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Khan, Sharlene

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A CRITICAL ANALYSIS OF THE ICONOGRAPHY OF SIX HIV/AIDS MURALS FROM JOHANNESBURG AND DURBAN, IN TERMS OF RACE, CLASS AND GENDER

SHARLENE KHAN

A thesis submitted to the Faculty of Arts, University of the Witwatersrand, Johannesburg, in fulfillment of the requirements for the degree of Master in Arts (Fine Art) – Coursework.

Johannesburg, 2006

ABSTRACT

This research report is a critical analysis of the iconography of six HIV/Aids murals from Johannesburg and Durban, in terms of race, class and gender. The six examples are community murals which were used as a social awareness tool to disseminate information on HIV/Aids to a supposedly highly illiterate Black audience public. This research focuses predominantly on the issue of stereotypes, and how certain societal stereotypes of Others are manifested in these HIV/Aids murals. My analysis also tries to make evident, how difficult it is for muralists to visually represent HIV/Aids facts, in addressing 'high-risk' groups. This report also tries to show that key issues of HIV/Aids transmission are often overlooked or omitted for various reasons. I argue that, given the importance of HIV/Aids murals as educative tools, muralists have to be made aware of their role in the possible perpetuation of societal racial, gender and class stereotypes, and how such perpetuation of stereotypes can contribute to the continued stigmatization of the disease.

The final chapter of this research examines my own practical work that was produced as a requirement for the MA (Fine Art) degree. It analyses my performance-exhibition *Walking the Line*. My commentary focuses on how the social phenomenon of street trade in the Johannesburg city centre and specifically the 'refurbishment' of the Johannesburg Fashion District influenced my art practice. My analysis is further extended to the use of my own body in the performance, to consciously engage notions of hybridized identity.

KEY WORDS: HIV/Aids, murals, iconography, stereotypes, gender, race, class, street trade, visual art, performance

DECLARATION

I declare that this research report is my own unaided work. It is submitted for the degree of Master of Arts in Fine Art by coursework and research report in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any other degree or examination in any other university.

_____

Sharlene Khan

25th day of April 2007

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GLOSSARY

AIDS - Acquired Immunodeficiency Syndrome

BAC - Beyond Awareness Campaign

CADRE - Centre for AIDS Development, Research ad Evaluation

CMP - Community Mural Projects

HIV - Human Immunodeficiency Virus

HSRC - Human Science Research Council

KZN - KwaZulu-Natal

MAP - Monitoring the Aids Pandemic

PLWA - People Living with Aids

RDP - Reconstruction and Development Programme

STDS - Sexually Transmitted Diseases

STIs - Sexually Transmitted Infections

UDW - University of Durban-Westville

A Critical Analysis of the Iconography of Six HIV/Aids Murals from Johannesburg and Durban, in Terms of Race, Class and Gender

Introduction:

> *In recent years some of the onus of cancer has been lifted by the emergence of a disease whose charge of stigmatization, whose capacity to create spoiled identity, is far greater. It seems that societies need to have one illness which becomes identified with evil, and attaches blame to its "victims", but it is hard to be obsessed with more than one (Sontag 1990: 104).*

HIV/Aids in South Africa:

South Africa as a country and a nation has undergone much turmoil and many changes in its history. From Dutch and British colonization, to institutionalized racism in the form of apartheid and eventually to a democratically elected Black government, the country has become a political and economic force on the African continent and internationally. Often, South Africa is referred to as the 'miracle nation' that ushered in a new political dispensation without the expected civil war, which forgave its transgressors and continues to grow as a multicultural nation. Yet, many argue that South Africa is dealing with its greatest challenge, an enemy that is unseen yet is decimating villages, threatening every community in South Africa, undermining its economic stability and compromising the promising future of the country. HIV/Aids as a socially-opportunistic disease is exploiting the inherited socio-economic inequalities of many black[1] communities in the country.

Despite growing focus on the problem, and initiatives by governmental and non-governmental organisations, businesses, community and religious organisations and private endeavours, current

[1] Racial terminologies remain contentious in post-apartheid South Africa. The model I have employed is to refer to South African people who were previously termed 'non-white' (Indian, Coloured, African/Black), as 'black' (lower case). This is due to the term 'non-white' being unpopular as it signifies that people of colour are the (negative) opposite of 'white'. Racial categories are further distinguished as they are used in the South African context: White, Indian, Coloured, while indigenous South African people (who were referred to as 'Bantu' speaking people) are termed 'Black' (capitalized). Although indigenous 'Black' South Africans are also referred to as 'African', I have not used this term, as it is also problematic, given that any one from the continent can also be referred to as an 'African', irrespective of race. Direct quotes retain the terminology used by the author/s quoted.

HIV/Aids statistics have reached epidemic proportions, with South Africa having the highest rate of infections in the world (Whiteside and Sunter 2000: 38, 39, 54). Initiatives to counter HIV/Aids are hampered by a range of social, political, economic and historical factors. HIV/Aids awareness initiatives range from consolidating HIV/Aids as a social community responsibility in caring for HIV/Aids patients, to governmental and business responsibility in facilitating proper legislature and business practices, that are in the best interests of the millions already infected with the disease. These social initiatives are also coupled with individual sexual responsibility with regard to safe sex practices. Campaigns targeting specific 'high-risk' groups have become common place features in the various media, with ever more ways being sought out to make people aware of the Aids disease and safe sex practices. In the 1990s, community murals became one such form where masses of passers-by in highly frequented public areas could be addressed and educated about HIV/Aids.

Given the racial and politic dimension of HIV/Aids though, in a country like South Africa fraught with prejudice, misrepresentation and mistrust, educational and awareness endeavours are never simple. With HIV/Aids being first viewed as a 'gay disease' and then a 'black disease' both internationally and locally (by the apartheid government in the 1980s), post-1994 HIV/Aids awareness campaigns have tried to ensure that representations of 'high-risk groups' do not perpetuate familiar racial, cultural, gender and sexual stereotypes. There are many recent and ongoing studies into the representation of HIV/Aids in various media. Although the second-half of the 1990s saw the emergence of a significant number of HIV/Aids murals throughout South Africa, very little research has been done on the iconography of HIV/Aids murals. The only detailed research I am aware of to date is Sabine Marschall's book *Community Murals in South Africa* (2002) which devotes a chapter to discussing the iconography of HIV/Aids murals, while also trying to situate these murals in the context of the larger chronology of the mural art movement in South Africa. As Marschall notes with regard to the proliferation of HIV/Aids murals around South Africa,

> The task of imaging Aids always involves walking a tightrope between presenting a clearly comprehensible message, and respecting the sensibilities and moral standards of large, anonymous audiences… Aids murals thus become a fascinating reflection of real and

entrenched beliefs and identity in different communities throughout South Africa (Marschall 2002: 226).

The only other research on HIV/Aids murals specifically is an unpublished online paper written in 1999, by American Louis Bourgault called 'The Impact of HIV/Aids murals', which documents her perceptions of several HIV/Aids murals done under the auspices of Johannesburg-based mural group Apt Artworks. Bourgault speculates on the potential impact of the murals, stereotypes and alternative imagery portrayed, and suggests ways in which the mural process can be made more effective as an Aids-awareness tool.

This research report[2] seeks to expand on Marschall's and Bourgault's analysis of HIV/Aids murals, examining specifically racial, gender and economic-related stereotypes that have not only been perpetuated in the selected murals[3] within the South African context, but, I suggest, also in the wider context of HIV/Aids representation. This study will seek to examine the iconography of the HIV/Aids message, in order to determine whether these images are conducive to the aim of using murals as a medium to educate the public about the Aids pandemic. The study will focus primarily on issues surrounding HIV/Aids depictions and ideologies which may affect these depictions. This study will not go into an in-depth analysis of the history of HIV/Aids murals in South Africa, as this has been covered by Marschall (2002). Hence, chronological developments in mural practice will only be mentioned in relation to how it may have affected the examined HIV/Aids mural. What this study attempts, is to use my experiences as a practising muralist in community mural projects in KwaZulu-Natal and some of the HIV/Aids murals discussed in this report, to examine the images produced and how the process of making a mural may contribute to the perpetuation of certain stereotypes.

[2] I will examine only murals from Durban and Johannesburg as I am familiar with both the visual arts and mural scenes in these cities, through living and working in both cities. I have participated in community murals in KwaZulu-Natal since 1995, and have worked with the University of Durban-Westville mural outreach group, Community Mural Project (CMP) and Apt Artworks. There is much cross-over between mural projects in Johannesburg and Durban – CMP (which is based in Durban) have executed mural projects in Johannesburg while Apt Artworks (which is based in Johannesburg) have done many projects in Durban.

[3] The six selected murals are: the St George Street mural (Johannesburg), the Esselen Street mural (Johannesburg), the Alice Street mural (Durban), the Sauer Street mural (Johannesburg), the UDW Aids mural (Durban) and the ML Sultan Technikon mural (Durban). Please see Appendix A for a full description of the murals.

Before I can begin an analysis of the iconography of HIV/Aids murals, it is imperative to define what this research means by 'community murals' and to give a brief contextualisation of HIV/Aids community murals (and other Aids-awareness initiatives) in the South African context .

Community Mural Art in South Africa

If one were to trace a chronology of South Africa's wall-painting traditions, it impressively dates back to San Rock art thousands of years ago.[4] Equally renowned is South Africa's Ndebele mural tradition which was first documented in its current form at Hartbeesfontein, in the vicinity of Pretoria on Ndzundza homesteads (Powell 1995: 46 – 49)[5]. Neither of these traditions nor styles was influential on community murals of the early 1990s. The emergence of community mural projects[6] however, was more inspired by the community mural projects of the United States of America between the 1950s and 1970s, and the murals of Mexican artists like Diego Riviera, David Alfaro Siqerious and Jose Clemente Orozco (Cockcroft, Weber & Cockcroft 1998). Many community mural projects drew on or mimicked the format of the US community mural projects. With the rise of a new democracy in the first half of the 1990s, public art (and specifically community murals) which appealed to the collective masses, was seen as a medium that could be used to disseminate information on a range of topics. e.g. human rights, voter education, reconciliation, reconstruction and development programmes, as well as a celebration of the diversity of cultures, religions and races in South Africa (Marschall 2002).

