changing” this study is not only disputing the claims of a reality out-there awaiting discovery but it simultaneously negates the opposing view that reality is merely a product of constructed narratives (Danermark 2002: 10). In this regard this study claims that the way the world is determines how we come to know about it (Bhaskar 1989). Consequently, this means that the “self can obtain knowledge of a reality that is separate from our representations of it” though that happens through the

deployment of “fallible theories” (Cruickshank 2003: 1). This means, therefore, that not all theories are equally placed to account for an understanding of reality. Some theories provide more/less reliable accounts of reality than others¹².

Implicit in the statement above is the view that attempts to represent reality remain incomplete. The claim to the incompleteness of knowledge implies, as a result, a rejection of foundationalist representations of truth. This refers to the often ahistorical, acontextual, and everywhere applicable conceptions of truth associated with grand narratives. The rejection of this version of truth suggests, at the same time, a renunciation of objectivism and the correspondence theories of truth. On the contrary, critical realists acknowledge the contextual specificity of knowledge though, as pointed out before, they do so in ways that reject judgemental relativism. Coupled with this incompleteness of explanations of reality is a crucial issue which concerns the fact that objects themselves consistently undergo historical evolutionary change which is due to the double hermeneutic (see Sayer 2000: 234). It is in this regard that critical realists argue for epistemic gain “rather than truth” (Chouliaraki & Fairclough 1999: 34), although “truth remains a regulative ideal” (Selikow 2004: 61).

Though grounding positionings within a conception of reality as stratified and changing is of paramount importance, it also needs to be accompanied by an explanation of a conception of both structure and agency as well as how they relate. This study departs from the premise that “independent properties and powers pertain to both the ‘parts’ of society and to the ‘people’ within it” (Archer 2000: 5), both structures and agents possess the capacity to do even though in the case of the former such capacity depends on the consciousness of agents. In taking this line the study immediately seeks to position its inquiry in contradiction to conflationary theories wherein structures determine agents (objectivism) or where agents freely constitute the social world (voluntarism).

¹² By making this claim I am dispensing with judgmental relativism which advocates for the validity of all theories in relation to an understanding of reality. I argue that some theories provide more reliable accounts of reality than others.

The claim that structures and agents possess the capacity to do is important because it implies that analytically these two are distinct. Structures denote the material and cultural conditions in which action takes place and they are not that action itself (Bhaskar 1979; Carter 2000). Analytically, structures exist in the realm of the real and they are both external and internal to an individual. As we have already seen, these structures are material and physical as well as discursive, symbolic and linguistic. This means that they are capable of generating and reproducing relationships. Consequently, they are real causal mechanisms operating in the social world and not mere theoretical concepts (Lewis 2000).

Following Bhaskar this relationship between structure and agency could be conceived as one wherein

Society is both the ever-present condition (material cause) and the continually reproduced outcome of human agency. And praxis is both work, that is, conscious production, and (normally unconscious) reproduction of the conditions of production, that is society. One could refer to the former as the duality of structure, and the latter as the duality of praxis (Bhaskar 1989:34–35).

While Bhaskar treats both structure and agency as analytically distinct he, nonetheless, presents them as intertwined and mutually implicating one another. This avoids an either/or approach that results from a polarisation of the structure/agency debate. What it seems to highlight is an interdependence that gives rise to a “both/and” approach that necessitates asking a different set of questions in relation to this relationship. With regard to this study it is important to ask how structures enable and constrain agency and to ask how actions reproduce and transform structures (Selikow 2005:78).

The concept of emergent properties adequately captures this relationship. Perceiving structures as emergent properties means “arguing that structures were created by the actions of individuals in the past, and now have causal properties in their own right” (Archer 2003; see also Sayer 2000). In linking structure and agency in this way we are in essence saying that though structures influence social action they do not determine that interaction. Consequently, as Archer observes, we avoid putting the explanatory weight on either structures or individuals which would result in determinism (Archer 2003). By deploying analytical dualism this study rejects the notion implicit in behavioural

approaches which treat people as autonomous agents who act independently of structures. It also refutes the tendency of structural approaches to reduce people's health into a mere consequence of the workings of structures.

While analytical dualism insists on treating structure and agency, the parts and the people as distinct and as possessing emergent properties, it is also important to make a further differentiation between them. That is, it is analytically significant to think of the parts and people as stratified entities (*see* Sayer 2000; Archer 2003). Perhaps, with regard to the people the most fundamental distinction is that between "collective agents and individual (collective) actors" (Carter 2000). Archer defines agents as "collectivities sharing the same life chances, where the relations between these two elements are necessary and internal ones" (quoted in Carter 2000:69). So, for instance when we refer to migrant mineworkers we are saying something about the life chances available to someone in that position and the nature of the position itself. In other words, being a mine migrant agent necessarily makes sense in the context of the relationship between migrant mineworkers and those who have the means of capital; those who sell labour power and those who buy it. Thus the distribution of resources, which are pivotal to life chances, are themselves dependent on the relations between migrant mineworkers and the owners of mining capital and this, of course, as Archer notes, are relations between collectivities (quoted in Carter 2000:70). This distinction, as Carter remarks, also suggests that we are agents before we can be social actors (Carter 2000: 70).

Of course, when dealing with individual agents we are dealing with properties of reflexivity, intentionality, interpretative skills and purposiveness (Carter 2000:69). This means that though individual agents are born into an objective socio-cultural order that is not of their own choosing they still possess the power to make individual choices. By interpreting agency in this manner we highlight the multifaceted nature by which agency expresses itself in real life contexts. Within a concept of structure, or parts, we can distinguish between situational and structural contexts (Carter 2000:71). Situational contexts are those contexts wherein interaction between actors is flexible and can be negotiated. Structural contexts, on the other hand, are those contexts that are

institutionally structured and that are difficult to negotiate. Seeing both structure and agency as stratified allows us to ask whose actions are responsible for what and why, instead, of providing reductionistic and generalizing descriptions.

Following a critical realist methodology does not only furnish a complex conception of reality but it makes the defence of positionings, a key finding of this study, possible. This is because its notion of causation articulates the real as the realm of whatever exists and as the realm of objects and their structures. Since positionings make the men who are subjects of this thesis, see HIV/AIDS they are real. Their existence is not dependent on their observability and as structures they enable particular forms of activities. However, they are not laws but enduring forms of phenomena whose existence is contingent of the operations of conditions making them possible. The articulation of HIV/AIDS of the men who are subjects of this study make them manifest.

CHAPTER THREE

From societal differentiation to societal de-differentiation: Changing regimes in the organisation of society

3.1 Introduction

In the preceding chapter I have outlined how I went about collecting information concerning the understandings of HIV/AIDS of the men who are the subject of this study. I have also furnished the conceptual framework that conveys my explanation of these understandings of HIV/AIDS. I placed this conceptual approach within a critical realist methodology. I said that as a philosophy of ontology critical realism is best suited to furnish a defence of positionings as entities and structures in the minds of social agents. This is because the operation of the deep underlying structures behind the surface appearance of reality is the preoccupation of critical realism. Positionings depict these deep underlying structures that are behind the communications of HIV/AIDS by these men.

In this chapter, I locate Monyakeng, the research site in which this study was undertaken, within a broader context of social and political changes in the Merafong Municipality. In doing so, I attempt to furnish the social context of the place in which these men work and spend most of their leisure time. This sense of place will later illuminate some of the responses of these men to the scientific message of HIV/AIDS. A sense of place is, therefore, important to an appreciation of some of the arguments these men make concerning HIV/AIDS. I show in this chapter that the culture of individual rights informs the configurations of the Merafong Municipality as well as the responses of Monyakeng to the proliferation of HIV and AIDS among its workforce. I situate Monyakeng's HIV/AIDS programme within this social context and argue that the complex responses of these men to the scientific message of HIV/AIDS are shaped by this social context. Consequently, I contend that the responses of the men in this study to HIV/AIDS cannot be understood independently of social and political changes in this mining industrial context and the particular ways in which they are experienced by the men concerned.

3.2 Merafong municipality: A historical overview

Merafong municipality is situated in Gauteng, South Africa's smallest but richest province. It is South Africa's largest gold mining complex with a population of about 287 607 00 inhabitants and covers an area of about 163 170 kilometres (Merafong City Annual Report 2007/2008:20). The Municipality consists of two major towns. These are namely, Carletonville and Fochville. Carletonville is its principal town and the seat of the local government. Apart from these towns, the Municipality comprises of several informal settlements as well as townships. Khutsong, the place where the battle for the re-incorporation of Merafong municipality from the North West province to Gauteng was fought, is the largest and the oldest of these townships. Like most gold mining towns in South Africa, the economy of the Merafong municipality depends mainly on mining.

As a political demarcation Merafong municipality is recent and owes its birth to the political transition from apartheid to democracy in 1994. Its history, however, is long and goes back to the establishment of the town of Carletonville in the 1930s. This was a time in British colonial South Africa wherein the growth of the mining industry was engulfed in pessimism. During this time South Africa experienced an economic depression and the industry was in a decline due to a belief that existed at the time that no new gold deposits could be found in the historical Witwatersrand area. This pessimism led to a closure of some mining companies that saw no prospects for a brighter future. It only took the courage and foresight of Gold Fields' consulting engineer Guy Carleton Jones, who moved against popular sentiment and invested 500 pounds in prospecting for gold in the historical west Witwatersrand areas to counter this pessimism. The result was the discovery of one of the world's greatest gold deposits in what came to be called the West Wits Line and it was this discovery that gave Carletonville its reason for existence (Carletonville's Quarter Century : sa).

Due to the discovery of gold deposits Carletonville became one of South Africa fastest growing towns of the time. The fast pace of modernisation of what was previously a farming area is evident in that Carletonville was officially proclaimed as a town in 1948. This proclamation implied the need to establish a legitimate local political authority that

would see to the running and administration of the newly promulgated town. The choice of this administrative body followed in 1949 when the first nine members of the “local area committee of the Far West Witwatersrand of the Transvaal Board for Peri-Urban Areas” was formed (Carletonville’s Quarter Century sa: 3). This marked the establishment of Carletonville’s first local Council and therefore, its first formal political authority.

The town itself came to comprise of a nexus of several gold mines that served as engines of economic development. The first of these gold mines was the Blyvooruitzicht Gold Mining Co. Ltd. which was established in 1937. This was followed later in 1945 by the commencement of West Driefontein Gold Mining Co. Ltd. and of Doornfontein Gold Mining Co. Ltd. in 1947. In 1957 another mining company was added to this flourishing mining area, Western Deep Levels Gold Mining Co. Ltd. which only came into operation in 1962 (Carletonville Quarter Century sa: 2). It was at one of the business units of Western Deep Levels Gold Mining Co. Ltd. that I came to find employment from 1993 to 1996 as a young lad who had just completed high school. For purposes of anonymity I refer to this business unit as Monyakeng. Thus, though in some limited ways, I have partaken in significant moments in the events that have come to shape the Merafong municipality.

The official declaration of Carletonville as a town in 1948 coincided with a critical moment in the making of South Africa. This is because 1948 was a watershed moment in which the National Party, under the leadership of DF Malan, became the ruling party in South Africa. The ascendance of the National Party to the status of a governing party had a number of implications. It meant the rise of Afrikaner nationalism which itself was a response to the domination of the South Africa political landscape by the British colonial administration. With the rise of Afrikaner nationalism effectively commenced a process of the end of British rule in South Africa. This was to become evident later, in 1961, when the then Prime Minister of South Africa, H.F. Verwoerd, declared South Africa a republic. This move put an end to South Africa as a British colony and saw its emergence as an independent republic.

Apart from the implications stated above, 1948 was a critical moment because it saw the introduction of the policy of apartheid¹³. The introduction of apartheid gave rise to a society in which race took centre stage in morality, ethics and the allocation of resources. It gave rise to a worldview that gave currency to a society based on biological differences. In this emerging schema, white people were viewed as essentially different from black people in their nature, they were understood to embody an essence that defined them as superior beings in relation to their black counterparts who were understood to embody an essence of a poorer and, therefore, inferior quality. These essences were seen as the reason for the differences in culture and were used to explain the limits of intellect for both white and black people. By virtue of this perception white people were considered to have a predisposition to a higher intellectual capacity, whereas black people could only perform mundane tasks that corresponded to the quality of their embodied essence.

The period of 1948 and after, therefore inaugurates an era wherein differences between white and black people are not considered merely superficial and contingent. These differences appear instead to be foundational, fundamental and immutable. This period, as a result, marks a radical shift from British colonial modernity in the sense that its worldview is premised on essential biological differences. Inequality emerges in this dispensation not only as a result of political domination of one group by another, which is purely incumbent on historical circumstances, but it surfaces as something that is biologically ordained and which requires maintenance by established political authority. The interesting thing about this moment is that while in the metropolis disembodiment constitutes the truth of the subject in the colony embodiment becomes an essential part of the process of imagining the subjecthood of both the settler and the colonised. In this encounter, the body of the colonised gets to represent a barrier beyond which an encounter with civilisation ceases. This barrier manifests itself in settlement patterns, distribution of resources and burdens which Fanon (1968: 27-32) so eloquently articulates.

¹³ The emergence of apartheid is described in detail elsewhere (Bonner et al 1993).

The valorisation of essential biological differences between white and black people, however, had ramifications beyond the boundaries of race and was felt where gender was concerned. This is because in as much as white and black bodies were considered to be predetermined by essential biological differences, the same exposition applied to men and women, they too were considered to be products of biological determination. Thus the biological essence that functioned to differentiate white and black people did the same in the case of men and women. Being men and women beyond the dictates of biology, therefore, ran contrary to this emerging worldview. Consequently, the boundaries of the gender identities became a terrain of control by the political establishment as much as that of race. As a result, after 1948 commences an era wherein racially and gendered bodies come under the regulation of the established political authority. It produces an era wherein modernity emerges as societal differentiation on the basis of race. Race became a determinant in who became rich and who became poor. This triple hierarchy of race, class and gender is manifest in Moodie's (1994) study of masculinities in South Africa's mines in the period preceding the dawn of democracy in 1994.

In the case of Carletonville, this obsession by the political establishment with the regulation of racial differences is evident in the removal of black people who had been residents of Carletonville before the discovery of gold mines from "hovels" in town to the nearby township of Khutsong, built specially for them (Carletonville Quarter Century sa: 4). The removal of black people from the flourishing town of Carletonville to Khutsong marked the construction of Carletonville as a place meant specifically for the habitation of white people. The same thing applied to Khutsong, it became a destination for black people to live in and prohibited any person considered white by the political establishment to reside there. The residents of Khutsong, could under these circumstances, only enter Carletonville on a temporary basis, mainly as workers.

It were not only the black residents of Carletonville whose presence in town posed a challenge to the emerging ideology of racial purity and the resulting obsession with the political maintenance of racial differences, but the need for black labour on the mines,

necessitated by the discovery gold, added to this problem. The demand for this labour implied the arrival in Carletonville of large numbers of mainly black men who were recruited from southern Africa's countryside. Thus quite interestingly, the rise of Carletonville as a town, with a flourishing gold mining complex, thirsty for black labour, coincided with the emergence of an ideology of racial differences which required the banishment of black people from town. The construction of barricaded and single-sex compounds within respective mining companies which were meant to house this labour provided a way out of this dilemma. Compounds on the mines and the township of Khutsong, therefore, emerged within this period as establishments that sought to prohibit racial mixing of white and black people. They appeared as products of a reasoning for racial purity and as infrastructure for the reproduction of that logic.

This emergence of racially segregated geographies seems to suggest that the logic of racial differences essentially saw black people as outsiders in towns or cities and, consequently, as bearers of tradition. If a town or a city, and therefore a place, could be seen as an embodiment of an ideal, in this particular case, the ideal of modernity in its expression during the apartheid era, then it can be argued that this logic considers black people as outsiders to the ideal of modernity which emerges, and in the context of these events, as a sole preserve and proper habitation of and for white people. Compounds and the township of Khutsong appear as a result, as places and habitations outside the ideal of apartheid modernity represented by town as a physical space embodying that ideal, both constitute the outside of apartheid modernity¹⁴.

Further, it seems as though these emerging geographies implied a relationship between race and place wherein one's race determined one's belonging. In the case of migrant mineworkers relegated to the compounds, it seems as though apartheid modernity constructed them for men who essentially belonged to the rural countryside and who were present in a town in so far as they were permitted to work there, their residence was

¹⁴ In his study of sports, culture and identities in South Africa Nauright (1997: 10) locates the association of the "city as a 'white' and 'civilised' space, a refuge from black and barbaric Africa" to the time of British colonial. This would imply that the apartheid moment represents an era of the crystallisation of the colonial mind set.

constructed as though it was somewhere in the hinterlands of rural southern Africa. The township, on the other hand, presents an interesting case as it stood in an ambivalent relationship to both town and the rural areas. Whilst it was not rural, neither was it urban, it languished somewhere between the town and the rural areas, even though in terms of distance it was far away from rural areas and much closer to town. In the logic of race informing apartheid modernity the township still, as we have seen, demarcated a place outside the ideal of apartheid modernity. So, compounds and the township of Khutsong equally pronounced that black people belonged somewhere else and that that somewhere else was outside the bounds of modernity as an expression of apartheid.

What is important here is the recognition that apartheid used the physical control of space in order to construct blackness as a counterpoint of modernity. This physical control of space, however, also meant that whiteness and blackness emerged within this period as particular configurations of apartheid. Some have written about how apartheid accorded different identities to both white and black men. These studies show how white men stood as men in relation to black men who were relegated to the status of boys (Moodie 1994). The studies also highlight how the difficult circumstances of life on the mines necessitated the construction of the identity of black men as macho and how black men themselves participated in the reproduction of these macho identities. More importantly, we notice in Moodie (1994) that black men entered apartheid modernity as subjects housed in compounds in accordance with their 'tribal origins'. Thus, they did not only enter apartheid modernity as workers but also as culturally determined 'tribal' men.

This state of affairs, which has been described above, became a characteristic feature of Carletonville until the early 1990s when apartheid began to crumble under the force of domestic and international pressure. The year 1994 in particular ushered in a significant moment as South Africa marked the transition from apartheid to democratic rule. Among other things, a key feature of this transition was the dismantling of race as a criterion for entry into modernity as a space epitomised by a town. That is, 1994 does away with the logic of biological differences that underscored apartheid. Consequently, it ended the notion of modernity as a societal differentiation on the basis of race. This is because the

dawn of a democratic era introduced a new regime in which individuals were seen as having the right to make choices about their own lives. In this era the state relinquished authoritarian control over the affairs of individuals.

With the end of apartheid and the dawn of a democratically elected government comes a new regime of the regulation of bodies. This regime is characterised by societal de-differentiation against race (i.e., it dispenses with race as a criterion determining the organisation of society although, of course, the effects of racism still remain). The chief instrument used to achieve this is a common citizenship, which is granted to all South Africans irrespective of race. With regards to Carletonville this process of societal de-differentiation against race manifested itself in the process of the re-writing of municipal boundaries which accompanied transition from apartheid to democracy. In this transition the former municipality of Carletonville came to an end, as it was replaced by the new municipality of Merafong. In stark contrast to the municipality of Carletonville, all those who resided within its boundaries, irrespective of their race, elected the municipality of Merafong. Because black people constituted the majority of this constituency the Merafong municipality's political authority has fallen into their political control. The demographic reflection of this political authority itself speaks of the transition from apartheid to democracy.

The de-racialisation of the municipality is not only evident in the demographic profile of the political authority of the new municipality, but it is also manifest in the demographics of the town of Carletonville. As already pointed out earlier, prior to 1994 Carletonville was regarded as a place designated for habitation by white people only. However, from 1994 residence within the town became open to anyone who could afford to live there. From that period onwards, what determines entry into town is not race but socio-economic status, those individuals with enough money who can afford the costs of living in town have the right to do so if they so wish. It comes as no surprise, as a consequence, that the residents of contemporary Carletonville, though predominantly white, reflect the demographics of South Africa. Carletonville is emerging in the contemporary era as a multi-racial town with amenities open for use by all racial groups.

The process of the de-centering of race has not only made the town accessible to moneyed blacks but it has opened it up to the masses, who, because of the history of apartheid, happen to be black in the main. The form of access that the masses now have to the town is in the form of access to nightclubs where strip shows take place. According to the testimony of my interviewees, this is one of the favourite pastimes of some mineworkers, many of whom still reside in the hostels of the surrounding business units of various mining companies in the area. These strip shows take place on Thursdays and generate opportunities not only for the pleasure industry but also for the local taxi industry that has to ferry these men back to the respective business units where they work. Thus the discourse of rights, which accompanies the dawn of the new dispensation has put urban sex right at the centre of town life and has massified it (i.e., it has made it available for consumption to the masses).

This massification of sexual pleasures has given rise to a lucrative sex industry as these men go to town not only to watch strip shows but also to buy sex. As a result of this, sex work forms part of the income-generating activities which take place in town. Measures have, apparently, been put in place, which seek to minimise the impact of this industry on the health of the community and of the individuals concerned. These include the provision of condoms to those men who come to buy sex at these nightclubs. From the testimonies of my interviewees, sex workers working in these clubs have a reputation for demanding the use of condoms. However, this regulated form of sex work often competes with unregulated forms of sex work wherein sex workers may find it difficult to negotiate safe sex from some of their clients. Even within the context of regulated sex work it would appear as though some clients do manage to negotiate their way out of the use of safe sex. This is because some of my interviewees speak of cases of the death of some of their friends who tested positive after their frequent visits to the pleasure industry in town. Some of these men later died. Some have already highlighted some of the difficulties that increase with paid-for sex in Carletonville (Campbell & Williams 1999:1635).

This flourishing sex industry speaks of two important issues. Firstly, it points to some of the issues that continue to pose a challenge to the process of societal de-differentiation in the Merafong municipality. Being one of South Africa's largest gold mining complexes the Merafong municipality continues to struggle with the legacy of compounds that house mineworkers from South Africa's rural countryside as well as those from the neighbouring countries. This is reflected in its demographic profile which shows that it has more men than women (Merafong City Annual Report 2007/2008: 13). Among other things, this imbalance in the demographics of men and women at the Merafong municipality may be one reason why the sex industry in the town of Carletonville is flourishing. It may very well provide an avenue through which some of these men are able to deal with the loneliness that probably accompanies life in mine hostels far away from home. Of course, it cannot be said that all men partake in these practices since a significant number of them are said to leave these hostels only when going shopping, to church or going home.

Secondly, the thriving sex industry points to the challenge of joblessness that confronts the post-apartheid political authority of the Merafong municipality. Current statistics show that Merafong municipality has an unemployment rate of about 20.6% with 26.7% of the population classified as "not being economically active" (Merafong City Annual Report 2007/2008: 16). Consequently, a significant number of people have to fend for themselves in ways that are outside the formal systems of employment. Many of these people are found in the informal sector at Carletonville. Others may equally make a living by joining the sex industry. This is particularly probable when one considers that 26.7% of Merafong's residents have given up hope of ever finding a job. One would think that under such circumstances people are likely to do anything in order to earn a livelihood. The sex industry at Merafong needs also to be seen within the context of joblessness which chastises not only Merafong but the rest of municipalities in South Africa.

The story of the Merafong municipality, like the story of the rest of South Africa, is a story of transition from apartheid and its philosophies of biological determinism to

democratic politics underscored by a granting of individual rights. Democratic politics, therefore, provide an epistemic moment that ushers in a process of societal de-differentiation against race. This process of societal de-differentiation redefines modernity as well as the criterion for entry into modernity. Within this era of democratic politics, modernity appears as awareness on the part of individuals that they have rights that are realisable independently of the desires of the collective (here the collective is in the form of the authoritarianism of deciding the affairs of individuals. This, however, has implications for other forms of collective involvement in the affairs of individuals). The realisation of these rights includes making choices about not only one's own life but also about one's own body. Thus, in this era, modernity is no longer definable by a biological definition but becomes an orientation of the mind (i.e. an attitude of the mind). As we are about to see later, this orientation triggers some of the mechanisms that inform how some men who are subjects of this study understand HIV/AIDS. Entry into modernity, in this regard, can be seen to lie at the level of individual disposition and the choices that emanate from that disposition. Race, as a consequence, ceases to function as a criterion for entry into modernity.

3.3 Monyakeng: Introducing the research site

The process of societal de-differentiation that I have outlined above has not only brought about a re-alignment of the social organisation of society after apartheid but it has also reconfigured the different constituencies of mineworkers, because citizenship is central to entry into modernity in South Africa after 1994. The centrality of the acquisition of citizenship to a meaningful participation in post-apartheid life has led to the marginalisation of the workforce coming from outside of South Africa, the reason for this is that the identities of these men have been de-valued as the currency placed on citizenship places restrictions on their agency and circumscribes their access to opportunities. This is evident in the ban placed on the recruitment of novices from the traditional suppliers of labour to the mines such as Mozambique, Swaziland and Lesotho. It is also manifest in that where promotion is concerned; mineworkers from South Africa are given priority over their counterparts from the neighbouring countries. Accounts of my interviewees speak of a quota system that is used where promotions are concerned

and this quota system allocates more numbers to South Africans as opposed to men from outside South Africa. For them this is a stark reminder of apartheid.

This marginalisation of mineworkers from outside South Africa does not only imply that meaningful entry into post-apartheid life requires South African citizenship, but it also suggests fundamental changes in the bonds that used to identify mineworkers as comrades. While prior to 1994 being outsiders to a capitalist economy provided the basis for solidarity among mineworkers, in the contemporary era the granting of citizenship on a certain section of the workforce appears to have somewhat lifted a curtain on that solidarity, as citizenship has essentially given rise to two main groups of mineworkers. These are respectively, the South African section of the mineworkers and that section of the mine workforce that by virtue of having no South African citizenship constitutes foreigners. As I show later, this exclusion of mineworkers from South Africa's neighbouring countries and the experiences of marginality that it creates, inform understandings of HIV/AIDS of some of the men who are subjects of this study.

The identities of locals and foreigners provide an interesting contrast when viewed in light of my own experiences as an ex-mineworker. This is because during the days when I was a mineworker the social divisions that existed were mainly between township boys and the men from the countryside. The social divisions themselves were a consequence of the recruitment policies that mining companies in the former municipality of Carletonville were pursuing, which aimed at the recruitment of young and literate men from the surrounding townships. Apart from being an attempt to address the critical question of unemployment this also represented an attempt by mines to transform their image as bastions of an illiterate workforce (Interview with Johan, 11-08- 2007)¹⁵. I belonged to these cohorts of young men who, during the early 1990s, were being recruited from the surrounding townships for work on the mines.

¹⁵ At the time of the commencement of fieldwork at Monyakeng Johan was the personnel officer in charge of the HIV/AIDS programme of that business unit.

During those days these young men from the townships were treated with suspicion by the men from the rural areas as they perceived that their presence might commence a process of elimination of men from the rural areas. By then the majority of these men still did not have South African citizenship as they belonged to the former homelands and the neighbouring states bordering South Africa. This turn to the mines by men from the townships may be indicative of dwindling work opportunities in the aftermath of the intensified industrial action of the late 1980s as well as international sanctions both of which caused the flight of a significant number of companies that were doing business in South Africa.

Mapantsula, as these young men from the townships were often called by the men from rural areas, have come to constitute an integral part of the workforce not only at Monyakeng but also in the mines within the geographic boundaries of the Merafong municipality. While back then the divide between rural countryside and township showed how solidarities were built among mineworkers, such solidarities appear, in the contemporary era, to have been complicated by the acquisition of citizenship by those mineworkers who belonged to the former Bantustans and who before 1994 were non-South African citizens. The acquisition of citizenship, it would seem, has given rise to new dynamics in which, on some occasion, solidarities among these men express themselves along lines of citizenship. This, it is said, becomes salient during times such as the election of office bearers for the local branch of the National Union of Mineworkers or where job promotions in the workplace are concerned. In these instances, those who have citizenship mobilise it in ways that seek to exclude those without it from opportunities. Consequently, there exists a feeling among some mineworkers without citizenship that the new dispensation excludes them and that the vanguard of their struggle, the NUM, no longer represents their particular interests. The transition from apartheid to democracy has, as a result, brought new fault lines among mineworkers themselves and these fault lines carry the potential to undermine workers' solidarity.

The location of a significant number of this workforce within the South African rural countryside as well as in South Africa's neighbouring countries means that quite a large

number of Monyakeng's workforce comprises of both domestic and cross-border migrants, it is made up of a significant number of people who constantly move between home and their place of work. This movement necessarily makes accommodation at the place of work a critical component of their experience of the work. It is no wonder then that 15 years after the dawn of a democratic era Monyakeng's hostels continue to be full of occupants. The distance far away from home continues to make this form of accommodation an essential part of the experience of mine work.

For someone, like me, who, at the time of the commencement of this study, had worked in this business unit almost ten years ago, the most noticeable thing on my first arrival at Monyakeng was the changed nature of the compound system. This became obvious by the absence of barricaded security gates in the pathways leading to the hostels. Even though security officers are still stationed at these gates one no longer needs to swipe a card to enter nor does one require permission. Members of the public, particularly those who stay at Mountview,¹⁶ simply use the gates as a thoroughfare on their way to the taxi rank at Monyakeng. Security officers that are stationed at these gates are said to be only on the lookout for stolen mine property. Porous gates, therefore, are a feature of the contemporary transforming compound.

One other sign indicative of the rehabilitation of former hostels is its transformation into single-worker units, a development that the men who are subjects of this study as well as mineworkers that I encountered in casual conversations welcome with remarkable excitement. The acquisition of privacy appears to stand out as the main reason why these men welcome the transformation of former hostels into single units. This sense of privacy is, in the main, contrasted with the disruptions that are said to be a feature of life where more than eight men stay in the same unit. For instance, these men speak passionately about how their sleep is often disrupted by their fellow roommates who have different

¹⁶ Mountview is an informal settlement within walking distance of Monyakeng. Some mineworkers have decided to move out of Monyakeng's hostels to take residence at Mountview. These burgeoning informal settlements, after apartheid, seem to be a common feature characteristic of mining areas in South Africa. While they may represent mineworkers' attempts to express their freedom of where to stay, they have at the same time come to make it difficult for unions to organise themselves (Bezuidenhout & Buhlungu 2007: 260).

shifts as they either prepare to go underground or when they come back from work. If these disturbances are not caused by those either working underground or coming back from underground they are said to be caused by those coming back from places of entertainment over the weekends. Thus access to one's private room provides much-needed relief from these circumstances.

Apart from offering privacy these men say that access to a private room minimises the chances of contracting diseases. They point out that due to unhealthy conditions underground, some men contract diseases such as TB which can be passed on from one person to another and that having more than eight men staying in one unit provides conducive conditions for the spread of such diseases. The unhealthy conditions of staying together, is singled out by some men, particularly by those who stay at Mountview, as a reason why they prefer to stay outside hostels even though it would have been more cost-effective to stay in the hostels. This is one of the reasons why, since the dawn of a democratic era in 1994, which ushered in the end of the physical control of mineworkers through the compound system, informal settlements have come to compete with hostels as alternative places of residence. For some of these men the close proximity of informal settlements, such as Mountview, to the shaft makes them places of choice over housing in the townships or the backrooms in town. It would appear that only periodic cuts in running water make these men reminisce about hostel life.

The work of the rehabilitation of the former compound, however, still has a long way to go as only a few blocks (i.e. two at the time when this research was conducted) have been turned into single-worker units. The old pattern where more than eight men live in one partitioned room still remains the dominant form of accommodation. What is interesting, however, are the dynamics that the rehabilitation of the former compound has given rise to. This is evident in the lobbying that *indunas*, who are in charge of the allocation of rooms in these blocks, are exposed to from those men who eagerly want to move from their crowded rooms. This happens irrespective of the fact that these men apparently know that priority, after the completion of renovations, has to be given to previous occupants when re-allocating rooms.

A key issue though that needs to be pointed out with regards to this on-going rehabilitation of the former compound is that it has not only facilitated free movement of mineworkers between their hostels and other places of residence in the vicinity and beyond, but it has brought urban sexuality right inside Monyakeng's hostels. This urban sexuality expresses itself in the form of homosexual sexual activities that are for sale. In contrast to those homosexual activities happening among mineworkers themselves, which Moodie (1994) has studied, these are said to be sexual activities in which men from outside the hostels, who are not mineworkers, come to the hostels on paydays to sell sex. Weekends are said to be days wherein these activities reach their peak. These men are said to come to the mine dressed like women and they have specific places where they congregate and await their clients.

This development may have something to say about how some mineworkers perceive and approach safe sex. Reports I received from some of my interviewees and some AIDS programme directors at Monyakeng, seem to suggest that there still exist a significant number of men who believe that homosexual activities present safer forms of sexual practices compared to heterosexual ones. These men appear to view sex with men in the context of urban life as a safer form of sex compared with that which is bought from female sex workers. Strangely, the view that, in the context of urban life, sex with men is safer compared with that with women existed even when I was still an employee in this particular business unit. As a result, this group of men is more likely to buy sex from men than from women. This development is interesting, as it seems to imply that homosexual sex has come to compete with heterosexual sex as some men attempt to avoid the contraction of HIV. Thus, rather than bringing to an end the homosexual practices the ongoing demise of the compound has witnessed a reconfiguration of these practices.