[4] In South Africa, San Rock art is found in a variety of places from the Drakensburg range (in KwaZulu-Natal, Eastern Cape, Free State and into Lesotho), the Cederberg range in the south-western Cape, Northern Province, Mpumalanga, southern Cape to the Transkei (Solomon 1998; Holm 1987; Schoonrand 1971). The exact date of San Rock art is highly debatable and incredibly difficult to date. A painted slab on the Cape west coast was dated to approximately 3500 years old, a human figure from a south-western Cape site painted in black, was dated to approximately 500 years before present, a painting of an eland from a site in the KwaZulu-Natal Drakensburg region was thought to be about 350 years old, while a painted slab in a Namibian cave was dated to approximately 26 000 – 27 000 years old (Solomon 1998).

[5] Ndebele mural art as it is today known originated in its current form when the Ndzundza were settled in Hartebeesfontein and were first photographed during the late 1940s (Powell 1995: 46 – 49).

[6] A mural according to the *Oxford English Dictionary* is a painting on a wall, although various cultures have very different techniques for different types of murals through the ages. In the contemporary urban South African context, a mural is simply a painting on a wall – the wall is primed with PVA initially, before it is painted with either acrylic or enamel wall paint. Community mural projects are usually facilitated by a single mural coordinator or a mural group, who secures funding for the project, site permission to execute the mural on the specific wall, selects muralists, is responsible for documentation of the mural process, and has some degree of control over the mural imagery executed (although this vastly ranges from coordinator to coordinator).

Community mural projects were seen as having the potential to not only educate a mass audience through easily understood imagery, but to contribute aesthetically to the regeneration of a specific location. Mural imagery also validated local cultures and served as a documentation of a specific time and community concern (BACAMP[7] 1999: 3-4; Bourgault 1999; Khan 2002; Marschall 2002; Loubser 1989: 72). The format of community murals also allowed muralists from various races, cultures, backgrounds and educational levels to work together in a 'democratic' manner in creating their common goal. Various local businesses, non-profit organisations (Community Mural Projects, Apt Artworks), educational institutions (University of Durban-Westville, Technikon Natal, University of Fort-Hare) and government departments (Department of Health) saw murals as an art form that was relevant at 'grass-roots' level. The community mural process engaged the services of young artists from various communities and gave them practical training in mural art and education in the various concerns being represented. Murals dealing with social issues have been executed in different sites in South African city centres with a high volume of vehicle or pedestrian traffic and, predominantly in previously disadvantaged (mainly Black) townships, presumably to educate illiterate people through visual imagery (BACAMP 1999: 3-4).

Community murals could be seen to occupy an ambiguous position in the arts field, being neither a fine art medium nor strictly a commercial venture. While murals have often been sponsored by commercial businesses, which featured the logo of the brand somewhere on the mural, the subject matter would often reflect a social concern that muralists were seeking to educate the public on.[8] These community murals most often employed the services of local fine artists, self-taught artists or fine art students, with most participants given carte-blanche in depicting the imagery they wanted (BACAMP 1999: 4). Artists also had to negotiate how their individual contributions interfaced with those of other artists involved, and in relation to the larger image of the mural. More importantly, artists had to realise that they were presenting their works in a public forum,

[7] Beyond Awareness Campaign Aids Mural Project Handbook (1999), produced by the HIV/Aids and STD Directorate, National Department of Health.

[8] For example, the tea company Joko sponsored a range of murals that sought to re-write local indigenous history and validate indigenous cultures, through visual images of local stories and mythologies (Marschall 2002: 21; Stevenson 2001); the MetroRail murals at Umlazi Station, Durban, depict ongoing everyday life in the local Umlazi township; Cell C murals have tried to celebrate the local heritage of the different cities within which they were painted.

which not only had to appeal to the public, but would also not offend public members and sponsors of the projects (BACAMP 1999: 4; Marschall 2002: 23 - 24; Stevenson 2001[9]). One of the advantages of a mural project is that the local community can be involved in the mural process in various capacities, as opposed to a group of artists/muralists arriving in a 'foreign' setting and executing a pre-planned mural that has no local relevance. Marschall's research (2002) as well as my own previous research (Khan, 2002), have found that murals that were supported the most by the local communities were those that reflected the immediate environment, local members and their social concerns. Given apartheid's separatist policies, it is understandable that insider/outsider conflicts still exist, where local community members can resent outsider groups infiltrating their space, and, 'imposing' imagery (or education) on them in a visual style or language that they do not understand or like. This could result in the mural being ignored or worse defaced.

With all of these considerations and challenges, community mural projects flourished in the 1990s, with various mural groups emerging that were responsible for the proliferation of these murals country-wide. Among the most influential of these groups were Durban-based Community Mural Projects (CMP),[10] coordinated by Terry-Anne Stevenson and Ilsa Mikula, and Johannesburg-based Apt Artworks, run by Nicky Blumenfeld and Ashley Heron.[11] Both these groups were responsible for the greatest number of murals throughout the country and worked with, as well as trained, many artists who went on to coordinate their own mural projects. Apt Artworks, a non-profit mural organisation (that is significant for this study), began in 1992 and became seminal in the execution of HIV/Aids murals throughout South Africa from the mid-1990s up until 2002.[12]

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[9] Stevenson, T-A. 2001. Personal Interview. Durban. (see Khan, 2000)

[10] CMP, since the early 1990s, executed mural projects that reflected the different concerns of the government and country at specific times, e.g. multiculturalism, voter education, human rights, etc. See Marschall (2002) and Khan (2002) for more on CMP's murals.

[11] The University of Durban-Westville's outreach programme ran from 1995 – 1999 and was responsible for a number of murals in Ladysmith and Durban; Community Arts Project in Cape Town also contributed immensely to the community mural scene in Cape Town; while individuals Leoni Hall in Durban and Andrew Lindsay in Johannesburg also contributed to organising mural projects in their respective cities (Marschall 2002, Khan 2002).

[12] Apt Artworks teamed up with the Department of Health in 1995 to launch the first national mural campaign (called the Seven-Cities Project), aimed at educating the public on HIV/Aids through community murals (Marschall 2002: 227 - 228). Two years later, the Department of Health, as part of its Beyond Awareness Campaign, commissioned

One of the most important objectives of Apt Artworks was to portray community responsibility towards HIV/Aids and compassion for those infected with the disease. Marschall (2002: 230 – 234) suggests that HIV/Aids murals proceeded in the early 1990s, from portraying deterrent imagery intended to invoke fear and dread of contracting the disease or being condemned to an Aids 'death-sentence', to that of motivation in later murals through positive images aimed at creating community support for those living with Aids and the promotion of safe sex messages.[13]

Aids-awareness Campaigns:

Mural painting is just one of a range of visual media that has sought to engage with the HIV/Aids epidemic. With no cure in sight for HIV/Aids, education has been highlighted as the most important measure in changing people's sexual behaviour, in curbing the spread of HIV/Aids and reducing the continued stigmatisation of the disease and those infected. To this end, mass media has been identified as a key source in the dissemination of information and education about HIV/Aids. The 2002 *Nelson Mandela/HSRC Household Survey of HIV/Aids*, says that although it is quite complex to attribute changes in behaviour, attitudes or knowledge to any specific intervention, mass media campaigns[14] have contributed to some key HIV/Aids preventative

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Apt Artworks to carry out another national HIV/Aids mural campaign – this time directed specifically at tertiary students, who were seen as a 'high-risk' group (Marschall 2002: 227 – 229). Apt Artworks, along with students from the various chosen tertiary institutions, executed murals on or near the education facility. Students participated in an Aids-awareness workshop for two - three days with DramAide before embarking on the planning of the mural. The murals in both these projects, i.e., the Seven Cities and Beyond Awareness Campaign, range in style and content, but they all attempt to portray the HIV/Aids message simply, in a visual language that the local community could relate to.

[13] Warren Parker, Director of the Center for AIDS Development, Research and Evaluation (CADRE), was seminal in administrating the Seven Cities and Beyond Awareness Campaign mural projects. Parker confirms that part of the directive for both mural projects, was to move away from fear-based messaging towards proactive messaging, emphasizing unity and working together as community.
Parker, W. 2005. Personal interview. September. Johannesburg.

[14] Recognising that South African youth faced a 50% of contracting HIV, the South African government in September 1999, launched the massive media campaign 'LoveLife', aimed at youth and young adults, which encouraged safe sex practices, healthy living, open discussion among children, parents and peers, and responsible living. LoveLife is a consortium of South African public health organisations, various community-based organisations, the South African government, major South African media groups and private foundations. LoveLife's strategy is to combine a highly visible national multi-media education and awareness campaign on HIV/Aids, with countrywide service in government clinics that are adolescent-friendly, as well as national networks of outreach and support programs aimed at the youth. [Available from: <http://www.kff.org/about/lovelife.cfm> <http://www.lovelife.org.za/corporate/research/research.html>]

behaviours, notably condom usage, as well as self-reported behaviour changes, such as abstinence, faithfulness, reduction in number of partners and HIV testing (Shisana & Simbayi 2002: 17 – 18).

The Beyond Awareness Campaign that was launched by the HIV/Aids and STD Directorate of the Department of Health, is one such national HIV/Aids awareness initiative. The Beyond Awareness Campaign involves a host of activities that include research into understanding the epidemic, the impact of HIV/Aids communication and advertising in the various media[15] and HIV/Aids action programmes.[16] These activities shift focus from just awareness of the epidemic to social mobilization around HIV/Aids (one of these is the mural project with Apt Artworks) (BACAMP[17] 1999: 2). These multidisciplinary and multi-active approaches to Aids awareness have yielded various results. According to the above HSRC 2002 *Nelson Mandela/HSRC Household Survey of HIV/Aids*, when respondents were asked what they had seen in their respective communities carrying HIV/Aids information, over 84,90% of them noted having seen the red ribbon, followed by leaflets (67,70%), posters (67,60%) and billboards/signs/**murals** (60,50%)[18] (Shisana & Simbayi 2002: 17, own emphasis). When respondents were asked which HIV/Aids slogans they best remembered, condom-use messages featured prominently. According to Shisana and Simbayi (2002: 17), the 'AIDS Kills' slogan was also mentioned frequently, although the researchers note that 'this has not been a message used directly in campaigns'. This slogan however features in many of HIV/Aids murals around the country (as will be seen in

[15] Especially in promoting the toll-free helpline, red Aids ribbon and condoms.