An interesting development of the contemporary era is the presence of significant numbers of women mineworkers at Monyakeng. It is said that these are, in the main, South African women. The relative absence of a regional women's workforce from the Southern African Development Community (SADC) speaks to the new developments

that have come to characterise South Africa's post-1994 labour policy with regards to employment on the mines. This policy, it is said, prohibits mines from recruiting novices outside of South Africa. This is a painful issue among those men who come from outside South Africa and who were hoping that, with the advent of their retirement, their children would come to take their place as mineworkers as it has been a common practice. They feel that this policy discriminates against them and undermines the contribution that mineworkers from outside South Africa have made towards a struggle for the realisation of a free South Africa. The consequence of this policy is that it directly affects families in the neighbouring countries for whom mine work has traditionally constituted a form of livelihood. As a result, the policy brings a watershed moment in the history of the political economy of southern Africa as it seeks to de-internationalise mine work.

The presence of women mineworkers mainly shows the changes that have come to characterise South Africa after 1994. These changes, as we have already seen, have been characterised by a granting of rights to those people who were denied those rights under apartheid. The new dispensation considers women to make up an important part of this constituency. Consequently, attempts have been made to push for the reform of societal institutions to include women. This attempt to advance the cause of women's emancipation has been mainly evident in the workplace. It is within the workplace that efforts to generate opportunities for women have been most remarkable. The presence of women mineworkers at Monyakeng, as well as in other mines, arises out of this attempt to uplift women given their historical marginalisation in the former dispensation.

However, some men have a hostile view of the presence of women mineworkers because they feel that the new dispensation is sympathetic to women's interests and that it does so at their expense. They argue that they have fought for change in the mining industry and that it is unfair now that change has come about, that they have to become the casualties of the rights granted to women. In so far as the mining industry is concerned, they claim the new era privileges women and educated young men over male mineworkers who have borne the brunt of oppression during apartheid and who, they maintain ought to be given first preference in the allocation of opportunities. It is mainly men with little or no

education who advance this view. As we shall see later, some aspects of the rights granted to women inform, in a fundamental sense, how some men who are subjects of this study understand HIV/AIDS.

Though women mineworkers form an integral component of the labour force at Monyakeng they do not reside within the hostels overlooking the shaft. Instead, they stay at a nearby No. 9 hostel. Before I left Monyakeng in 1996 No. 9 hostel used to be regarded as a prestigious hostel meant specifically for the use of team leaders and those black men who were seen to perform important occupations at work. *Masizas*¹⁷ provide an example of such men. This association of No. 9 hostel with prestige and with men, who are seen to perform responsible duties, might have been the underlying logic for the placement of women mineworkers. Therefore, although women make up a significant part of Monyakeng's labour force they are not part of the population residing within the hostels that overlook the shaft. These hostels remain the domain of men mineworkers.

The events at Monyakeng show that though modernity in a post-apartheid dispensation is primarily an orientation in which individuals have the prerogative to make choices about their lives over and above the desires of the collective that orientation is not purely limited to the choices that people make about their lives. This orientation has institutional implications; institutions have an obligation to reflect the rights that groups of individuals have. In this case, the institution in question has an obligation to honour women's rights of equal access to employment. In doing so, it reverses the historical legacy of the exclusion of women in the mining industry. These rights, therefore, are not just abstract but can be realised in real life experiences. The activation of these rights speaks of attempts by individuals to lay claim to opportunities that come about with the transition to democratic politics. As I have shown, however, citizenship curtails the freedom of mineworkers from outside South Africa. Consequently, it does not only limit their claim

¹⁷ *Masizas* is *fanakalo* (colloquial language spoken at the mines) and is the plural of *masiza* which literally means helper. In the mining industry this term denotes black clerks assigned for service to mineworkers who do not undertake professional work. Historically, mineworkers who performed unprofessional work were black and so the term itself speaks to the historically racialised nature of mine work. Though things, at the mines, have changed with the fall of apartheid *masizas* continue to carry this historical connotation. Unlike *indunas*, they are clerks that regulate the work life of mineworkers and not their residential life in hostels.

to the benefits that result from democratic politics but it essentially configures them as the other of the South African mineworkers with citizenship. This has resulted in the marginalisation of mineworkers from outside South Africa. As I show later, these experiences of marginality inform understandings of HIV/AIDS of some of the men who are subjects of this study.

3.4 HIV/AIDS, men and mines: An industrial response to an epidemic

The dawn of democratic politics in South Africa has been accompanied by the outbreak of HIV/AIDS among the citizenry. This outbreak has, among other things, come to undermine the gains of the freedom struggle against apartheid. This is because significant resources that were supposed to be channelled to developmental projects after apartheid are now directed towards fighting the scourge of HIV and AIDS. More so, the proliferation of HIV/AIDS has had a negative impact on the livelihoods of poor families particularly those families who loose working members to AIDS. Families with members working at the mines are among these poor families whose meagre earnings have been destroyed by AIDS-related deaths. These AIDS-related deaths have, in a way, come to undermine the jubilation that passage to a dispensation of freedom implies (Posel 2005).

The proliferation of HIV/AIDS needs to be placed within the broader context of the AIDS epidemic in South Africa. This is because South Africa is said to have the worst AIDS epidemic in the world (UNAIDS 2008). As a mining complex, the Merafong municipality occupies a critical moment in this epidemic, because mining establishments are among those establishments that are said to serve as conduits for the spread of HIV/AIDS (Campbell 2003; Williams et al 2000). This is because they are high density areas for a mobile migrant population. My attempt to explore the understandings of HIV/AIDS among migrant mineworkers, as a consequence, takes place within the context of a real crisis of HIV/AIDS in which lives and livelihoods are being lost.

I begin by pointing out that the response by the mining industry, Blueflame to be specific, to the proliferation of HIV/AIDS among mineworkers has to be placed within the broader context of the response of the South African government to HIV/AIDS, as partly, the

response of this company to the proliferation of HIV/AIDS among the workforce emanates from the South African government's handling of the spread of HIV/AIDS among its populace, which was mainly characterised by questioning the link between HIV and AIDS. This debate was led by the former president of South Africa, Thabo Mbeki and lasted for the greater part of his presidency¹⁸. The debate overshadowed practical strategies that the government could have put in place in order to combat the growing spread of HIV/AIDS in the country. Since the former president essentially questioned the link between HIV and AIDS, Government's policy regarding HIV/AIDS was never clear. Consequently, the Government could not make provision for anti-retroviral drugs to those who were ill with HIV, because the basis for the provision of such drugs was itself questionable. It was this refusal by the South African government to make anti-retroviral drugs available that compelled civil society organisations to demand access to treatment. In doing so, these organisations mobilised the right to health of all citizens for which the constitution makes provision.

As the battle between Government and civil society organisations continued, and in the absence of a clear national AIDS policy, some stakeholders, motivated by a belief in the right of all to health and, therefore, to life, felt that it was their obligation to make anti-retroviral drugs available to those in need¹⁹. The mining industry was among such stakeholders. Convinced that the Government was unable to come up with an appropriate response to the scourge of HIV/AIDS the industry went ahead and formulated its own model of intervention among its workforce. The response within the industry itself was not uniform as some mining companies were reluctant to join the fight against HIV/AIDS. According to Dr. Burrton, Blueflame was the first mining company to break this deadlock by coming up with an intervention programme for its own workforce. It did this by adopting the model that the World Bank sponsored, the model that Brazil had in

¹⁸ See Nattrass 2007 for a detailed discussion; also Nattrass 2004:41-63; Gevisser 2008:727-765; Butler 2005 and Grundlingh 2001.

¹⁹ The work of the *Medicins Sans Frontieres* in the Eastern Cape province of South Africa comes to mind in this regard (see Steinberg 2008).

the early 1990s, put in place to deal with the proliferation of HIV/AIDS among her citizenry (Interview with Dr Burron, 24-04-2007)²⁰.

The adoption of this model by Blueflame seems to suggest that it was among those organizations that had come to subscribe to the prevailing view, which was mainly advanced by a global HIV/AIDS activism, that a critical component of dealing with the reality of HIV/AIDS included, making anti-retroviral drugs available particularly to people in developing countries who could not afford to purchase them. This was a form of activism that found the morality behind HIV/AIDS related deaths, since drugs that could prolong people's lifespan were available, repulsive. It was this morality that the South African HIV/AIDS activism emanating from civil society organisations condemned in its confrontation with the South African government.

While this thesis does not necessarily disagree with the position of these civil society organisations it, nonetheless, observes that it was precisely the activism of these civil society organisations, in conjunction with international partners that brought the global pharmaceutical industry into contact mainly with local communities in the developing world. In doing so, this HIV/AIDS activism has facilitated a process of the localisation of the message of HIV/AIDS into the languages of a multiplicity of local communities in parts of the developing world. It is this localisation of the message of HIV/AIDS that this thesis studies. It does so by focusing specifically on how this localisation process emerges from a mining industrial response to HIV/AIDS among its workforce and how the workforce perceives the localised message of HIV/AIDS.

Even as Blueflame adopted the Brazilian World Bank-sponsored model for a variety of its business units, the focus of this section will be on Monyakeng. This is because the intervention programme of Blueflame was said to be most effective in this business unit. It is at Monyakeng that a workforce of about four thousand, mainly men and a significant number of women, periodically interface with the company's HIV/AIDS intervention

²⁰ Dr Burron is head of the HIV/AIDS programmes of all the business units of Blueflame to which Monyakeng belongs. Biehl 2004 provides the genesis of the model of HIV/AIDS intervention that Dr Burron is referring to above.

programme. At the time when the study was being conducted, Monyakeng was said to represent the best response to HIV/AIDS in the mining industry. This is because the highest number of mineworkers testing for HIV/AIDS was reported in this business unit²¹. From the beginning of the intervention programme until 2008 when fieldwork for this study was close to completion, Monyakeng reported the highest percentage of workers who tested for HIV. This business unit seems to have developed a vibrant culture of testing for HIV. Consequently, until 2007 it was in this business unit that most mineworkers who tested positive for HIV were enrolled for anti-retroviral therapy. In examining migrant mineworkers' understandings of HIV/AIDS this study, partly, seeks to ascertain the reasons behind this agency to test for HIV among Monyakeng's workforce.

The response to HIV/AIDS in this business unit is said to have begun in earnest in the 1990s, a period that the HIV/AIDS literature of this company refers to as the decade of 'gloom and doom'²². During this period, prevalence rates among mineworkers grew at an alarming rate and a significant number of mineworkers began to die from HIV/AIDS related illnesses²³. At the end of 1999, the company began an institutional response to the pandemic by way of establishing wellness clinics which provided an infrastructure for treatment in the subsequent year. The following year, viz. in 2000, the company embarked on a voluntary counselling and testing programme which sought to identify mineworkers who were HIV positive, and provided some form of treatment for them. The year 2002 marked a watershed moment as the company made anti-retroviral therapy available to all workers who tested HIV positive. Beginning from this time the company became one of the first establishments to offer its workers free anti-retroviral therapy.

From this time onwards, the company developed an elaborate HIV/AIDS workplace programme which, in the contemporary era, is exemplified by the Save Lives campaign. The campaign seeks to ensure that mineworkers who are HIV negative remain so and that those who test positive are enrolled with the wellness programme for treatment. Four

²¹ Internal Company Document 2.

²² Internal Company Document 5.

²³ Internal Company Document 2.

themes characterise this campaign²⁴. The first concerns the promotion of safe sex through the ABC message, partner reduction as well as refraining from high-risk behaviour. The second has to do with making workers aware of their right of access to AIDS medication in case they test positive. This facilitates early referrals and retention on anti-retroviral therapy. The third attempts to promote a culture of testing. All employees of the company, those who test negative in particular, are encouraged to test regularly in order to ensure that they constantly know their status. The fourth seeks to advance both formal and informal education. Formal education is particularly aimed at peer educators who then indirectly share it the knowledge they derive from it with their colleagues through peer education sessions.

The Save Lives campaign finds expression in a variety of settings. These include the induction process, quarterly HIV/AIDS campaigns as well as the training of peer educators. During induction sessions the focus falls squarely on mineworkers who are returning from leave as well as new recruits. During quarterly campaigns the focus shifts instead to respective sections of the business unit. Following each other in a rotational system each section gets a one-day exemption from work in order to attend these quarterly campaigns. In these quarterly campaigns mineworkers, beginning with the senior most staff, are encouraged to test for HIV. Senior staff members often volunteer to test first to set the precedence for the rest of the employees. During this period peer educators go about encouraging those who are reluctant to test to take the opportunity to do so.

The training of peer educators represents the business unit's attempt to advance the Save Lives campaign through the connections that workers have with each other. The peer educators take the message of the Save Lives campaign to the different underground workplaces as well as to the informal gatherings during leisure time. Training of the peer educators is provided by the business unit itself. In order to encourage one another and to keep on equipping themselves, these men and women meet periodically with leaders of Monyakeng's AIDS programme. During these meetings they are also given statistical

²⁴ These themes are outlined in Internal Company Document 5.

information showing trends and progress of the business unit's fight against HIV/AIDS. Information showing how other business units of Blueflame are faring in the fight against HIV/AIDS is also furnished. This generates competition with these business units as the peer educators are encouraged to work harder in order to beat their rivals. These men and women also use these sessions to motivate each other because fatigue does set in which leads to inactive peer educators²⁵.

In communicating the message of HIV/AIDS the company has had to translate it into the respective commonly spoken languages of the mine workforce, it has had to articulate this message in ways that conform to the linguistic and conceptual orientations of the cultures of the African mineworkers concerned. It has done this by employing a team of educated Africans who as it were, act as midwives overseeing the process of the translation and articulation of the message of HIV/AIDS. By virtue of their training these men and women are conversant with the message of HIV/AIDS as it is articulated by the dominant health epistemology. They are also conversant in languages that are commonly spoken by mineworkers and are therefore, capable of translating the message of HIV/AIDS into the worldviews that these men can understand. This translation is partly necessitated by the fact that the majority of this workforce is not conversant with the English language that communicates the ideas of the scientific message of HIV/AIDS (I refer to this message as the dominant health epistemology). As the message of HIV/AIDS becomes localised competing epistemologies that are often overlooked by the radar of the dominant health epistemology become activated as the interpretations of the dominant health epistemology, concerning what HIV/AIDS is, have a bearing on interpretations of sexually transmitted diseases of these competing epistemologies. As this happens, the message of HIV/AIDS undergoes a translation as it tries to adapt to the ways-of-knowing of the black mineworkers.

The Save Lives campaign, epitomised by the different pillars that I have outlined, is indicative of a concrete response to the proliferation of HIV/AIDS in the context of the mining industry. More so, it is representative of a rights-based response to health in a

²⁵ For a fascinating account of the work of peer educators in the South African mines see Dickinson (2009).

time of AIDS; it is the product of a moral conviction that the deaths of countless numbers of poor people, and the loss of livelihoods by their families, is intolerable in a context where drugs exist that can contribute to their lifespan. As I show later, it is precisely this morality that gives rise to the emergence of a localised modernising discourse about health that facilitates the incorporation of the global pharmaceutical industry into the individual actions of mineworkers as they engage with this discourse. It is the dynamics concerning this incorporation of the global pharmaceutical industry into the actions of mineworkers that subsequent chapters investigate.

3.5 An outline of the general discourses driving HIV/AIDS programming and messaging at Monyakeng

Evident from the discussions above is the fact of the operation of underlying discourses that drive both the manner in which Monyakeng designs intervention programmes as well as the HIV/AIDS messaging itself. In this section I furnish a summary of these discourses that the previous sections already assume. I do so as a way of providing evidence from the company HIV/AIDS programme that buttresses the medi-world that the men who are subjects of this study have to engage. The understandings of HIV/AIDS of these men emanate from an engagement with these discourses.

The first and perhaps, the most primary is the discourse of responsibility to fellow human beings who in the context of the outbreak of HIV/AIDS face the possibility of debility which may ultimately lead to death. It is this very existence of the possibility of debility among mineworkers which may lead to death that frames both HIV/AIDS programming as well as the messaging targeted at individual mineworkers that accrue out of this process. The possibility of debility with death is seen as posing “a threat to the employees, their families, communities and to the company and its stakeholders” (Internal Company Document 1: 2). That is, the outbreak of HIV/AIDS is seen as having potential catastrophic consequences to a wider set of established utilities that depend on each other for their survival. It is these set of utilities that, it can be argued, the programming of HIV/AIDS and its messaging intends to secure. The concern with the well being of the mineworker in a time of AIDS cannot be divorced from a concern with

the sanctity of systems of utility in a time of HIV/AIDS. The sanctity of work is of course at the heart of the war against HIV/AIDS, the war that brings both unions and mine managers together.

The discourse of concern with the well being of the other in a time of HIV/AIDS finds validity and is buttressed by a context that emphasises individual rights. The programming of HIV/AIDS stresses the creation of “a conducive environment in the workplace in order to eliminate stigma and unfair discrimination arising from the disease and, upholding the rights and dignity of affected employees, in effectively dealing with the epidemic” (Internal Company Document 2). The construction of an elaborate infrastructure comprising of wellness clinics, provision of anti-retroviral drugs, voluntary counselling and testing, HIV/AIDS education, provision of condom, the treatment of sexually acquired infections, “illhealth retirement programme linked to home-based care programmes” as well as ensuring that workers who test positive are not unfairly discriminated in the workplace bear testimony to a world already embedded and informed by the notion that individuals have rights that have to be protected (Internal Company Document 2).

While the morality behind concern with the other in a time of HIV/AIDS is certainly legitimate, one can argue that it treats science as a given. Science appears in both the framing of the HIV/AIDS programme and the messaging as not only necessary but as innocent and neutral. Its scandals in historical processes aimed at generating inequalities based on race/ethnicity and gender are glossed over. Thus, while the outbreak of HIV/AIDS provokes action aiming at saving the potentially vulnerable other it fails to initiate debate around the role of science in the health of communities. The programming of HIV/AIDS and its messaging show complete disregard for this issue. This seems to suggest that technology stands above politics and ideological struggles. The proliferation of HIV/AIDS, as we are about to see later, already implicates technology in politics and ideological struggles. One can argue, as a consequence, that the programming of HIV/AIDS and the messaging that merely makes the other into a central focal point without interrogating the role of science in historical processes aimed at constituting

racialised and gendered inequalities forecloses the critical question that the proliferation of HIV/AIDS also necessitates, viz, reflection around the very nature of our society.

The idea that science is neutral, above politics and ideology, constructs a disconnect between life as a qualitative experience and life as a construct of scientific interpretations and theorisations. This disconnect legitimises a split between the body and the person inhabiting it and generates an approach to both the programming of HIV/AIDS and its messaging that takes the body (that is devoid of the person) as the basis of knowledge about health. This gives rise to a discourse of health as scientific knowledge about the body, a discourse that consolidates the previous discourse of concern with the other in a time of HIV/AIDS. Two main discourses, as a result, underscore the programming of HIV/AIDS as well as its messaging at Monyakeng.

Among other things, the discourse of health as scientific knowledge about the body shapes the mine's HIV/AIDS education. This is evident in the investment made concerning teaching mineworkers about the immune system and its functions, transmission and progression of HIV, knowledge concerning CD 4 counts as well as sexually transmitted infections (Internal Company Document 3). It is this knowledge that makes it possible for mineworkers to talk about knowledge of one's status with regards to HIV. Knowledge of the body (particularly the immune systems) and how it works comprises part of mineworkers' everyday knowledge. Their conversation around the immune system and how it works feels almost like a new found gospel. Behind the discourse of health as scientific knowledge about the body, therefore, is the operation of what Foucault (1973) calls the clinical gaze, viz, an approach to an understanding of health wherein knowledge about the body is established independently of the one inhabiting it. This dismissal of the person inhabiting the body is further evident in statistical measurements of, among other things, VCT trends, peer education, patients on treatment programmes, hospital admissions pre and post ART commencement, prevalence of AIDS defining deaths as well as deaths of patients who passed away while on duty (Internal Company Document 1; Internal Company Document 2; Internal Company Document 3). It is this kind of statistical information that the mine uses to

assess and evaluate the progress it makes concerning its fight against HIV/AIDS among its workforce.

3.5 Conclusion

I have attempted in this chapter to place the argument of this thesis within material and social realities of the Merafong municipality. I have shown that two key moments, each with its own significance; underscore the configuration of these material and social realities. The first concerns apartheid and its philosophies of biological determinism in which modernity appears as an empirical reality defined by a biological essence residing in the bodies of white people. In this dispensation, as a consequence, race takes centre stage in the constitution of society and in the allocation of resources. This becomes evident in the demarcations between town and the compounds and townships.

The second moment relates to the advent of democratic politics and its rights-based approach to the reversal of the legacy of apartheid. In this era the involvement of the collective in the affairs of the individual is challenged. Apartheid state authoritarianism represents this involvement of the collective in the affairs of the individual. As this form of authoritarianism collapses biological essentialism ceases being a criterion in the organisation of society. Instead, citizenship becomes a cornerstone in attempts aimed at the reconfiguration of society after apartheid. The centrality of citizenship to this process creates new constituencies of marginal groups. I have shown that mineworkers from outside South Africa make up these marginal groups. Further, I have located the AIDS programme at Monyakeng within this period of transition from apartheid to democratic politics. In doing so, I am trying to highlight that the language of rights is central not only to societal de-differentiation but that it informs significantly the strategies that those who feel obligated to intervene in the proliferation of HIV/AIDS, adopt. Overall, I argue that the understandings of HIV/AIDS of the men who are subjects of this study cannot be appreciated without social and political realities generated by transition from apartheid to democracy as well as how they are experienced by the men concerned.

CHAPTER FOUR

On understandings of HIV/AIDS among ‘progressives’: The men, the science and the challenges

4.1 Introduction

In the previous chapter I have positioned Merafong municipality, the research context of my research site, Monyakeng, within societal transformation from apartheid to democracy. I have said that democratic politics emerges during this period as an episteme of a new era that seeks to achieve societal de-differentiation (i.e. it seeks to redress the imbalances of the past). I have shown that this episteme inaugurates an era of rights that informs the process of societal de-differentiation as well as interventions aimed at curbing the proliferation of HIV/AIDS. I have argued that transition from apartheid to democracy does away with infrastructure isolating mineworkers from the world around them. I said that as this happens each man has to take charge of his own destiny and that Monyakeng attempts to intervene in the spread of HIV and of AIDS among its workforce within this new context.

In this chapter I explore the understandings of HIV/AIDS of men I call ‘progressives’. I show that utilities associated with beliefs about gender, morality and religion inform the understandings of HIV/AIDS of these men. I argue, as a consequence, that in the context of risk due to the possibility of contracting HIV and of the debility due to AIDS, these utilities become activated in such a way as to provide infrastructure for the message of safe sex. This is to say that it is the activation of symbolic structures and not necessarily the reception of information concerning HIV/AIDS that aids the reception of the scientific message of HIV/AIDS. I show that it is the communication of the message of HIV/AIDS under material and social circumstances generated by migrant labour that inform the configuration that these symbolic structures take. I argue as a consequence that ‘progressives’ as a positioning emerges at the interface between the communication of the message of HIV/AIDS within material and social circumstances arising from the conditions generated by migrant labour.

4.2 On figures of speech: The scientific message of HIV/AIDS in a local context

I begin this section by providing a discussion of the understandings of HIV/AIDS of ‘progressives’. I demonstrate that ‘progressives’ subscribe to the dominant health epistemology as far as HIV/AIDS is concerned. That is, their pronouncements concerning HIV/AIDS mimic the teachings of Monyakeng’s HIV/AIDS programme. Consider the following extract from a conversation I had with Hlubi who is an assistant personnel officer working on surface. Hlubi is a 50 year-old man and has been working in this mine since 1983. He is an ex-primary school teacher who comes from the district of Maseru in Lesotho. Hlubi is a passionate man who, whenever an opportunity presents itself, speaks to other men about HIV/AIDS. He claims that he came to know about HIV/AIDS in the mid-1980s from a colleague who worked on the same mine as a social worker. I commence by asking him to say what it is that he understands by HIV/AIDS.

Hlubi: You know my understanding is that, and I do not know but this is the way I understand it, it is a dangerous *lefu* [disease], which is really very dangerous, and requires extreme caution. You see, I do not like this perception that it can only be found in the blankets because, alright, the blankets are one way and it is the most powerful but there are many ways by which it can be contracted, not only through the blankets.

As a way of asking Hlubi to be a little more specific, I asked him to explain how he would explain HIV/AIDS to someone who had never heard about it and had no knowledge of it. The following is an extract of the response Hlubi furnished:

Hlubi: I would say that it is *kokoana-hlooko* [a virus] that attacks *masole-a-mmele* [the soldiers of the body] thereby leaving it (i.e. the body) incapable of defending itself from viral attacks and that, as I have already pointed out, people contract it in various ways which include having sex with an infected person or by helping a bleeding person while you have open wounds.

What is remarkable from this response is that the technical scientific jargon, notwithstanding, Hlubi possesses scientific language concerning HIV/AIDS. Although in explicating what he understands by HIV/AIDS Hlubi does not go into the big scientific terms such as Human Immune Virus or Acquired Immune Deficiency Syndrome, he, nonetheless, is able to explain the scientific message regarding HIV/AIDS in his own

words. This points to the crucial fact of the translatability of scientific ideas into languages that have historically not served as medium for the expression of scientific ideas. This means that scientific ideas may find expression using very specific languages but it does not follow that these ideas cannot be translated into languages that have otherwise not developed a scientific discourse.

Some of these men are even able to talk about HIV/AIDS in terms of its implications on a person's blood content. Consider the following response from Vuyo who works on surface as a shop steward for the National Union of Mineworkers (NUM). Vuyo comes from the Transkei in the Eastern Cape province of South Africa and is a former member of the Transkei Defence Force, which was later, after 1994, incorporated into the South African National Defence Force. He is 39 years old and unlike many of his peers he has matric level schooling qualifications. Vuyo says he left the army after 1994 to avoid abuse and possible deployment in the then violent regions such as Kwa-Zulu/Natal. In 1996 he came to Monyakeng where he began work as a timber member. He knew about HIV/AIDS before coming to Monyakeng. As he points out, his brother used to warn him about the dangers associated with HIV/AIDS and in fact one of his sisters died of HIV/AIDS-related complications. It was at Monyakeng, however, where his fear of contracting the HI virus really developed. This is because it was here that, as a shop steward of the NUM, he came to see many men dying of HIV/AIDS. When asked to say what it is that he understands by HIV/AIDS Vuyo had this to say:

Vuyo: I can define HIV/AIDS by saying that it is *uciwane* [a virus] or a combination of *isifo* [diseases] in a person or related *isifo* [diseases] that are more or less like TB or pneumonia which make you sick. But initially your CD4 count must be around 200 and once it is like that you are weak and susceptible to viral attacks. This makes your *amajoni-we-mziba* [the soldiers of the body] weak and you will not be able to make anything for yourself, you are now a sick person. This tends to frighten some people and they consequently die prematurely. But in essence it is related [to] *isifo* [diseases] like TB and pneumonia which cause HIV/AIDS deaths.

What we are seeing here is that according to Vuyo contraction of HIV does not automatically result in ill health. Rather, what determines whether or not a person falls ill

are the changes that take place indicated by the level of one's CD4 count. That is, Vuyo articulates sickness related to HIV/AIDS in terms of developments occurring at the level of the body's production of white blood cells. He is saying that once the count of these cells drops below 200 a person then becomes susceptible to illnesses that are associated with the contraction of HIV. He understands that what makes a person susceptible to HIV/AIDS-related illnesses is the diminishing quantity of the body's white blood cells. Consequently, he is able to talk about the immune system in technical and sophisticated ways.

It is important to note that Vuyo has attended HIV/AIDS workshops organised by the mine in order to train the leadership of the unions represented at Monyakeng about HIV/AIDS. His knowledge can, as a result, be seen partly as a consequence of his privileged position of leadership. This is not to dismiss the fact that as a person Vuyo possesses an inquiring mind that may seek information beyond the organised training workshops on the mine. Rather, it is to point to the potential role that these workshops may have in facilitating the acquisition of knowledge. The same thing can be said about Hlubis' friendship with a social worker. This friendship became a source of knowledge-sharing and acquisition with relation to HIV/AIDS.

I want to show, however, that understanding HIV/AIDS is not the monopoly of men of status (i.e. men who by virtue of their education tend to acquire comfortable occupational positions). Instead, it is a possibility open to any man who has information at his disposal and is willing to learn about what medical experts say about HIV/AIDS. Although education may present those who possess it with an advantage in so far as the acquisition of knowledge concerning HIV/AIDS is concerned, it does not forestall the fact that once such knowledge is translated it becomes accessible to those who may not be in possession of educational qualifications. I am laying stress on education here because at the heart of the transmission of knowledge about HIV/AIDS is literacy.

To illustrate the point that understanding HIV/AIDS is not a privilege of men of education I speak to Luke. Luke is a team leader underground, a Zionist pastor and a peer

educator. He has no school education and when back in his hometown of Lusikisiki in the Eastern Cape he is an active member of the community who assists in conducting HIV/AIDS education at the local clinic. This is a role the local nursing staff has designated to him because of the amount of knowledge he has concerning HIV/AIDS. He states that whenever he is on leave from the mine that becomes his job back in Lusikisiki. When I asked Luke to describe what his understanding of HIV/AIDS was. This is what he had to say:

Luke: When we talk about HIV/AIDS we are talking about *injonkwane yeciwane* [a very small virus]. Do you know *eciwane* [a virus]? ...this thing has been in existence for quite a long time now. It is just that we did not care much about it...Yes [pauses]. If I recall very well, round about 1983 there was already talk about this thing... One can contract this virus through sex or let's say that someone is injured, maybe because rocks fell on them, and you go to assist such a person without putting on gloves. You may find that you have some scratches that may allow contraction of that virus. Once the virus gets into your body it will start attacking *amasoja-we-mziba* [the soldiers of the blood] and you will start being weak, have flu and maybe also TB.

Clearly, the extract above shows that lack of education does not prohibit Luke from accessing information concerning what HIV/AIDS is. He equally explicates HIV/AIDS in a manner that demonstrates awareness of HIV as a virus that ultimately leads to the development of opportunistic diseases such TB or pneumonia. Of course, in the extract he refers to pneumonia as flu (a significant number of 'progressives' have a similar tendency). Like his two other colleagues who I have already mentioned above he recognises that these opportunistic diseases take advantage of a weakened immune system due to the diminishing quantity of white blood cells. He also knows, just like all 'progressives', how persons contract the HIV virus. So, lack of education does not preclude him from acquiring knowledge about HIV/AIDS. The tendency, so common among some managers at Monyakeng, of blaming the proliferation of HIV/AIDS on a lack of education appears misplaced. It would appear that what is to blame is the failure to communicate the message of HIV/AIDS in a manner that is accessible to all persons.

The next extract which reinforces this point comes from a conversation I had with Mafa who has no formal school education and works as a loco driver underground. He is 53 years old and says he is renowned for his efficient running and management of initiation schools for boys back in his home town of Quthing in Lesotho. Photo albums of his recent initiates seemed to justify his claim that he is a man given to the initiation of young men. Mafa says HIV/AIDS is his chief concern as a man dedicated to the institution of *lebollo* [initiation]. He says he is aware of the potential danger that sharing razor blades during ritual practices poses. In order to prevent this, he and the committee responsible for these young men have made it an obligation for young men who come for their initiation into manhood, to bring their own individual razor blades. When, after much discussion concerning HIV/AIDS, I asked Mafa to describe what his understanding of HIV/AIDS is, this is what he had to say:

Mafa: It is said that this thing, *ntate*,²⁶ is *lefu* [a disease] that attacks *masole-a-mmele* [the soldiers of the blood] thereby rendering it defenceless in the face of attacks from any disease ...people can get it (i.e. HIV/AIDS) in many ways. They can get it through unsafe sex, by that I mean if they engage in sex without the use of condoms. Or, they can get it through coming into contact with infected blood because, for instance, for someone like me who works in the mines it may happen that one of my colleagues gets injured and in the process of helping him I get infected by him if such a person happen to be infected ... It may happen that I have a cut or an open wound in my hands and if the blood of the injured fellow comes in contact with those wounds, I may get infected.

Although Mafa approaches HIV/AIDS mainly as a disease and does not seem to place emphasis on its viral onset, his explanations of what HIV/AIDS is, shows that he understands full well that the initial stage of HIV/AIDS concerns acquiring an infection which can be contracted in the diverse ways that he mentions in the extract above. This contraction then leads to a weakened immune system in which a person becomes susceptible to opportunistic diseases. Thus although he does not have scientific knowledge concerning HIV/AIDS as an acronym he has an understanding of the basic aetiology of the science of HIV/AIDS. His colleagues may possess some fanciful scientific jargon regarding what HIV/AIDS as an acronym means but in essence he

²⁶ Ntate is Sesotho for father. In this particular case it means sir.

knows as much as they do because he is in possession of the basic aetiology of HIV/AIDS science.

What is remarkable about the responses of the men stated above is that they highlight one thing, viz. that ‘progressives’ are men of science with regards to HIV/AIDS. What this means is that their understandings of HIV/AIDS adopt and follow the claims that the dominant health epistemology makes concerning what HIV/AIDS is and how persons acquire it. I have shown that adherence to this science of HIV/AIDS is not necessarily a privilege of men who are educated. Rather, it is open to any man who possesses a mind and finds the claims that the dominant health epistemology makes concerning HIV/AIDS compelling. I have said that a key feature facilitating access to the science of HIV/AIDS is the translatability of this message into local languages. Even though this translation is couched in metaphoric language and deploys figures of speech it, nonetheless, manages to effectively communicate scientific ideas.

The adherence of ‘progressives’ to a scientific message of HIV/AIDS facilitates the localisation of a modernising discourse on health that assumes that the realisation of well-being in a time of HIV/AIDS can only be realised through disentangling reality from culture and morality. This is evident in the centrality of a biological body in the explanations of how HIV is contracted and the consequences that this brings to those who contract it. In this paradigm health appears as a domain of medical and scientific experts who possess the technical know-how concerning HIV/AIDS. The best that others can do is to become recipients of this scientifically formulated knowledge. This separation between a biological body and culture and morality which talk about HIV/AIDS assumes suggests that the idea of progress underscores attempts to deal with HIV/AIDS. Attempts to intervene in the proliferation of HIV/AIDS are at the same time endeavours to advance the course of progress. It is precisely because of this reasons that I refer to the men in this chapter as ‘progressives’. These are men whose outlook with regards to HIV/AIDS is embedded in the activities and practices of pharmaceutical companies.

4.3 On the causes of HIV/AIDS: Rethinking self-efficacy among mineworkers

In the previous section I have shown that ‘progressives’ are men of science with regards to their understandings of HIV/AIDS. In this section I demonstrate that where individuals are progressivists with regards to their understandings of HIV/AIDS the explanations they furnish concerning the causes of HIV/AIDS remain within the administrative boundaries of a modernising discourse; the explanations they give concerning what causes HIV/AIDS emanate from the privileging of a biological body in the explanations of what HIV/AIDS is. Thus, once one is a progressivist with regards to what HIV/AIDS is one is also likely to become progressivist with regards to the causes of HIV/AIDS.

I begin this exploration by continuing with an earlier conversation I had with Hlubi. I commence the discussion by asking Hlubi to explain what it is that he attributes to the cause of the proliferation of HIV/AIDS among mineworkers at Monyakeng. The response that Hlubi furnishes is one most commonly provided by ‘progressives’.

Hlubi: You know, I really think that the main cause is us, the men, because we run around outside. A lot of men go to places like Khutsong and when you look at statistics, because I sit on the ward committee of my place, and statistics show that Wedela has so many women, Carletonville has so many women, and so on and so forth, and you will find that because of these mines there are more men on few women at Khutsong. So, sometimes you will find that a person has to have more than one partner.

Hlubi’s response seems to regard as problematic the behaviour of some of the men at Monyakeng, they are accustomed to leaving what Hlubi implicitly considers as a safe haven, viz. Monyakeng’s hostels, in search of sexual partners in the surrounding towns and townships. What is problematic with this common practice of searching for sexual partners in the surrounding areas, according to Hlubi, is that these areas have fewer women compared with the large male population residing at the hostels of the mines near these areas. This advantage of men over women in the population in these areas results in multiple sexual partners. Clearly, the conversation I had with Hlubi points out that he understands that multiple sexual partnerships cannot only be explained in relation to the population advantage of men over women. His explanations instead are based on his understanding of demographics at the mines.

Earlier in our conversation Hlubi had been praising the education regarding AIDS, which is part of the programme at Monyakeng. I asked him to explain why these men were not abiding by the message of safe sex when going out to look for sexual partners. Hlubi responded in the following manner:

Hlubi: Well, we try to supply them with condoms but, I remember someday someone saying to me that a condom is too small for him. I told him that that was strange because a condom can fit on a hand. I know this because I once helped a woman deliver a baby right here at no. 2. I simply put on condoms on both of my hands and helped that woman. It was an emergency case. So, I really found this fellow very strange. Some of them will tell you that they are not used to it. In any case, I am also not used to having sex without a condom. If she insists on using no condom, I would rather not have sex with her. Besides that, I now have a weakness in that even if I can desire her, if I am not in possession of a condom I will not even have an erection. I am now used to a condom because I started it as early as the late 80s.

Clearly, it would seem that, Hlubi's personal encounter with a man who believed that condoms were not big enough for his endowment informs his explanation of the lack of concordance with the message of HIV/AIDS where sex with multiple sexual partners is concerned. Hlubi's response seems to be driven by a conviction that the fellow who said a condom was too small for him was somehow speaking nonsense because, according to his experience, condoms are big enough to fit a person's hand. It would seem that he believes that this man is one of those who reject the use of condoms because of unfounded myths about condoms. Thus it would appear as though his explanation of the lack of conformity with regards to the use of condoms in multiple sexual relations is the persistence of unfounded myths about condoms among some of these men who go to the surrounding areas in search of sexual partners. Other than those men who are driven by unfounded myths concerning condoms, Hlubi seems to be saying that there is another group of men who are simply negligent. Adherence to unfounded myths as well as negligence forms key elements of Hlubi's explanation²⁷.

²⁷ There had been a report at the time of this conversation that condoms from China were smaller and unfit for South African men. May be the man in Hlubi's anecdote had come across one of these condoms.

The tendency to explain HIV/AIDS in relation to the men at Monyakeng in terms of their involvement in multiple sexual partnerships is shared by many ‘progressives’ interviewed for this study. As a further example, I provide a conversation I had with Casca who works underground as a loco driver. Casca is from Bizana in the Eastern Cape province of South Africa and is one of the men with a minimal primary school education. This is how he explains the cause of HIV/AIDS among mineworkers at Monyakeng:

Casca: It is because most men leave this place and go to town and the locations [townships] and there they meet women whom they do not know and they do not know who these women have been with. They do these sorts of things over three years and then you hear someone starting to tell you that he is feeling weak. He does not know what is wrong but he is feeling weak. A little while later he starts falling sick and he dies.

Casca was emphatic that this is not just what he posits as a plausible explanation but that he was talking from experience as some of his friends had actually died in that manner. When I asked why these men would not opt for protected sex, since, as he had pointed out earlier, most of them know about the dangers of unsafe sex through the AIDS programme. His response was as follows:

Casca: You see I will not deceive you, because they are trying hard to teach about this thing [HIV/AIDS], because this thing [the directive to teach about HIV/AIDS] comes from government that they [mineworkers] should know about this thing [HIV/AIDS], however, it has to proliferate because of people’s behaviour. There are some people who think that what they are being taught here is nonsense, and for most of the time teaching sessions tend to include use of English words; you need to understand that most of us here have not been to school. So, if when talking to these men you keep on including English words; when you talk about a particular issue you name it in English, most guys simply think that you are not talking to them. You talk about HIV/AIDS or a virus and they simply think what is that? They think that these are meant for white people. So, HIV/AIDS must increase because this thing does not sink in people’s understandings and, consequently, they do not follow the teachings that are given to them.

Unlike Hlubi above, who seems to explain HIV/AIDS among mineworkers at Monyakeng by proposing a link between multiple sexual partners and the persistence of the myths about condoms, Casca appears to suggest that the use of English words during AIDS-education sessions leaves some men without a real grasp of the message of safe

sex. It is particularly the men who are uneducated that he seems to suggest are the culprits of this confusion resulting from the use of English terminology. Interestingly, many uneducated men interviewed for this study, Casca included, seem to have equivalent expressions for words such as a virus in their own languages. However, what seems to be the case here is that Casca seems to posit a link between meaning and prevention of HIV/AIDS, he seems to be saying where the meaning concerning HIV/AIDS is not clearly understood by the receiving audience the chances of compliance also become limited.

The association he makes, however, between the use of English terminology and the confusion, on the part of uneducated mineworkers, which results from the usage of this terminology seems to suggest the presence of an underlying operative logic. This logic, it would appear, operates on the basis of an association that Casca makes between HIV/AIDS self-efficacy and the attainment of education. It appears as though Casca believes that the acquisition of education enables one to have a fuller grasp of the meaning inherent in acronyms such as HIV/AIDS. What he did not know, however, was that, just like him, educated 'progressives' interviewed for this study struggled to provide the full wording of the acronym HIV/AIDS. His sentiments, however, echo a perception that most educated 'progressives' have of uneducated mineworkers. These educated 'progressives' lay the blame for the proliferation of HIV/AIDS at Monyakeng squarely on mineworkers who are not educated. Men who are uneducated, they say, are the ones who do not comprehend the message of safe sex.

Unlike Casca however, most 'progressives' who are uneducated dispute the common perception that men who are educated necessarily have a monopoly over an understanding of the message of safe sex. Mafa is a good example of these men. Mafa comes from the Quthing district in the Kingdom of Lesotho. He is 55 years old and works underground as a loco driver. Mafa says he only attended the first four years of primary schooling and thereafter he could no longer manage to continue with his education. When I asked him to say whether the perception that there is a relationship between lack of

education and failure to understand and to live by the message of safe sex was correct he had this to say:

Mafa: If this talk that people who are educated are the ones who understand the message of HIV/AIDS why then do we have doctors and nurses who have HIV? We have doctors right here at No. 2 who wear white coats and have AIDS. These people I am talking about have several certificates and they are suffering from this thing. Those who blame this thing on people who are not educated are foolish. Anyone can have this thing. It all depends on a person's conduct.

Clearly, for Mafa the distinction that most educated 'progressives' make between the attainment of education and the acquisition of HIV/AIDS self-efficacy is flawed. It would seem that, according to Mafa, this association is flawed because it does not recognise the individual person's own conduct and aptitude. For Mafa, the fact that doctors and nurses contract HIV makes the argument that some make, that there is a relationship between education and the acquisition of HIV/AIDS self-efficacy, weak. It makes it weak because the many certificates that these people have is testimony of their education. Yet, these certificates do not necessarily seem to translate into a deeper understanding or immunity from the contraction of HIV.

What is interesting here is that Mafa does not seem to be questioning the causal relationship between the attainment of education and the acquisition of HIV/AIDS self-efficacy. Rather, what he seems to dispute is the assertion that education necessarily determines immunity from the contraction of HIV. While Casca posits the use of English words during AIDS education as a possible cause leading to the lack of understanding of the message of safe sex, Mafa, on the other hand, seems to regard personal conduct as critical to an understanding of the proliferation of HIV/AIDS. In fact, earlier in our conversation he had categorically stated that he believes that HIV/AIDS is a reality because doctors have said that it exists. Thus he is not questioning the authoritative knowledge of doctors but rather the simplistic distinction others make between the possession of HIV/AIDS self-efficacy and the immunity of contracting HIV.

For some other ‘progressives’, the cause of HIV/AIDS among mineworkers at Monyakeng can only be explained in terms of the presence of men with fatalistic attitudes who, irrespective of the presence of what these men consider sound AIDS education, will nonetheless continue to risk contraction of HIV. An example of this is Tiger. Tiger is a 47-year-old devout Seventh Day Adventist who until recently used to be an active peer educator. Like Hlubi, he is working on surface as a personnel officer. He comes from the Berea district of the kingdom of Lesotho and left school after the completion of his matric. He began work at Monyakeng in 1987 after working for some time in a post office at St Monicas in the district of Leribe. After a considerably long conversation with Tiger I asked him to explain what he thought accounted for the perceived continuing incidences of HIV/AIDS among his colleagues at Monyakeng. This is what he had to say:

Tiger: I think it is because as people we have not yet come to believe that this disease kills and for some although they know that this disease kills but as people we do not want to use the instructions that are given concerning how we can stay safe. As people we tend to think that dying of HIV/AIDS is almost no different from being killed by a knife or to be killed by a motor car or be killed by the rocks underground. So, people think it is just one form of death among many.

What seems to be the thrust of Tiger’s response is that most of his colleagues know about HIV/AIDS, they have the knowledge that such a thing as HIV/AIDS does exist. What he seems to perceive as a weakness, is that some men have not yet come to believe or understand that HIV/AIDS does indeed kill. Yet for others, even though they do know about HIV/AIDS they, nonetheless, do not practice the message of safe sex. It would seem here that Tiger is suggesting that there exists some level of carelessness among some men who otherwise know about the dangers associated with contraction of HIV. He seems to be arguing that those men who know about HIV/AIDS but nonetheless ignore concordance with the message of safe sex do so because they are driven by a certain level of fatalism, they regard dying of HIV/AIDS as just one among many ways of dying.

Tiger seems to point to a further distinction that seems to frame his understanding. He seems to be saying that there are those men who possess knowledge about HIV/AIDS but for whom that knowledge never translates into HIV/AIDS self-efficaciousness (i.e. it

does not enable them to set goals in order to avoid certain practices that may predispose them to the contraction of HIV). It would seem that he is saying that longevity is not necessarily a primary concern of these men. Theirs is a preoccupation with living quality lives with an openness to the possibility of the immanence of death and that when such death strikes it is has to be accepted. On the other hand, there are those men for whom the message of safe sex has the potential to translate into HIV/AIDS self-efficaciousness precisely because of their preoccupation with longevity. With regards to the former men, what he seems the question is not their knowledge of HIV/AIDS per se but their HIV/AIDS self-efficacy.

While most ‘progressives’ explain the cause of HIV/AIDS among their colleagues at Monyakeng in relation to external problems in the surrounding places of residence, a small number of them seem to explicate it in relation to the moral degeneration of mineworkers themselves. Mojalefa is a good example of these men. He comes from the district of Leribe in Lesotho and works underground where he is responsible for what he calls ‘essential services’. He is a 39-year-old Seventh Day Adventist with matric level qualifications and has been working at Monyakeng since 1996. When I asked him for his explanation of the cause of HIV/AIDS among his colleagues at Monyakeng he had this to say:

Mojalefa: You see, *ntate*, the main problem is that people no longer have *botho* [humanity]. I do not think that there is anyone here who can say that he/she does not know about HIV/AIDS. As I said earlier, the mine teaches a lot about this disease but surprisingly this thing does not seem to stop. That is why I can only say that this thing continues because people no longer have *botho* [humanity]. You see, a person who has *botho* [humanity] knows that he does not have to covet another person’s wife or desire young children for that matter. Yet these are the things that happen here. You will find a [sic] older man who is not afraid to propose [to] young girls. So, this thing has to continue.

When I asked Mojalefa why such people did not use condoms so as to stay safe his response was as follows:

Mojalefa: Eish! I wish I knew. But I think you can use condoms in the initial stages. With time you might think that you cannot get it and so you might begin to take chances. There are people you might suspect but

there are those you might trust. Once that happens you are facing real danger. In any case, I do not think condoms help the situation because they do not discourage people from running around.

Just like Tiger and, of course, a significant number of men interviewed in this study, Mojalefa seems to believe that the contraction of HIV/AIDS among men at Monyakeng can no longer be explained in terms of lack of knowledge about HIV/AIDS. Instead, he seems to say that this contraction can only be explained in terms of the decline in personal integrity on the part of some of his colleagues. This decline, he seems to argue, gives rise to sexual practices that are detrimental to the health of the men concerned – Mojalefa seems to suggest that there is a link between the contraction of HIV among some of his colleagues and declining moral standards. Thus, it would seem that as far as he is concerned, in the face of what seems to be a failing AIDS education, the lender of the last resort in explicating HIV/AIDS among his colleagues can only be their own lack of personal integrity (i.e. their own inability to conduct themselves in a manner befitting of culturally well-bred individuals).

In the face of this declining personal integrity on the part of some of his colleagues Mojalefa finds the use of condoms reasonable even though, he argues, that they are not a solution since they only function to perpetuate practices that run contrary to the injunctions of *botho* [indigenous African humanism], they erode the restrictions that one is supposed to observe in relation to women other than one's wife or sisters. The insistence though on strict monogamy irrespective of contextual realities accruing from migrant labour seems to suggest that Mojalefa's emphasis on *botho* [indigenous African humanism] is actually couched in Seventh Day Adventist values. He seems to believe in a narrow evangelical morality which functions by refusing to deal with contextual realities affecting a significant number of his colleagues. Consequently, the form of humanism that he advances becomes highly idealistic and ignores material conditions. This idealism is manifest in Mojalefa's reluctance to endorse the condom and to regard it as a possible solution against the contraction of HIV.

In this section I have provided a discussion of what ‘progressives’ consider the causes of HIV/AIDS at Monyakeng to be. I have shown that in furnishing their explanations of what these causes are, these men remain within the perimeters of what HIV/AIDS as a modernising discourse postulates, they articulate these causes in a manner that assumes the body to be a separate entity that is divorced from socio-cultural and religious meanings. This is a body that makes the social dimension important in so far as it serves as a conduit for the transmission of HIV. Other than that, the social stands as a distinct realm in relation to the body, which appears as an object of scientific inquiry.

4.4 On the care of the collective: A progressivist ethic and the challenges of safe sex

Understandings of HIV/AIDS among ‘progressives’ would not be complete without a discussion of their attitudes towards sex that involves the use of condoms. What is remarkable about these discussions is that they reveal the operations of a logic that is essentially concerned with the well-being of families who, in the particular case of this study, live far away in southern Africa’s countryside. I refer to this logic as a progressivist ethic because it is a logic of concern with the well-being of family in a time of HIV/AIDS which emanates from the adherence to a modernising discourse about HIV/AIDS. Consequently, this is an ethic inspired by responsibility and accountability to the family. It is an ethic chiefly, of solidarity with the interests of the collective.

The operations of a progressivist ethic are manifest when ‘progressives’ discuss the use of condoms. When these men are asked to say why it is that they consider the use of condoms important, their response is as the one by Francis below:

Francis: I believe in the use of condoms because I do not want to die. My children are still young and I need to give them a future that my parents were unable to give to me. If I use condoms and HIV/AIDS happens not to exist then I have not lost anything. I do not want to have it in order to believe that indeed it does exist.

Apart from ‘chance-takers’, the men who were interviewed for this study answered this question of the significance of condoms in their sexual lives by projecting themselves as men and as workers who carry the responsibilities of supporting their families. They

answered this question in accordance with the critical role they play as providers of families. In the context where HIV/AIDS threatens this role with debility they, like Francis above, consider the use of condoms of paramount importance. I argue, as a consequence, that the progressivist ethic (i.e. this ethic of concern with the well-being of collectives) is triggered by the perception these men have of themselves as providers, by the knowledge they have that the provision of livelihoods in their families depends upon their health. Thus, many like Francis would rather err on the side of caution than face the possibility of debility.

I need to point out, however, that it is with regards to the use of condoms as technologies of sexual pleasure that the challenges associated with a progressivist ethic become manifest. Attempts by 'progressives' to ensure that they stay free of HIV so they can carry out their roles as providers to their families hinge upon practicing safe sex. This focus on safe sex does not exclude the possibility that some men do indeed abstain from sex and practice it only within the perimeters of marriage. I pay particular attention to the use of condoms because they are said to be practical and realistic in comparison to abstinence and faithfulness. In doing this I am trying to highlight some of the struggles that accompany efforts that these men make in order to ensure that they remain useful to their families.

I begin this section by continuing with an earlier conversation I had with Hlubi. Earlier in our conversation Hlubi had said that mineworkers like himself can only stay safe from the contraction of HIV by using condoms all the times they have sex or by opting to remain celibate. However, because of his pessimistic view for any man to stay celibate he seemed rather to believe that the use of condoms is a more practical way to not contract HIV. As a way of examining his particular position concerning sex that involves use of a condom, I told him that there are those of his colleagues who find using a condom when they have sex, unfulfilling. I asked him to say what he thought of the sentiments expressed by these men. This is what Hlubi had to say:

Hlubi: You see, a person like that is someone who psychologically tells himself that he is using a condom and he does not consider the fact that he is safe. And once he tells himself that he is using a condom obviously things will not go right.

SM: So, you think that the problem is the way we perceive sex when we use a condom?

Hlubi: Yes, it is the way in which we condition ourselves. People usually say that having sex with a condom is like eating an unwrapped sweet. I have been using a condom for too long and even at no. 2 where I am coming from, they know that I cannot have sex without a condom. We would rather stop.

From the response above it would appear as though Hlubi deems sex that involves the use of a condom and sex in which a condom is not used as equally fulfilling and real. The differences that some people claim exist between these experiences of sex seem, according to him, to emanate from their own individual psychological dispositions. What accounts for their experiences of fulfilling or unfulfilling sex is not the sex act itself but their own individual psychological dispositions. Consequently, by changing their own psychological makeup they can change how they experience the sex act itself. Hlubi regards the dualism between condom sex, which is supposedly unfulfilling, and the apparently fulfilling sex that does not involve the use of a condom as flawed. It is flawed because, in his view, it fails to recognise that it is individuals who give meaning to the sex act.

Seemingly, as far as Hlubi is concerned, the men who operate on the basis of this dualism make their lives difficult since they do not understand the power to condition the self. For Hlubi this power derives from the encounter with what is otherwise commonplace. For example, a continued encounter of flesh-to-flesh sex may subsequently formulate expectations of what is fulfilling and real sex. Hlubi is saying that independent of agents who give meaning to a sexual act, that sexual act itself can never be deemed to have meaning. However, people tend to fall into the trap of allowing what is otherwise commonplace to dictate their sense of what is fulfilling and real sex. Consequently, they fail not only to allow contextual realities to inform their meanings of sex but also the power they have to give meaning to the sexual act diminishes. This, according to Hlubi, leads to the failure of many of his colleagues to realise that sex that involves the use of a condom is for their own benefit and that it is as real as a flesh-to-flesh sexual experience.

While Hlubi considers sex that involves the use of a condom similar to the flesh-to-flesh sexual experience and sees the power of intent as central to how the sexual act is experienced, some of his colleagues (i.e. ‘progressives’) seem to oppose that view. These colleagues make a clear distinction between real sex, which does not involve the use of a condom, and saving sex (i.e. sex in which a condom is used), which involves use of a condom. Though they are in favour of the former they see the latter as a necessary evil they have to put up with. The following conversation with Kenny seeks to capture this dynamic:

SM: So, you regard sex in which there is no use of a condom as natural?

Kenny: Yes. It is natural.

SM: Why do you consider it natural?

Kenny: [pauses for a while]...it has to do with the way things are. It is what we were created to be. We were not created to have sex using condoms; this happens because we are in a crisis and we have to survive.

SM: But if I get used to a condom can we not say that that form of sex is natural?

Kenny: You may want to believe that it is natural but that does not negate the fact that you are using something artificial, a plastic. And it is good to believe that it is natural because then you are saving your life. That is why I said earlier that holding too much to culture can be a problem. You need to be able to adapt when the situation requires you to do so.

Clearly, the discourse about nature is at the heart of Kenny’s understanding of sex – Kenny’s understanding of sex is informed by an appeal to nature. As it appears above, his understanding of nature is informed by ‘the way things are or appear to be’. This seems to suggest that for Kenny the external appearance of bodies stand as enough testimony of what nature dictates to bodies. Nature, it would seem, has endowed bodies with penises and vaginas and ordains their uninterrupted sexual use (i.e. flesh-to-flesh sex). Seemingly, it is upon this ordination that genuine sexual pleasure rests. Given the utter rejection of homosexuality by Kenny and, of course all ‘progressives’ interviewed in this study, what is considered natural sexual pleasure is fundamentally constituted in heterosexual terms (i.e. sexual pleasure is heterosexual). It is no wonder then that homosexual eroticism is considered by most men interviewed in this study as disgusting.

The emphasis on nature also implies that, among other things, the physical body is central to how these men understand themselves as men. It would appear as though biology is central not only to how they perceive of sex but also how they understand their masculinity in relation, to the femininity of women. Apart from pointing out the centrality of the penis to the self-understanding of these men, it is also significant to highlight that the physical body seems to shape how they conceive of gender. That is, the penis and, by the same token, the vagina seems to constitute a central feature of their understandings both of masculinity and femininity (i.e. the culturally constituted meanings revolve around these). It can be said, as a result, that a turn to nature tends to generate, in these men, a penis-centred concept of both sexual pleasure (which is hostile to homosexual eroticism) and masculinity.

Understandably, the turn to nature in order to construct real sexual pleasure has the unintended consequences of characterising alternative forms of sexual pleasure (i.e. sex that involves use of a condom) as unreal. This may be compounded by the fact that things such as condoms do not necessarily belong to the realm of nature but are instead man-made forms of technology. It would seem reasonable, therefore, that when such things (i.e. condoms) are used to explore sexual pleasure they necessarily generate a sense of artificiality as they interfere with what nature dictates. This form of artificiality then serves as a barrier to a genuine experience of sexual pleasure. It is no wonder, therefore, that most ‘progressives’ feel that sex that involves the use of a condom is frustrating. It is precisely because the turn to nature casts it as such.

Though ‘progressives’ are chief advocates of the localised scientific message of HIV/AIDS, the one thing that seems to frustrate them is the perception they have of what constitutes sexual pleasure. The one thing that these men seem to struggle with is the acceptance of the use of condoms as a legitimate form of experiencing sexual pleasure. As I have already pointed out above, this struggle may be a consequence of the emphasis they place on nature in defining sexual pleasure. The tendency, by these men, to appeal to

nature in order to define sexual pleasure seems to be a key challenge to the message of safe sex articulated within Monyakeng's AIDS programme.

What is remarkable however is that even though some 'progressives' make this distinction between 'natural' sex and 'condom' sex and view the latter as less real (genuine), they nonetheless resoundingly seem to appraise its instrumental value, they consider 'condom' sex valuable in so far as it appears to serve the purpose of protecting one's life. Thus, although they do not consider 'condom' sex real (genuine) they nonetheless regard it the best thing to do in the face of the danger posed by the reality of HIV/AIDS. What remains noticeable as a consequence, is the fact that most 'progressives' hold onto the view that there exists real, natural and ideal sex, which they only avoid because of their fear of death. Thus although 'progressives' consider sex that involves use of condom as safe and the practical thing to do, it would seem as though in their psyche a condom is regarded as a hindrance to sexual pleasure and remains a stumbling block to a true and genuine sexual experience. This suggests that it is possible under some circumstances, for some 'progressives' to become 'chance-takers'.

While some 'progressives' view sex as a matter of psychological disposition and others regard it as natural, there seems to be yet another group, among these men, who have a different view of sex. Among these men, sex is portrayed neither as psychological nor natural, instead it is seen as something that is biblically constituted and, therefore, sacred. Although this view of sex seeks to present itself as being different from the rest, I want to show that it is one strand of the argument that sex is natural. The conversation below seeks to highlight this point.

SM: But can we say that sex, because you have said that safe sex is one in which one uses a condom if one cannot abstain or be faithful to one partner, can you consider sex in which we use condoms as real sex?

Tiger: [pauses for a while and sheds a laughter] ... I have heard many people say that it is not but I don't know because truly speaking I have never used a condom ... but I have heard that it is not the real thing; the real thing is flesh-to-flesh.

SM: Ooh! Most people still believe in flesh-to-flesh ... [interrupts].

Tiger: They still believe in flesh-to-flesh although they understand what the consequences of such thinking are.

SM: But if someone here in the mine were to ask for your own opinion what would you say? Would you say that it is real or not?

Tiger: Frankly, it would be very difficult for me to say whether it is real or not because as I have already pointed out I have never used a condom before and so it is rather difficult for me to say whether it is real or not. What is important is that sex wherein a condom is used is safe and, people, I am sure can get used to it. We have had to get used to many things in life that we were never accustomed to before. We get used to living and working far away from our places of birth and the people we love and so I suppose we can, in the same way, get used to condoms; and once you are used to a thing you think it is alright; this one is better after all because it saves one's life.

From the above conversation it would appear as though Tiger does not have a stand on whether sex that involves use of a condom is real or not. However, earlier when explaining his involvement in peer education he stated that although encouraging people to use condoms is against the teachings of his faith he, nonetheless, does it because he is keen to save lives. He argued that it was difficult to expect people who he considers un-Christian to live by Biblical injunctions that teach that sex can only happen in a marriage. Yet, he continued, their lack of understanding and failure to practice Biblical sex ought not to be a justification to endorse their death. Their lack of understanding notwithstanding their lives still ought to be saved, he argued. This reluctance to say whether sex that involves use of condoms is real or not could be seen as an attempt, on the part of Tiger, to affirm the teachings of his church. It may well be that Tiger considers the flesh-to-flesh sexual experience as real and genuine given that religion is one of the chief advocates of nature. The fact that he says that he has never used a condom seems to suggest that he believes in the natural way for as long as it happens in marriage. It is possible that Tiger is simply opposed to the idea of making human choices available (i.e. making technologies for sexual pleasure, such as condoms available) and not to the idea of natural sex.

What seems to stand out in this section is that there exists, within the realm of subjective human experience of these men, structures that are definitive of sexual pleasure. These structures which assume nature in their definition of sexual pleasure make attempts to

self-fashion, which HIV/AIDS intervention programmes recommend, difficult for significant numbers of people. The standard teaching inherent in HIV/AIDS is that people must practice safe sex in order to ensure they stay free from the contraction of HIV and miss out on the real structures of sexual pleasure that reside within the realm human experience which make self-fashioning in relation to sex a difficult enterprise. It is the operations of these structures that challenge a progressivist ethic. Masculinities that crave flesh-to-flesh sexual encounters can be seen to emanate from the operations of these structures.

4.5 Conclusion

In this chapter I have attempted to examine the understandings of HIV/AIDS among men that I call ‘progressives’. I have shown that utilities inherent in beliefs about gender, morality and religion inform how these men understand HIV/AIDS. I have pointed out that these utilities furnish the infrastructure for the message of safe sex. I demonstrated though that the concordance that these utilities generate with the message of safe sex is always under challenge from the materiality of the black body. This is evident in the fantasies of real unrestrained sex (i.e. sex without the use of condoms) that many ‘progressives’ hold. I have pointed out that it is within this realm of fantasy that the possibilities of transgression and of contracting HIV lie. I argue that the communication of the message of HIV/AIDS under material and social conditions generated by migrant labour foster concern for the well-being of families back in the countryside and that the dynamics inherent in this process give rise to ‘progressives’ as a positioning.

CHAPTER FIVE

On the ethics of cyborgs²⁸: ‘chance-takers’ as men who inhabit two worlds

5.1 Introduction

In the preceding chapter I have investigated the understandings of HIV/AIDS among ‘progressives’. I have shown that the communication of the message of HIV/AIDS within social and material circumstances generated by migrant labour triggers, among these men, internal symbolic structures in a manner that provides infrastructure for the message of safe sex. I have argued that these internal structures are triggered in the way they are, because of the concerns these men have with collective interests that bind them to their families in the countryside. Consequently, I continued that it is not the one-to-one correspondence between the communication of the message of HIV/AIDS and its reception by these men that generates concordance with the message of safe sex but the operations of these structures which lie beyond that one-on-one communication. It is the relationship, I have argued, between the communication of the message about HIV/AIDS within social and material circumstances generated by migrant labour that gives rise to the positioning of ‘progressives’.

In this chapter I explore understandings of HIV/AIDS among men that I refer to as ‘chance-takers’. I demonstrate that just like ‘progressives’ these men are equally concerned with the interests of the collectives. Thus, they are men with a similar disposition as ‘progressives’ where understandings of HIV/AIDS are concerned, their understandings of HIV/AIDS emanate from the operations of ‘progressives’ as a positioning. This similarity, notwithstanding, ‘chance-takers’ distinguish themselves by acknowledging occasional engagement in sex without the use of condoms. This

²⁸ The metaphor of a cyborg is borrowed from Haraway (1991) who uses it to challenge the binary between what is natural and what is artificial in conceptualisations of feminism. The cyborg for Haraway dismisses the existence of the original moment and of the possibility of a return to that moment. It is a metaphor calling for the recognition of the co-existence of nature and culture in constituting contemporary human experience, a co-existence that must inform conceptualisations of feminism. I use it to challenge the dualism between reason and its other (i.e., passions and fantasy) which is evident in mainstream HIV/AIDS intervention programmes. By grounding safety in reason (where sex is concerned) these programmes paint a picture of a progressive march towards a secure future where HIV and AIDS will be overcome. The metaphor of a cyborg, as I use it, however, questions the very idea of the possibility of a final secure future. It presents health as a spiral, possibly cyclic phenomena. It raises a question regarding the limits of safe sex and of health utility in general.

acknowledgement is important because it points to the cohabitation that ‘progressives’ as a positioning have with embodied structures of desire. I demonstrate that these structures of desire periodically disrupt ‘progressives’ as a positioning thereby opening these men to the possibility of contracting HIV. I argue in this chapter that as a structure ‘progressives’ is already caught up in competing structures that generate a double movement between utility and its violation.

5.2 On the ethic of collectivism: ‘chance-takers’ as men in possession of epistemic power

‘Chance-takers’ are first and foremost men who are preoccupied with collectivism, they are men who are aware that, to a great extent, the well-being of their families rests on their sexual well-being and who, as a consequence, attempt to live their lives in ways that seek to preserve the sanctity of families back in the countryside. Thus the survival of these men in a context in which HIV/AIDS thrives is inextricably intertwined with the survival of families back at home. It is in this regard that one can argue that in attempting to not contract HIV these men are simultaneously trying to save families back in the countryside. In this instance then, it would appear that the conduct of these men is informed by their concerns with the welfare of their families back at home. It can be argued, therefore, that the message of HIV/AIDS finds validity within a context in which concern for the family among migrant mineworkers is a real issue.