[16] These programmes include: an Aids Action Office, an Aids Memorial Quilt, a Tertiary Institution Campaign, an Aids Mural Project, a Radio Training Project, a Mediaworkers Project, a Care and Support Project and a website that details all these various activities (BACAMP 1999: 2).

[17] BACAMP – Beyond Awareness Campaign Aids Mural Project Handbook, 1999

[18] Billboard, signs, poster and graffiti formats have been used by various visual artists dealing with HIV/Aids imagery. South African artist Sue Williamson produced a series of work entitled '*From the Inside*' (2000) that focused on the shame and silence surrounding HIV/Aids. Williamson personally interviewed HIV-positive people and from this dialogue extracted a central statement, which was put into public spaces along with the name of the HIV-positive person (Stegmann, n.d., no pg. no.). Another visual art initiative that worked with the public domain was one by French artist Ernest Pignon-Ernest who carried out an urban intervention in Durban and Johannesburg in the form of 100 printed life-size posters which depicted a young schoolgirl holding a young dying boy in her arms (based on the famous Hector Peterson photo) – this time though the youth are being attacked by the unseen HIV/Aids foe. Both these projects by Williamson and Pignon-Ernest cross the boundaries between fine art and public art, in an attempt to communicate HIV/Aids messages to people from across the spectrum. [Stegmann, P. (n.d.). Available from: < http://www.culturebase.net/artist.php?1215>]

chapter two). This may indicate that HIV/Aids murals may indeed be presenting HIV/Aids messages that are remembered by different individuals, and therefore it may be fulfilling its role in HIV/Aids education. Thus, it is necessary for HIV/Aids mural imagery to be examined so as to ensure that such a public educational medium is portraying messages that are in line with national HIV/Aids strategies and information campaigns.

During the course of this research, the issue of stereotypes becomes a seminal issue, in the discussions on representation. The first chapter of this research will discuss the concept of stereotypes and outline the various theoretical positions that influence this research. Chapter two will discuss representations of HIV/Aids in terms of class, and local and global racial issues. Chapter three examines issues of gender and sexuality as manifested (or not) in HIV/Aids mural imagery. In the last chapter, I will discuss my interrogation of stereotypes of street vendors in my own practical work that was submitted as part fulfilment for this degree. I extend the discussion to my use of performance and masquerade as strategies to destablise the 'fixity' of identity largely produced through stereotypes. The aim of these chapters is ultimately to reveal the social construction of stereotypes, so as to debase the idea of their 'naturalness' and to expose false values associated with them.

CHAPTER ONE

Theoretical Framework

This research is an examination of the iconography of the six selected HIV/Aids murals, in terms of issues of race, gender and class. As an iconographic study, symbols, images and subject matter will be examined in an attempt to determine the symbolic and allegorical meanings of the various representations of HIV/Aids. More than this, the report will be an iconological analysis (as Erwin Panofsky defined and distinguished it[19]), situating mural depictions within broader historical and socio-political contexts. This means examining muralists' intentions and the mural process in an attempt to understand the continued perpetuation of various stereotypes in HIV/Aids murals. The issue of stereotypes is central to this research and will form my underlying questioning of the selected HIV/Aids mural imagery. It is thus imperative to firstly define what this research will refer to as a stereotype and some of the central arguments around the issue of stereotypes.

1.1 Stereotypes and Representation:

The first person to apply the term 'stereotype'[20] in relation to perceptions and belief systems in different cultures was Walter Lippmann (Dyer 1993: 11 - 13; Stangor 2000: 6). In his book, *Public Opinion* (1922: 80), Lippmann defines a stereotype as an 'our' way of 'knowing' and 'seeing' that is a joint product of knower and known, with the role of the observer always being selective and creative – 'the facts we see depend on where we are placed, and the habits of our eyes'. Lippman (1922: 81 – 82) continues that for the most part,

[19] Erwin Panofsky, in *Meaning in the Visual Arts* (1955), distinguished between iconography and iconology, with iconography being the identification of subject matter in art, while iconology was the analysis of historical conditions, specific themes and concepts expressed by the rendered objects and events. This type of analysis is important in trying to explain the significance of symbolical and/or allegorical subject matter, such as women being used as allegories for elements of nature. Panofsky's methodology of iconographical study incorporated different aspects, in order to interpret symbols and representations (Turner 1996). A correct identification of artistic motifs needed to examine the historical context, the history of style, the history of types and the history of culture (Turner 1996: 91). Panofsky's concept of iconology is not uncontentious though. In the 1960s and 1970s, with the rise of a more sociologically orientated art history, other aspects became pertinent in art historical analysis. The function of a work of art, with regard to its meaning, as well as the role of the public became equally influencing factors (Turner 1996).

[20] The *Oxford English Dictionary* (1978: 894) refers to a stereotype (as originally used in reference to printing), as a 'printing-plate cast from mould of composed type', but it does also reference the figurative meaning of stereotype, as an 'unchanging and unoriginal position'.

people do not see first and then define something, but rather define first and then see; that what we eventually think we 'see' is an accumulation of 'a great sediment of stereotyped ideas'. This sediment of stereotyped ideas comes from moral codes, social philosophies, political agitations and cultural forms (Lippmann 1922: 83 – 84). Lippmann (1922: 88) further argues that owing to untrained observation, people pick up recognizable signs[21] out of the environment, that these signs come to stand for ideas, these ideas make up our stock of images, and that these images form 'types' that make up our perceptions.

Lippmann sees stereotypes as an ordering process, a 'short cut', a reference to the world. He recognises that stereotyping is engrained in society's thinking and positioning. In fact, it can be argued that the usage of stereotypes is an inevitable, acceptable way of generalizing and speaking about groups of people. More than just an economy of effort[22] on the part of most busy human beings, Lippmann (1922: 95 - 96) asserts that stereotypes are also defensive positions of an 'our' position in society, i.e., 'our' values, positions, rights, beliefs. By creating an 'our' position and perspective, a 'they' or 'Other' position is simultaneously created and these dualistic positions are sustained through each other.

The problem with stereotypes of Others, is that such stereotypes fundamentally work on the principle of 'typification', that is, the overshadowing of people's individual features, or the individual features of an object or landscape, and representing them as a 'type'. Thus, people can therefore be categorized 'easily' according to certain characteristics that are foregrounded at the expense of equally important differences (Deschamps 1998: 4).[23] More than just discussing a

[21] 'Signs' can come from a variety of sources: audio, visual or literary.

[22] Lippmann (1922: 88 – 90) explains the reason for people resorting to typification as follows, 'There is economy in this. For the attempt to see all things freshly and in detail, rather than as types and generalities, is exhausting, and among busy affairs practically out of the question… Instead we notice a trait which marks a well known type, and fill in the rest of the picture by means of the stereotypes we carry about in our heads…We are told about the world before we see it. We imagine most things before we experience them. And those preconceptions, unless education has made us acutely aware, govern deeply the whole process of perception. They mark out certain objects as familiar or strange, emphasizing the difference…'.

[23] It has to be taken into consideration, though, that there can be positive aspects to stereotypes and although people's attitudes to stereotypes may differ, some people may actually feel empowered by certain stereotypes. According to T.E. Perkins (1979) some people identify with specific characteristics or generalizations that a stereotype may portray. Thus, while some women may find sexually provocative imagery of scantily-clad women in certain murals

wide diversity of people within limited characteristics, stereotypical characterisations can be used to define these people. When characteristics are infused with negative assumptions and prejudices, stereotypes can be destructive to the people they are used to represent, for example, women as inferior and passive, blacks as primitive and savage, Arabs/Muslims as violent irrational fundamentalists, and as chapter four will show, poorer people forced into street trade as criminals and beggars.

1.2 Feminism: Women as Other

Since their emergence, feminist theories in the West have tried to deconstruct stereotypes of women as an Other in discourses dominated by white, Western, educated males (Nicholson 1990; Collins 2000, Kiguwa 2004). Feminism has tried to provide a voice for many women, instilling a women's perspective into critical inquiry and proving instrumental in re-locating women in history. According to feminists Nancy Fraser and Linda Nicholson (1990: 26), feminists have critiqued modernist epistemologies and moral and political theories, exposing the biased and historically-situated nature of mainstream 'universal', ahistorical, 'objective' truths. Feminists have shown, that gender difference is not an act of nature, or a biological trait that 'naturally' positions women as inferior to men, as irrational, emotional and uncontrollable (Kiguwa 2004; Nicholson 1990). Instead, many feminists have sought to show that gender differences are social constructs that operate to subjugate women on many different levels (Nicholson 1990; Collins 2000; Kiguwa 2004: 309).

Feminists draw on a range of critical positions like Marxism, empiricism, essentialism, deconstruction, etc.[24] Certain feminists draw on postmodernism's[25] sense of fragmentation,

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representations offensive and stereotypical, others may find such images empowering and indicative of the sexual liberation of women.

[24] There are many strains of feminism in Western study and they are much too complex to get into in a study of this kind, which inevitably results in generalizations.

[25] See Linda Nicholson's *Postmodernism/Feminism* (1990), which contains many important articles on various perspectives on the intersection between postmodernism and feminism.

plurality and contradiction[26], as these aspects of postmodernism are considered a 'truer' reflection of reality (Fraser & Nicholson 1990: 13, 23). Feminists used fragmentation and plurality to destablise notions of 'fixed' identities and notions of female essentialism, showing that there can be multiple contradictory aspects to identity and women's lives (Nicholson 1990, Collins, 2000). Feminists deconstruct the range of stereotypes that are used to define women, i.e., women in mother-type roles, as seductress, as an allegory for nature or in a limited range of occupations such as housewife, nurse and teacher. All of these roles are supposedly informed by a woman's biology or innate abilities. Such representations of women are still seen in a range of disciplines from the visual arts to various popular media forms.