This concern with family (i.e. as an absence) becomes obvious in explanations that these men provide concerning why they do not want to engage in sex without the use of condoms. This point is illustrated by the conversation I had with Lucky. I asked Lucky to say why it is that he is not prepared to engage in sex without the use of condoms. Earlier, he had pointed out that most of his colleagues contracted HIV because they had engaged in sex without the use of condoms even though they were supposedly well aware of the consequences implicit in that undertaking. This is how Lucky responded to the question:

Lucky: *Ntate*, you know what? The truth is that I love my wife and my children are still very young. Consequently, I do not want to do things that will ultimately put their future in jeopardy. I would not want

my children to grow up without a father. If I can find myself in a situation where I have infected my wife I would consider myself the most unfortunate person.

The concern with the well-being of the family is rather evident in Lucky's response. It seems as though Lucky is well aware that his sexual conduct is directly connected to the well-being of his family in such a way, that his sexual life and his family can hardly be seen as two separate entities. But more importantly, the response that he furnishes suggests that responsibility and accountability, emanating from the affection for his wife and children, are key themes that underwrite how he navigates the context in which he works. This absence in the form of the family informs critical decisions that include, among other things, questions of sexual intimacy. This concern with the family and the performance of acts of responsibility and accountability underlie conversations with other 'chance-takers' interviewed in this study. It can be argued therefore, that the concern with responsibility and accountability among these men comes from a concern for the absent family and that it is this absence that validates an ethic of collectivism.

Further, by demanding responsibility and accountability from these men the absent family places currency on the message of HIV/AIDS as it is articulated within Monyakeng's Aids programme. This is because the message of HIV/AIDS (i.e. the message of safety in the midst of the danger of contracting HIV) not only explicates the possibility of contact with death but it also provides the promise of securing the future. Responsibility and accountability, key markers of an ethic of collectivism, emerge in this instance as products of a meeting point between two absences, viz. that of the family and that of the unknown represented by death. Implicit in this also is the fact that migration to the mines is itself a journey to absences.

While the family as an absence engenders responsibility and accountability the absence of the unknown brings about adherence to the message of HIV/AIDS as it is articulated within Monyakeng's AIDS programme. That is, the knowledge of the pathology of the immune system due to the presence of HIV provokes the fear of suffering and dying due to the development of AIDS. This seems to suggest that while the unknown as an absence

evokes the fear of AIDS it simultaneously endorses responsibility and accountability. Consequently, death as an absence validates an ethic of collectivism. In the following conversations I seek to provide illustrations of how death provokes the fear of suffering and dying due to the presence of AIDS.

I commence by providing a conversation with Mahapu who is a loco driver at one of the sections underground. Earlier in our conversation Mahapu had said that HIV/AIDS is a serious problem at Carletonville and that his colleagues were constantly faced with the danger of contracting it. I asked Mahapu to say what it is that his colleagues had to do in order to stay safe from possible contraction of HIV. This is what Mahapu had to say:

Mahapu: The only way of staying safe, *ntate*, is for them to ensure that they use condoms every time they have sex. You should understand that every time you have sex you are faced with the danger of getting HIV/AIDS even if the person concerned is your person [i.e. your girl friend]. You can never guarantee that someone you meet here in town can be faithful to you. While you are at work she might be with someone else. So, the only way of staying safe is to use condoms all the times.

What is apparent in Mahapu's response is not only the fear of the reality of AIDS but also the presence of the operation of a logic of safety that in essence seeks to secure the future. This logic of safety is evident in the emphasis that Mahapu places on the use of condoms whenever people engage in sex. Thus in this conversation condoms appear not only as technologies of sexual pleasure but they also seem to announce the possibility of victory over death represented by AIDS. They make up for that which is difficult to guarantee, faithfulness. Of course, Mahapu does not seem to preach unto others the things that he himself does not do. According to this testimony, which I will examine later, he ensures the use of condoms all the times he has sex.

The logic of safety and of triumph over the arbitrary and cruel character of nature is also manifest in the conversation with Lucky. Earlier in our conversation Lucky had been arguing that it is almost impossible for any man (priests and himself included) to be faithful and that men are always likely to have an affair irrespective of whether they are married or not. As the conversation continued, we began to talk about Lucky's wife. It

was amazing to see the affection and passion with which this man spoke about his wife. I found this contradiction (between the impossibility of men being faithful and the love for one's wife) interesting and so I asked Lucky to say whether he did not believe that lack of faithfulness on his part is likely to put her life in danger. This is how Lucky responded:

Lucky: *Ntate*, I have CDs here. I do not know if they also make people sick. If they make people sick, then I will be sick.

SM: What do you have?

Lucky: I have condoms. If, however, they protect one from possible contraction of HIV I will not have it. I always put them right here next to my bedside to ensure that they are within easy reach if I happen to need them urgently.

SM: So, you never make a mistake of not using a condom?

Lucky: Never! You see, I used to have a friend of mine right here and one day she complained about the condom and said that it hurts her. I told her immediately and said let us stop this thing and it was the end of that relationship.

Lucky's response poses a number of interesting questions. The first is his open acknowledgement that he has other relationships outside of his marriage, he seems to comfortably live with a distinction between marriage and 'friendships'. It would appear, from the extract above and in subsequent conversations that 'friendships' are merely there to deal with his anguish as a man. They are not meant to take the place of marriage nor does marriage close the possibility of having 'friendships'. These are separate entities that nonetheless form the total fabric of relationships that nurture what it means to be a man. The unequal relationship between these two configurations of relationships manifests itself in Lucky's strict deployment of technologies of sexual pleasure (i.e. the condom) where 'friendships' are concerned. That is, the availability of condoms makes claims to faithfulness too rudimentary and backward.

Though Lucky believes that it is impossible for a man to be faithful he is equally aware of the dangers associated with multiple sexual partnerships and seeks ways to ensure his safety. It is no wonder that as a man who cannot be faithful to one woman alone he has condoms at hand. The presence of condoms also speaks of his acquisition of modern epistemic power, he seems to understand very well the consequences of engaging in sex

without the use of condoms; hence, the need for self-protection. Thus, in the context where nature threatens his existence with death Lucky embraces the freedom that comes with the deployment of the technology of sexual pleasure. We will find out later though whether Lucky is consistent in his use of this technology.

Some men, on the other hand, explicate this logic of safety by moving beyond the emphasis on the use of condoms to an inclusion of an even more elaborate set of safety regimen. Popo provides such an example. Earlier in our conversation he had, like a significant number of those interviewed for this study, suggested that HIV/AIDS poses a problem among many of his colleagues at Monyakeng. He pointed out that the cause of the proliferation of HIV among his colleagues was the lack of adherence to the message of safe sex. When I asked him to say what it is that this message of safety says his response was as follows:

Popo: There are many things that we often talk about and they call them ABC's. They say that A is abstain and B is be faithful. And then they call C condomise. You see. These letters mean that you should not have many partners but you should have just one to whom you can be faithful. However, if you cannot be faithful to that partner then you should use condoms. Ideally, if you want to be safe you should stay away from sex altogether. Apart from these we are still encouraged to carry safety gloves that we should use if we happen to find ourselves in situations of accidents or where we may encounter persons who may be injured. It may happen, if you are not careful, that while you try to help an injured person that you get the infection yourself due to the presence of cuts you may have on your hands.

Unlike most of his colleagues interviewed for this study Popo responds to the question not only by foregrounding the use of condoms but provides instead, a general safety regimen which includes use of safety gloves in cases where he would attend to an accident in which a person has been injured. This seems to suggest that in thinking about staying safe from contraction of HIV, Popo does not necessarily think only of sex. Other factors such as coming into contact with infected blood due to accidents seem to matter in the way he perceives the potential danger of contracting HIV. This tendency to talk about safety in inclusive terms (i.e. in terms that include condoms and other techniques of

safety) may be indicative of the knowledge that Popo has gained as a peer educator. However, at the time of the interview he was no longer active as a peer educator.

Popo was quick to point out though that abstaining or being faithful were unrealistic aspects of this message. According to him, both these aspects are based on an unrealistic understanding of the workings of human nature. His view is that it is almost impossible for men in particular to abstain or to be faithful. This is because nature works in men in such a way that it has endowed their bodies with desires that need to be satisfied. These desires are such that they make abstaining impossible while they make faithfulness to one partner almost a joke. In women, Popo states, these desires are less active and give rise to a nobler gender. However, though women are of a nobler gender they are weak with regards to sex in particular, as they are likely to do what a man wants. For instance, if a man does not want to use a condom a woman is likely to give in. Consequently, Popo considers his wife as a potential risk to his contraction of HIV. He argues that if she can fall in love with a man she is likely to engage in unsafe sex because she is of a weaker gender.

I have attempted to show in this section that, like ‘progressives’, ‘chance-takers’ are men who aspire to responsibility and accountability and that these are, among other things, engendered by the family as an absence. I have argued that in bringing about responsibility and accountability the family as an absence fosters an ethic of collectivism. I continued and said that in the context where HIV/AIDS thrives, the absence of the unknown that death represents validates this collectivism through adherence to the message of safe sex as it is communicated by Monyakeng’s AIDS programme. That is, the absence of the unknown fosters a concern to secure the future.

5.3 On the ethic of self-affirmation: ‘chance-takers’ and the pursuit of the sacred

While on the whole ‘chance-takers’ are men preoccupied with collectivism they, nonetheless, are at the same time inclined to practices of self-affirmation. That is, a key

characteristic feature of ‘chance-takers’ is a periodic concern with the aesthetic²⁹. This means that while on the one hand ‘chance-takers’ seek to uphold values that hold collectives together there are times wherein they abandon socio-culturally sanctioned norms and values concerning responsibility and accountability in favour of practices of self-realisation. Consequently, it is at these moments that these men threaten order with disorder. Threatening order with disorder, therefore, lies at the heart of the practices of ‘chance-takers’. This threat to order is manifest in the pursuit of the sacred.

As I have already stated the pursuit of the sacred cannot be understood independently of the aesthetic. This is because the aesthetic furnishes the path to the sacred. The aesthetic, therefore, is the space in which rebellion against the dominant health epistemology and all that represents knowledge concerning responsibility and accountability, is waged. In conversations with these men it would appear that the practices of the aesthetic come from a desire for what these men deem real and genuine sex. According to their testimonies it seems to be sex without the use of condoms. This becomes manifest when these men are asked to say whether sex that involves the use of condoms is real or not. I begin by furnishing the response of Mahapu to this question:

Mahapu: Ai! It is not the real thing.

SM: What do you mean that it is not the real thing?

Mahapu: Eish! Eh, I mean it is not natural because you have to use something that is a plastic.

While Mahapu recognises the value of condoms in the context wherein HIV/AIDS thrives, yet he appears to be saying that the use of condoms in sexual intercourse does not furnish an experience of real and genuine sexual pleasure. This, it would seem, is due to the fact that, the use of condoms interferes with that which Mahapu considers nature. This nature seems to stand in contradistinction to things unnatural, and artificial, like condoms. Thus implicit in Mahapu’s response is the operation of a binary that makes a distinction between real, genuine sexual pleasure that does not involve the use of a

²⁹ By the aesthetic, or practices of the aesthetic, I refer to those acts that agents embark on which ultimately free the psyche from preoccupations with utility. The practices of the aesthetic have to do with the consumption of things whether they be material (i.e. alcohol) or discursive (i.e. constructions of beauty).

condom and instrumental sexual pleasure characterised by the use of a condom. While Mahapu recognises the need for survival during the time of AIDS he still appears to be driven by some subliminal yearning for things original. This desire for that which is original, seems to undermine Mahapu's efforts to fully take advantage of the benefits that come with the availability of life-saving technologies such as condoms.

This turn to nature in order to fashion discourse about sex is also evident in a conversation with Lucky. I illustrate this point by asking Lucky to say whether sex with the use of condoms is the same as sex in which no condom is used. The following is Lucky's response to this question:

Lucky: The truth is that they are not the same. Sex in which a person uses a condom and one wherein the condom is not used can never be the same. However, what is important is how a person thinks about life [i.e. his or her own life]. I do not understand how a person who has children can be reckless and ignore the reality of HIV/AIDS.

SM: Can you explain what you mean when you say they are not the same?

Lucky: Ache! They cannot be the same *ntate*. It is clear that according to nature we were not created to use things like condoms. Condoms interfere with what nature dictates. However, because we are now living in a very difficult time we cannot help but use condoms. The truth is if you have a friend and you use condoms your conscience becomes free because you know that you are free of HIV.

The response that Lucky furnishes seems to suggest that he considers the use of condoms to interfere with the operations of nature. It would seem according to Lucky, that nature operates in such a way that it endows one with an experience of real, genuine sexual pleasure. Seemingly, it is this real sexual pleasure that the use of condoms frustrates. Implicit in this response is the assertion that nature is the repository of a sexual essence which can only be realised through a 'flesh-to-flesh' sexual encounter. Consequently, this turn to nature creates a tension between sexual desire and the message of safety. It is this tension that provides space for the practices of the aesthetic.

This turn to nature and its construction of a binary between real sex and instrumental sex is further manifested in a conversation with Popo. The following extract seeks to illustrate this point:

Popo: The truth of the matter is that when people practice sex that involves the use of condoms they are safe and we do understand that we use condoms because of the difficult circumstances in which we find ourselves because of AIDS. I do agree also that even in the absence of AIDS there were other sexual diseases, such as ‘drop’, which are still dangerous and which would still make the use of condoms appropriate. However, if I were to be frank and compare sex in which a condom is used and one in which it is not, I would say that sex feels better in which a condom is not used. What is good about sex that involves the use of a condom is that after having had sex, you know you do not have to stress; you do not have to worry much about this virus.

When I asked Popo why he thought that sex that does not involve the use of a condom feels better than the one in which a condom is used his response was as follows:

Popo: Even though I may not be able to spell out exactly why these ways of having sex are different I am inclined to believe that sex that involves use of a condom interferes with natural desires. It is not that I do not understand that there are dangers inherent in that form of sex primarily because of sexual diseases but I just want to point out that if it were not because of these diseases then that would be the best form of sex. Of course, I cannot have sex without condoms and I cannot encourage anyone to do so.

From the conversations above it would seem that Popo is aware of the utility value of condoms as technologies that facilitate the prevention not only of the contraction of HIV but also of other sexually transmitted diseases such as ‘drop’ (i.e. gonorrhoea). It would also appear that it is Popo’s intention to ensure personal safety from possibly contracting HIV as well as other sexually transmitted diseases. Thus, with regard to his everyday personal conduct Popo is well aware of the potential dangers inherent in engaging in sex without the use of condoms and endeavours to live his life in a manner that seeks to avoid such hazards. Regarding the dangers of HIV/AIDS and other sexually transmitted diseases Popo conducts himself as a responsible man who seeks to avoid endangering not only himself, but the well-being of those who depend on his responsible conduct. Behind this responsible conduct, however, seems to lie a belief in the original, uninterrupted experience of sexual pleasure.

As I have already pointed out, the tension between real sex and instrumental sex opens space for practices of the aesthetic. That is, it creates room for undermining the utility inherent in the message of safe sex. This is because the perception that sex which involves the use of condoms is merely instrumental implies at the same time the presence of desire for an experience of original sexual pleasure. This cohabitation of sex that saves with sex that is fun raises the possibility of an engagement in unprotected sex. In fact, as we are about to see, ‘chance-takers’ do acknowledge that there are times in which they knowingly engage in sex without the use of condoms. I attempt to explore the circumstances under which these men engage in sex without the use of condoms. I begin by asking Lucky to spell out the circumstances under which he found himself engaged in sex without the use of condoms:

Lucky: There used to be a person here who used to be my ‘friend’. She was from Khutsong and I always knew from the first time I saw her that I wanted her. Hell, *ntate*! I tell you that woman was beautiful; she was ‘fit’. So, after some time she became my girl friend. I would leave this place and go to spend time with her over weekends when I had bonus money because I was not prepared to spend my salary on her. As I told you I love my wife and she knows how much I earn. In all the times that I spend with this woman I never used a condom. Hai! This chick [i.e. this girl] was well built. I could not rest when I was with her; I wanted it all the time and did not run short of erections. This was the case all the time we met; we were mad.

SM: But why did you not use a condom?

Lucky: *Ntate*, I felt that this thing would obstruct me. I would not be able to reach this chick well³⁰.

Evidently, Lucky’s response to the question concerning the circumstances under which he engaged in sex without the use of a condom is not given in abstract theoretical terms but by way of providing a concrete real life experience. Nonetheless, this real-life experience contains elements that are crucial to an understanding of why Lucky does at some given point engage in sex without the use of condoms. From the extract above it would appear as if there are three key moments that are critical to an understanding of

³⁰ This conversation with Lucky is taken from my after-interview notes and not from the formal tape recorded interview session. Once the tape was off Lucky was able to share information he had been withholding during the formal interview session.

why, in the above encounter, Lucky engaged in sex without the use of condoms. These can be represented in the following way:

Firstly, it would appear as though this process commences with representations of physical, bodily features (i.e. the aesthetic dimension) in which ordinary parts of the body of a woman lose their mundane existence in the realm of the everyday and assume the role of being embodiments of ideal feminine beauty; the parts of a woman's body come to mediate what Lucky conceives as a woman's beauty. In the conversation above this is evident in the characterisation of the woman in question as being 'fit'. The difficulty of saying exactly what it means to say that a woman is 'fit' is manifested when Lucky is asked to describe a 'fit' woman. This is because Lucky uses further conceptual categories such as "*o teteane, o dinoka*" – since I do not have an equivalent English translation for this – the closest I can get to a translation is the word "voluptuous".

The description of a voluptuous and curvaceous woman best fits what Lucky considers a 'fit' woman, it is an aesthetic expression of physical, bodily features and not a literal description of those features. The hips and the thighs mainly enable and mediate the construction of this category of a 'fit' woman. This means that the description of a 'fit' woman occurs through the mobilisation and bringing together of specific parts of a woman's body (i.e. in this case the hips and the thighs). Once these parts have been assembled and their assembly represents a construction of the category of a 'fit' woman they then present the possibility of an encounter with the sacred (i.e. the original moment, the essence of sexual pleasure). Thus the hips and the thighs are merely raw materials that facilitate the mediation of a possible encounter with the sacred. Outside of the sacred they are mere mundane pieces of flesh (or at least in the case of a man who is not that preoccupied with the sacred).

It would appear that once a woman fits the description of a 'fit' woman she simultaneously becomes an object of desire. This, it would seem, is because such a woman represents the possibility of an encounter with the original moment, an encounter that evidently occurs through the body of a 'fit' woman. This seems to suggest that, for

Lucky, the body of a 'fit' woman is central not only to the possibility of the imagination of the sacred but also of its actual realisation. A realisation of the sacred (the original moment) seems, however, to presuppose violence. That is, it seems to be a process in which the psyche becomes extravagant and gets invested with a form of rebellion that negates norms and requirements of what could be seen as civilised and cultured behaviour. Since the condom belongs to the realm of culture and civilised sexual conduct, it just does not fit the logic of the sacred. The logic of the sacred seems to be the logic of courage and of throwing caution to the wind; of staring at danger and death; of risking order and organisation with disorder and disorganisation. Indeed, it would seem as though a man who is given to calculation would not dare go down the path of the sacred.

Just like other 'chance-takers', Lucky acknowledges that it is not the body of just any woman that mediates an encounter with the sacred (i.e. the original moment) and that only the bodies of certain women facilitate such an encounter. According to Lucky there are some women who constantly remind him of HIV/AIDS and of the need to use condoms. Such women do not fall into the category of what he, at some given moments, defines as a 'fit' woman. This means that the category of 'flesh-to-flesh' cannot be used to talk about all forms of sexual experience in which a condom is not used. Instead, such forms of sexual experience need to be taken apart and the circumstances under which people would engage in 'flesh-to-flesh' sexual experience need to be spelled out. 'Flesh-to-flesh' seems to be a generic term in which the condom is not used in a sexual encounter but it cannot be used to explain all forms of sex in which a condom is not used. Not all forms of sex in which no condom is used can be seen to represent an encounter with the sacred; some of these are likely to be just careless experiences in which people do not give much thought to what they do.

Consequently, in its generic form 'flesh-to-flesh' cannot be seen to be characteristic of a rebellion against the dominant health epistemology. This rebellion is a characteristic feature of a quest for the sacred – it is a form of internal defiance emanating from men who are in possession of the epistemic power of the dominant health epistemology. It is a form of rebellion that occurs only when the physical, bodily features of a woman are

assembled in the construction of female beauty which is then violently consumed in the quest for the attainment of the sacred. The sacred, it would seem, lurks behind the image of a woman who, in this case, has been ‘constructed’ as ‘fit’.

The image of a ‘fit’ woman and the central role she plays in facilitating the path to the sacred seems also to be at the heart of explanations that Mahapu provides giving the reasons why he sometimes engages in sex without the use of condoms. Mahapu, as far as a woman who “fills the bogart³¹ and is smooth” is concerned, will likely find the use of a condom difficult. The description that Mahapu provides conjures up the image of a voluptuous and curvaceous woman. These are but some of the descriptions that men in the mine use to create a form of female beauty that facilitates a path to the realization of the sacred. Condoms are an obstruction in this process.

While the image of a ‘fit’ woman facilitates the path to the sacred for both Lucky and Mahapu, for Popo a different version of feminine beauty seems to inspire this path to the sacred. While the explanation that Popo provides concerning the circumstances under which he engaged in sex without the use of condoms still posits the body of a woman as an exit point to the sacred, his representation of feminine beauty that accompanies that path to the sacred seems to differ from those of Lucky and Mahapu. The following extract furnishes Popo’s response:

Popo: I used to have a person [i.e., girl friend] right here. One day we left this place for her home ... when that time came [time to have sex] I took out my condom and put it on. She resisted the idea of using a condom but I insisted and showed her that the condom was important for the safety of both of us. During the sexual act, she lifted me up with her thighs and pulled the condom out and we had unprotected sex.

What is interesting about the incident described above is that it was not Popo who was reluctant to use a condom but the woman in question. The incident seems to run counter to the common perception that it is men who do not want to use condoms and the implicit assertion that the message of safe sex is the message of the protection of women for condom-averse men. The excerpt above seems to fly in the face of this commonly-held

³¹ Bogart is another word meaning jean.

belief. It seems to suggest instead that in as much as there are men who resent using a condom during sexual intercourse there are an equal number of women who equally resent a condom. It is not always the case, therefore, that women are the victims of condom-averse men. It would appear that, the unequal systems of hierarchy, notwithstanding, they too yearn for an experience of rootedness.

It would appear, from the above extract that Popo was a victim of a condom-averse woman. I want to argue that, indeed, he succumbed to unprotected sex because the woman in question fitted the criterion of women who mediate practices of the aesthetic. In his encounter with the woman in question Popo's psyche had already been freed of any concern with living for purpose and safety. This is because the feminine beauty of this woman he came to encounter belonged to that dimension of the practices of the aesthetic which I articulate above. I am contesting that he had already given up any concern with safety even before the woman herself removed the condom. In fact, I am inclined to believe that his use of the condom was a mere formality. That the beauty of the woman in question belongs to the practices of the aesthetic is manifested by the description he provided of her earlier in our conversation. This is how he described her:

Popo: She had an incredible figure; a very attractive person indeed. She was that kind of person that you would enjoy being with. She was one of those thin sticks.

Popo's 'person' presents an interesting contrast to the two previous descriptions provided by both Lucky and Mahapu. In this particular case his idea of a beautiful woman does not seem to be that of a 'fit' woman. This is not to say, that under a different set of circumstances Popo would not find a 'fit' woman attractive. It is simply to say that under the circumstances at hand a thin woman seems to represent what he seems to consider the ideal feminine beauty. Thus while for his two colleagues a feminine beauty should be voluptuous and curvaceous, he seems to arrive at the same conclusion through the mobilisation and the bringing together of the legs of a thin woman. This seems to suggest that representations of ideal feminine beauty depend on a variety of tastes and appetites that men have.

I have attempted in this section to show that even though ‘chance-takers’ are men with a predisposition for collectivism they also have moments wherein they abandon collectivism for practices of self-affirmation. I have argued that these practices of self-affirmation come from a dualism that these men construct between instrumental sex, which involves the use of condoms, and real sex in which no condoms are used. I argued that the turn to nature in order to fashion discourse about sex creates this dualism. This turn to nature, generates a longing for origins and authenticity. I continued further and said that the consistent use of condoms creates a sense of dislocation from the everyday understanding these men have sex. I have contested, as a consequence, that this sense of dislocation gives rise to a quest for rootedness and that this manifests itself in the pursuit of the sacred.

5.4 From collectivism to self-affirmation and back again: ‘chance-takers’ in the aftermath of the pursuit of the sacred

In the previous section I have shown that though ‘chance-takers’ are men characterised by a concern for collectivism they, nonetheless, do have moments wherein they abandon that collectivism for practices of self-affirmation. In defying collectivism, I have argued, they place their spouses in danger of contracting HIV. It is in this regard that I seek to examine in this section the attitudes of these men towards their practices of self-affirmation, to establish what they think about their practices of self-affirmation in relation to the well-being of their spouses. In this section I attempt to show that the terror inherent in the practice of self-affirmation does, in fact, reinforce commitment to the ethic of collectivism.

I begin this section by continuing with an earlier conversation I had with Lucky. I ask Lucky to say whether he is not worried that engaging in sex without the use of condoms puts his wife, whom, as he had already pointed out, he loves dearly, in danger of contracting the HI virus. In his response Lucky had this to say:

Lucky: To be honest with you, I know that a thing such as this one [sex without use of condoms] puts my wife at risk but I can tell you that I have never and I can never sleep with my wife knowing that I had unprotected sex with someone, never. *Ntate*, I told you that my children are still very young and I want them to have what I did not have. Let me give an example. Recently, after I had been with this woman who was my friend from Khutsong on the following weekend I went home. Hell, *ntate*! When I arrived I found myself in a serious dilemma. I usually do not use condoms with my wife. This time, however, before we went for our game I took out a condom. A problem started right there. She wanted to know why it is that I am using a condom and whether I had been unfaithful with other women. I told her that I was not feeling well and that I had taken some medication from someone and that I did not trust this medication. She just did not trust what I was saying and she was mad. I insisted nevertheless and showed her that it was in our interest to use a condom until I could find out what the problem with the medication was. *Ntate*, it was tough but I had to stand up and say I cannot infect my wife if at all I have this thing. I wanted to suffer the consequences of that thing alone if at all I had it.

Lucky's response seems to suggest that he is well aware of the potential consequences that his practice of self-affirmation poses to the well-being of his wife. He can see that his engagement in sex without the use of condoms puts his wife at risk of contracting HIV. He is well aware that his pursuit of the practice of self-affirmation has the potential of threatening collectivism, which sustains both his and the well-being of his family, with its dissolution. Where the potential of threatening collectivism exists such as in engaging in sex with his wife without use of condoms after having had an encounter with another woman, Lucky would rather risk confrontation with his wife than risk the destruction of that collectivism. Thus, though the practice of self-affirmation would suggest that Lucky is a reckless man who dares to confront death represented by HIV/AIDS, it appears that in relation to his wife he is a caring and loving spouse. His defiance of the dominant health epistemology, therefore, is not without a concern for ethics.

This ethical concern is manifested by the fact that when Lucky left his hometown Butha-Buthe he undertook to go and be tested for HIV on his arrival at Monyakeng. To his relief the results of the test were negative. Thus although Lucky had had a tough time with his spouse due to his insistence on the use of condoms, he was finally glad that he knew his status and that he did not take a chance with his wife. From this example it would appear that Lucky has an interesting relationship with knowledge. Where the pursuit of the

sacred (i.e. the sacred is the realm of death where knowledge about HIV does not maintain) is concerned, he is willing to exercise violence on order. However, when the safety and well-being of his wife is in jeopardy he validates and endorses order and rejects disorder. Thus Lucky seems to be fully aware that the pursuit of the sacred is mixed with the possibility of death; a possibility that he is willing to face alone and not with his wife.

In like manner, when I asked Mahapu to say whether he was not worried that engaging in sex without the use of condoms might predispose his wife to the possibility of contracting HIV he equally admitted that indeed such practices did worry him. He then went on to tell me (the interviewer) of a recent incident that had left him somewhat terrified. This incident concerns the death of one of his best friends back in Maseru. For some time Mahapu had been aware that his friend was ill though he never knew about the cause of his illness. Sometime around the middle of 2007 while he was back home in Maseru he decided to go and visit his friend to see how he was doing. To his surprise he found his friend extremely sick and found out that day that his friend was HIV positive. Soon after he left Maseru on that weekend he learned of the unfortunate passing away of his friend.

Mahapu says that this incident has left him sad and worried at the same time. He is sad because he has lost one of his best friends and worried because he realises that he is not immune to the contraction of HIV. He says the fact that there are instances in which he has engaged in sex without the use of condoms makes this a real possibility. However, when I asked Mahapu whether this incident of the death of his friend was at all a deterrent for future engagement in sex without the use of condoms he had this to say:

Mahapu: As for frightening me, his death has certainly done that. And I could only wish that a human being were like a machine, then I could condition myself in a manner that would be consistent with the workings of machines. However, I am a man and I know full well that sometimes it is difficult to keep to the promises we make to ourselves; particularly when it comes to sex. I may say I will not to this thing today but do it tomorrow. Today I may be afraid but tomorrow or in the future I may not be afraid. Consequently, the things that terrify me now may not terrify me tomorrow. So, I cannot guarantee

anything; I can only attempt to make an effort. For now, however, I do not want anything [to do with unprotected sex].

One would have supposed that the death of Mahapu's friend would have been enough a deterrent to discourage him from possible engagement in sex that does not involve the use of condoms. However, his response seems to suggest that though the death of his friend had immediately frightened him, it has not brought any radical changes to his orientation – he does not seem to say that due to the death of his friend his attitude towards sex without the use of condoms has changed. He seems to be saying that today he is frightened but that he might not be so terrified tomorrow and that, as a consequence, he might find himself involved in the practices of self-affirmation. He seems to base this conclusion on a particular understanding of the operation of human nature, he seems to be saying that human nature operates with reference to sex in such a way that it dictates what people do. For this reason, it would seem, that he cannot guarantee what he will do tomorrow. Thus, according to him, nature operates in such a way that it seems to limit his actions to take responsibility for his sexual life. This reluctance to provide a resolute answer was also evident in Lucky who, after promising that he does not want to ever participate in the practices of self-affirmation, turned around later in our conversation and said that if he were to have an encounter with Phumzile (the former deputy president of South Africa) he would not use a condom at all. This is because he said Phumzile is 'fit' and smooth.

The concern with the safety and of a spouse in the aftermath of an encounter with the sacred is also manifested in the conversation with Popo. This is evident in the response that Popo gave when I asked him how he felt after engaging in sex without the use of condoms with his 'person'. His response was as follows:

Popo: Hell, *ntate!* I could not believe what I had done. The knowledge that it was possible that at the very same moment I could have contracted HIV frightened me. With time the more I thought about that incident the more unsettled I became and ultimately after a few weeks I decided to go and test for HIV. I wanted to make sure that if I had it I would not infect my wife. I vowed since that day that I do not want to go through that experience ever again.

Clearly, the personal testimony of Popo seems to suggest that in the aftermath of his encounter with the sacred he was terrified because it dawned on him that his action had put to risk the ethic of collectivism on which both his and the well-being of his family depended. Though Popo defied a life of purpose represented by order, organization and calculation, he was terrified after his encounter with the sacred by the possibility of the disappearance of that life of purpose due to his practice of self-affirmation. Thus in as much as he protests against usefulness and safety in his practices of self-affirmation he, nonetheless, seeks its maintenance. This almost seems to suggest that adherence to a system of means and ends at the heart of which is family (i.e., utility) requires periodic contact with the realm of the sacred.

On the other hand, his testimony seems to suggest that he is aware that contact with the unknown represented by death has the potential of annihilating utility and that the annihilation of utility depends on his actions. It is in this regard that at the time of the interview he felt he was not prepared to go through that experience again. However, since there is no guarantee that one can never participate in the practices of the aesthetic there can be no guarantee that Popo will not find himself on the path of the pursuit of the sacred again.

In this section I have tried to show that though the practices of self-affirmation are characterised by defiance of the dominant epistemology as well as notions of responsibility and accountability and can, therefore, be rightly considered reckless, the men who adhere to these practices, that is, 'chance-takers', are not necessarily reckless. Instead, they are men with a deep sense of commitment to the safety and well-being of their spouses. This commitment is manifested in the efforts to test for HIV after an engagement in sex without the use of condoms. In light of this, it may be argued that the violence and destruction which manifest themselves in practices of self-affirmation is indicative of the violent nature of the path leading to the sacred, a process characterised by defiance of that which is knowledge implies violence and destruction.