Despite the elements of fragmentation and plurality that postmodernism offered to Western feminisms, many black women and women from Third World countries have felt that their voices have not been heard. Western feminism has been criticized as 'essentialising' **all** women, and homogenising the category of 'women', while ignoring very real determining factors of race, class, history, education, sexual orientation and politics, that affect women of colour differently from white women (Fraser & Nicholson 1990: 27; Collins 2000; Kiguwa, 2004)[27]. Various African-American, African and Third World female writers have argued that black women are the most oppressed in society, an Other among Others, suffering a triple oppression based on the inseparable factors of race, gender and economics, which have not being sufficiently acknowledged and analysed (Kiguwa 2004; Collins 2000). Black feminist bell hooks argues that black women suffer a whole list of stereotypes that are particular to them, such as the mammy figure, the overly-sexual jezebel image, the superstrong mother or the asexual educated independent black woman stereotype[28]. The argument that black women, and women in Third World countries, experience a matrix of oppression becomes seminal to HIV/Aids research

[26] At the same time though, there are many who caution about embracing postmodernism wholly. Susan Bordo (1990) is one of those voices who believe that there must be some stoppage points to postmodernism's fragmentation – while postmodernism destablises grand, universal narratives, at the same time such a process makes it impossible to speak of a category like 'women'. Likewise Christine De Stefano (1990) also has misgivings of abandoning the ability to speak about the experiences of 'women' as a whole in relation to a male-dominated system.

[27] See Collins (2000); Mary Kolawole (1997) and Kiguwa (2004) for extensive discussions of black women and women from the Third World finding Western feminisms insufficient in expressing the social differences between women of different races, economic status, educational level and sexualities.

[28] She also adds that black men suffer a range of stereotypes that are particular to them as well.

regarding the spread of Aids in various African countries and among black populations, and in particular, the high infection rate among Black women. Catherine Campbell (2004) in her examination of 'The Role of Collective Action in the Prevention of HIV/Aids in South Africa', is critical of mainstream health psychology[29] that tends to focus on individual-level factors, while ignoring equally determining social factors of race, culture, politics, history, gender and economics on individual choice and action. While Campbell (2004: 336 – 337) acknowledges the fact that individual factors such as knowledge and confidence shape sexual behaviour, she also argues that individual factors are heavily shaped by the social context within which the person is located, and that this is especially true for subordinated groups such as poor black women. Campbell (2004: 336 – 337) says that individual-level HIV/Aids assertiveness courses fail when individuals try to implement them in real-life contexts where factors such as gender, poverty and race severely limit their individual freedom to act.

1.3 Postcolonial 'Other':

Black feminists and feminists from the Third World have drawn extensively from postcolonial theories on the Other that emerged in the 1980s.[30] Postcolonial theories have been used by various literary and cultural critics to discuss the political, historical, cultural, economic and linguistic effects of European colonization on different cultures, and the complex relationships that develop between the subject occupying the dominant position and the object occupying the

[29] Even psychology as a discourse has come under criticism by other psychologists and cultural critics in the latter half of the 20th century, as universalising the objects of study, as well as the theorizer's own position. In response to this, critical psychology developed as a strain of psychology critical of mainstream Eurocentric psychology. Peace Kiguwa (2004: 286 - 287) in her 'Feminist Critical Psychology in South Africa', promotes a critical psychology that she says resists the temptation to speak for all groups, because it 'recognises that the philosophical underpinnings of psychology are far from universal and that it may in fact be oppositional to other philosophies and forms of practice.' Kiguwa finds it necessary to be critical of the use and abuse of psychological knowledge and power, and using a feminist critical psychological stance, she examines those perspectives that have been excluded, marginalised and exoticised in Eurocentric-based, white, male psychological practice in South Africa.

[30] The term 'postcolonialism' was not initially used by its chief exponents Edward Said, Gayatri Spivak and Homi Bhabha, although their studies became defining texts on the discourse of postcolonialism. According to Ashcroft, Griffiths and Tiffin (1998: 186), the term postcolonialism was initially used by historians after the Second World War to denote chronologically, a post-independence period. The term itself has been contentious, as to whether it is 'postcolonialism' or 'post-colonialism'. Indeed, the 'post' part of the term is very problematic for many. For postcolonialist Aijaz Ahmed, the prefix 'post' signifies an aftermath, i.e. that colonialism has ended. Ahmed points out though that colonialism is far from over, that it is a 'transhistorical thing, always present and always in dissolution in one part of the world or another' (Ashcroft, Griffiths & Tiffin 1998: 187 – 188).

position of the Other.[31] Postcolonial studies have shown how the 'Other'[32] is created politically, ideologically and intellectually – a colonised entity that embodies every negative characteristic that the colonizer did not (Young 1990: 160 – 162). Many postcolonial theorists have shown how Western discourses have structured their identity in relation to, domination of and in opposition to their colonial subjects.[33] Feminist Nancy Hartsock in her article 'Foucault on Power' (1990) compares the Othering of colonized subjects with the Othering of women - the 'Other' becomes a 'not' or a 'lack', i.e. lacking in the valued qualities that characterize the dominant society; the humanity of the Other becomes 'opaque'; the Other is not seen as individual members of society but rather as part of a 'chaotic, disorganized and anonymous collectivity' (Hartsock 1990: 160 – 161).

Similarly, ideas of the Other influence individuals' and communities' reactions and perceptions of HIV/Aids. Often such perceptions are based on various societal stereotypes of groups of people, such as women, blacks, poor people. By 'othering' HIV/Aids, many societies reduce their fear of this dreaded disease, a fear of the unknown (i.e., origination of the disease, cure for the disease), as well as having to deal with the social results of the Aids epidemic (Grundlingh 1994; Chirimuuta & Chirimuuta 1989; Sontag 1989). With South Africa suffering British colonization and then neo-colonial apartheid[34], all aspects of South African life have been structured by a level

[31] Edward Said's seminal text *Orientalism* (1978), demonstrates how the identity and culture of the colonizer was formed and validated by his interaction with the colonized – the idea of 'the Orient' was created as an ideological construct and sustained through various European discourses on the Orient.

[32] The term the 'Other', as used in much postcolonial discourse, is derived from psychoanalyst and cultural theorist Jacques Lacan. The 'Other' for Lacan was the Symbolic Other 'in whose gaze the subject gains identity' (Ashcroft, Griffiths & Tiffin 1998: 169 – 170). Gayatri Spivak coined the term 'othering' which denoted the processes by which colonial discourse created 'others' (and inadvertently Self) (Ashcroft, Griffiths & Tiffin 1990: 171 – 172).

[33] However, there has been much debate on the responses of the colonized within this context as well, questioning the passivity, agency and sites of resistance to dominance that those colonized have displayed. There is contention over terms like 'mimicry' and 'appropriation', where aspects of the colonizer's culture are assimilated into the culture and lifestyle of the colonized. For example, although 'mimicry' refers to the ambivalent relationship that develops between the colonizer and the colonized, where the colonized is encouraged to mimic the cultural habits, institutions and values of the colonizer, the relationship is not so simple, as often mimicry extends into mockery, hence destabilising the colonial dominance (Ashcroft, Griffiths & Tiffin 1998: 139 – 142). See Aschcroft, Griffiths and Tiffin (1998), Bhabha (1994), Mbembe (2001) for more discussions on the complex relationships between colonizer and colonized.

[34] Deborah Lupton (1999: 131) cites the example of 19th century British colonialists and medical discourses on South Africa, which portrayed black Africans as dirty, diseased, savage and morally and physically degenerate. Lupton (1999: 131) says, 'In describing black Africans as 'dirty' and 'greasy', the British portrayed the black body as

of separatism and Othering, with black (Coloured, Indian and indigenous African) people being reduced to various Others in society. These legacies have also adversely affected the spread of HIV/Aids, its far-reaching impact, as well as the stereotypes and stigmas that influence people's reactions and responses to the disease. Chapter Two will draw on racist thinking in South Africa that has resulted in the perception that HIV/Aids is a 'Black disease', and argues that murals may actually be contributing to this stereotype as well. More than just exposing continuing racist attitudes locally, chapter two will also discuss how attitudes to the disease have exposed racism of First World Countries towards the continent of Africa and black people generally. These attitudes have been strongly influenced by stereotypes of the black-African 'Other', as dirty, unhygienic, sexually promiscuous, primitive and animal-like, and thus genetically predisposed to HIV (Chirimuuta & Chirimuuta 1989; Lupton 1999). Such stereotypes are still engrained in society, even when people are presented with different information. Travis Linn (1996: 17) discusses the ability of 'selective perception' that people possess, which he suggests is based on, and reinforces, stereotypes. He explains that human beings evaluate new information by comparing the newly acquired information with perceptions already held and considered to be 'true' (Linn 1996: 17). Thus, even though we occasionally allow new information to change our perceptions, we more frequently accept, reject, or reshape the new information in such a way as to preserve our existing perceptions (what is called "world view" or "prejudice"). Linn (1996: 17) says that here lies another paradox, 'If we see all new information in the light of beliefs already held, we are bound to preserve prejudices and to ignore new insights'.

Even though people may still preserve stereotypes despite being presented with alternative information, this does not mean that stereotypical thinking cannot be changed. Lippmann (1922: 100) believes that if a person is open-minded enough to allow for error, contradiction to his/her thinking is taken into the picture, and allowed to modify the belief/perception/ stereotype. While individual thinking may be changed however, it is much harder to change widely held societal stereotypes, for while stereotypes may seem to be just simplified generalizations, they still work within a complex framework of societal understanding (Lippmann, 1922, Bhabha, 1994). In order for a stereotype to be understood within social circles, people in society have to be able to 'read'

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porous, odorous and damp, and therefore as potentially contaminating to those who came into contact with it, in stark contrast to the ideal of the white European as clean, contained and controlled.'

the codes within stereotypes, and the simplifications implied by the stereotype have to play on some belief or assumption already held. Williard Enteman (1996: 12) argues that visual imagery communicates more than just the surface message, 'that the use of stereotypes, especially in pictorial form, ends up communicating much more than may have been intended: it communicates a history of ignorance and exploitation.' Hence, stereotypes can be seen as reflections of commonly held, deeply entrenched perceptions and misconceptions of society which are influenced by historical, political and socio-economic factors.