5.5 Conclusion

In this chapter I have explored understandings of HIV/AIDS among ‘chance-takers’. I have shown that these understandings are characterised by a double ethic of collectivism and self-affirmation. I said that this double ethic is due to the location of ‘progressives’ as a positioning within embodied structures of desire that compete with strict commitment to safe sex practices. This double ethic allows for the violation of the utility associated with the message of HIV/AIDS. I said that the ethic of self-affirmation concerns practices characterised by the pursuit of the sacred where the sacred is manifest in the return of the erotic. Consequently, these practices are about the defiance of the maximisation of utility which the message of HIV/AIDS seeks to promote. In exploring the ethic of cyborgs I am showing that self-fashioning which the company’s HIV/AIDS intervention programme presupposes underestimates the possibility of transgression, which lies in the realm of the erotic.

CHAPTER SIX

On competing aetiologies and rationalities of health

6.1 Introduction

In the preceding chapter I have examined what ‘chance-takers’ understand about HIV/AIDS. I have shown that ‘chance-takers’ are men with a similar tendency to that of ‘progressives’, their articulations of HIV/AIDS are the same as those of ‘progressives’. I have said that what distinguishes ‘chance-takers’ from ‘progressives’ is that the former acknowledge occasional engagement in sex without the use of condoms. This acknowledgement makes visible practices that undermine Monyakeng’s message of safe sex. I have argued that the double movement between utility and its violation in erotic pleasures evident in how these men represent their sexual practices; it is indicative of how ‘progressives’ as a positioning cohabits with competing structures of desire that challenge the adherence to the message of safe sex.

In this chapter I study understandings of HIV/AIDS among ‘indigenes’. I show that ‘indigenes’ know the scientific message of HIV/AIDS but that this knowledge notwithstanding, counter-aetiologies emanating from cultural notions of sexually transmitted diseases inform their communication of HIV/AIDS. I argue that the significance of these counter-aetiologies derives from the communication of the message of HIV/AIDS within a dispensation that endorses democracy. Democracy is seen by these men to legitimise a breakdown of social order because it endorses the social conditions that are generated by migrant labour. This is evident in that it grants individuals decision-making powers over their bodies in matters of sex. This undermines the control that families, under African customary practices, have over bodies of individuals. Consequently, it disempowers communities from dealing with beliefs about pollution. I argue in this chapter that, as a positioning, ‘indigenes’ derives from the tension between indigenous customs of black people and values that democracy fosters within a context of AIDS.

6.2 On definitions of HIV/AIDS: ‘indigenes’ as men in possession of the dominant episteme

I begin this section by showing that ‘indigenes’ know about the message of HIV/AIDS. I do so as a way of arguing that their subsequent questioning of the message of HIV/AIDS is not due to ignorance but rather to claims about health that emanate from epistemologies that are in competition with the dominant health epistemology. The examples that follow are characteristic of the views expressed by these men. I commence by asking Thabo to say what it is that he understands by HIV/AIDS and the following is his response:

Thabo: According to my own understanding, HIV/AIDS is *kokoana-hlooko* [i.e. a virus] that attacks the soldiers of the blood [i.e. the immune system] thereby rendering the body incapable of defending itself from diseases. Now, once the body is no longer able to defend itself from diseases a person eventually dies.

Or consider this response from Ace:

Ace: My understanding is dependent on what is being said here in the mine that HIV/AIDS is a disease that attacks the soldiers of the blood [i.e. the immune system] and that once the soldiers of the blood are weakened a person then becomes susceptible to contract diseases that will ultimately kill him/her. When a person is in this state any disease can kill him/her.

An examination of the two extracts above seems to suggest that in talking about what they understand by HIV/AIDS ‘indigenes’ borrow directly from the explanations of the message of HIV/AIDS as it communicated with the company Aids programme. In this regard, their understandings of HIV/AIDS seem to emerge from a view that the body is a physical entity that is susceptible to viruses. In this particular case, the virus in question is HIV. Thus, when it comes to explicating the understandings of HIV/AIDS, ‘indigenes’ appear to have a lot in common with ‘progressives’ and ‘chance-takers’, it seems that where the internal workings of the body are concerned ‘indigenes’ rely on the explanations of the dominant health epistemology. This reliance on the explanations of this health epistemology may be due to its seeming technological supremacy.

Though it would appear, from the two extracts, as if the men in question collapse the distinction between HIV and AIDS and treat it as one and the same thing, there are some ‘indigenes’ who are quite aware of both the distinction as well as relations between HIV and AIDS. Consider the following extract from a conversation with Tsepo:

Tsepo: This thing called HIV/AIDS, is essentially a disease of the blankets [i.e. sex] and is caused by the infection of a virus called HIV. Now, this virus spreads across the body and destroys the soldiers of the blood [i.e. the immune system] thereby rendering the body incapable of defending itself from attacks by diseases. In other words, HIV is a virus that leads to the condition of AIDS. Even though we like to place an emphasis on the blankets it is well known that a person can get it [i.e. HIV/AIDS] through many other ways.

Clearly, Tsepo is among those ‘indigenes’ with awareness that HIV and AIDS are two separate but related moments in a progression from health to ill health. Thus, unlike most of his colleagues he does not use HIV and AIDS interchangeably. Instead, he talks about HIV/AIDS in ways that appear to recognise this distinction. With deeper probing one discovers that a significant number of these men are aware of these distinctions and relations. It is just that, as I have already pointed out, Talk about HIV/AIDS is trapped within a regional grammar with signs and symbols that lack a one-to-one correspondence with the language of science which happens to be the dominant language to communicate matters about HIV/AIDS.

In providing this brief account of the understandings of HIV/AIDS among ‘indigenes’ I am attempting to make a point that ‘indigenes’ are not ignorant about what HIV/AIDS is, they are not ignorant of HIV/AIDS as an expression of the dominant health epistemology. They are also, at the level of definitions, not disputing the claims of the dominant health epistemology concerning what HIV/AIDS is. In fact, as it may be evident from the extracts above, these men are in agreement with the explanations of the dominant health epistemology about what HIV/AIDS is. They know what HIV/AIDS is. At this level, they accommodate and appropriate scientific explanation concerning HIV/AIDS.

6.3 On defeated and contaminated blood: Understanding the causes of HIV/AIDS among 'indigenes'

Although 'indigenes' accommodate and internalise the explanations of the company message of HIV/AIDS, when it comes to explicating what the causes of HIV/AIDS are it appears as though they subscribe to a counter-aetiology that ultimately undermines the explanations of the company programme concerning HIV/AIDS. That is, at the level of explicating the causes of HIV/AIDS these men begin to slip away from grip of the company HIV/AIDS programme. Consider the following conversation I had with Tinyeko. In this conversation Tinyeko is describing his understanding of what causes HIV/AIDS:

Tinyeko: You see *mmate*³², when we were born we were told that we were not supposed to have sex with older women or even to start sex with women prematurely and we, in fact, complied with such teachings. Now, young men have sex with older women. We were told that older women would *defeat* us because they have strong blood in comparison to the young blood of younger people. That is what used to happen. Now, these days, the problem is that young people do not listen. We were also told not to have sex with a woman who had just lost her husband because it may happen that a doctor may be able to, lets say I had sex with a woman who had had an abortion, so if I happen to survive this sickness, the doctor may realise that I had sex with a woman who had had an abortion recently. But it is the blood of this woman that contaminated my blood. The doctor may not be able to see the real cause of the problem and I am telling you that this thing really kills ... This thing kills like AIDS. When you have sex with a woman who has lost a loved one, without knowing, we call this disease which results from contaminated blood, *izinyama*³³.

Clearly, according to Tinyeko there are two things that are central to an understanding of what causes HIV/AIDS. These are, respectively, the *defeated* blood of young people as well as what he calls *izinyama*. As may be seen from the extract above, the former is a result of changes in the blood content of young people due to sexual engagement with persons that are culturally designated as older. In the conversation I had with Tinyeko he seemed to consider as older persons those women who would qualify to be mothers to any potential male sexual partner. The difficulty with this category is that it is not

³² *Mmate* is a Shangaan word for friend.

³³ *Izinyama* is a word some of these men use to designate someone who is ritually unclean because they have not been through the cleansing process that follows death in many cultures of southern Africa. The interviewee is constructing this word straight from *fanakalo*. *Tshila* would be the Sesotho equivalent while *intsila* would be the IziXhosa equivalent.

designated by age but that it is culturally defined. Consequently, this means that it is culture that determines who qualifies as an older woman. Of course, although in his conversation Tinyeko's explanations are gendered he does acknowledge that it is equally wrong for young women to sleep with older men as the same effects would manifest among them. The gendered explanation may be due to the fact that he received instructions as a man in relation to women.

The latter cause, *izinyama*, seems to be a result of two separate but related issues. The first concerns having sex with a woman who has had an abortion while the second relates to having sex with a woman who recently lost her husband. Though these two causes may be seen as distinct, the common feature they share and one that generates a relationship between them, is that they both place these women within an experience of death. They both symbolise loss due to death. It is the location of these women within the context of death that is paramount to an understanding of why sex with them is a taboo.

According to Tinyeko, as well as the testimony of other 'indigenes', the experience of the death of a husband or a wife places one into a period of seclusion wherein one is supposed to mourn the death of their loved one. During this period the living spouse is considered ritually unclean and has to avoid sexual intercourse. The men in this study use a variety of words to describe this form of uncleanness. They refer to the living spouse as having *sesila*, *izinyama* or *intsila*. *Sesila* is a form of culturally constituted dirt and is understood to carry the power to contaminate. However, it is not a mere abstraction, since the person of the living spouse embodies this contaminating substance, and for this reason, sexual contact with such a person is altogether forbidden. Such contact is considered dangerous because, as Tinyeko points out above, it contaminates the blood of the sexual partner of the living spouse. Thus, in essence, sexual intercourse with a person considered ritually unclean radically transforms the content of the blood of his/her sexual partner. This is why Tinyeko considers having sex with someone who has had an abortion or someone who has lost a husband, dangerous.

Whereas some ‘indigenes’, like Tinyeko, foreground cultural reasons for the causes of HIV/AIDS others privilege a combination of economic as well as political reasons. An example of this can be seen in the following conversation with Sello, in which he is explicating what he thinks is the cause of HIV/AIDS:

Sello: Thank you *baba*! Because of the growing scarcity of jobs, I think this [i.e. scarcity] has been the major cause of this proliferation; and this is my first reason. The second reason is that the government itself has made a mistake by legalizing abortion; the legalization of abortion is something that runs contrary to our *botho* [i.e. indigenous African humanism] or *setho* [i.e. the expression of that humanism] and is something that was unheard of since our childhood. Now, when the government started announcing that abortion was legal, the women started aborting in large numbers being more mindful of sex; and the second thing, of course, is that they were generally driven by hunger. I am sorry I have to say that but that is the reality.

From the extract above it appears as though there are three things that inform Sello’s reasoning. The first concerns the general joblessness which is a feature of many economies of southern Africa as well as the developing world. The second relates to the state’s legalization of abortion. Flowing from this is the third issue, the violation of the social constitution of *botho* [i.e. indigenous African humanism] as a guiding ethos specific to Sello’s upbringing. As it may seem from the extract above, the violation of the social constitution of *botho* is a consequence of state-engineered policies for abortion, which undermine the ethos of *botho* as Sello understands it.

In the following conversations I attempt to explore what Sello means by each one of these themes in order to understand his explanation of the cause of HIV/AIDS. I commence by asking Sello to explain the relevance of joblessness as a cause of HIV/AIDS. This is what he had to say:

Sello: Yes. Now, the problem is that we are not the same up here [pointing to his head]. Women, I am sorry to say this, but it is true, when they have found someone who is a sexual partner, they love to go to extremes in order to satisfy him with the view that he should not be attracted to any other woman; she will tell herself that I will satisfy him by giving him flesh-to-flesh. Now, by doing so she does not realise that, for instance, she does not know whether this person ever went through any blood tests and what his status

is and she does not know her own status at the time of their meeting. Now, this is where if one of them happened not to be in good condition [i.e. HIV negative] the next one gets infected too. Once these two have infected each other, may be someone else arrives bringing some more money. Now, this becomes an endless chain reaction of people infecting one another.

The point that Sello seems to be advancing here is that women who are in positions of economic disadvantage tend to trade off their health for economic security. As a consequence, in contexts where HIV/AIDS thrives, these women predispose themselves as well as their prospective sexual partners to the potential contraction of HIV/AIDS. This argument seems to be rooted in an observation of the patterns of relationships that are a common feature in mining industrial contexts such as at Monyakeng. Its harshness notwithstanding, it seems to resonate with arguments about disease in relation to experiences of marginality (Gilbert and Walker 2002).

On the relevance of the legalisation of abortion as a cause of HIV/AIDS Sello had the following to say:

Sello: Yaa! You see, where abortion is concerned, we as black people; I can give an example by saying, or let me explain myself by saying that a person who has had an abortion is wearing *tshila* [i.e. is ritually unclean] at that time. She is in the same situation as she would if she had lost a loved one. A female person who has lost a loved one embodies *tshila* at that particular moment. And so, because she is wearing *tshila*, we often see our elders, our grandfathers and grandmothers trying to show us that when a person is ritually unclean he/she has to use certain medications which will help clean that state of uncleanness because if he/she can have sex with someone else before undergoing a cleansing process, or before receiving herbs that facilitate a cleansing process, trouble starts right there. That is why you will find that you have a problem because it is said that you met someone who has dirt [i.e. who is ritually unclean]. Whoever is involved with such a person will also get it and infect the next partner until it gets in the homestead [i.e. to the spouse].

So, for Sello the relevance of abortion as a cause of HIV/AIDS is that it generates *tshila* [i.e. dirt], a form, as we have already seen, of dirt with the potential to contaminate the blood of any prospective sexual partner. This contamination, according to Sello, gives rise to a sexually transmitted disease that can be passed on from one person to another. The main issue here, that Sello advances, is that the legalisation of abortion has

undermined the regulation of culturally constituted forms of uncleanness that result in diseases of a sexual nature. Consequently, this has resulted in an increased concentration of uncleanness which, unfortunately, increases the chances of having sex with someone whose blood is contaminated. The legalization of abortion, in this view, is fundamentally at odds with cultural practices that seek to preserve health and prevent ill health. This means that for ‘indigenes’, the manner in which democracy deals with bodies of pregnant women violates cultural forms of generating health and avoiding disease.

As I learned from other ‘indigenes’, contaminated blood can also be a result of the mixing of the blood of strong men and weak men in multiple sexual partnerships. Below is an explication of this phenomenon from Tom. In a similar manner Tom is attempting to respond to a question pertaining to the cause of HIV/AIDS.

Tom: As a person you go about meeting different people [i.e. you go about having sex with multiple sexual partners]. You sleep with them without any protection. Because as people our blood content is not the same and so are our sicknesses. When a man like myself shares the same sexual partner with, say a man like you, without any form of protection, once our blood meet [i.e. in the womb of the sexual partner concerned] it will cause sickness. If this blood goes to the same person [i.e. same woman] you will find that there is one for whom this blood will be too heavy because his blood is too slow while others may go in and escape without any form of infection. A person with slow blood is the one who is most likely to contract such infections with ease.

According to Tom, sharing a sexual partner is fraught with risk because it has the potential of giving rise to conditions of ill health resulting from the mixing of blood from different people (the emphasis seems to be on the blood of different men that mixes in one woman). This mixing of blood, it would appear, essentially, gives rise to contamination since it is a mixing of differences of personality which, seemingly, reside in the blood. However, prospective sexual partners (i.e. male sexual partners) do not have an equal chance of having their blood contaminated. Those with *slow* blood, as can be seen from the extract, stand a greater chance of contracting infections that reside in the person of the woman who is a carrier of contaminated blood. Thus, persons with *slow* blood are the ones most likely to spread sexual infections more than their counterparts.

For Tom, therefore, multiple sexual partnerships provide a conduit through which HIV/AIDS is transmitted.

While on the surface it may appear as though Tom is making an argument about differences of personality when asked to explain this issue further he had this to say:

Tom: Yes *ntate*, our blood [i.e. as people] is not the same. And as people there are *lipitsa* [i.e. herbal remedies] that we use. When these *lipitsa* cleanse *bofeili* [i.e. dirt] from me, I take that dirt and transmit it to you; that is why you will find that this dirt will cause you a lot of diseases.

The source of this contamination, which is generated when different men ejaculate into one woman, is dirt. And according to Tom, this dirt emanates from the blood and is a result of cleansing processes that aim to purify the blood. What emerges here is that, like anything else, the blood is understood to acquire dirt and needs to be cleansed. From the extract above, it appears as though there are special herbal remedies that are used as detergents for the blood. These remove dirt from the blood which can then be passed from one person to another during sexual intercourse thereby causing contamination which then gives rise to sexually transmitted disease that, according to ‘indigenes’, is the same thing as what medical experts call HIV/AIDS.

What appears from these conversations is that ‘indigenes’ articulate the causes of HIV/AIDS in relation to social problems. They consider HIV/AIDS and its proliferation primarily the result of the breakdown of the social fabric that is supposed to enhance and promote people’s sexual health. This breakdown, they argue, has resulted in the collapse of the social web that sought to keep the socio-culturally constituted notions of purity and impurity in tact. The result of the collapse of the notions of purity and impurity has been an increase in the contamination of blood which according to ‘indigenes’ gives rise to what medical experts call HIV/AIDS. The secularisation of society due to democracy has not helped since it has exacerbated the contamination of blood as it undermines cultural processes of regulating beliefs about pollution.

6.4 What of safe sex?: ‘Indigenes’ on sex that involves use of condoms

As it might appear from some of the extracts above, it is common for ‘indigenes’ to use the language of protection in relation to sex. So, in this section I attempt to investigate their attitude towards sex that involves use of a condom. I do so by way of ascertaining the significance of condoms, as technologies of sexual pleasure, to a worldview that appears to emerge from an aetiology that seems to stand in contradiction to the aetiology of the dominant health epistemology. I am trying to explore the relevance of condoms to ‘indigenes’ since theirs seems to be a world view that transgresses the boundaries of the dominant health epistemology.

In talking to these men it appears that the language of safe sex plays a critical role in how they conceive of a healthy sexual life. That is, condoms constitute a central component of the manner in which they negotiate safe sex. The following extract in which Mohau responds to a question about the relevance of condoms to safe sex seeks to illustrate this point:

Mohau: By protection I am referring to the use of condoms. Condoms are very important because as you might understand it would be a terrible mistake to go to battle [i.e. a polite way of saying having sex] without taking your *likhohlopo*³⁴ [i.e. condoms]. I do keep them with me here [i.e. where he stays on the mine] just in case I find myself in an unfortunate day. Personally, I do not run around with anyone here but it is important just to have them all the time just in case you find yourself in a rainy day.

When I asked Mohau whether condoms could protect against the contamination that he and other ‘indigenes’ were talking about, his response was as follows:

Mohau: They do. It is the only way of staying safe. And if you are not a person who likes using them the only suggestion I can give you is to stay away from women [i.e. from sex].

As can be seen from the above response, while with regard to the causes of HIV/AIDS ‘indigenes’ transcend the administrative boundaries of the dominant health epistemology, they gravitate back to its dictates in search of safe sex. This is manifest in that while these

³⁴ *Likhohlopo* is literally Sesotho for gumboots. Mineworkers put on these to protect themselves against water underground. The word has been appropriated in the AIDS discourse where it now means condoms.

men provide counter-explanations to the explanations of the dominant health epistemology concerning the causes of HIV/AIDS, they nonetheless imbue the technologies that the dominant health epistemology provides, such as condoms, with significance. This may be due to the fact that ‘indigenes’ agree in principle, with the dominant health epistemology, in the existence of a sexually transmitted disease phenomenon called HIV/AIDS which is considered incurable. In the absence of a cure, these men argue, it is important to use what is perceived to work, namely, condoms. Thus, their counter-explanations concerning the causes of HIV/AIDS notwithstanding, when it comes to safe sex ‘indigenes’ approach condoms with the same attitude that men, who subscribe to the dominant epistemology, do. Attempts therefore, to blame custom (evident in Caldwell et al 1989; Rushing 1995) for the proliferation of HIV/AIDS misses important ways in which custom contributes to HIV/AIDS prevention. Custom just cannot be a stumbling block to the realisation of our common humanity as men and women (Leclerc-Madlala 2002). Important ways in which it enhances that humanity also have to be flagged.

As evidence of the seriousness with which they view condoms ‘indigenes’ dismiss the common perception that some of their colleagues have, namely, that condoms have worms that eventually generate what medical experts call HIV/AIDS. ‘Indigenes’ often view these men as extremists and as people who lack a proper understanding of how condoms ought to be used. For some ‘indigenes’, condoms, like any form of technology, have specifications that ought to be understood and followed if their efficacy is to be realised. To illustrate this point I provide a conversation with Adolph, in which he responds to my question that seeks to establish his view on the perception among some of his colleagues that condoms are a source of HIV/AIDS.

Adolph: You see some people do not understand. Everything that has been designed has a particular in which it is supposed to function. You can see even here in the mine that there are many machines and each one of them works in a particular way that needs to be understood before it can be operated. And if you do not understand the instructions then you will not be able to operate that machine. The same thing applies to condoms. One has to understand how a condom works because it has *specification*. Now, some people say that they put water into condoms and then they see worms. Sure, they are supposed to see worms because

they do not use condoms according their specifications. One is not supposed to put water inside condoms; that is not how they work.

I have underlined the word specification in the conversation above because it is the exact word that Adolph, who comes from a country in which English is not an official language and who does not speak English well himself, used. His use of the word ‘specification’ is significant in two ways. Firstly, it shows that there exists a counter-explanation to the explanation of the dominant health epistemology concerning condoms and HIV/AIDS that mineworkers have to engage. ‘Indigenes’ as well as other men talk about condoms, in arguments with other interlocutors who dismiss the conventional understanding of condoms and in doing so they draw insights from fellow workers who possess specific expertise. The use of the word ‘specification’ suggests conversation, on the part of Adolph, with fellow workers who possess expertise of some sorts.

Secondly, it speaks of the embeddedness of that conversation they have with mineworkers who possess expert knowledge within an industrial mining context that is already inscribed with the language of technology. That is, what essentially gives meaning to expert terminology is the familiarity that these men have with technological equipment that is a feature of mining contexts. I argue that this industrial context that is characterised by technological equipment enables a significant number of ‘indigenes’ to take this language and locate it in their own work experiences and that this enables them to develop meaning about condoms independently of the experts in question.

Like both ‘progressives’ as well as chance-takers, ‘indigenes’ seem to raise the safety aspects of condoms as one of their main concerns. That is, although they argue that condoms do offer protection from possible contamination of one’s blood, they also point out that condoms are not 100 per cent safe. Consequently, they say that they are aware that the use of condoms is not without problems. They, however, contest that the use of condoms far outweighs what they refer to as a reckless conduct in which condoms are not used at all. Some actually advance the argument that there are condoms that are 100 per

cent safe which can be trusted for absolute protection. Thami's sentiment in the following extract highlights this position:

Thami: Indeed, not all condoms are 100% safe. Those condoms that are free, like the ones we get here in the mine, or those that are provided by the government are not 100% safe. And that is understandable. The fact that they are given freely suggests that their quality is not good. However, that does not mean that all condoms are of a lower quality because I know of condoms of a higher quality that are made of rubber and you can get them in the chemist in town. Those ones I trust and they do not burst like these ones we get for free. So, if a person is worried about the safety of these ones he can go to town and get the ones I am talking about.

The extract above seems to suggest that Thami and, indeed, a significant number of those men who believe in the reality of HIV/AIDS are up-to-date with information that points to the weaknesses related to the safety aspects of condoms. Some of this information comes from AIDS education on the mine itself while some of it emanates from friends and exposure to a variety of media. What seems remarkable though is that confronted with these realities of the weaknesses in the safety features of condoms these men develop a variety of techniques that enable them to make quality assurance judgements.

In this particular case, it appears that Thami falls back on the logic of the market in order to deal with the apparent lack of safety that accompanies the use of condoms. This logic seems to allow him to find it reasonable that condoms that are distributed at the mines as well as those provided by the government are probably not 100 per cent safe. These are free condoms and the logic of the market would suggest a difference between what is given for free and what is bought. What is given for free, according to Thami, cannot be of a higher quality whereas that which is bought is of a higher quality. According to this logic it follows that if one is concerned with safety one should then go the extra mile and buy condoms of higher quality and, therefore, be guaranteed safer features. I argue that in constructing this discourse Thami and others like him, who believe that condoms work, are dealing with their own senses of insecurity resulting from the awareness that condoms are not 100 per cent safe.

In a similar manner to some of the ‘progressives’, among ‘indigenes’ there are some men who believe that condoms ought to be used as the last mechanism in a line of defence. This is because, they argue, condoms do not cultivate a conduct of disciplined and responsible behaviour. They contend that condoms actually encourage ill discipline and irresponsibility since those who use them know that they can indulge in sex without severe consequences. Thus some ‘indigenes’ believe that abstinence should be the primary way and that condoms should only be used in those instances where a person finds the life of discipline and responsibility difficult. The conversation with Tjantjie below captures this point:

Tjantjie: You see, I recognise the value of condoms and I understand that it is important for us to use them. However, what is sad is that condoms make people who run around. They encourage men to chase after women because they know that they are safe. Now, although condoms are good they encourage irresponsibility and I only say they should be used only because people are hard-hearted.

Tjantjie’s response seems to suggest that he ideally does not support the use of condoms because, he argues, they encourage reckless sexual conduct. This is seen in his statement that condoms make people who sleep around. Implied in this statement is the assertion that they encourage multiple sexual relationships. Consequently, for Tjantjie as well as a handful of other ‘indigenes’, easy access to condoms leads to a failure to cultivate responsible sexual lives as it gives people the impression that they can indulge in sex without consequences; easy access to condoms gives people a sense of license to have sex. This generates a feeling among these men that this easy access to condoms leads to an erosion of culturally constituted norms and values that are meant to regulate and cultivate responsible sexual conduct. What is at stake here is primarily the perceived negative impact of condoms on cultural norms and values.

This tension between practical life-saving concerns and cultural ideals seems to be indicative of the usual conflict that emanates from the provision of technologies that seek to expand human freedom through the conquest of the arbitrary character of nature and the friction that this generates among worldviews in which the body is not seen as a distinct entity separate from the culturally constituted meanings. Thus the views, that

these men have regarding condoms resonates with those of ‘progressives’ with an evangelical Christian background. This shows, therefore, that a polarisation between the provision of condoms and people’s set of cultural norms and values concerning sex, is not peculiar to the Christian faith but is a common feature of the general confrontation of values that define themselves in relation to calculation and predictability and those emanating from the realm of the everyday taken-for-granted world.

In this section I have attempted to demonstrate that though ‘indigenes’ subvert the aetiology of the dominant health epistemology they nonetheless adopt the technologies that it makes available. I said that this adoption flows from an acknowledgement that, what medical experts call HIV/AIDS exists and is not curable. The adoption of condoms as both life-saving technologies as well as technologies of sexual pleasure, I argue, is indicative of how counter-health epistemologies continue to propagate themselves in the face of values that arrogate to themselves the status of the modern and, therefore, the relevant and the progressive. I contend that the adoption of these technologies by counter-health epistemologies gives rise to new and complex worldviews that defy the limiting binaries of modernity and tradition. This adoption of the technologies of the dominant health epistemology, is indicative of how these dualisms are undermined in practice.

6.5 Conclusion

In this chapter I have examined the understandings of HIV/AIDS among ‘indigenes’. I have shown that these understandings derive from the entry into the space of the communication of HIV/AIDS of customary notions of sexually transmitted diseases. I said that the proliferation of HIV, within a dispensation that advances values of democracy which grants individuals the right to make choices about their bodies, places value on these ideas. This is because ‘indigenes’ regard democracy as legitimising the social conditions that are generated by migrant labour. They do so because they perceive democracy to grant individuals the right to have sex without any recourse to customary regulations of pollution. I have argued as a consequence that, as a positioning, ‘indigenes’ issues from oppositions inherent in the relationship between customary notions of sexually transmitted diseases and the values that democracy fosters.

CHAPTER SEVEN

This “*thing*” comes from white nations: An exploration of HIV/AIDS as war by other means

7.1 Introduction

In the previous chapter I have studied the understandings of HIV/AIDS among men I call ‘indigenes’. I have shown that the understandings of HIV/AIDS by these men furnish forms of agency that aid the company’s message of HIV/AIDS. I have demonstrated that these forms of agency are, nevertheless, at odds with the aetiology of HIV/AIDS science. They give rise to narratives that articulate HIV/AIDS as a consequence of the violations of customary regulations where sex is concerned. I have shown that central to these narratives is the location of the black woman’s body as a body whose materiality threatens society with decay and death in the absence of customary regulations. I have also argued that categorical dismissals of local epistemologies miss out on the sophisticated ways in which these epistemologies provide infrastructure for the message of safe sex.

In this chapter I explore the understandings of HIV/AIDS among ‘radicals’. As I have already pointed out in **Chapter 3**, the coalescing of the physical, symbolic and social factors generate, among these men, ways of seeing HIV/AIDS that result in a fundamental rejection of the company’s message of safe sex. I show that this is due chiefly to the primacy these men accord to race in their narratives of what HIV/AIDS is. This primacy of race, I argue, results from the experience of the moment of liberation (i.e. of the collapse of apartheid and the experience of democracy) as a moment that robs black communities of freedom. This is because this moment of liberation coincides with the outbreak of HIV and of AIDS. This coincidence, however, needs to be placed within the general context of the global restructuring of the economic system and the impact it has had on mineworkers who are foreign nationals; it needs to be placed within circumstances wherein the black body of the black foreign mineworker has become the body of sacrifice. Consequently, ‘radicals’ is a positioning of men who look at HIV/AIDS through their experiences of race.

7.2 Why now?: ‘Radicals’ on the problematics of an incurable sexually transmitted disease

As I have already pointed out above, a common thread uniting ‘radicals’ concerns their rejection of HIV/AIDS as a construct of the company’s message of HIV/AIDS; they contest the company’s message at the level of what it defines as HIV/AIDS. However, ‘radicals’ themselves are not homogenous, but present different positions in relation to their contestations of HIV/AIDS as a construct of the company’s message of HIV/AIDS. In this section, I provide an examination of their views concerning what the company’s message describes as HIV/AIDS. I demonstrate that in contesting the company’s claims concerning HIV/AIDS ‘radicals’ are more concerned with politics and less with scientific accuracy. I argue that this concern with politics speaks chiefly of the embeddedness of health in politics.

I begin by pointing out that ‘radicals’ contest the claims of the company’s message of HIV/AIDS on the basis of information they possess concerning what the company defines as HIV/AIDS. Their contestation, therefore, does not emanate from ignorance but is based on engagement with the information at their disposal. This becomes evident when they were asked to say what it is that the company’s AIDS education programme defines as HIV/AIDS. In responding to this question it becomes evident that ‘radicals’ possess the same knowledge as the men who have been the subject of discussions in the previous chapters; their definitions of HIV/AIDS are the same as those of their counterparts discussed in previous chapters.

Consider the following conversation with Masiya. At the time of the interview, Masiya was 40 years old and came from Mozambique. He works underground as a timber member and it has been 13 years since he first started working on this particular mine. His first experience of work was in the Mozambican army where he was recruited to fight Renamo in the 1980s. With the end of the internal conflict in the early 1990s, Masiya, along with a significant number of men who constituted a surplus army, were retrenched. Consequently, as a poor man without any skills or education, he turned to mining in

South Africa in search of a livelihood³⁵. In the following conversation Masiya explains HIV/AIDS as it is articulated by the company's AIDS education programme.

Masiya: From what we hear in this mine, they say that HIV/AIDS is a disease that kills the soldiers of the blood [i.e. the white blood cells of the immune system] and that once the soldiers of the blood are dead a person also dies.

A similar response is also furnished by Alfonso who also comes from Mozambique and is 36 years old. He has been working at Monyakeng since 1995. Although he has never worked anywhere else other than in the mining industry, Monyakeng is his second place of employment. He came here on a transfer from one of the business units of Blueflame. Alfonso works underground as a storekeeper. In this position he has to ensure the adequate supply of underground equipment. He is married and has two children. When asked to explain the company's message concerning HIV/AIDS his response was as follows:

Alfonso: We are being told that this thing is a disease of the blankets [i.e. is a sexually transmitted disease] that kills the soldiers of the blood [i.e. the white blood cells of the immune system] and that once a person has this disease he/she can be killed by any disease.

I need to point out that the responses above are not responses that 'radicals' provide when immediately asked to state their own understanding of HIV/AIDS. Their common response to this question is to say that there is no such a thing as HIV/AIDS. It is only when they are asked to say what it is that the company's AIDS education programme defines as HIV/AIDS, that they furnish these responses. This immediately suggests a disjuncture between what they know and what they believe and practice. What is significant with regards to the extracts above is that they show that 'radicals' possess knowledge about HIV/AIDS and that like any man and woman who is an employee of

³⁵ I need to point out though that although mining in South Africa was historically associated with men who lack education, in recent years men with education found it attractive because of the competitive salaries it offered. This has thus changed the general understanding, which is still prevalent that mining is a form of livelihood for men who lack education.

Monyakeng they have been reached by the message of the company's AIDS education programme.