Lippmann (1922: 99 – 100) argues that contradiction underlies stereotypes – that often logic may be subordinated in the face of a commonly held stereotypical belief. Likewise Homi Bhabha[35] (1994: 75) says stereotypes work on multiple contradictory beliefs about the subject:

> It is recognizably true that the chain of stereotypical signification is curiously mixed and split, polymorphous and perverse, an articulation of multiple belief. The black is both savage (cannibal) and yet the most obedient and dignified of servants (the bearer of food); he is the embodiment of rampant sexuality and yet innocent as a child; he is mystical, primitive, simple-minded and yet the most worldly and accomplished of liar… (Bhabha 1994: 82).

Hence, since stereotypes work on some level of 'half-truths', overcoming societal stereotypes of Others is incredibly difficult and complicated, especially since such beliefs are disseminated in so many forms. One of these fora of dissemination that has been criticised severely as being quite prolific in distributing prevalent stereotypes is mass media.

1.4 Stereotypes and Mass Media:

In an attempt to change people's sexual behaviour and the perceptions of HIV/Aids, mass media have been identified as seminal in the distribution of information regarding Aids. According to the 1998 World Summit of Ministers of Health London Declaration, 'In the absence at present of a vaccine or cure for AIDS, the single most important component of national AIDS programmes

[35] For Homi Bhabha (1994: 75), stereotypes are simplifications of an 'arrested, fixated form of representation'. Bhabha (1994: 66) has observed, in his analysis of the stereotype in colonial discourse, that the stereotype has to be constantly repeated to sustain its role of knowledge and identification. Bhabha says however, that this endless need to repeat this fixity betrays the underlying knowledge that those characteristics are not as fixed and as easily determined as the stereotype implies and cannot easily be 'proved' in discourse.

is information and education' (cited Stein 2001: 4). Jo Stein (2001: 4) in the CADRE[36] report *HIV/AIDS and the Media. A Literature Review*, says that studies worldwide show that the most frequently quoted sources of information on HIV/Aids were conventional mass media,[37] i.e., TV, radio, print media.[38] Stein (2001: 5) says that the most powerful role of the media is in defining the challenge of HIV/Aids for the general population, as the way a problem is defined will determine how people react and solve it. Stein (2001: 5) argues that the media are essential in contributing to 'public opinion', but of course can also be counter-productive, if they are contributing by negative perceptions of the disease.

The role of cultural producers and the relationship of the audience[39] to mass media and viewership, has been interrogated since the latter half of the 20th century. Linked to emerging theories on the mass media and a 'mass audience', was the idea of 'popular culture' which has been described as a 'culture' that appeals to, or that which is most comprehensible by, the general public (Edgar & Sedgwick 1999: 285).[40] From the 1950's on, sociological studies in mass media[41] came to view popular culture as a complex way of communicating to 'the people', and proposed that people were both producers of popular culture and interpreters of this culture as well. Audiences were seen as being capable of negotiation, interpretation and appropriation of

[36] Centre for Aids Development , Research and Evaluation

[37] Mass media refers to institutions that produce and distribute information on a large scale.

[38] Interestingly, Stein says this is true for people in both First and Third World countries, as well as, for health workers and people living with Aids. This hints at mass media's capability of reaching a diverse group of people from various sectors of society (Stein 2001: 4).

[39] Ien Ang in her *Living Room Wars. Rethinking Media Audiences for a Postmodern World* (1996), using a postmodernist perspective, tries to deconstruct the unity and solidity of 'the audience'. Ang criticizes audience research that still tends to homogenize all members of this group called 'the audience'. Ang says that audience markets are increasingly thought of in terms of niches, made up of flexible preferences and tastes, rather than in terms of fixed demographics (1996: 11).

[40] See Edgar & Sedgewick (1999) for a more comprehensive study of mass media and popular culture, as well as Richard Dyer (1993), Ien Ang (1996) and Dechamps (1998)

[41] Early mass society theory regarded mass media entertainment as an 'appeal to the more base elements of popular taste … reducing all content to some lowest common denominator' (Edgar & Sedgwick 1999: 225). This theory also attributed a large amount of power to the media, while reducing the audience to passive victims to the messages forced upon them. Later, other models resistant to mass society theory emerged. One of these theories, the 'uses and gratifications' model, attributed more activity to the audience and assumed they had subjectively felt needs created by their social and physical environment that the media could fulfill, e.g. an escapism from the pressures of daily life, or the formation of personal identity (Edgar & Sedgwick 1999: 225 – 226).

cultural artefacts to their own uses (Edgar & Sedgwick 1999: 285 - 286). Semiological and structuralist influences on popular culture and mass media research credited the audience with greater interpretative skills, and the ability to even resist the interpretation of culture vested in the interests of the dominant group (Edgar & Sedgwick 1999: 286).[42] Ideas regarding audience receptivity, identification and media effectiveness are crucial issues for HIV/Aids media and media campaigns. There is much conflicting research on how much media messages about Aids influence society's perceptions of the disease and individual behavioural changes (Stein 2001).

As discussed in the introduction, murals occupy an ambiguous place in visual arts. Being neither solely a fine art medium, nor a commercial venture, they are assumed to address a mass audience because they are placed in the public domain and therefore occupy a unique position of being paintings 'for the people' (Cockcroft, Weber & Cockcroft 1998: xx, xxi, 226). HIV/Aids murals have been used to convey a clear, precise message about the ways of contracting of HIV/Aids, to a supposedly largely illiterate mass audience. While certain fine art practicalities apply to the execution of these murals and the representation of the subject matter, the positioning of the mural in a public space aimed at a mass audience brings into question audience receptivity to the HIV/Aids messages conveyed. That is, the identification of the audience with the mural imagery, the audience participation in the mural project itself, as well as questions about the impact of the medium itself. This research will examine how certain representations target certain audiences and certain geographical locations (which take on a racial aspect in South Africa). Chapters two and three also attempt to show how certain stereotypes of women, black communities and poorer people, found in many various mass media forms, are also perpetuated in HIV/Aids murals and the possible implications of such representations.

1.5 Stereotypes and Stigmatisation:

Closely linked to the idea of the stereotype is stigmatization. A 'stigma', as defined by Andrew Edgar and Peter Sedgwick (1999: 381), is a 'culturally recognised attribute that is used to

[42] Various popular culture and mass media theories debate the issue of audience receptivity. Some theories (mass culture theory) assume a receptive, unchallenged passivity on the part of the audience; while others (cultural populist theory) ascribe too much agency on the part of individual members of this homogenising collective called an 'audience'.

differentiate and discredit a person'. This attribute can be physical, behavioural or social. Stigmatization, like stereotypes, serves to reduce a stigmatised person from a complex whole 'to a single, tainted and discounted trait, upon which all social interaction with the person will be based' (Edgar & Sedgwick 1999: 381). Stereotypical beliefs, myths and misunderstanding about the HIV/Aids pandemic has fuelled the stigmatisation of the disease and those infected.

Campbell (2004) discusses the harm that stigmatization inflicts on those who are HIV-positive or have Aids. Campbell (2004: 344 – 345) says that the fear and loathing people have of Aids, has forced HIV-positive persons to not disclose their status, or go for medical treatment. It has also discouraged others from going for HIV/Aids testing and caused immense misery for known HIV/Aids sufferers, which has resulted in many people refusing to face up to the possibility of their contracting HIV/Aids.[43] Although HIV/Aids workers fight tirelessly against misinformation, HIV/Aids campaigns have been hampered by racist and sexist societal stereotypes, which combined with ignorance about HIV/Aids, has resulted in the continued stigmatization of the disease.

Before I begin an analysis of the imagery of HIV/Aids murals though, I want to detail how certain aspects of Black Feminist thought, according to Patricia Hill Collins, have also influenced aspects of this study.

1.6 Black Feminist Thought:

African-American academic Patricia Hill Collins set up her own structure for a Black feminist epistemology[44], critiquing elements of a Western epistemology as being inadequate in validating black women's experiences. In *Black Feminist Epistemology. Knowledge, Consciousness and the Politics of Empowerment* (2000), Collins studies the various female voices of resistance in

[43] Campbell (2004: 345) says that one of the ideals of peer HIV/Aids education campaigns, is to create a climate of tolerance and compassion for people living with HIV/Aids, and to make the public aware of how stigmas hinder individuals from taking control of their sexual health.

[44] Collins (2000: 252, original emphasis) defines epistemology as an overarching theory of knowledge that 'investigates the standards used to assess knowledge or *why* we believe what we believe to be true'.

African-American culture, and tries to debunk the idea of black women as voiceless.[45] Collins's Black feminist epistemology suggests alternative ways of 'knowing' and validating knowledge. Not all of these ways of validating knowledge will be discussed below, only those that have influenced certain considerations of this research.

1.6.1 Lived Experience as a Criterion of Knowing

In this aspect of Collins's (2000: 257 – 260) theory of Black feminist epistemology, 'knowledge' is differentiated from 'wisdom'. While one may be able to gain knowledge from a book, the practical wisdom of having lived through an experience is considered **just as** important as 'facts', 'meaning' and 'truth'. Collins' claims that in everyday life, black women accredit more believability to individuals who have lived through the experience of which they are trying to convince you of, rather than someone who has merely read about it or gleaned it from distant statistics.[46] The idea of first-hand experience being imperative to knowledge construction and information sharing can also be seen in the HIV/Aids strategy of peer-to-peer counselling and information sharing, which encourages people of the same social circumstances to talk to each other and support each other constantly, thereby sustaining health-enhancing behaviour (Campbell 2004: 342 – 343). Stein (2001: 5) states that one of the most conclusive studies examining HIV/Aids communication and behavioural changes shows that HIV testing rates increased by 29% after American basketball player Magic Johnson's HIV diagnosis was covered by the various media. Stein says that this finding regarding the impact of the media however, is attributed to this being a celebrity's self-disclosure, which is effective as it 'affects perceptions through mechanisms similar to those involved in personally knowing someone infected with HIV…' (Stein 2001: 5).

[45] Instead she argues that academics who propose that black women have been passive or voiceless have merely not looked for the voices of black women in the forms in which they have been appearing – she studies the articulation of African-American women's concerns and resistance to daily oppression in blues and jazz music, literature, everyday conversations and behaviour. Also see Gayatri Spivak for a discussion on the notion of the 'voiceless' subaltern (Nelson & Grossberg 1988; Landry & Maclean 1996).