However, as I have already pointed out, their knowledge of what the dominant health epistemology calls HIV/AIDS, notwithstanding, 'radicals' contest this definition. It would appear that it is particularly the claim that HIV/AIDS is said to be incurable that 'radicals' find problematic. The claim that HIV/AIDS is incurable seems to disrupt their knowledge and experiences of sexually transmitted diseases and this disruption seems to be a source of suspicion concerning the very message of HIV/AIDS. The following conversation with Malaika highlights this point:

Malaika: You see the truth is that we have always known about diseases that are sexually transmitted. We have known about *drop*³⁶ and some other diseases and all of them could be cured. Now, this one that we are now told is not curable has left some of us wondering as to what is it that is going on. Why is it that all of a sudden we now have a sexually transmitted disease that is not curable? Why now? I am sorry but I do not believe what we are being told here.

Malaika is not alone in uttering this sentiment but echoes what the men that this study refers to as 'radicals' believe. Consider this conversation with Masiya:

Masiya: Hey, *mmate*³⁷, I have told this people, even though I have been silenced, that there is no such a thing as an incurable [sexually transmitted] disease. *Abelungu*³⁸ are fooling us. I have told them that if they want we can arrange for me to bring my uncle here and I can ask for anyone who is said to have HIV/AIDS and then we can test and see if such a person cannot be cured. This thing [i.e. of the existence of HIV/AIDS] is a lie.

Clearly, the responses by the two men above seem to suggest that whether these men place emphasis on sexually transmitted diseases as diseases of the mining industry, as in the case of Malaika, or as diseases of custom, as in the case of Masiya, they have come to know sexually transmitted diseases as being curable. The recent emergence of an

³⁶ Drop is a commonly used synonym for gonorrhea.

³⁷ Mmate is the Shangaan word for "friend".

³⁸ Abelungu is the Nguni word for "white people".

incurable sexually transmitted disease that is called HIV/AIDS appears to present them with a puzzle. It presents a puzzle precisely because in contrast to their knowledge that sexually transmitted diseases are curable, HIV/AIDS is said to be incurable – it is the claim of incurability that is the fundamental problem for ‘radicals’. As it shall be made clearer later, ‘radicals’ consider the claim of incurability of HIV/AIDS, a consequence of a malicious political project that seeks to undermine the freedom of black communities after colonialism.

However, on close observation, it would appear that ‘radicals’ find the claim that HIV/AIDS is incurable problematic and suspect because of the seeming coincidence that the onset of this disease has with the collapse of apartheid and the dawn of a democratic dispensation in South Africa in particular and the southern African region in general. According to their views, it is suspect because it gives rise to a disease that appears to kill mainly black people. It is the apparent discriminatory nature of this disease that these men say they find problematic.

Consider for instance the following statement from Alfonso:

Alfonso: As I have already pointed out, it appears to me strange that *all of a sudden* we have a disease of the blanket [i.e. sexually transmitted disease] that is not curable and which kills black people. Why does it discriminate? So, I am inclined to believe that it is something that was intentionally made by white people to kill us [i.e. black people].

The feeling that there is a political motive behind the emergence and spread of what is referred to as HIV/AIDS is strong among ‘radicals’. Consider the following extract from Malaika.

Malaika: I am saying that. White people have always wanted to reduce our populations. They are the ones who started issuing tablets for prevention in clinics and their sole aim back then was to find ways of limiting the growth of our populations. In my view, they have *now* found a better way compared to those pills. White people do not want to see us [i.e. black people] free.

In the extracts above, the coincidence between the outbreak of HIV/AIDS and the dawn of democracy [i.e. democracy is crucial in this context because it spells freedom for those who were formerly oppressed] is manifested in the following phrases, ‘all of a sudden’ in the former and ‘now’ in the latter. In fact, reference to ‘why now’, the heading of this section, is a common utterance among ‘radicals’. These are not just mundane words or phrases but are epoch-marking or ways of demarcating a dispensation. In this particular case the epoch in question refers to the dawn of democracy in South Africa with the collapse of apartheid as its most visible expression. Democracy marks the ‘now’ moment and provides a backdrop against which phrases like ‘all of a sudden’ need to be understood. It is the emergence of a sexually transmitted disease, within this epoch that ‘radicals’ consider problematic.

Apart from the fact that the extracts above indicate that the men in question find the coincidence between the emergence of what is referred to as HIV/AIDS and the dawn of a democratic dispensation problematic, they also show that ‘radicals’ do, follow how HIV/AIDS is represented. As it may appear from the extracts above, ‘radicals’ tend to see HIV/AIDS as a disease that kills black people. This is significant in the sense that HIV/AIDS has been represented in society as a disease that is a problem for black people. This representation seems to feed into the suspicions that ‘radicals’ have that there is a political motive behind the emergence and proliferation of HIV/AIDS.

When ‘radicals’ are told that HIV/AIDS is a problem also among white people and that it is not limited to the black community, they give a cocktail of responses. Some of these men dismiss such a claim as false and believe that it is merely a hoax intended to mislead black people. The response of Masiya below serves to provide this example:

Masiya: Hey, *mmate*, this thing that white people have this thing [i.e. HIV/AIDS] cannot be proved. White people stay by themselves in the quarters [i.e. suburbs] and we know that they regularly have meetings which happen in our absence. You do not know what is being said in those meetings. How do you know if this thing that white people have AIDS is discussed in such gatherings so that we also may come to believe that everyone has it? Watch out my friend.

While Masiya believes that the claim that white people also have experiences of HIV is a publicity stance formulated at white people's secret meetings, some of his colleagues believe that if what is being called HIV/AIDS is found among white people, it is among those white people precisely because it is difficult to fully control the situation in such a way that HIV/AIDS decimates only its intended audience – in this case black people. Alfonso provides an interesting metaphor as a way of explaining his take on the issue.

Alfonso: It does happen sometimes for a missile that was sent to a particular place to go to a wrong direction and hit innocent people. So, if it is said that AIDS also kills white people then I say that it is because like in any situation things tend to go wrong. Those white people, who have it, have it by mistake. We know this thing kills us.

The responses above show that while some 'radicals' believe as false the claim that white people also have HIV/AIDS, some think that even if some white people were to be found to have HIV/AIDS that would still not mean that HIV/AIDS is a disease that anyone regardless of race can contract. Theirs, as we can see from Masiya's response, is the view that such white people are simply casualties in a war that is otherwise directed towards black people. Thus, even where there is recognition by some 'radicals' of the effects of HIV/AIDS such effects are rejected as insignificant. Attempts, therefore, to persuade 'radicals' that HIV/AIDS is a disease that anyone can have irrespective of their race are simply seen as irrelevant and missing the point. I argue that this is because their underlying premise is that HIV/AIDS is politically motivated and that this is due to their experience of a racialised society.

In this section I have attempted to show that 'radicals' possess knowledge about HIV/AIDS as a construct of the company's message of HIV/AIDS. I said that they, however, read this information against a backdrop of a coincidence between the dawn of democracy both in South Africa and southern Africa and the emergence of a sexually transmitted disease and that this reading generates suspicion of a political plot to kill

Africans³⁹. I showed that their possession of knowledge about HIV/AIDS, notwithstanding, these men reject HIV/AIDS. I have argued that their rejection is due to their belief that HIV/AIDS is a result of a political project whose aim is to undermine the independence of African communities after colonialism.

7.3 On the spectacle of the bizarre: Condoms as sources of HIV

In the previous section I have demonstrated that the coincidence between the dawn of democracy in South Africa and the emergence of a sexually transmitted disease, namely, HIV/AIDS informs the responses of ‘radicals’ to the company’s attempts to intervene their lives. I have said that these men reject the company’s claim of the existence of HIV/AIDS because the appearance of HIV/AIDS in a time of freedom registers as a blow to what the end of apartheid and the dawn of democracy presuppose. Consequently, HIV/AIDS seems to disrupt the euphoria of freedom thereby generating a form of despair that appears to diminish the gains of freedom resulting from the fall of apartheid.

In this section I attempt to explore what ‘radicals’ consider to be the causes of HIV/AIDS and I show that according to the perception of these men, the source of HIV/AIDS is understood to be the condom itself. I argue that this viewpoint, which essentially considers the technologies that the company’s HIV/AIDS programme avails to fight HIV/AIDS, as poisonous or infectious, is due to the fact that these men understand HIV/AIDS in adversarial terms – they understand HIV/AIDS as the work of an adversary. Consequently, they understandably suspect the technologies that the dominant health epistemology recommends as solutions to the problem of HIV/AIDS.

³⁹ The view that HIV/AIDS is a sinister plot targeted at a particular group is not peculiar to the men in this chapter. Members of communities experiencing marginality elsewhere in the world share a similar sentiment. This seems to be the case with African-Americans (Whetten et al 2008; Bogart & Thorburn 2006; Quinn 1997) and Haitians (Farmer 1992). Histories of marginality, as a result, are important, as they seem to shape people’s responses to HIV/AIDS. The view of HIV/AIDS as biological warfare was common during the cold war (Phillips 2001: 15). Thus, the views of ‘radicals’ ought to be seen as predicated on popularised beliefs and not on empty speculation. The responses of these men suggest that these views are still prevalent in some communities and, as Schoepf (2004) observes, the context of HIV and of AIDS has simply brought them to the fore.

While in the aetiology of the dominant health epistemology HIV is considered as a virus that passes from one person to another during sexual intercourse ultimately resulting in a condition known as AIDS which marks the outbreak of opportunistic diseases, ‘radicals’ furnish a counter-aetiology in which the condom is regarded as the source of HIV. Of course, ‘radicals’ do not arrive at this point haphazardly but do so by performing experiments which seem to confirm their misgivings. These experiments involve testing condoms for their safety and suitability for use by persons. The experiments take different forms but, nonetheless, come to the same conclusions. The most common way by which ‘radicals’ test condoms for their safety is found in the following conversation with Malaika.

Malaika: I put water inside a condom and tied it up with a string and left it in my room for five days. On the fifth day I opened the condom and, my friend, do you know what I found? I found worms inside that condom and from that day I knew what it is that kills so many people. It is the worms inside the condom.

One other form of experiment which does not seem popular among ‘radicals’ concerns testing a condom for its safety by filling it with air instead of water. The conclusions that are reached through this method seem to be the same as those in which water is used. Consider the following extract in which Masiya outlines how he carried out his own experiment to test condoms for safety.

Masiya: I had heard that condoms have worms and so I wanted to see that for myself. I took a condom and I blew air into it. I then tied it up and I left it for five days. On the fifth day when I returned from work I untied that condom and I was frightened by the worms I saw in that condom. Now, I came to understand that what kills us lies right there inside the condom.

The testing of condoms to ascertain whether they are suitable for use by persons may seem logical when considering the fact that ‘radicals’ depart from the premise that HIV/AIDS is an invention of white people and that its sole purpose is the annihilation of black people. One may even go further and argue that this testing of condoms is merely a way by which these men confirm and justify the fears and suspicions they have about what they believe white people, conceived here as antagonists because of histories of

colonialism and apartheid, are capable of doing. ‘Radicals’, after all, are not interested in whether or not the procedures they apply in carrying out these tests are correct. What seems to be important to them is what the tests show. These tests appear always to be learned from someone else although individuals, as is the case with Masiya, bring their own innovation to the process.

What seems interesting, and what appears to bring light to the testing of condoms, is the divide between gated⁴⁰ and public life and the bearing that this has on the location of the condom. For some men interviewed for this study, the realm of gated life is understood to be the realm to which things such as condoms belong. This is because this is the sphere to which sex is understood to belong. A fascinating observation in this regard pertains to the fact of the existence of the sentiment among these men that they share with some ‘indigenes’ that the place of condoms in the public arena is in violation of norms of respectability⁴¹. The following conversation with Alfonso attempts to explicate this point:

Alfonso: You see, the thing is, we have always known about condoms. But these things were talked about between parents and they were not things that could be talked publicly even in the presence of children. What do you see today however? You see things that belong to the bedroom being discussed in radios, television and newspapers. You see a little child running around with a condom and some even blowing them. So, why should we wonder about things such as AIDS? There is no respect anymore.

The implication in this extract is that although it may make sense to say that the experiments that ‘radicals’ conduct to test the safety of condoms arise out of the suspicion they have concerning the political motives of their antagonists, it seems also that the collapse between the distinctions of gated life and public life resulting from the public nature of the treatment of HIV/AIDS, which necessitates the transit of condoms from the private to the public sphere, also significantly informs the suspicions these men

⁴⁰ By gated life I am referring to that realm of life that Western historical thought denotes as the sphere of private life. The idea of private life is however too loose to capture the restrictions that are a feature of gated lives in many communities of the world.

⁴¹ By norms of respectability I refer to that knowledge of where things belong in the broader scheme of things; knowing what it is that belongs to gated life and what it is that belongs to the realm of public life. This can also refer to one’s knowledge within a set of relationships and knowing how to conduct oneself in relation to seniors.

have concerning the safety of condoms. This is because, as it can be seen from the extract above, condoms ought to demarcate the divide between what belongs to gated life and what is public. Failure to keep these distinctions is understood to have implications for people's health.

Located in the realm of the public, therefore, condoms lose their role as markers of what is otherwise regarded by these men a gated practice, namely, sex. Thus, their function as technologies facilitating sexual experience as a gated practice distinct from mundane and, therefore, public activities, gets altered. This results in condoms being undecidables⁴², their place within the realm of the public implicates and makes public practices that ought to be kept out of public view and discourse. Consequently, as undecidables, condoms bring together spheres of life that in the worldviews of 'radicals' ought to be kept separate. Condoms become undecidables primarily because according to the worldview that 'radicals' advance, the body is not a thing that is independent of its location within the socio-cultural realm. It is a vehicle through which this realm finds expression.

Now, as undecidables in the realm of the public, condoms constitute what some of these men generally call '*mehlolo*'. In Sesotho *mehlolo* can mean mystery, miracle or wonder and is the plural of *mohlolo* (Oliver 2005). Its usage in this context, however, denotes a bizarre spectacle which is due to the appearance, in public, of something that belongs to the private space of gated life. As such, its usage here evokes the idea of liminality or a threshold. This liminality is bizarre because it reveals the hidden and respected space of sex. It is a disrupting liminality because of the violence that accompanies the collapse of gated spaces. Condoms in a public space, therefore, are liminal objects because they collapse worlds that ought to be kept distinct. They are a bizarre spectacle. It is no surprise, then, that their place in public spaces has moral implications where 'radicals' are concerned.

⁴² I take the concept of undecidables from Derrida who uses it to undermine hierarchical structures in logic. Undecidables are words or concepts in texts that refuse the binary distinctions that logic seeks to impose. This is because they carry within them a multiplicity of meanings that resist closure. As such, undecidables point to us to connections and continuities as opposed to hierarchies resulting from binary systems of thought. Collins & Mayblin (1996) discuss this concept in detail.

My argument in this section is that in the contemporary era characterised by public health interventions which seek to curb the proliferation of HIV/AIDS, condoms have come to constitute spectacles of the bizarre among a significant number of people concerned with what they view as violation of their customs. This is because, as I have already pointed out, their place in public life cannot be divorced from their place in gated life. Since they contest the body as represented by the company's HIV/AIDS programme, conceptions of the body they use do not allow for the separation of the body from the socio-cultural meanings. Consequently, it cannot be helped that condoms have become spectacles of the bizarre. I argue that, the reason why 'radicals' test condoms for safety is primarily because they fit the criterion of spectacles of the bizarre. These tests seek to resolve what these men regard as a puzzle. The results of these tests provide a way by which they resolve the puzzle associated with condoms as spectacles of the bizarre. In this case, they seem to deal with this puzzle by a process that advocates for their banishment. This banishment of condoms appears to be a way by which these men return conversations about condoms back to the realm of gated life. Underlying the claim by 'radicals', therefore, that condoms have worms, which implies that they are a source of contamination, I want to suggest, is this notion of condoms as spectacles of the bizarre.

When 'radicals' are told that the same condoms that are found in the change-houses in which black mineworkers change are also found in those change-houses in which white mineworkers change and that, therefore, there can be no conspiracy to kill black people on the part of white people, they are quick to dismiss such arguments. These men claim that white people know about those condoms. Asked how white people could ever know about such condoms 'radicals' provide the following responses:

Malaika: Hey, *mmate*, *Abelungu* [i.e. white people] know about these condoms. I have told you that white people have meetings in their quarters [i.e. suburbs] where these things are discussed. *Abelungu* always have meetings where they discuss things about their communities. We work with them here and they always tell us that. Why do you think they would not talk about AIDS?

It needs to be stated that when asked, Malaika did point out that his white colleagues never said that they discuss HIV/AIDS at those meetings. The fact, whether real or

imagined, that white people are seen to have the privilege of conducting meetings where black people are absent seems, in the view of Malaika, to present the possibility that they might as well discuss the plot to kill black people through HIV/AIDS. On the surface, this suspicion about white people may appear ridiculous but when placed within the context of Monyakeng in which residential places are still chiefly understood by a significant number of mineworkers, as occupied along racial lines it may make sense. That is, in the context of the crisis necessitated by the prevalence of HIV/AIDS, the features that were seen to be characteristic of this historical antagonism – such as racially segregated residential places – can serve to further explanations that engender suspicion and fear.

In this section I have argued that the response of ‘radicals’ to HIV/AIDS needs to be understood in relation to the place of condoms within the public space. I said that as technologies demarcating the sphere of gated life, condoms constitute spectacles of the bizarre once placed in the realm of the public. I pointed out that condoms constitute spectacles of the bizarre because they publicise what happens in gated life. This publicity of practices that belong to gated life fuels the suspicion that condoms carry HIV. I have argued that by testing condoms for HIV ‘radicals’ attempt to resolve the dilemma of condoms as spectacles of the bizarre. I further mentioned that finding condoms faulty is a way by which these men resolve this dilemma and that this resolution gives them the freedom to dispense with condoms.

7.5 End apartheid: ‘Radicals’ on the prevention of HIV/AIDS

I have shown in the two previous sections that ‘radicals’ reject the company’s message of HIV/AIDS as well as the technologies that it supplies in order to deal with its proliferation. In this section I examine the views that ‘radicals’ have concerning possible solutions to the spread of HIV/AIDS – I study how these men articulate what they think are possible ways of preventing the proliferation of what is referred to as HIV/AIDS. I demonstrate that because at the heart of their understandings of HIV/AIDS is a discourse of race – ‘radicals’ tend to make race central to solutions they propose. The argument that I advance in this section is that where a group of people exists who feel excluded that

sense of exclusion may serve to provide fertile grounds for explanations that engender suspicion.

An understanding and appreciation of the views of ‘radicals’ concerning how HIV/AIDS can be prevented, needs to take into cognisance the fact that these men depart, as we have already seen, from a premise that HIV/AIDS cannot be understood independently of attempts by white nations to undermine the gains of the freedom struggle. When ‘radicals’ refer to white nations, they speak of the former colonial masters as well as the white establishment in South Africa; it is these groups that ‘radicals’ consider harbour a plot to kill black people in order to undermine their freedom in the era of independence. Consider the following conversation with Masiya – he is responding to the question concerning how people can stay safe of possible contraction of HIV/AIDS given the fact that condoms are said to be carriers of HIV:

Masiya: Hee *mmate!* If you want to put this thing to an end you must put an end to apartheid. I am telling you the truth. I told you that white people do not want to see us [i.e. black people] free. They love to oppress us. So, the only way of making sure that we are safe is to put an end to apartheid and to stop this useless talk about condoms.

In the extract above, Masiya appears to suggest that prevention of the spread of HIV/AIDS requires at the same time an end to what he refers to as apartheid, he implies that prevention of HIV/AIDS cannot be understood independently of the operations of race politics which as we have already seen, ‘radicals’ understand to function in order to undermine or to oppress black people. The assertion, therefore, that the prevention of the spread of HIV/AIDS requires an end to apartheid becomes understandable because, in the first place, ‘radicals’ consider HIV/AIDS the result of a plot by white people to kill black people.

When ‘radicals’ are told that apartheid has already come to an end and that it is, therefore, not necessary to look forward to a day when it shall do so they point out that official policy concerning the end of apartheid, notwithstanding, they consider apartheid alive and operative. They argue that the continued system of classifying people according

to their places of origin is indicative of the presence of apartheid despite reports that it has come to an end. This sentiment finds expression in the following conversation with Alfonso. In this conversation Alfonso is explaining why he thinks apartheid is still a reality despite the fact that it is known to have come to an end.

Alfonso: For as long as we have a situation in which some people are seen as those coming from Mozambique and others from Lesotho and those coming from South Africa, then this thing [i.e. HIV/AIDS] will not end. This thing of talking about people according to their *mehlobo* [i.e. ethnic origins] shows that apartheid is still continuing.

On the surface it may appear puzzling that someone would see the classification of people according to their countries of origin as apartheid and as an issue that has a link to the prevention of HIV/AIDS. However, when placed within the context of the struggle against apartheid in which mineworkers played a crucial part, the statement above becomes understandable. This is because whilst struggling against apartheid, these men sought to put an end to a system that used identity to accord privilege and opportunity, they sought to vanquish a system that valorised racial/ethnic identity and used it as a means of distributing resources. It is this system that they feel continues to exclude them in the era of democracy.

In the contemporary era, the era of freedom and democracy, new forms of identities have emerged among mineworkers that are based on citizenship as opposed to those that, in the past, were based on race/ethnicity. The emergence of these identities has, however, produced new forms of hierarchies that have come to divide black mineworkers along the lines of foreigners and citizens with the latter being the main beneficiaries of the spoils of the collapse of apartheid. It is this development that has left those black mineworkers who come from outside South Africa, with a feeling that the new dispensation excludes them – the feeling has left these men with a sense that the new dispensation is a continuation of the old.

When ‘radicals’ were asked to say why it is that the persistence of apartheid would stand in the way of the prevention of HIV/AIDS they argued, as might be expected, that

apartheid is the reason why HIV/AIDS exists in the first place. So, it makes sense to abolish it if we are to realise the goal of ending, the spread of HIV/AIDS. It is in a world that is without racial discrimination, they argue, that the prevention of HIV/AIDS can be realised. The following conversation with Malaika highlights this point:

Malaika: This talk about ending HIV/AIDS is of no use if it does not put an end to apartheid. You understand me. It is a useless thing because this thing [i.e. HIV/AIDS] has been deliberately made. So, they should stop wasting our time and end apartheid.

I need to point out that when ‘radicals’ say that prevention of HIV/AIDS requires abolishing apartheid they are mainly referring to perceived practices of racial discrimination which they believe operate at a global level and that their main aim is to undermine the independence of black people in the period after decolonisation. It is these practices that, they believe, if ended, will put an end to the spread of HIV/AIDS since their presence serves to propagate it. Their claim, therefore, that reference to people as those from Mozambique, Lesotho as well as South Africa is indicative of apartheid at work needs to be seen in the context of the operation of these forces that seek to undermine Africa after independence.

Since ‘radicals’ believe that it is the presence of practices of a racial nature that are behind the spread of HIV/AIDS they dismiss adherence to what the company’s HIV/AIDS programme calls safe sex practices. They see talk about safe sex as a hoax aimed at encouraging more people, in this case, black people, to continue using condoms so they can contract HIV, as these men argue that condoms are a source of HIV. As things stand it would seem as though the worldview of ‘radicals’ makes them vulnerable to the possible contraction of the HI virus. When asked about this, ‘radicals’ argue that they do not consider themselves potential victims of this virus because, they say, they have been brought up well and they know how to conduct themselves as responsible men. The following extract in which I talk to Alfonso explicates this point:

Alfonso: Look here *ntate*⁴³, I am a Shangaan, and I will speak like a Shangaan man. When I was growing up I was taught by older men as to how a man ought to conduct himself. I was taught that I do not have to run around with other men's wives and that I have to marry mine. So, as you see me, I live alone here and my wife is back at home. If I want to see her I go home or she comes here. You will never find me running around with women in this place.

In the extract above Alfonso seems to represent his sexual life as that of a man who is committed to his wife alone and who is not interested in engaging in multiple sexual partners. This is interesting because at this point he appears to be reinforcing the message of safe sex that the company's AIDS programme propagates, he seems to say that the proliferation of HIV is due to sex which involves multiple sexual partners. Also, he appears to say that despite his contestation of the company's message of HIV/AIDS, he is careful as to how he lives his sexual life, he is careful not to make himself a victim of HIV. This is important because it indicates that, irrespective of their opposition, some people claim that they already live by the values that the AIDS programme at Monyakeng seeks to propagate.

However, not all 'radicals' represent their sexual lives as that of commitment to one sexual partner, the spouse back at home. Others acknowledge having partners other than their spouses, at Monyakeng, their place of employment. Masiya is one such person. Although married and having children back in Mozambique he also has a girl friend at Monyakeng with whom he has a child. Masiya was open about the fact that he did not use condoms in this relationship. When asked whether he does not think that a relationship of this sort threatens the well-being of his marriage given the proliferation of HIV/AIDS in this place, Masiya had the following reply:

Masiya: My friend, I did not get the woman I have from chesa-by-night⁴⁴ or civic⁴⁵. My woman is a decent Zulu woman and I know that I am her only boyfriend. If I was suspicious that she has another boy friend I

⁴³ Ntate is Sesotho for father. In its usage in the passage above, it denotes sir.

⁴⁴ Chesa-by-night is a nightclub where a significant number of mineworkers are said to go for a variety of forms of entertainment which include, among other things, watching strip shows. This usually happens every Thursday.

⁴⁵ Civic is another popular destination for those mineworkers who just want to drink and meet prospective girlfriends.

would end this relationship. So, I am in love with a woman who does not run around with strange men and if a person can get AIDS from such a woman then I suppose no one would die for me.

So, clearly Masiya does not seem to think that the relationship in question threatens the well-being of his marriage because it constitutes what can be seen as a normal relationship. It is not, as he said, a relationship in which sex is exchanged as a commodity but one which is characterised by love between two people. Thus for Masiya, relationships that are characterised by love cannot be treated in the same way as those involving the sale of sex. It would appear as though he places these relationships outside the realm of danger that HIV/AIDS poses. This is evident from his statement that if a relationship in which love is a defining feature kills then he probably was meant to die. It can thus be said, that in searching for a relationship in which love is a defining feature Masiya is attempting to conduct his sexual life in such a way that does not predispose him to the contraction of HIV. However, he is at the same time not prepared to let HIV/AIDS stop him from exploring love.

The two examples above show that although 'radicals' unanimously agree that prevention of HIV and of AIDS requires putting an end to apartheid and that they reject the regime that the company's message of HIV/AIDS offers concerning prevention strategies, they appear to conduct their sexual lives in ways that suggest that they are not reckless. It would seem that they try, in their own ways, to live lives that seek to avoid predisposition to the contraction of HIV while denouncing conventional claims made concerning it. However, since these lives are characterised by the rejection of the regime of safe sex that the dominant health epistemology avails, it can be said that 'radicals' remain a vulnerable group of men that run the risk of contracting HIV, not because they are ignorant of the message of safe sex but because they advance a worldview that denounces the claims of the company's message of HIV/AIDS.

It would appear that the worldview that 'radicals' advance becomes a safe haven for some of the men who are diagnosed HIV-positive during the campaigns that the mine runs in order to promote voluntary testing and counselling. Napo is one such man who

says he was diagnosed HIV-positive during one of these campaigns. He is 44 years old and comes from the kingdom of Lesotho. His first place of employment, as a young man in his late teens, was at the mines at Welkom in South Africa's Free State province. It was from here that he would later move to Monyakeng. According to Napo's testimony, his wife had recently passed away leaving him to raise their four children all by himself. He suspects that this death was the result of a jealous neighbour. However, since he was diagnosed HIV-positive it is possible that his wife's illness and death were HIV/AIDS related.

Napo argues that the results of the test, notwithstanding, he does not believe that he is HIV-positive. He dismisses this claim by providing the following reason:

Napo: These ones [i.e. mine management] like to fool us. They say that these things [i.e. symptoms of rash on his hands] are signs that I have HIV. It is not the first time that I see these signs. People have always had them. Do you know what these signs mean? ...They are symptoms of *setswa*⁴⁶ and I know how *setswa* is treated. *Makgowa* [i.e. Sesotho for white people] are used to telling us lies.

The fact that Napo went to test for HIV during one of the campaigns run by the mine seems to suggest that at some stage he believed in the claims of the dominant health epistemology concerning HIV/AIDS. According to his testimony, though, he merely became part of those who went to test because he wanted to get a T-shirt that all those who tested received. It is not clear whether this is a post-diagnoses rationalisation or whether Napo only went to test because all he wanted was a T-shirt. The accuracy of his claims or lack thereof, notwithstanding, what seems to stand out is that ever since being diagnosed HIV-positive, Napo has come to renounce the claims of the company's programme concerning HIV/AIDS. That is, he has come to see the AIDS programme as a propagation of white people's lies. Again, it is not clear whether his sentiments come from the influence of 'radicals' or not. What seems remarkable is that testing HIV positive has driven him to embrace a discourse that renounces the reality of HIV/AIDS.

⁴⁶ In Sesotho, *setswa* is one of the diseases of custom. It is said to manifest itself in the form of a rash on the hands of any individual concerned.

I have attempted, in this section, to furnish the responses of ‘radicals’ concerning the prevention of HIV/AIDS. I have demonstrated that ‘radicals’ consider ending, what they call apartheid, as a prerequisite for the successful prevention of HIV/AIDS. I pointed out that these men consider ending apartheid, or discriminatory practices, central to the prevention of HIV/AIDS because they depart from a premise that the proliferation of HIV/AIDS is due to racially motivated attempts to undermine the freedom of black people in the post-colonial era. I have argued that the fact that men who are ‘radicals’ in this study, happen to be those who come from outside South Africa, in this case, Mozambicans in the main, suggests that where there exists a group of people with a sense of exclusion based on their identity there is a likelihood that the sense of exclusion may provide fertile ground for nurturing and advancing discourses that fuel suspicion. In this particular case the discourse of suspicion functions to nurture and advance the suspicion about those who have historically constituted traditional antagonists to the black people, the European, represented by white persons who, it would appear, are seen as representative of the claims associated with the dominant health epistemology.

7.6 Conclusion

I have attempted in this chapter to show that ‘radicals’ know about the message of HIV/AIDS as it is articulated within the HIV/AIDS programme at Monyakeng. This knowledge, notwithstanding, these men reject both the claims that this intervention programme makes concerning HIV/AIDS and dismiss the technologies that it provides in order to deal with the proliferation of HIV/AIDS. I said that this rejection is due to the attention they pay to race in their counter-claims of what HIV/AIDS is. I have argued that this privileging of race is due to their experiences of the coincidence between the moment of liberation and the outbreak of HIV and of AIDS. This coincidence robs freedom of its potency and serves as a reminder of the task ahead in the realisation of freedom. I said, however, that this centralisation of race cannot be appreciated independently of the changes emanating from processes of economic restructuring in South Africa. These processes have reduced mineworkers who are foreign nationals into raw materials for sacrifice. It is the anger coming from this experience of men who feel that democratic politics marginalises them that makes race a central feature in the accounts of these men

about what HIV/AIDS is. Thus, as a positioning manifest in the claims these men make about HIV/AIDS 'radicals' is a positioning of men for whom experiences of race are of paramount importance.

CHAPTER EIGHT

On the engagement of the dominant way of seeing: Reflections on the positionings of migrant mineworkers

8. 1 Introduction

In the previous four chapters I have provided descriptions of the understandings of HIV/AIDS of the men who are the subjects of this study. I put these understandings into those of ‘progressives’, ‘chance-takers’, ‘indigenes’ as well as ‘radicals’. I have argued that these understandings point to the existence and operations in the embodied experiences of these men of what I call positionings. I said that these are durable but dynamic structures that furnish ways of seeing HIV/AIDS. I investigated the dynamics that are brought to bear on the different ways by which these structures function. I demonstrated that as a way of seeing ‘progressives’ generates the production of concern with safe sex and that this concern is disrupted where ‘chance-takers’, as a way of seeing (i.e., as an activated positioning), is concerned. I further showed that, as a way of seeing, ‘indigenes’ reproduces concern with safe sex but does so dictated by cultural ideas of health and disease that these men take as given. I pointed out that, as a way of seeing, ‘radicals’ renounces the message of safe sex and dismisses the existence of HIV/AIDS as a disease phenomenon. ‘Radicals’ is a way of seeing, HIV/AIDS as a weapon of terror meant to subdue black communities in Africa after independence.

In this chapter I try to go beyond the descriptions of the understandings of HIV/AIDS of the men who are subjects of this study as well as the positionings their understandings assume. I attempt to reflect on the significance of these positionings as ways of seeing HIV/AIDS. I show that as durable but dynamic structures furnishing ways of seeing HIV/AIDS, ‘chance-takers’, ‘indigenes’, and ‘radicals’ are in dialogue with key features of ‘progressives’ as a positioning. The features of these other positionings resemble engagement with the dominant way of seeing HIV/AIDS that Monyakeng’s HIV/AIDS programme seeks to foster. I argue that as positionings ‘chance-takers’, ‘indigenes’ and ‘radicals’ engage medico-scientific attempts to ground seeing HIV/AIDS in a meta-phenomenal world. I am using this chapter to provide analysis of these positionings that discussions of HIV/AIDS in the previous four chapters have made manifest.

8.2 On the enlightened way of seeing: ‘progressives’ as men with modern agency in relation to HIV/AIDS

The understandings of HIV/AIDS of ‘progressives’ address a situation in which the relationship between migrant mineworkers and Monyakeng’s message of HIV/AIDS results in the formation of a way of seeing, or positioning that allows for the reproduction of the claims of the medico-scientific discourse about HIV/AIDS, it results in a positioning that promotes the articulation of the truth of HIV/AIDS as a construct of medico-scientific knowledge. Central to this truth is a medico-scientific definition of sex, which constitutes ‘progressives’ as men in possession of a modern agency in relation to HIV/AIDS. This suggests that ‘progressives’ are men in possession of an enlightened way of seeing that facilitates avoidance of contraction of HIV. It can be argued, therefore, that ‘progressives’ are men in possession of a way of seeing the truth of HIV/AIDS which issues from conceiving of sex in medico-scientific terms. Consequently, their pronouncements of knowledge of HIV/AIDS are at the same time proclamations of knowledge of a disposition they possess. This is because by defining sex medico-scientific knowledge constitutes ways of seeing in relation to HIV/AIDS⁴⁷.

Interestingly, a way of seeing that arises here is one that advances rational and calculated decision-making where sexual choices are concerned⁴⁸; it is a way of seeing that promotes choosing safety and avoiding danger in sexual matters; it is a disposition that encourages mineworkers to opt for safe sex and stay away from unsafe sex practices. This is important because it means that a way of seeing emerging here, a way of seeing that depicts ‘progressives’, assumes subjects whose subject constitution is grounded in their rationality. As rational subjects ‘progressives’ are supposed to navigate the world of

⁴⁷ The relationship between medico-scientific constructions of the truth of our bodies and subject constitution in modernity has already been articulated by Foucault (1990). I am simply borrowing from Foucault because I think that the outbreak of HIV has made sex a preoccupation of medico-scientific knowledge in ways that are reminiscent of Foucault’s observations. The point of how medico-scientific knowledge constructs knowledge of our bodies and our selves that functions as a norm has also been made in a remarkable way by Canguilhem (1989).

⁴⁸ He is a utility maximiser reminiscent of modernity’s man that Archer (1995) eloquently articulates. This shows how the ghost of the Enlightenment continues to inform the framing of health interventions in the contemporary world.

sex by making informed rational choices. Their health or lack of it, is reduced to the rational choices they make as individuals. These are men who are supposed to own up to their choices in matters of sex.

The outbreak of HIV and of deaths due to AIDS has thus brought sex to the centre stage of the management of medico-scientific knowledge in ways that necessitate radical provision of sight to populations engulfed by the spread of HIV and of AIDS. Mineworkers are a constituency of these populations. The mediation of sight aimed at facilitating modern agency in relation to HIV/AIDS, therefore, is a feature of attempts at Monyakeng to quell the spread of HIV and of AIDS among mineworkers as it is a feature of HIV/AIDS intervention programmes in any other place in the world. Its sole purpose is to facilitate self-preservation in a time of AIDS. The understandings of HIV/AIDS of ‘progressives’ speak, as a result, to the making of truth about individual dispositions which derive from the medico-scientific discourse of HIV/AIDS and its articulation of sex. They attest to the making of men in possession of modern agency in order to safeguard their own lives in a time of AIDS.

In the articulations of HIV/AIDS of the men in this study, sex appears as a product of non-relative scientific knowledge that is at the same time universal by virtue of its non-relativity. This articulation of sex necessarily circumvents language, culture and history and by that token bypasses embodiment. Consequently, this articulation treats the body as an acultural and ahistorical entity. Language, culture and history appear in this medico-scientific representation of sex as impediments towards an understanding of the essential and intelligible nature of sex. The truth of sex is, in this case, situated beyond the realm of phenomena and in a deeper dimension accessible through scientific knowledge⁴⁹. The space of non-relative knowledge about sex appears here, therefore, as an arena for the constitution of ‘progressives’ as men with modern agency in relation to HIV/AIDS. It is the sphere of disposition-making that has, as its aim, the formation of positionings that foster safe sex practices.

⁴⁹ This particular way of treating talk about sex cannot be dissociated from Copernican thinking and its dismissal of the phenomenal world as holding the possibility of truth about being. For a detailed exposition of how the Copernican revolution marginalised the world of phenomena see Fell (1979).

The self, emerging from the medico-scientific definition of sex, therefore is a universal self. It is this universal self who furnishes the basis for the articulation of knowledge of one's positioning among 'progressives'. This knowledge is manifest in proclamations concerning how the body works as well as how these workings can be rendered incapable through contraction of the HI virus. Confessions, as a result, of the truth of HIV/AIDS, which as I have already pointed out, are grounded in medico-scientific definitions of sex, are narrations of a deeper dimension lying behind language, culture and history. It is that dimension that mediates the grounding of 'progressives' as men with modern agency with regard to the possibility of contracting HIV. It is this deeper dimension that relegates the body to the status of the epiphenomenon of the rational faculties of social agents, which the medico-scientific discourse of HIV/AIDS seems to regard as the seat of individual agency with regard to HIV/AIDS.

This grounding of the agency of 'progressives' in a deeper dimension accessible through medico-scientific knowledge is important because it sets up a binary between the rational capabilities of individuals and their material physical embodiment in a way that accords primacy to the former. In this hierarchy the latter appears not only as secondary but it also emerges as malleable to the rational dictates of subjects concerned (in this case 'progressives'). It is merely a tool in the hands of subjects who are conceived as utility maximisers. The marshalling of the agency of 'progressives' which resides in their rationality is significant because it does not only discipline the body but this discipline results in the overcoming of the wild and arbitrary character of nature represented by the outbreak of HIV and of the possibility of death due to AIDS. As we have seen, however, 'progressives' find bending their bodies to the dictates of the truth of sex as a construct of the medico-scientific discourse of HIV/AIDS difficult, they find self-fashioning easier said than done⁵⁰. This is evident in the difficulties posed by the progressivist ethic, which I have discussed in **Chapter 4**. I argue that this tension points to the active presence of

⁵⁰ Bourdieu (1990) has already reminded us of how although the body may not be an immutable entity it is, nonetheless, characterised by enduring structures which make self-fashioning difficult. This is because the body is a historical entity inscribed with society's meanings.

the body which unsettles the rationality of social agents that appear as the seat of agency in relation to HIV.

‘Progressives’ speak about this unsettling tension in a manner that seems to suggest repression of their natural sex. I need to point out though that sex as a construct of the medico-scientific discourse of HIV/AIDS does not lead to the repression of natural sex among ‘progressives’. Instead, the medico-scientific discourse of HIV/AIDS, through its articulation of the truth of sex, constructs subjects who subscribe to its representation of reality. To say that the medico-scientific discourse of HIV/AIDS constructs subjects who subscribe to its own representation of reality is not to dismiss the materiality of the body. Rather, it is to say that this discourse usurps the materiality of the body and attempts to inscribe upon it its own version of the truth of sex. In this regard then there is no true and natural sex that this discourse represses. Instead, it seeks to organise the materiality of that body according to the dictates of the logic of its version of truth⁵¹.

In as much as the medico-scientific discourse of HIV/AIDS generates knowledge about the self it also defines the relationship of the self to death⁵². The social agent stands in this relationship as a mere mortal threatened with annihilation by the wildness and brutality of nature, the abode of death due to AIDS. This discourse, as such, positions death as the anti-thesis of longevity (i.e. self-preservation); the longevity that comes only with adherence to the medico-scientific discourse of HIV/AIDS which is the discourse of knowledge of one’s positioning evident in articulations about the immune system and how it works. Death, as a consequence, is put outside of the domain of life where it threatens life with its destruction. Longevity in this case suggests a permanent state of the negation of death, it implies a struggle against death. Interestingly, this also means that the explications of ‘progressives’ of HIV/AIDS are at the same time proclamations against death.

⁵¹ My articulation of this point is taken from Foucault’s dismissal of the repressive hypothesis (1990).

⁵² I am talking about death here in the Hegelian sense death as “negativity par excellence” (Hegarty 2000: 21).

If one considers the fact that longevity is achievable through the realisation of the agency of ‘progressives’ which resides in their rational faculties then one can argue that in struggling against death ‘progressives’ are involved in a struggle concerning the dismemberment⁵³ of the body. The body has to be dismembered in order for it to conform to the medico-scientific discourse of HIV/AIDS. The privilege that the discourse accords to rationality in the attainment of longevity makes this argument plausible. As the seat, or basis, for grounding the responsiveness of social agents to death, reason presupposes the expulsion of some constitutive elements of embodiment that are at odds with its operations. Passions and fantasies are examples of these. Bodies of social agents, in this case those of ‘progressives’, have to be written in such a way that dislodges passions and fantasies. The attainment of longevity makes this process necessary. It demands social agents to work out their salvation (i.e. towards the attainment of longevity) with fear and trembling (Philippians 2:12b–13). The self who is supposed to overcome death (i.e. one who is to stay free of contraction of HIV) emerges from this process.

It would not be an exaggeration, therefore, to say that the self who is privileged by the medico-scientific discourse of HIV/AIDS, the self who mediates an enlightened way of seeing among ‘progressives’ is a dismembered self. The location of this self within a mining industrial context suggests that this is the self, favoured by a partnership between the medical establishment, market economics as well as liberal democracy. This is the self, suited to driving systems of utility epitomised by a mining industrial capitalism. This is because as a dismembered figure this self is supposed to have nothing of himself left apart from his rationality. As a result, he ought to live through rational calculation not only in matters pertaining to his sexual life but also to issues relating to his responsibilities as a worker. As a figure of dismemberment this self appears to be the darling of projects of utility. ‘Progressives’ exemplify these figures of dismemberment that the medico-scientific discourse of HIV/AIDS ground in a deeper dimension in order to grant them modern agency in relation to HIV/AIDS. Dismemberment, therefore, is a

⁵³ By dismemberment I refer to the process of the relegation of the body to the status of the epiphenomenon of the mind in the formulation of safe sex strategies in a time of AIDS. This process is implicit in the grounding of subject constitution of social agents in instrumental rationality in order to deal with the spread of HIV.

principal feature of ‘progressives’ as a positioning that constitutes a way of seeing HIV/AIDS.

8.3 Of transgression and the dissolution of modern agency: The double movement of ‘chance-takers’

Equally, ‘chance-takers’ as a positioning highlights a situation in which the relationship between migrant mineworkers and medico-scientific knowledge, results in the production of enlightened ways of seeing that facilitate the reproduction of the claims of the medico-scientific discourse about HIV/AIDS; it yields ways of seeing that allow for the articulation of the truth of HIV/AIDS as a construct of the medico-scientific knowledge. Since this is the truth of sex as a definition of the medico-scientific knowledge it places ‘chance-takers’ as men in possession of modern agency in relation to HIV/AIDS. Thus, the dynamics implicit in ‘progressives’ as a way of seeing HIV/AIDS can also be attributed to ‘chance-takers’. What distinguishes ‘chance-takers’ from ‘progressives’, as I have already allude to in **Chapter 5**, is that the former acknowledge conscious occasional engagement in sex without the use of condoms. This provides an opportunity to explore the dynamics in the relationship between the message of HIV/AIDS and men who are rebels from within its administrative boundaries.

The acknowledgement of engagement in sex without the use of condoms is crucial because it implies that the rationality of social agents (i.e. migrant mineworkers) concerning HIV/AIDS, who in this case are dismembered selves, is caught up in the passions of the body⁵⁴. This entrapment of the rationality of social agents in the passions of the body is significant because it fosters a certain relationship to self, death and longevity among ‘chance-takers’. It is this relationship that is of paramount importance in understanding ‘chance-takers’ as cyborgs. Their movement between dismemberment and its violation in erotic pleasures makes sense only when this relationship is appreciated.

⁵⁴ Freud (1962) appears to dismiss the possibility of subjects who can succeed in becoming utility maximisers precisely because of this location of rationality in embodiment.

The relationship to self that emerges among ‘chance-takers’ is not only one in which the self lives for others and for projects of utility. It is also one in which the self lives for itself. That is, while through their subscription to dismemberment ‘chance-takers’ embrace the fact of their existence as workers in a mining industry who have to support families back in the countryside, they also seem to believe that they too have to have that spare moment that is dedicated to self-indulgence. ‘Chance-takers’, as a consequence, attempt to strike a balance between their location within projects of utility represented by being workers in a mining industry and being providers of families back in the countryside. Evidently, this balancing act involves violence because living for self presupposes radically challenging dismemberment engendered by the medico-scientific discourse of HIV/AIDS. The self manifested here, is one who affirms the medico-scientific discourse of HIV/AIDS by periodically disrupting its central claims. This disruption manifests itself in the erotic moment.

This periodic disruption of the claims of the medico-scientific discourse of HIV/AIDS among ‘chance-takers’, suggests an interesting relationship with death. First, it implies that while through the fear of death ‘chance-takers’ are influenced by the medico-scientific discourse of HIV/AIDS which constructs them as dismembered selves, their erotic desires engineer a revolt against the fear of death which dismemberment legitimises. In those instances where they revolt against the fear of death they assume the status of sovereign subjects⁵⁵. They assume the status of sovereign subjects because as rebels against the terror represented by death due to AIDS (i.e. the annihilation of mortality), they challenge the boundaries that death imposes and live life as though taboo and prohibition (i.e. the taboo and prohibition of the medico-scientific discourse of HIV/AIDS) did not exist.

The assumption by ‘chance-takers’ of the status of sovereign subjects who occasionally disregard taboo and prohibition is important because it suggests that transgression is one

⁵⁵ My conception of sovereignty is borrowed from Bataille (1993) who uses this concept to undermine systems of means and ends (i.e. restricted economies). For Bataille sovereignty pertains to ends in themselves and, therefore, does not require means. In the case of this thesis it stands for that moment where in a preoccupation with safe sex is lost in erotic exploits. It points to that moment of the crossing of the boundaries of a system of means and ends. Here there is no pursuit of purposeful things.

of the distinguishing features of these men – transgression refers to the violation of taboo and prohibition that the medico-scientific discourse of HIV/AIDS erects around unsafe sex. The act of transgression presupposes violence on dismemberment as a construct of the medico-scientific discourse of HIV/AIDS. That is, it (transgression) dismantles the self who is constructed purely on the basis of his rationality. As sovereign subjects, ‘chance-takers’ rebel to the medico-scientific discourse of HIV/AIDS from within. Their sovereign existence is indicative of how transgression always lurks in the shadow of dismemberment and of how the reality of its existence presents the possibility not only of disruption but also of contracting HIV among men who otherwise adhere to the medico-scientific discourse of HIV/AIDS.

The moment of transgression is important because it seems to imply that the self who is a construct of the medico-scientific discourse of HIV/AIDS, the self who is supposed to mediate avoidance of the danger of contracting HIV, is undone where erotic pleasure is concerned⁵⁶. This means, therefore, that the modern medico-scientific discourse about HIV/AIDS is at odds with erotic pleasure and that it conceives of safety where sex is concerned, by virtue of banishing erotic pleasure. The banishment of erotic pleasure itself speaks to the negligence of the materiality of the body which the medico-scientific discourse of HIV/AIDS seems to relegate to the laboratory. The acts of transgression of ‘chance-takers’ appear to dispute this relegation of the materiality of the body to the laboratory. They seem to refute the apparent notion that erotic intimacy can ever be fully banished.

I have demonstrated in **Chapter 4** that the acts of transgression of ‘chance-takers’ are never without ethical dilemmas. In fact, the opposite is true. Transgression among these men often results in self-condemnation which eventually leads to the reinforcement and affirmation of the self of dismemberment of the medico-scientific discourse of HIV/AIDS. This condemnation results from the feeling of accountability and responsibility these men feel they have toward their spouses and their children. Their

⁵⁶ For Bataille (1993) this crossing of subjects into eroticism is indicative of the dissolution of the individual as a self-contained entity. The erotic moment is therefore a moment of the dismantling of individual self-containment and self-preservation.

transgressive acts are, therefore, never without a sense of duty towards others who in this case are the spouses and children – these men are not without ethics. Rather, their situation is indicative of possibilities that can occur with loving husbands and fathers.

Their transgressive acts that the abandonment of ethical responsibility makes visible are a challenge not only to the dismembered self of the medico-scientific discourse of HIV/AIDS, but they are equally a temporary revolt towards responsibility and duty towards others. Consequently, these acts are a form of rebellion towards the demands that different forms of utility place upon them (i.e. utilities of being providers and workers in a mining industry). Transgression, one can then argue, renews commitment to others as well as to the claims of the medico-scientific discourse of HIV/AIDS. The moment of the possibility of death due to the violation of taboo and prohibition emerges here as a moment of a renewed sense of the things these men cherish. The awareness of death, the existentialists have already made us aware, makes life valuable.

What the moment of transgression further makes evident is that ‘chance-takers’ have a double relationship with death. On the one hand, they relate to death as a reality that confronts their mortality with the possibility of extinction. In this case they surface as social agents whose relationship to their bodies is shaped by the claims that the medico-scientific discourse of HIV/AIDS makes concerning sex. The self that emerges here is that self of dismemberment that I have already pointed to earlier. On the other hand, their relationship to death is characterised by the desire to destroy that which taboo and prohibition seek to preserve, namely, safety. It is in this situation that they appear as sovereign subjects with no regard for taboo and prohibition. As sovereign subjects they are willing to confront the unknown that is represented by death.

The second relationship that ‘chance-takers’ have with death can only point to the proximity that sovereignty has with sacrifice where erotic pleasure is concerned. This is because by its very nature sovereignty demands overcoming restrictions that taboo and prohibition legitimise. It is about life beyond utility. As such sovereign life (i.e. life beyond utility) is life pregnant with risk. It is life that always possesses the possibility of

self-sacrifice. By self-sacrifice I refer to the possibility of contracting HIV and of eventually dying of AIDS. There is also a second dimension here because the resources that could have been channelled towards the preservation of order become deployed towards purposes of erotic pleasure. The exuberance that erotic pleasure requires, as a result, puts order in jeopardy. The dynamics that I have articulated in this section speak to the features that depict 'chance-takers' as a positioning characterised by a double movement between dismemberment and its dissolution in eroticism.

8.4 On the defence of taboo and the negation of transgression: 'Indigenes' and their lament of the decay of order

The understandings of HIV/AIDS by 'indigenes' point to a situation where in the relationship between migrant mineworkers and the discourse of HIV/AIDS disrupts and re-organises the truth of HIV/AIDS as a definition of medico-scientific knowledge. This is because 'indigenes' enter into a public conversation about HIV/AIDS as men whose subject constitution, concerning sexually transmitted diseases, is grounded in cultural understandings of sex. 'Indigenes' enter this conversation as men whose sense of self is informed by sex as a definition of culture as a region of the life-world. This means that attempts by the medico-scientific discourse of HIV/AIDS aimed at constituting them as men with a modern way of seeing in relation to HIV prove futile. The erection by the medico-scientific discourse of HIV/AIDS of taboo around unprotected sex, nonetheless, brings 'indigenes' under the influence of the claims of this message. This is because taboos concerning sex are a chief concern of 'indigenes'. The understandings of HIV/AIDS by 'indigenes', therefore present a situation in which HIV/AIDS as a construct of medico-scientific knowledge is constituted through cultural understandings of sex. That is, there exist other ways-of-knowing that inform the interpretations of HIV/AIDS by these men. These are the indigenous African ways-of-knowing.

The problematisation of sex as a construct of the medico-scientific discourse of HIV/AIDS is interesting, because it introduces into the space that is meant for science counter-aetiologies that furnish different explanations concerning not only sex but the emergence of sexually transmitted diseases of which HIV/AIDS is seen as one. Accounts

of sexually transmitted diseases among ‘indigenes’ seem to emanate from a distinction these ways-of-knowing make between life and its counterpoint, death. These two forces appear to stand in opposition to each other to a point where death in particular seems to threaten life (i.e. self-preservation) with annihilation. This threat posed by death makes taboo necessary. The role of taboo is to keep life and death apart⁵⁷. It is to avoid mixing or cross movements. This is because mixing or cross movement generates impurity in mortal bodies (i.e. it has consequences of a material kind). It generates impurity because the distinction between life and death itself represents purity; a purity that requires guarding and maintaining by taboo.

The distinction between life and death (i.e. purity) finds its theatrical expression in concrete lived bodies. That is, the body is the frontier upon which attempts to maintain purity and to avoid impurity, are exercised. This has ramifications in the sense that it results in health. As such, impurity is not a figment of the imagination but a real substantive *thing* with real effects on lived bodies (i.e. it has the image of a virus). When through mixing or cross movements purity is violated and impurity generated the consequences are felt on the body. The body suffers decay which may eventually result in death. Health in this regard then suggests the maintenance of purity, viz. the upkeep of the distinction between life and death. It follows then that ill health, which has to do with being ill with AIDS, results precisely from mixing or cross movements. This is a crucial issue that needs to be understood if the articulations of ‘indigenes’ of what HIV/AIDS is, are to be appreciated.

The maintenance of purity, or the avoidance of impurity, generates control over sex by the community, which occurs mainly through the family. It is within this sphere of the maintenance of purity that power relations become overt. This is because the maintenance of purity has to do with the control of men and women’s bodies since it is through their bodies that the presence of both purity and impurity manifest themselves, it is through their bodies that health or ill health find articulation. The discussions in **Chapter 6** appear to suggest that the woman’s body is the focal point of the maintenance

⁵⁷ Taboo and its role in the making of community life is best articulated in Douglas (1966).

of purity. The avoidance of mixing or cross movements between life and death has the woman's body as its epicentre.

The woman's body becomes the epicentre for the maintenance of purity because the indigenous African ways-of-knowing construct it as a body of danger, because the consequences of mixing or cross movements resulting from sex that is in violation of taboo (i.e. of impurity) germinate from within it. This does not only have the consequences of reducing a woman's body into a focal point of control of sex by the community, but it also locates it within nature where death and decay belong. Thus, as a body of nature a woman's body has to be monitored and managed in order to maintain life and avoid death⁵⁸. This means, therefore, that the maintenance of order rests primarily on the control and management of women's bodies. It is by this control and management that health is secured and ill health avoided. In this scheme of things purity and health appear to be coterminous. Health implies recognition of sexual taboo (i.e. of purity) and this recognition means the achievement of health. It is this outlook on life that the outbreak of HIV and AIDS makes visible.

What stands out immediately here, is that 'indigenes' are men who look towards authority and order where HIV and AIDS are concerned, they locate the crisis of HIV and of AIDS within a context of disorder at the socio-cultural level of community life and see a relationship between that disorder and the outbreak of HIV/AIDS as a sexually transmitted disease phenomenon. By looking towards order and authority 'indigenes' appear to be men who shun transgression and who yearn for its abolition, they seem to consider transgression as a source of the proliferation of HIV and of the spread of AIDS. 'Indigenes', as a consequence, are clearly not sovereign subjects. This presents a sharp contrast between them and the 'chance-takers'. Their concern with longevity suggests an affinity between them and 'progressives'. This affinity is, of course, achieved by travelling parallel roads.

⁵⁸ The association of women's bodies with entities requiring management through taboo due to their apparent vile nature is not limited to indigenous African religious thought but is common even in world religions (see Bataille 1957: 58).

The renunciation of transgression among ‘indigenes’, evident in their condemnation of sex with ritually unclean women, explains their hostility towards democracy. This is because within the democratic setting individuals are given rights to make choices about their bodies independently of collectives. This individualisation of body-matters, which democracy engenders, places the sexual activities of social agents outside of management and control of the family. Consequently, it makes the relationship between social agents and taboo, a matter of individual taste and preference. The downside of this is that democracy gives rise to transgressive subjects; it produces subjects who violate taboo as a construct of indigenous African ways-of-knowing. This explains why ‘indigenes’ argue that democracy sanctions and encourages the proliferation of impurity. It is precisely because it promotes mixing and cross movement between life (i.e. self-preservation) and death (i.e. decay and annihilation). While some may consider this mixing and cross movement beneficial to women’s rights, ‘indigenes’ regard it as devastating where health is concerned. This means that the outbreak of HIV and of AIDS has potential to reverse the gains that democracy brings for women. Virginity testing among some communities in South Africa may well be one example of how these gains are challenged. It also means that issues pertaining to health often put gender rights on a collision course with other forms of community rights⁵⁹.

What is of interest in this case is that the indigenous African ways-of-knowing, regard language and culture not as impediments to an understanding of sex, but regard language, culture and history as paths towards the comprehension of sex. This makes the body, the medium for the inscription of language, culture and history, of paramount importance in explications of health. The realm of phenomena (i.e. of community life) becomes the terrain for the location of sex. This means, as a result, that the indigenous African ways-of-knowing consider sex relative to a people’s language, culture and history. Evidently, this presents a sharp contrast to the medico-scientific discourse of HIV/AIDS which places sex beyond the phenomenal realm. The location of sex in language, culture and history suggests that ‘indigenes’ resist processes of dismemberment that adherence to the medico-scientific discourse of HIV/AIDS assume. It is only in so far as their adoption of

⁵⁹ See Leclerc-Madlala (2001) on a discussion of virginity testing in South Africa.

technologies of sexual pleasure (i.e. condoms) is concerned that they appear as followers of the medico-scientific discourse of HIV/AIDS. The resistance to dismemberment and the defence of taboo are key features of the operations of 'indigenes' as a positioning.

8.5 On the challenge of taboo as a construct of medico-scientific knowledge: 'Radicals' as sovereign subjects in a time of AIDS

The understandings of HIV/AIDS by 'radicals' depict a state of affairs where the relationship between migrant mineworkers and the discourse of HIV/AIDS results in a dismissal of the truth of HIV/AIDS as a construct of medico-scientific knowledge. This is because a necropolitical archive⁶⁰ informs how these men understand and articulate HIV/AIDS. For these men, the outbreak of HIV and of AIDS is indicative of contemporary forms of the subjugation of life to power and sex has become the terrain within which life's subjugation to death is manifested. Among 'indigenes' the propagation of the message of safe sex at Monyakeng is seen to facilitate this process. This perception makes sex itself a terrain for waging resistance against the company's message of HIV/AIDS. Attempts therefore by a medico-scientific knowledge to recruit these men to its own representation of reality and to imbue them with modern agency in relation to HIV simply fail.

The outbreak of HIV and the spread of AIDS, an event that is said to be a problem mainly among black people in Africa, triggers this historical necropolitical archive. This is because the magnitude of deaths due to AIDS and the numbers of persons who are said to be living with the HI virus almost generate the feeling of a holocaust – it generates a feeling that life in Africa (and among black people) has once again become subjugated to death. This in itself seems to evoke feelings that the black body has once again assumed the status of bare life that it assumed within the colonial moment (Fanon 1968). Since it was within the matrix of colonial history that the black body came to experience itself as bare life, the outbreak of HIV and of AIDS, and the sense of a holocaust that it creates,

⁶⁰ This phrase is borrowed from necropolitics, a concept that Mbembe (2003) deploys to articulate politics in relation to the contemporary forms of the subjugation of life to power in ways that generate death. Necropolitics is thus a concept that speaks of the creation of death worlds through the use of power in our contemporary world. I use it to refer to the fresh memories the men who are subjects of this study, have of their subjugation to colonialism and apartheid.

can only become reminiscent of colonial forms of governmentality that were characterised by destruction and death.

The association of the outbreak of HIV and of AIDS with colonial forms of governmentality is evident in the questioning by ‘radicals’ of the coincidence of this outbreak with the dawn of democracy mainly in South Africa. For ‘radicals’ the outbreak of HIV and of AIDS at the time of the collapse of apartheid, the archetypal form of colonial governmentality, is suspect. It is suspect because the history of colonial forms of governmentality, which is at the same time, the history of the relegation of black bodies to bare life, makes it so. Thus, for ‘radicals’ this outbreak cannot be perceived in isolation of the historical location of black bodies within colonial forms of governmentality. It would appear that ‘radicals’ consider the outbreak of HIV and of AIDS as a moment in a broader continuum that is littered with varying forms of terror committed towards black people. In this case then, the experiences of black people of colonial forms of governmentality provide a backdrop against which ‘radicals’ seek to articulate HIV/AIDS.

The fact of the association by ‘radicals’ of HIV/AIDS with colonial forms of governmentality is manifest in their reference to HIV/AIDS as a war that white nations have declared on black people. The metaphor of war is important here because it makes HIV/AIDS one appearance of contemporary forms of the expression of sovereignty. It is one way by which those who are powerful in the contemporary world make decisions about who must die and who may live (i.e. HIV/AIDS is hit-and-run. It is not about occupation of territories)⁶¹. As we have already seen, according to ‘radicals’ these powerful are former colonisers of African countries (i.e. Western nations). This implies that for ‘radicals’ politics as a mode of encounter structuring the relationship between former colonisers and their subjects (who are now citizens of independent countries) is a reality present even in post-independence dispensations in Africa. Politics emerges here therefore, as a mechanism of subjugating former colonial subjects even in post-independence dispensations.

⁶¹ I have borrowed this idea from Mbembe (2003).

The reference among these men to HIV/AIDS as a manifestation of a contemporary form of the sovereign power of former colonisers (i.e. of necropolitics) is interesting because it creates a double relationship with democracy. On the one hand, it produces anger that necropolitics undermines the freedom of black people because it re-introduces death (i.e. a sense of subjugation that generates a feeling of powerlessness) at a time of the expectation of freedom. The return of death almost dampens the excitement about the final attainment of freedom (i.e. a feeling of being in charge of one's destiny). It makes freedom, a reality that democracy presupposes the perfect image of a mirage. On the other hand, and following from this, it leads to the criticism that democracy has failed to deal with the ontology of apartheid, if apartheid was about the subjugation of life to death then the democratic dispensation proves no better.

The charge that the democratic dispensation is no better needs to be understood in relation to the location of black mineworkers who are foreign nationals within a dispensation that foregrounds citizenship. The centrality of citizenship, itself a mechanism of exclusion, becomes reminiscent of colonial forms of governmentality which generated a preferred group and the rest, the undesirables who in the case of apartheid South Africa were black people. In this new dispensation black mineworkers who are foreign nationals have assumed this status of the undesirables. Consequently, while they celebrate the fact of the collapse of legislative apartheid they dismiss its abolition where the equality of all black mineworkers is concerned. This is because the purchase given to citizenship in an industry with workers with a cosmopolitan identity and heritage generates feelings of an exclusionary form of governmentality that becomes reminiscent of apartheid.

The notion that the outbreak of HIV/AIDS resembles the presence and operation of the subjugation of life to death in Africa leads 'radicals' to resist the message of the medico-scientific discourse of HIV/AIDS on safe sex. If HIV/AIDS is evidence of sovereignty as terror – the terror transmitted through condoms – then it makes sense for these men to resist both its construction of sex and the technologies that it provides in order to promote

safe sex. This resistance does not only result in rejection of dismemberment as a feature of the medico-scientific discourse of HIV/AIDS but it also engenders defiance of the company's regime of safe sex practices. To defy the company's regime of safe sex practices is to take a political stand against contemporary forms of the exercise of sovereignty as the spread of disease through technologies of sexual pleasure. It is a refusal to avail one's body in order to subject oneself to contemporary forms of the political masquerading in the form Monyakeng's HIV/AIDS intervention programme.

The defiance by 'radicals' of the adoption of technologies of sexual pleasure positions their resistance to the medico-scientific discourse of HIV/AIDS within closer proximity to sacrifice, it exposes them to the possibility of contracting HIV and of eventually dying of AIDS. Because this possibility is a result of a conscious stance against the message of HIV/AIDS I regard it as self-sacrifice. The resistance of 'radicals' to the medico-scientific discourse about HIV/AIDS therefore leads to the possibility of suicide. This places resistance to the medico-scientific discourse about HIV/AIDS by these men alongside other forms of resistance such as the one waged by Islamic fundamentalist movements against their Western targets. Self-sacrifice, that is, is not a phenomenon peculiar only to overtly political movements⁶², it is a phenomenon that is equally visible where subtle forms of resistance to contemporary forms of the expressions of sovereignty are concerned. According to 'radicals', HIV/AIDS health interventions run by Monyakeng are among these contemporary forms of the expression of sovereignty which require resistance even if this may be at the risk of self-sacrifice.

Resistance to the claims of the medico-scientific discourse about HIV/AIDS is also about rejection of the boundaries that the discourse asserts. It is about claiming life beyond utility. This life, as I have already pointed out, is not only beset with the possibility of death simply because the realm beyond utility is the terrain of death, but it also marks 'radicals' as sovereign subjects. 'Radicals' emerge as sovereign subjects because their counter-narratives to the dominant narratives of the claims of the medico-scientific

⁶² The focus on self-sacrifice tends to be made with reference to overt forms of resistance and the subtle ways by which dominant establishments are resisted is often overlooked. Mbembe (2003) is a case in point.

discourse about HIV/AIDS locate them beyond utility and in that terrain of death. It is from within this space that they have to navigate the life of sex and they do so without necessarily being guided by a safe sex regimen. As sovereign subjects, 'radicals', therefore, place little or no purchase on longevity as a construct of the medico-scientific discourse about HIV/AIDS. The struggle against HIV/AIDS, perceived by 'radicals' as a contemporary manifestation of the political masquerading in the form of health interventions, generates the possibility of self-sacrifice. It is as sovereign subjects that 'radicals' share an affinity with 'chance-takers'. The sovereign nature of 'chance-takers', however, is always marked by a return to utility as a construct of the medico-scientific discourse about HIV/AIDS. 'Radicals', appear to be permanently outside of Monyakeng's utility of the HIV/AIDS intervention programme. The sovereign character of 'radicals' that is always in close proximity of self-sacrifice denotes 'radicals' as a durable but dynamic structure furnishing a way of seeing HIV/AIDS.