[46] It is important to note that Collins doesn't imply that this is the only way that knowledge can be validated, or even the preferred way for everyone, but she shows that it is an equally contributing methodology to a discourse. This of course, doesn't reduce knowledge claims to intuitive excursions of self-indulgence. Collins, herself, proves this by providing many examples of her claims of there being resistant U.S. African-American female voices in soul music, poetry, literature and recorded conversations from different periods in African-American history.

The aspect of lived experience as a criterion for knowing has influenced my studies into community mural projects. This study into HIV/Aids murals is resultant from eight years of participation in community murals, and my personal belief that they engage previously disadvantaged communities in the visual arts (the level of engagement is contentious though and will be discussed in the conclusion). Working on the UDW Aids murals with Apt Artworks allowed me to use this experience to validate some of my arguments, and to provide some concrete examples of how authorial (in this case, muralist) intention, or a lack of technical skill, can influence different interpretations of the final images, as is evident in Louis Bourgault's (1999) and Sabine Marschall's (2002) research. Marschall and Bourgault clearly, like me, share a deep appreciation of community murals. However, towards the end of this report, I will argue that this value for community murals results in an exaggeration of their claims about the impact of community murals and the messages these murals send out to the community. My on-site experiences of interacting with fellow muralists and passers-by, specifically on the UDW Aids mural site, will also be used to discuss the complexities of painting in a public space with such a difficult issue as HIV/Aids.

1.6.2 The Use of Dialogue in Assessing Knowledge Claims

Knowledge claims cannot be validated solely on an individual's experience though, but have to be tested via dialogue among community members ('community' here could represent a geographical grouping or a group of people sharing a similar interest). Collins' claims that dialogue is central to assessing knowledge claims and working out new knowledge claims, and that this therefore requires a significant level of connectedness between those participating in a dialogue. Collins' (2000: 260) quotes bell hooks as saying that dialogue is not the speech of subject and object, but rather it is 'humanizing speech, one that challenges and resists domination'.

The characteristic of dialogue and text (i.e. dialogue in the form of written words) plays an important role in community murals in two ways. Firstly, American community muralists Timothy Drescher (1994), James and Eva Weber and John Cockcroft (1998) argue that one of the

most important elements of any community mural is dialogue with the community. This type of dialogue does not merely tell community representatives what the muralists propose to do, but actively involves the community in the creation of the mural content and imagery.[47] In South Africa though, this dialogical element of community murals is usually quite superficial, if present at all. Mural imagery is usually developed quite independently of community representatives. Due to HIV/Aids murals being placed in public spaces however, observations, remarks and 'debates' have ensued from passers-by which have contributed to certain images being altered or left as ambiguous representations. Hence, community muralists have to, at all times, consider 'the public' and the representations that viewers are confronted with daily. Conversely, HIV/Aids mural messages have been altered ('watered down') so as to not be offensive to anyone.

More importantly, dialogue manifests itself in HIV/Aids murals through written text that are a prominent feature of HIV/Aids murals [**images 1, 2, 3, 4, 5**]. Written text in HIV/Aids murals tries to set up a 'dialogue' with the audience, often mimicking the local languages or colloquial expressions. Hence, HIV/Aids murals tend not to show HIV/Aids information being lectured by a doctor or nurse, but instead being discussed between friends or people of a similar socio-economic background. (This is reflective once again of the HIV/Aids strategy of peer-to-peer counselling.) As important as these textual messages are, it will be questioned whether these messages are actually fulfilling the role that they were intended to, i.e., educating those that are illiterate.

1.6.3 The Ethic of Personal Accountability

The ethic of personal accountability is intrinsically linked to Collins' (2000: 262 – 265) ethic of caring, which seeks to locate the enquirer within his/her study and question their own empathy for their object of study.[48] The ethic of personal accountability seeks to destablise the idea of the

[47] Their concept of dialogue entails allowing the community to fully participate in the mural, i.e. by approving the site, giving input into the mural imagery, lending support (in cash or kind) to the mural project, and ensuring the survival and appreciation of the mural long after the muralists have left.

[48] Collins' (2000: 262 – 265) ethic of caring is not discussed in detail here, but she identifies three components of her ethic of caring: the uniqueness of individual expression, the appropriateness of emotions and a capacity for empathy. According to Collins, though in many black cultures communities sustain individuals, this is not (or should not be) at the expense of individual expressiveness. Secondly, in a black feminist epistemology, emotions are not subordinated

'objective' enquirer or researcher, that has completely subordinated his/her personal biases, emotions and experiences and is totally rational, logical and impersonal. Instead, the ethic of personal accountability recognises that 'all views expressed and actions taken are thought to derive from a central set of core beliefs that cannot be other than personal'[49] (Collins 2000: 265). The identity of the subject matters, as does their firsthand experiences and their moral and ethical connections to their ideas and their ability for empathy with their object (Collins 2000: 265). The ethic of personal accountability seeks to go beyond just acknowledging one's identity though, to examining how one's identity influences one's work. This requires self introspection. I, too, have been responsible for exaggerations in previous research on the impact of community murals and the ability of these murals to change society. This self-reflexivity has resulted in a re-examination of some of my former statements regarding the effectiveness of mural imagery.

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to logic or rationality. It is in fact, an important way of identifying whether a researcher is really committed to his/her enquiry, but it is also one of the characteristics of women's expression and speech, and therefore needs to be included into any alternative way of validating women's knowledge. Thirdly, a capacity for empathy allows the subject and object to connect, as people are able to open up more, when they know that the person enquiring really cares about what he or she has to say.

[49] This does not mean that a level of critical 'objectivity' shouldn't be attempted, but rather that the researcher must become acutely aware of his/her own biases and social conditioning, that influences his/her research approach and relation to his/her object of study.

CHAPTER TWO

Representing Race and Class

This "linkage of a horribly frightening disease with stigmatised behaviours and stigmatised "other" groups characterized the social construction of the epidemic in the South African context" (M. Singer et al. quoted in Grundling 1999: 64).

That much wealth of this country still remains in the hands of the White minority, and a small, but growing Black elite, is hardly disputable. Unemployment rates continue to soar among black communities despite affirmative action policies, black employment initiatives and equity measures. What this means is that illiteracy is still rife in rural Black communities, as are levels of alcoholism, drug-usage, prostitution, violent crimes and abuse against women and children in urban areas. These are conditions that are conducive to the spread of HIV/Aids, and accounts for the ravaging of Black communities, rural and township, in South Africa by this disease. Lack of access to urgent medical treatment and expensive Aids medication, has until recently, been compounded by the ANC government's reluctance to roll out antiretroviral medication, as well as a crisis in public health sectors due to insufficient resources and staffing. Households stricken by Aids plunge deeper into poverty, while women tend to take on the burden of home-care of the sick, over and above their daily duties. An alarming number of households in rural KwaZulu-Natal are headed by children, as Aids decimates villages.

Louis Grundlingh's 'HIV/Aids in South Africa: A Case of Failed Responses because of Stigmatization, Discrimination and Morality 1983-1994' (1999), provides a good contextualization of the initial awareness and 'responses' to HIV/Aids by the South African public and the National Party government when the disease first emerged. In the 1980s, one of the most violent periods in the country's history, when HIV/Aids came to the attention of the South African government and public, it was seen as a 'gay disease' (Grundlingh 1999: 60). During this period, Grundlingh says the White public and apartheid government were largely unconcerned with this disease, while black people in the country, regarded it as a 'White disease'. Although it is difficult to believe, given the frightening current statistics of Aids in South Africa, it was only in 1987 that the first case of a Black woman dying of Aids in KwaZulu-Natal, through the heterosexual transmission of the disease, was recorded (Grundlingh 1999: 67). By then the

disease was already rampant in the province, but even then, the government's response was minimal.[50] This is hardly surprising, considering that while HIV/Aids was regarded as divine retribution for homosexuals' sinful behaviour, it was seen as nature's way of solving the 'overpopulation' problem of Blacks in South Africa (Grundlingh 1999: 73). After all, problems of the Other, didn't concern the healthy, White heterosexual population.[51] Grundlingh's study discusses the racist responses by the general public, churches, businesses and even the medical field.[52] Even though the political climate changed for the better in the early 90's, the HIV/Aids crisis did not.

This chapter will highlight how such racial stereotypes even affect representations of HIV/Aids in murals. More than this though, what I want to present in Chapter Two and Chapter Three, is how very difficult the visual representation of such a complex subject matter as HIV/Aids is in a medium like murals. Given the range of 'facts', half-truths, myths, fallacies and stereotypes that are associated with this incredibly stigmatised disease, the negotiation of scientific fact, and stereotypes could never be a simple task. I suggest this has resulted in certain paradoxes being created - for example, addressing Black South Africans as a 'high-risk' group may well reinforce the stereotype that HIV/Aids is a 'Black' disease, rather than challenging it.

2.1 HIV/Aids Representations of Multiculturalism and Community

In the run-up to the first democratic elections in South Africa in the early 1990s, the need to deracialise HIV/Aids was highlighted (Marschall 2002: 33). Hence, images of 'the struggle

[50] According to research by Alan Whiteside in 'AIDS in Southern Africa. A Position Paper for the Development Bank of Southern Africa' (1990), the National Party government spent only R1 million on Aids prevention in 1987 and R5, 4 million in 1989 (cited in Grundlingh 1999: 72).

[51] See Whiteside and Sunter (2000: 60 – 67) for a more comprehensive discussion on the relationship between apartheid conditions and the spread of HIV/Aids.

[52] It is only fair to mention that at this 'early' stage of HIV/Aids, many myths and uncertainties still plagued ideas of HIV/Aids transmission worldwide. Nonetheless, it is important to note how racial prejudices and stereotypes of the 'Other' compounded HIV/Aids and the medical profession's response to it initially, which included horrendous plans for mandatory testing of immigrants, a registry of individuals infected and quarantining those infected with HIV/Aids (Grundlingh 1999: 69). Since the late 1990s, the ANC-led government has also been accused of compounding the HIV/Aids problem, through President Thabo Mbeki 'siding' with dissident views on the link between HIV and Aids, as well as the National Department of Health's dismal record of dealing with the Aids epidemic currently.

against Aids' were combined with national themes of reconciliation, nation-building, multiculturalism and human rights [**images 18, 19, 20**]. For example, the central dominant motif in the ML Sultan Technikon mural shows a white hand giving a brown hand a heart wrapped with the Aids ribbon [**image 21**]. This not only signifies the theme of national reconciliation between the races, but the races working together against Aids with love (Bourgault 1999; Marschall 2002: 238). Many murals represented the 'rainbow nation' by painting people in various non-naturalistic colours. This type of representation can be found in three of the HIV/Aids murals examined for this research: the Alice Street mural [**images 22, 15**], the St George Street mural [**images 23, 24**] and the Esselen Street mural [**image 25, 30**]. In these murals, images of people are painted in various colours, which intends to convey the message that all South Africans, regardless of colour, had to unite against Aids.

2.1.1 The New Struggle:

The St George Street mural, painted along the length of a low wall in Hillbrow, Johannesburg, is not specifically an HIV/Aids mural. On one segment of the St George Street mural, schematically painted figures join hands in protest style in front of a 'no-Aids' sign, which is modelled on traffic warning signs [**image 27**]. The figures are stylized to the point that it is impossible to read their gender or race. The message is clear though, that the rainbow nation needs to unite against Aids. Marschall (2002) says that HIV/Aids murals in the second half of the nineties often depicted struggle iconography in regard to HIV/Aids, and established an analogy with the apartheid struggle. Hence, HIV/Aids was represented in these murals as the 'New South African Struggle' (Bourgault 1999: 18) [**see image 28**].

The association of a disease with military or political struggle is not limited to South Africa or the Aids disease however. Susan Sontag, in *Aids and Its Metaphors* (1989: 98), shows that metaphors like 'the fight against HIV/Aids' is not only not unique to Aids, but has long existed in public health education.[53] Sontag (1989: 76) explains the reason for these disease metaphors, 'Modern

[53] Sontag (1989: 98) says that military metaphors for combating disease, became prominent after World War I, with regard to syphilis, TB and then cancer. In fact, much of the terminology used in Aids metaphors and HIV/Aids representations today, were used before to describe syphilis and cancer (Sontag 1989: 105-106).

disease metaphors specify an ideal of society's well-being, analogized to physical health, that is as frequently anti-political as it is a call for a new political order'. Perhaps then, it is not merely coincidental, that the rise to a new political order in South Africa in the early 1990s also saw a rise in attention of HIV/Aids as 'The New South African Struggle'? Sontag (1989: 99) says that these militaristic disease metaphors implement ways to envisage dreaded diseases as 'an alien "other", as enemies are in modern war', and that the move from the demonization of the illness to the attribution of fault to the patient is an inevitable one, even if the patients are thought of as 'victims'. Sontag's point is an invaluable one. Reducing illnesses, be it cancer, TB, HIV/Aids, to an enemy Other, is to view those who have the disease as weak, conquered, defeated Others rather than as individual people who have a disease. Hence, the flip side of 'the fight/war against Aids' analogy is that there is level of blame attached to the victims of the war, that by their own behaviours, or lack thereof, they have brought death upon themselves. Recent Lovelife campaigns that say, 'HIV wants you', add to this idea of HIV being a thinking entity that is out to 'get' or conquer a certain person, rather than it being a mere disease, like cancer or TB, that infects a body and, to some extent, can be dealt with medically. Furthermore, given Africa's reputation for civil war, unrest and bad governance, the appropriateness of the war analogy is most questionable.

The above demonstration-styled protests against Aids are depicted many times on the Esselen Street mural [**image 30**]. Coordinated by artist Andrew Lindsey, the mural was painted along a concrete fence by street children in 1992 (Marschall 2002: 264). Many of the demonstrators against Aids were devoid of any colouring,[54] and indication of gender was only given through the depiction of hairstyles, facial hair and clothing. Banners with anti-Aids messages, were often depicted to show a consolidated community stance against the disease, for example, 'Stop Aids'; 'Aids Kills'; 'People Unite Against Aids'; 'Fight Aids'; 'We Don't Like You Aids' [**images 25, 30, 31**]. Despite the lack of technical skill of drawing and painting, these are powerful images of protest by children, who seem very aware of the apartheid struggle and the importance of social protest and united activism. Lindsey says that these depictions were reflective of attitudes in the

[54] There are two segments where the children did try to fill in naturalistic colour into the faces i.e. pink colour to represent a White person and brown to represent black people **[image 25]**.

late 1980s and it is therefore not surprising that the children were politically aware (Lindsey 2005[55]).

The different styles employed by the various muralists, also reveals a chronological trend in HIV/Aids mural approaches. Initially, murals such as the St George Street (1992) and Esselen Street murals (1992) depicted non-racial communities in the struggle against Aids. The Alice Street mural (1995) – the first HIV/Aids mural painted by Apt Artworks - tries to balance painting a multi-racial community with addressing a Black audience. Most of the later Apt Artworks murals, e.g. Sauer Street mural (1995) and UDW Aids mural (1999), contained much more realistic depictions and seemed to primarily address the Black population, now being decimated by the heterosexual transmission of the disease.

2.1.2 Community Action:

The above murals also draw on certain 'African' principles, one of the foremost of these being the importance of the community. The idea of 'community' and the idea of working together to build up a community were values promoted by the post-1994 ANC government as part of its national strategy and promotion of its African Renaissance campaign.[56] Not only do these ideals promote helping others, but 'ourselves' as well, i.e., African countries working together to solve problems in the regions. This ethos of community participation has been seen as an important strategy in the 'fight against Aids'[57], as the health status of HIV/Aids infected people does not just affect their own lives, but the teaching sector, civil service, government policy, health

[55] Lindsey, A. 2005. Personal interview. August. Johannesburg

[56]It is also necessary to point out some of the contradictions of certain Africanist epistemologies and ideologies, with regard to HIV/Aids. Many African countries which claim to ascribe to the call for an African Renaissance, are guilty of state-sponsored homophobic campaigns, decrying homosexuality as 'unAfrican', and a Western indulgence (e.g. present and former African presidents Robert Mugabe, Sam Nujoma and Frederick Chiluba). (Available from: <http://www.hrw.org/reports/2003/safrica/safriglhrc0303-01.htm#P262_24248>). Even various black feminists are at odds with lesbianism as an African phenomenon. While African-American Alice Walker's 'Womanism', accepted the notion of lesbianism, Nigerian Chikwenye Okonjo Ogunyemi resisted the idea of lesbianism being acceptable to an African woman. See Wendy Isaack's and Henriette Gunkel's paper 'Troubling Gender: Homosexuality in an African Society' (2003).

[57] While media campaigns have strongly advocated the role of individual choice and decision making, HIV/Aids policy players and researchers, have also shown how multi-stakeholder partnerships all have to work together to deal with the effects of Aids (Campbell 2004).

services, businesses, etc. Community murals have often reflected this encouragement to social action and compassion, as seen in the UDW Aids mural segment where a young boy who is supposedly stricken by the Aids disease, is helped up by a friend, whereas another young male turns away (this image is based on the Aids message 'my friend with Aids is still my friend') [**image 34**]. The Esselen Street mural has images of community protests against HIV/Aids alongside images of individuals' responses to the disease[58] [**images 16, 17, 25, 30**].

Campbell (2004: 358) though warns about this somewhat romanticized view of 'the community'. She argues that UN reports show that the effectiveness of community participation at grassroots can also be inadequate when smaller communities are not partnered with a range of stakeholders, such as government, private sector, civil society, project donors. The impact of marginalised communities in enforcing health-enhancing social change is still subject to the economic, political and social power of that marginalised community (Campbell 2004).

While the latter half of this chapter discusses the inherent pitfalls of HIV/Aids murals addressing mainly one racial group, it is also imperative to point out a pitfall of these early attempts at non-racial and multicultural depictions of South African communities, and the Aids onslaught in the context of the above observation. While representing cultural diversity was essential in fostering a national South African identity in the early 1990s, what many cultural forms, including murals, did was gloss over very real economic, social and political difficulties inherited from the past.

Annie E. Coombes, with regard to the concepts of hybridity and constituency in contemporary curating in 'Inventing the Postcolonial': Hybridity and Constituency in Contemporary Curating' ([1993] 1998), warns that a celebration of cultural diversity may produce reassessments of certain racial and cultural stereotypes, but may still at the same time, produce 'a homogenising and levelling effect that has serious consequences' (Coombes [1993] 1998: 42).[59] Among these

[58] For example – an image of a man and woman speaking to each other [**image 17**]:
Man: 'May we please have sex Susan'
Woman: 'If you wear a condom we can'
Text below this reads: 'Use condom to be free from Aids. Condom is still the best [sic].'

[59] Coombes (1998: 39, 41) is not completely against the concept of hybridity, and finds it an important cultural strategy for decolonisation and oppositional identity.

consequences would be the problem that the concept of difference and multiculturalism conceals economic, social and political inequalities and inaccessibilities (Coombes [1993] 1998: 44, 50). In the same vein, murals seem to have sought to display multiculturalism and non-racialism in the 'new' (seemingly homogenized) South Africa, but a closer inspection of these images reveals that this is usually quite superficial (Marschall 2002; Khan 2002). While every individual in South Africa is potentially susceptible to HIV/Aids if they are sexually active or share needles in drug habits, not all South Africans are affected by Aids in the same way. Lack of education among the Black population, especially in rural areas has greatly increased the spread of the disease, while economic dependency on male partners, by many Black women, greatly undermines their ability to enforce safe sex practices. Once HIV was contracted, as late as 2004, it was virtually impossible for the majority of people of colour, and possibly anyone who doesn't have medical aid, to afford antiretroviral medication which could delay the onset of Aids. Furthermore, health-enhancing behaviour (post contraction of HIV) requires proper nutrition and life-style changes which may not be affordable or sustainable for many township, shack and rural dwellers. These are not incidental factors based on just the current economic climate of the country, but are a direct result of racial oppression by the apartheid government, and now by the ANC governments' denialism and inefficiency.[60]

2.1.3 'Africa' and HIV/Aids: Politicising and Racialising a Disease:

More than simply locating the struggle against Aids in South Africa, attempts have also been made in murals to contextualize the Aids epidemic in the African continent, and the wider world. Both the Alice Street [**image 36**] and the Sauer Street [**image 35**] murals, like many other HIV/Aids murals around the country (Marschall 2002), have very similar images of the globe, with the focus always on Africa, painted inside giant hearts. While showing that Aids is a worldwide problem, by situating Africa at the very centre of the image, focus is retained on the plight of Africa. These murals recognise that the rampant spread of Aids not only affect countries individually, but the growth of the African continent as a whole.