8.6 Conclusion

In this chapter I have reflected on the significance of positionings as ways of seeing HIV/AIDS. I argued that as a positioning 'progressives' furnish the dominant way of seeing HIV/AIDS. I said that the features of the other positionings, those of 'chance-takers', 'indigenes' as well as 'radicals' display engagement with 'progressives' as the dominant positioning. I have shown that dismemberment is a key feature of 'progressives' as a positioning. I demonstrated that dismemberment and its violation in eroticism denote characteristic features of 'chance-takers'. Defiance of dismemberment and the defence of taboo, on the other hand, depict 'indigenes'. Sovereignty with the possibility of self-sacrifice, I continued, speaks to features of 'radicals'. The overall argument I have made is that the features of these positionings allow us to appreciate what happens when the medico-scientific discourse of HIV/AIDS at Monyakeng attempts to ground a way of seeing HIV/AIDS in a meta-phenomenal world.

CHAPTER NINE

Conclusion

In this thesis I have attempted to explore HIV/AIDS as a disease phenomenon given to the subjective experiences of social agents. I have done this by examining the understandings migrant mineworkers, in a mining business unit that for purposes of anonymity I have called Monyakeng, have of HIV/AIDS. I said that the significance of this investigation lies in the fact that it presents social agents who know about HIV/AIDS. Consequently, it allows for an examination of understandings of HIV/AIDS that departs from a concern with social agents who are random individuals who have to talk about a random disease (i.e., HIV/AIDS). That is, it enables an investigation of understandings of HIV/AIDS that marks a shift away from a concern with commonsense to one that begins to make good sense its priority.

I have shown that where understandings of HIV/AIDS are examined in relation to the good sense of social agents (migrant mineworkers in this case) a variety of structures that are lodged in perception and which allow particular ways of seeing in relation to HIV/AIDS become manifest. I have named these durable but dynamic structures positionings. This is because as ways of seeing they allow for potential ways of doing whose manifestation depend entirely on the connections between sets of circumstances at hand in a given moment. In this thesis I have been able to identify four of these structures that I call positionings. These are respectively, ‘progressives’, ‘chance-takers’, ‘indigenes’ as well as ‘radicals’. I have named these structures according to the different forms of attributes evident in the various ways by which the men who are subjects of this study represent themselves in their discussions of HIV/AIDS. I recognise that naming the men as well as their ways of seeing with regards to HIV/AIDS education in the same way may pose some difficulty. I, therefore, recognise this aspect as a weakness of this study.

I said that as a positioning ‘progressives’ highlight a situation wherein Monyakeng’s message of HIV/AIDS gets reproduced in mineworkers’ articulations concerning HIV/AIDS. I have shown that utilities associated with men as providers to families in the hinterlands of southern Africa, religion and morality inform the reproduction of this

message and of how this positioning gets to be constituted. In doing so I am arguing that infrastructure informing the reception of the message of HIV/AIDS lies beyond the immediate space of the communication of the message of HIV/AIDS. This means that there is no one-to-one correspondence between the communication of the message of HIV/AIDS and its reception by mineworkers. Factors informing the reception of the message of HIV/AIDS lie beyond the immediate awareness of 'progressives' as they do to all the men who make up this thesis. I said that I refer to these men as 'progressives' because their positioning takes for granted a medico-scientific definition of sex as well as the body. This renders them men of progress where HIV/AIDS is concerned.

The second positioning is that of men I have denoted as 'chance-takers'. These are men with a similar disposition and outlook with 'progressives' but who, nevertheless, acknowledge occasional conscious involvement in sex without the use of condoms. This, I have said, is what distinguishes 'chance-takers' from 'progressives'. I have shown that this acknowledgement results in a double movement between safety and its violation in erotic pleasures. I said that this double movement allows for an exploration of the possibilities that may accrue with men who otherwise believe in the message of HIV/AIDS. I argued that this double movement renders 'chance-takers' into cyborgs and that as cyborgs these men inhabit a world of utility and excess. This excess becomes manifest in their pursued of erotic pleasure where in they appear as rebels from within the administrative boundaries of Monyakeng's discourse of HIV/AIDS. I maintained that erotic pleasure constitutes space wherein a positioning of men who belief in Monyakeng's message of HIV/AIDS is dismantled. I referred to these men as 'chance-takers' because in their moments of the pursued of erotic pleasure they challenge the boundaries drawn up by Monyakeng's message of HIV/AIDS.

The third positioning is that of men I have called 'indigenes'. I said that 'indigenes' are men who bring into Monyakeng's interpretative process concerning HIV/AIDS cultural conceptions of sex. These cultural notions of sex, I have argued, disrupt Monyakeng's message of HIV/AIDS because they introduce eatiologies that are at odds with that of Monyakeng's message of HIV/AIDS. These eatiologies produce counter-narratives

concerning HIV/AIDS and these counter-narratives trump that of Monyakeng's discourse of HIV/AIDS. I have shown that ideas associated with pollution inform the articulation of these counter-narratives and that women's bodies are central to how 'indigenes' account for these ideas of pollution. I pointed out, however, that because 'indigenes' adopt condoms as technologies of safety in a time of AIDS, they indirectly reproduce the worldview that Monyakeng's message of HIV/AIDS propagates. This reproduction is, nevertheless, partial as it results in hybridised worlds that collapse the distinction between what is Western and what is indigenous to Africa. I said that I name these men 'indigenes' precisely because they introduce into Monyakeng's interpretative process concerning HIV/AIDS cultural conceptions of sex that are in opposition to sex as a definition of medico-scientific knowledge.

The fourth positioning is that of men I name 'radicals'. I have shown that a key feature distinguishing these men is their rejection of Monyakeng's message of HIV/AIDS though they know about it. I have demonstrated that their dismissal of this message is due to the coincidence the outbreak of HIV has with the end of apartheid in South Africa. This outbreak of HIV dampens the vitality of freedom and generates imaginations of the presence of a malicious enemy working to undermine freedom as an experience of black communities in Africa. This malicious enemy takes the form of nations that are associated with colonial history as a feature of encounter between Western nations and African communities. Race, as a consequence, takes centre stage in the articulations of these men of HIV/AIDS. I have called these men 'radicals' because their suspicious hermeneutic dismisses sex as a medico-scientific definition. For 'radicals' sex constitutes the space for the manufacture of forms of tragedy that define contemporary forms of the expression of neo-colonialism. I said that this non-cooperation speaks to their insurgency against attempts to position them as men in possession of modern agency in a time of AIDS.

I have advanced as the overall argument of this thesis the claim that the positionings that the good sense of migrant mineworkers (where understandings of HIV/AIDS are concerned) make evident allow for reflection on the particular ways by which individuals

at the margins of social order engage modernity in South Africa after apartheid. I have restricted my reference to modernity to medico-scientific definitions of sex. The location of the truth of sex in a meta-phenomenal world accessible through scientific knowledge is a characteristic feature of this discursive enterprise which treats the world of phenomena, in which embodiment is situated, as nothing but an epiphenomenon of the objective transcendental world which needs to be understood if attempts to curb the spread of HIV and of AIDS are to succeed. If Monyakeng's attempts to intervene in lives of mineworkers already presupposes the expression of modernity as I have referred to it in this thesis then what do positionings as ways of seeing and engaging medico-scientific knowledge depict? I have argued that they depict the following.

First, I have maintained that 'progressives' depicts a positioning of men whose outlook where HIV/AIDS is concerned takes for granted sex as a definition of medico-scientific knowledge. This results in 'progressives' being a positioning of dismemberment where dismemberment relates to the proclamation of the truth of one's body and how it works. I said that this truth is the truth of HIV/AIDS as a construct of medico-scientific knowledge. This truth is underscored by a binary between the mind which serves as the basis for grounding the agency that is of paramount importance for mineworkers to avoid contraction of HIV and the body which appears merely as a thing belonging to the laboratory. I have maintained that this splitting of the individual occurring from within a mining industrial context in South Africa after apartheid seems to suggest that both market economics and liberal democracy share an affinity for conceptualising social agents in ways that conceive of them as utility maximisers.

I said that 'chance-takers' displays a positioning of men with a similar outlook to 'progressives'. What is distinct about this positioning, nonetheless, is that it has transgression as one of its key features. I said that by transgression I am referring to the violation of taboo and prohibition that the medico-scientific discourse of HIV/AIDS erects around unsafe sex practices. This violation becomes manifest in the erotic moment wherein 'chance-takers' abandon a concern with safety and opt instead for self-indulgence. I have argued that it is this violation of taboo and prohibition that renders

‘chance-takers’ as sovereign subjects where HIV and AIDS are concerned. As sovereign subjects these men are always faced with the possibility of contracting HIV and of eventually having AIDS. I have claimed that it is as sovereign subjects that ‘chance-takers’ furnish us with an opportunity to witness sovereignty as a moment of close proximity with self-sacrifice. As a positioning of sovereign subjects, therefore, ‘chance-takers’ seems to suggest that self-sacrifice is a phenomenon that can be found in other areas other than those associated with the fight against terror in our contemporary world.

I continued and said that ‘indigenes’ depict a positioning of men for whom taboo is essential in dealing with the spread of HIV and AIDS. I argued that taboo functions in order to separate the distinction between life and death. This separation is manifest in the way bodies of social agents are governed within the space of the family. It is within the space of the family that women’s bodies appear as main sources of the transmission of pollution resulting from cross movements between life and death. I have shown that the moment of death, which threatens life with danger, is the moment of abortions that are not followed by relevant ritual cleansings. Added to this is engagement in sex with ritually unclean persons. These are persons who engage in sex before undergoing cleansing that customarily follows the end of a period of mourning for a loved one. I have shown that the association these men make between ideas of pollution and women’s bodies result in viewpoints that yearn for greater control over women’s bodies. I have argued that the stress that democracy places on freedom of choice, which finds expression in the choices that social agents make about their bodies, undermines that worldview that the assertions of these men seem to presuppose. These put democratic ideals and communitarian values at odds in ways that lead to a questioning of the relevance of democracy. I have shown that this positioning renounces not only dismemberment associated with ‘progressives’ because it challenges sex as a medico-scientific definition but that it dismisses transgression associated with the practices of ‘chance-takers’.

‘Radicals’, I have claimed, denote a positioning of men who are sovereign subjects where HIV/AIDS is concerned. That is, it is a positioning of men who refuse submission to the

utility of Monyakeng's HIV/AIDS intervention programme. This suggests that Monyakeng's HIV/AIDS programme has little or no effect upon the choices they make regarding their sexual practices. I have argued that the defiance of Monyakeng's message of HIV/AIDS by these men is due to the activation of a necropolitical archive generated by the perception that HIV selects black communities in Africa. The sense that HIV targets these communities and subdues their lives to death triggers historical memories of the subjugation of black bodies to death under colonialism. This generates a sense that yet once again black bodies have become targets of malevolent forms of power which were experienced in encounters between Europeans and Africans. Since the freedom of Africa has historically implied independence from Europeans the things that undermine it, such as the outbreak of HIV, suggest malevolent activities on the part of Europeans. I have argued that sovereignty as a feature of 'radicals' shows close proximity with self-sacrifice where self-sacrifice relates to the possibility of contracting HIV. 'Radicals' are, as a result, different from the other men I have studied in that they dismiss the symbolic power behind the message of HIV/AIDS.

The lesson that one can draw from the reflection above is that the formulation of strategies that aim at combating the spread of HIV must of necessity begin to think critically about reconciling the world of science and that of everyday phenomena if the frontiers of the proliferation of HIV and of AIDS are to be reversed. The continuing dismissal of the world of phenomena, evident in mainstream HIV/AIDS intervention programmes, can only contribute to the negligence of embodiment, a key feature that such interventions need to take into consideration. As I have shown in this study the dismissal of embodiment places less purchase on desire, culture and history. As such it does not permit thinking holistically about the person whose health is a concern of intervention programmes.

I have to acknowledge though that I have not been able to sufficiently follow up on individual concepts that I mobilise and deploy to explain and analyse the positionings that this thesis has identified. This is because the focus of this thesis was mainly on describing and analysing these positionings and individual concepts were mainly

summoned to facilitate this process. The lack of a single conceptual framework that could speak to these positionings that this thesis identified has resulted in an eclecticism of concepts that have made adequate individual follow up difficult. The constraints of time and resources accompanying a doctoral thesis could not afford such a luxury. I further acknowledge that while these concepts have been useful in guiding the argument of this thesis they may derive from metaphysical positions that may be at odds with one another. Consequently, I recognise these as limitations or weaknesses of this thesis.

Perhaps, since positionings are at the same time dispositions future research may investigate how individual psychological inclinations impact HIV/AIDS intervention programmes. Such research may then be able to shed light on ways in which individual psychological factors impact intervention programmes. What I have done in this thesis is to examine these structures mainly in their sociological composition. Consequently, I cannot claim that the manner in which I speak about positionings in this thesis addresses specific individual psychological propensities. My concern has been more sociological than psychological although the later is already implicated in the former.

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Internal Company HIV/AIDS related Documents

Internal Company Document 1

Internal Company Document 2

Internal Company Document 3

Internal Company Document 4

Internal Company Document 5

APPENDIX 1

Profile of interviews:

In this appendix I furnish a profile of the men who are the subjects of this study. By so doing, I am attempting to provide a sense of who these men are in terms of their background. I try to highlight the different variables that they bring to an interpretative process concerning HIV/AIDS. This is important in so far as it yields factors describing these men's self-writing in relation to the message of HIV/AIDS.

Progressives

1. Mojalefa

At the time of the interview Mojalefa was working underground as part of workers earmarked for the performance of 'essential services' at the shaft. As a result of this, he often had to go to work even during Christmas holidays (something he really resented). As a man who performs 'essential services', the schedule of his holidays differed from that of the rest of the other mineworkers. He comes from Leribe in Lesotho and is married with three children. He first came to Monyakeng in 1992 and has been working there ever since. He has matric qualifications (i.e. completed high school education) and describes himself as a devout Seventh Day Adventist. Mojalefa was born in 1966.

2. Francis

At the time of the interview Francis was working as a cleaner at the mine kitchen. He came from Maputo in Mozambique and seemed to like his work as a cleaner. He was born in 1957 and had been to several mines before coming to Monyakeng, where he began his work in 1996. He describes himself as an Anglican and as a regular attendee of church services in the nearby township. He is married and has four children. Francis has a primary-level education.

3. Hlubi

At the time of the interview Hlubi was working as a clerk at Monyakeng. He was born in 1957 and is married to a nurse and they have three children. He came from Lesotho and has a national diploma in education. He first worked as a teacher but in the late 1980s he decided to leave teaching for work on a mine. He says mineworkers were paid better than teachers at the time. He only worked eight days underground as he was quickly moved to

a clerical position on the surface. He has since been doing a variety of clerical jobs on this mine. He describes himself as an Anglican who regularly attends church services and as a peer educator.

4. Tiger

At the time of the interview Tiger was working as a clerk assisting the hostel manager. He came from Lesotho and was born in 1957. He is married with three children. Tiger has matric-level education and first started to work in the post office in Lesotho. In the early 1990s he left post office services for work on the mines. When he was recruited to the mines because of his football talent, Tiger never worked underground but has been given several clerical duties before assuming the one he did at the time of the interview. He describes himself as a committed Seventh Day Adventist member.

5. Vuyo

At the time of the interview Vuyo was working as a shop steward at the branch of the National Union of Mineworkers at Monyakeng. He came from the Eastern Cape province of South Africa and was born in 1970. He is married with one child. Before coming to Monyakeng, Vuyo had worked as a member of the former Transkei Defence Force. When the Transkei was incorporated into South Africa after the transition from apartheid to democracy, he became a member of the newly formed South African National Defence Force (SANDF) which he was to leave later to seek employment on the mines. He attributed his departure from the army to the bad treatment by senior officers. Vuyo has matric-level education and describes himself as a member of the Zionist Movement. For the first two years of his employment at Monyakeng he went home every weekend. This was because, as he says, life on the mines was traumatic, as it resembled nothing he had ever known. The multi-lingual context of mine life simply made things even more unbearable.

6. Luke

At the time of the interview Luke was working as a team leader underground. He came from the Eastern Cape province of South Africa and was born in 1957. Before coming to Monyakeng he had been to several other mines in the Free State. He came to Monyakeng in 1986, a year that he and many of my interviewees, characterise as a period marked by ethnic violence among mineworkers on this mine. Like most mineworkers the story of

Luke is the story of growing up in poverty in the Eastern Cape where he had to forfeit schooling to become a herd boy. As a married man with three children he made sure that his children would not go through what he had gone through as a child. At the time when I met him his first-born son was about to graduate with a university degree and I still remember the joy he showed in meeting a young man who was busy with his university research. Luke was not only a team leader underground but he was also a peer educator and a pastor of an Apostolic Church. On one of my subsequent trips back to Monyakeng I sadly learned that Luke had been given early retirement. He told me that he was diagnosed with diabetes. Consequently, the mine management felt it was risky having him work underground. They deemed it necessary to send him home instead.

7. Mafa

At the time of the interview Mafa was working underground as a team leader for loco drivers. He came from Lesotho and was born in 1950. He had worked on several other mines before coming to Monyakeng where he first arrived in 1976. He has been working here since then. Mafa was barely literate as he only had early primary school education. He is married with four children. At the time of our meeting his retirement was already looming. His concern though was not so much about his retirement but about the new diabolical policy that was preventing mine management from employing his son in his place. This was a sore moment in the life of Mafa. He described himself as a member of the Lesotho Evangelical Church. Initiation of boys when back in his hometown is one of his passions.

8. Casca

At the time of the interview Casca was working underground as a loco driver. He came from the Eastern Cape and was born in 1963. He is married and has four children. Before coming to Monyakeng, Casca had worked on a mine in Free State. He came to Monyakeng in 1984. Like some of his colleagues interviewed for this thesis, Casca never managed to go to school. Outside of work he spends his time playing football for one of Monyakeng's football clubs. Numerous mineworkers spend their leisure time in this way. Casca said this form of leisure helps him not to wonder off to the local town or its townships. He is a member of the Apostolic Church.

9. Kenny

At the time of the interview Kenny was working underground as a member of the engineering section. He was one of the many assistants to qualified electricians. He was, therefore, still at the entry point grade on this mine. He was born in 1977 and came from Mozambique. He first arrived at Monyakeng in 1996 as a novice commencing his very first formal employment. Kenny has since then married and he has two children. He is hoping to become an electrician one day. In order to move towards the realisation of this dream, he has to attend classes at Monyakeng's adult education centre. When we last met, Kenny was on the verge of finishing his classes at the centre and was already planning to study at the local technical college in town. I also learned that Kenny used to be part of the peer educators at Monyakeng but had become demotivated with time.

Chance-Takers

10. Mahapu

At the time of the interview Mahapu was working underground as a loco driver. He comes from Maseru in Lesotho and he first came to Monyakeng in 1996 where he began his first formal employment. He was born in 1967 and is married with two children. He has secondary education level which he completed before coming to Monyakeng. He describes himself as a Roman Catholic although he seldom goes to church. He has a very good sense of humour.

11. Popo

At the time of the interview Popo was working as a clerk (i.e. an *induna*) at the mine hostel. He came from Leribe in Lesotho. When he first arrived at Monyakeng he worked underground. However, because he was a good football player he left the underground within three months for a better post on the surface. He has moved from a number of posts on the surface to the current one where he is assisting the senior hostel clerk. He has matric-level education and is married to a primary school teacher; they have three children. Popo was born in 1965 and describes himself as a Roman Catholic. He is one of the choir leaders at the Roman Catholic Church in the nearby township and a peer educator.

12. Lucky

At the time of the interview Lucky was working as a team member underground (team members support ground as it is constantly being mined). He came from Lesotho and was born in 1970. He is married to a teacher and has two young children. Lucky first came to work at Monyakeng in 1996. Before commencing his work at Monyakeng he worked for a furniture shop in Johannesburg. It was while he was working for this furniture shop that he searched for work on the mines. He had secondary school education and described himself as a Roman Catholic. Unlike many men interviewed in this study, Lucky came to Monyakeng already knowing about HIV and AIDS. He had been to peer education various campaigns in his home town and beyond.

Indigenes

13. Adolph

At the time of the interview Adolph was working on surface as a storekeeper. He too came from Mozambique and had begun his career as a mineworker at Monyakeng in 1996. He was born in 1976 and is married with two children. Adolph's moving to Monyakeng was facilitated by his father who was a mineworker himself. At the time of the interview, Adolph told me that his father, who had become a team leader, had died two years ago. He said his death was due to AIDS. Adolph describes himself as a Zionist who regularly attends services at this church, situated within the vicinity of Monyakeng. He said he has primary school education.

14. Thabo

At the time of the interview Thabo was working as a team leader. He was mainly responsible for the maintenance of electrical equipment and its installations. He came from Lesotho. Thabo's parents separated while he was still a young boy. As a result of this, he says, he never managed to go to school. He spent much of his childhood and teenage years as a herd boy. He was born in 1962. He first came to Monyakeng in 1984 and has been working there since. He is married and has four children. He describes himself as a Roman Catholic but hardly goes to church.

15. Tinyeko

At the time of the interview Tinyeko was working as a team leader. He was responsible for the maintenance and installation of electrical equipment. He came from Mozambique

and was born in 1955. Before coming to Monyakeng in 1988, Tinyeko had been on several other mines in South Africa. He is married and has four children. He only has the first four years of primary school education and could not proceed further due to difficulties in his family. He describes himself as a member of the Zionist Church which he regularly attends over the weekends.

16. Thami

At the time of the interview Thami was working as a shop steward at the branch of the National Union of Mineworkers at Monyakeng. He too came from the Eastern Cape province of South Africa. He was born in 1962 and is married with three children. Before coming to Monyakeng he had worked on several mines in the Free State province of South Africa. In 1988 he left his mine work in the Free State for Monyakeng. He has been working at Monyakeng since then. Thami has matric-level education and says that he belongs to the Methodist Church by virtue of being born to parents who were Methodists.

17. Tsepo

At the time of the interview Tsepo was working underground as a driller. He came from Lesotho and was born in 1978. He is married and has three children. Tsepo arrived at Monyakeng as a novice from his home town in 2001. By the time he was looking for employment on the mines the new policy barring employment of novices from South Africa's neighbouring countries, was already in place. To find employment on the mines he had to steal his brother's drilling certificate and use it to look for recruitment at the local TEBA offices. Both the recruiting agents and persons responsible for induction at Monyakeng never noticed that Tsepo was a complete novice who knew nothing about drilling. The little he knew was from the stories told by his brother who used to be a driller on one of South Africa's gold mines. It was at the training centre at Monyakeng that he was to become formally introduced to underground drilling. When he went underground he worked as an assistant to the driller. In this way he learned first-hand about underground drilling. Tsepo has a primary school education and describes himself as a member of the Lesotho Evangelical Church. However, he is also a regular member of the Apostolic movement.

18. Tjantjie

At the time of the interview Tjantjie was working as a clerk. He had to address cases of mineworkers who were charged with absenteeism. He came from the Eastern Cape province of South Africa and was born in 1970. Tjantjie first came to Monyakeng in 1987. When he left his home he was barely literate, as he had spent most of his time as a herd boy. On his arrival at Monyakeng he enrolled at the mines' adult training centre. It was there that he worked his way towards a high school education and where he eventually obtained his matric certificate. Like most men, he started working underground and only came to surface when he began his new work as a clerk. This was one remarkable story that remains with me to this day. Perhaps, the sad thing about Tjantjie is, that at the time of our conversation his marriage had almost come to an end. The relationship with his wife with whom he had one child had virtually collapsed. Tjantjie described himself as belonging to the church of his parents: the Methodist Church.

19. Mohau

At the time of the interview Mohau was working underground as a winch driver. He was born in 1968 and came from Lesotho. He is married with three children. Mohau arrived at Monyakeng in 1997. Before his formal employment at Monyakeng he spent a few years living on the streets of the town where the local recruitment centre was. At a time when he had given up hope of ever finding employment on the mines, and was preparing to go back home, there dawned a day that was to change his life. On this particular day, he made up part of the labour force that was recruited for Monyakeng. Mohau never made it to school and spent most of his youth as a herd boy back in his village. He describes himself as a Roman Catholic.

20. Tom

At the time of the interview Tom was working underground as a team leader. He came from Lesotho and was born in 1970. He is married with two children. Tom had only completed the first three years of primary school. He left Lesotho in 1987 at the tender age of 17 to work as a labourer at Monyakeng. He has since moved from one grade to another to the point of becoming a team leader. Tom described himself as a Roman Catholic.

21. Sello

At the time of the interview Sello was working at the mine kitchen as a cook. He came from Lesotho and was born in 1953. He is married and has seven children. Although at the time of the interview he was ready to leave mine work, he felt obliged to hang on so he could assist two of his last children with education. Some of his children were already working in Lesotho and another was finishing his undergraduate degree at the National University of Lesotho. He spoke with pride about this lad. Sello has matric-level education and described himself as a Roman Catholic. Before coming to Monyakeng in 1997, he had been to several other mines in the Free State.

22. Ace

At the time of the interview Ace was working underground as a loco driver. He came from the Eastern Cape province of South Africa and was born in 1966. He is married with three children. Ace first came to Monyakeng in 1988. Before undertaking his career as a mineworker at this place, he had spent some time working on several other mines in the Free State province of South Africa. Ace described himself as a Methodist.

Radicals

23. Napo

At the time of the interview Napo was working underground as a winch driver. He came from Lesotho and was born in 1962. He had recently lost his wife and was left to take care of their three children. Before coming to Monyakeng, where he first arrived in 1988, he had worked as a mineworker on several mines in Rustenburg. Because of his difficult upbringing, Napo said, he only managed to complete his primary school education. Much of his youth was spent looking after cattle. Napo described himself as a member of the Roman Catholic Church.

24. Masiya

At the time of the interview Masiya was working underground as a team member. He came from Mozambique and was born in 1965. Before coming to work at Monyakeng he had spent the better part of his youth as a soldier for Frelimo in the fight against Renamo. Joining Frelimo was never his choice. He was part of those young men who had been forcefully conscripted in the fight against Renamo. With the end of the civil war in Mozambique in the early 1990s, he began to look for work on the mines. His uncle

facilitated his change from Mozambique to Monyakeng where in 1995 he managed to find employment. Masiya says, because he grew up as a herd boy he never had an opportunity to go to school. His parents, he said, thought livestock was more important than schooling. This is a story of many men interviewed for this study. Masiya is married and has three children. He had one other child with a South African woman. He described himself as a member of the Zionist Church.

25. Alfonso

At the time of the interview Alfonso was working underground as a loco driver. He came from Mozambique and was born in 1975. Alfonso is married with three children. He too had only managed to do the first three years of primary schooling and could not make it further. He spent much of his youth as a herd boy. Later, when he became a young adult he looked for work in Maputo but could not find anything. The search for employment eventually took him to Monyakeng where he arrived in 1995. Alfonso described himself as a Roman Catholic.

26. Malaika

At the time of the interview Malaika was working underground as a team member. He came from Mozambique and was born in 1977. He is married and has two children with the first wife in Mozambique and one child with the second wife who comes from Lesotho. As his second wife stays in the informal settlement within the vicinity of Monyakeng he has decided to leave his residence at the hostel in order to stay with his wife. During long holidays, Malaika and his second family often visit Mozambique. The second wife has had to learn Shangaan as a result and at the time of the interview Malaika told me she was doing very well. He described himself as a member of the Apostolic Faith movement and has four years of primary school education.

APPENDIX 2

Leaders of the HIV/AIDS programme:

Dr Burron, Kriel. Head of the HIV/AIDS programmes of the business units of Blueflame, interviewed on the 24th April, 2007

Johan, Smuts. Personnel Officer in charge of the HIV/AIDS programme at Monyakeng, interviewed on the 11th August, 2007

APPENDIX 3

Subject Information Sheet

1. Title

On understandings of HIV/AIDS: Conversations with migrant mine workers at Monyakeng.

2. Invitation Paragraph

You are being invited to take part in this research project. Before you decide to take part it is important that you understand what the study is about and what it will involve. Please read the following information and feel free to ask questions where you need clarity or where you need further information. Also, take time to decide whether you want to take part in this study or not.

Thank you for reading this.

3. The purpose of the study

This study is undertaken against a backdrop of two important developments. The first is the current continuing proliferation of HIV/AIDS in South Africa despite attempts to curb it. The second is an increasing body of literature which explains HIV/AIDS as well as its possible causes. The study seeks to understand why the fight against HIV/AIDS seem to be failing and seeks to ascertain why this is so despite attempts to make the necessary information available. It endeavours to think through some of the dynamics that may be responsible for this increasing spread irrespective of all the available information about the pandemic. This study hopes to grapple with this by examining how mine migrant workers understand HIV/AIDS. It is hoped that this interviewees will yield valuable insights that will provide a better understanding of the dynamics around the continuing spread of HIV/AIDS.

4. Why you were chosen

The study focuses on mine migrant workers from Lesotho, Mozambique and the Eastern Cape. You have been chosen because you come from one of these areas.

5. Do you have to take part?

‘It is up to you to decide whether or not you want to take part in this study. If you decide to take part in the study you will be asked to keep this form and you will then be given a consent form to sign. If you decide to take part you are still have the right to withdraw at anytime during the interview without giving any reason.’

6. What will happen to me if I take part?

If you decide to take part in the study you will be expected to take part in an interview which will take approximately 1½ hours. This interview consists of some questions that you will be expected to answer. Besides that there will be no other obligations that you will be requested to undertake.

7. What are the possible disadvantages and risks of taking part?

This study involves some questions that are related to sex. It study acknowledges that questions related to sex may be upsetting to some people who may deem them inappropriate. It also recognises that talking about HIV/AIDS may be a very emotional issue as it may evoke personal suffering, the suffering of loved ones, or their loss due to Aids. Where talking about HIV/AIDS becomes emotionally distressing to an individual I will make efforts to arrange the help of professionals. Further, talking about HIV/AIDS may involve illegal activities. Please, feel free not to say things that may incriminate you.

8. What are the possible advantages of taking part?

There will be no direct benefit from participating in this study. The information that is collected during this study will provide me with better insights into the state of HIV/AIDS in Carletonville.

9. Will my taking part in this study be kept confidential?

All the information which you will supply in the interview process will be kept strictly confidential. You will only be identified through use of a pseudonym and any information about you will not be associated with your real details.

10. What will happen to the results of the study?

The information that you supply as well as that which will be supplied by other interviewees will be kept safely at the University of the Witwatersrand where it cannot be easily accessed by unauthorised persons. At the end of this research project, and once the findings have been finally documented, the information that you supply will be destroyed as a way of ensuring that your identity is protected. The findings of this study will also be published in one of the accredited journals as a way of sharing knowledge with an audience beyond the confines of a university. In compiling a published report of the findings care will be taken to ensure that your identity is protected. That is, your name will not be mentioned in any of these published reports.

11. Who is organising and finding the research?

This study is my own personal project and is undertaken in order to fulfil the requirements of the degree Doctor of Philosophy. It has been funded by Ford Foundation via the Sociology of Work Unit at the University of the Witwatersrand.

12. Who has reviewed the study?

This project has been reviewed by the Ethics Committee of the University of the Witwatersrand.

13. Contact for further information.

For any further queries please feel free to contact Sepetla Molapo. Office telephone number (011) 717 4450. My mobile number is 076 156 9423.

Date

APPENDIX 4

Interview Consent Form

Sociology of Work Unit (SWOP)

Department of Sociology

University of the Witwatersrand

Johannesburg

2050

Tel. (011) 717 4450; Mobile 0761569423

CONSENT FORM

I agree to participate in this research project that seeks to examine mine migrant workers' understandings of HIV/AIDS.

I have read the subject information sheet and understand what the study is about. I voluntarily decide to participate in this study and understand that I have the right to withdraw from the project at anytime in the interview process without giving any reason. By participating in this study I understand that my answers and comments will be combined with those of others who will be interviewed in the process of this study in order to gain a better understanding of HIV/AIDS.

Name

Signature

Date

APPENDIX 5

Recording Consent Form

Sociology of Work Unit (SWOP)

Department of Sociology

University of the Witwatersrand

Johannesburg

2050

Tel. (011) 717 4450; Mobile 0761569423

RECORDING CONSENT FORM

I, the undersigned, here with grant permission to be audio taped during the course of the interview process. I understand that participation in this interview process is voluntary and that I have the right to withdraw at anytime without giving any reason.

Name

Signature

Date