[60] See Whiteside and Sunter (2000: 60 – 67; 118 – 133) for a detailed discussion on how apartheid conditions have affected the spread of HIV/Aids, as well as post-1994 governmental failures and successes in response to the epidemic.

These portrayals of 'Africa' by muralists are rather 'innocently' done however, with many muralists being rather naïve about the various ideological debates on Africa and HIV/Aids. Underlying this focus on Africa are not only the economic, health and political problems on the continent itself, but also racist views held by First World countries of Africa and black people. Since the emergence of Aids in the late 1970s in the United States and Haiti, the blame for the origin of HIV/Aids has been laid on Black people, whether it was initially black Haitians, Central Africans from Zaire (Congo) or African immigrants, despite the onset of the disease initially being in white homosexual Americans (Chirimuuta & Chirimuuta 1989). Sontag (1989: 136) reminds us, that often imagining disease has become linked with foreignness (the 'non-us' or 'the alien').

With HIV/Aids, this foreign, 'alien' place became 'Africa'. Richard and Rosalind Chirimuuta's *AIDS, Africa and Racism* (1989),[61] is an invaluable study into how initial ideas of HIV/Aids in various Western scientific circles, were clouded by colonial-type racist views against Black people and Africa in general.[62] *AIDS, Africa and Racism* traces the history of inaccurate testing and exaggerated hypotheses to show how early HIV/Aids studies were compounded by an ignorance of the history of the African continent, let alone the individual countries. They show how misleading information and wild, racist speculations became 'factual' when repeated in various forms, e.g. the origin of HIV being attributed to African green monkeys.[63] In 1988, the African green monkey theory was debunked, but

[61] The Chirimuuta's study is a systematic analysis of medical and scientific texts that emerged in various American and European medical journals, reports and media since the late 1970s about Aids.

[62] Various speculations have been made regarding the origin of the disease, apart from the African green monkey myth. For instance, Aids was thought to be an 'old world disease' laying dormant in Africans for centuries; that it had been spread through the smallpox vaccine, air travel and mosquitoes. According to the African green monkey theorists, the monkey's blood was used in circumcision rites, passed onto man and due to mutation became HIV as we know it. From there it passed on to the rest of the world through prostitutes, airline stewards and missionaries (Grundlingh 1999: 68).

[63] The study done by Harvard researchers P.J. Kanki and J. M. Essex in 1985 claimed that they found a related strain of HIV in primates indigenous to Central Africa and from that speculated that Aids originated in Central Africa (Chirimuuta & Chirimuuta 1989: 74 - 76). In 1988, Essex and Kanki admitted that the virus they claimed to have isolated from wild African green monkeys, was actually a laboratory contaminant, that Aids is not found in African green monkeys in the wild (Chirimuuta & Chirimuuta 1989: 140). This eventually led to the conspiracy theory that Aids was engineered by U.S. scientists.

frighteningly still continues to resurface both within and outside Africa despite efforts by even the World Health Organisation to distance themselves from the African connection theory. During research for this study, it became increasingly clear that such myths and falsities are still circulated by journalists, academics and various other intellectuals even in South Africa.[64]

The consequences of this 'focus' on Africa and continued stereotyping of Africa have been disastrous. It has led many African leaders to be suspicious of Western research on HIV/Aids in Africa. African leaders have claimed that Western researchers, who are at times sponsored by huge pharmaceutical companies, are exaggerating HIV/Aids statistics so as to use controversial vaccines first in Africa, whereas Western researchers have claimed that African leaders are in denial about their HIV/Aids problems. Sontag reminds us that, as with the case of HIV/Aids, epidemic diseases are usually snapped up by political agendas and elicit xenophobic propaganda so as to limit the entry of foreigners and immigrants.

While the continent of 'Africa' is often generalized as a single entity, even in murals that simply depict Africa without any internal borders, there are many parts of Africa that record low HIV/Aids infection rates, especially Islamic northern-African countries and a few east-African countries (Whiteside & Sunter 2000: 38).[65] Countries in central and particularly southern Africa are the worst Aids-affected countries. However, one has to remember that HIV/Aids is truly a global disease, with countries like China and India having rising HIV/Aids rates despite having increasing political and economic international status and globally competitive economies. Doomsday media prophesies claiming that half of Africa's or South Africa's population will soon be wiped out, are exaggerations of a terrifying fact, that Aids is one of the biggest medical threats of the 20th and 21st century.[66] Portraying this fact however is rather complex, given that

[64] Most notable was an article by American reporter, Donald G. McNeil Jnr, who writes on HIV/Aids in Africa for the New York Times, which was reprinted in the *Mail and Guardian* (28 May – 3 June 1999). This article is inaccurate on so many points in terms of the myths that it circulates – most notably the African origin theory - that it is shocking that this was written in 1999.

[65] This may also be due to low surveillance in certain countries, as the report *The Status and Trends of the HIV/Aids Epidemics in Sub-Saharan Africa* (1997) of MAP (Monitoring the Aids Pandemic) reveals that the HIV/Aids epidemic in the Horn of Africa, is the least documented in sub-Saharan Africa (MAP 1997: 9).

[66] A report by *The Independent on Saturday* (8th May 1999) prompted Professor Alan Whiteside, Director of Health Economics and HIV/Aids Research Division at the University of Natal in KwaZulu-Natal to write to the newspaper,

stereotypes of 'Africa', 'Africans' and black people have become intrinsically linked with HIV/Aids myths of its origination and the rampant spread of the disease in certain parts of Africa. Stein (2001: 11) says that research on the coverage of HIV/Aids in the press shows a perpetuation of inaccurate information, with HIV/Aids coverage often bordering on being alarmist with 'doomsday scenarios', rather than communicating ideas on how to manage the disease pragmatically and practically on a day-to-day basis.

2.2 HIV/Aids Representations of Race[67] and Class

2.2.1 Counting Numbers:

Muralists have also tried to contextualize the Aids epidemic locally by depicting the South African flag in the murals - even condoms in the colours and pattern of the South African flag[68] - and, at times, the traditional dress of the local cultures. In terms of racial depictions, in most HIV/Aids murals in the country, representations of Black people are dominant. Bourgault (1999: 17) states that one aspect of the HIV/Aids mural projects that really struck her were the concerted efforts made at racial and ethnic inclusivity and racial blending.

> Artists *fully intended* to convey the message that AIDS is a risk for *all* people, directly or indirectly. That is why they used the image of the greying man collecting condoms in the clinic in the University of Durban–Westville mural. That is why they used the gender-bending couple image at the University of Durban-Westville. That is why they incorporated the old couple with the two children in tow in the Grahamstown mural. And that is why they also used the image of

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correcting various 'facts' that were stated in the report 'KZN Faces Wipe-Out'. Whiteside repeatedly shows how inaccurate the article was, saying that it is impossible for half the population to be HIV-infected, as half the population is not sexually-active, as they are too young (Whiteside 1999: 11). Whiteside points out, that irresponsible reporting doesn't help, as the situation is not hopeless' (Whiteside 1999: 11). Whiteside reminds readers that even if 32% of women attending public ante-natal clinics are infected, that also signals that 68% are not.

[67] HIV/Aids mural images are only examined in terms of prominent racial groups in South Africa and not in terms of differing local ethnicities, as this has not featured in the murals examined. Different racial and cultural groups are seen in modern dress usually, and due to the generalized, simplistic mural images, it cannot be ascertained which ethnicity they belong to.

[68] This can be seen for example in the Sauer Street, Alice Street and ML Sultan murals.

> the nun even though, as one of the artists told the evaluator, "Nuns don't get down" (Bourgault 1999: 19, Italics added).

While this may have been true for a few of the murals Bourgault examined, the murals analysed for this study have not been truly racially or ethnically inclusive. Often, representations have been limited to that of Black and White people. While HIV/Aids murals attempted to be multiracial by representing some White people, images of Black people remain demographically overwhelming.[69]

The Sauer Street mural shows various community members reaching towards a map of Africa within a gigantic heart. The Zulu word 'Vuka' (Wake Up) commands people to public awareness and action on HIV/Aids, but with an emphasis on love and care (Marschall, 2002: 236, 247). The 'public' here is reduced to representations of Black and White people only. While the UDW Aids mural depicts many White people within the larger depiction of the community inside an Aids ribbon, it is important to take into consideration the message of this segment [**image 33**]. The Zulu text on the ribbon reads, 'Phansi Nge-Aids Phansi' (Down with Aids, Down) and 'Stand Together'. These slogans, together with the image of different members of the South African community, are meant to be read as the community working together to defeat HIV/Aids. The smaller scenes around the HIV/Aids ribbon though, show people taking preventative action against Aids, i.e., an old Black man fetching condoms from a nurse [**image 37**], a Black couple in bed with condoms on the sheets [**image 39**]; a Black male phoning a Black counsellor for Aids advice [**image 38]**; a young Black male being helped up by his Black friend [**image 34**]. Hence all the scenes that show the contracting or prevention of the disease, depict only Black people, except for one scene which depicts health-care for Aids patients [**image 34**]. In this, a White male patient is being attended to by a Black female doctor. This can be attributed to the intervention of APT Artworks mural coordinator, Ashley Heron, who pointed out the racial bias in these smaller

[69] From the murals examined for this study, the UDW Aids mural, Sauer Street mural and the Alice Street mural, all exemplify this dominance of Black images. In the Sauer Street mural, there are ten images of black people and only two images of White people. In the UDW Aids mural, there are ten images of Whites, three images that are supposedly Indian, and twenty images of Blacks. There are fewer than five images on the Alice Street mural that can be read as White, among the fifty-odd images of Black people.

narratives to the muralists, which resulted in one of the muralists ensuring that at least one of the scenes depicted a White male with Aids.

Heron's fellow team-mate, Nicky Blumenfeld, worked with various muralists on the Alice Street mural which depict mainly Black people, male and female, of different age groups. Even though many of the representations are non-naturalistic, people can still be clearly identified as Black through the hairstyles, facial features and dressing of the characters. Hence, the images could still reinforce visually the idea that Aids is a Black disease [**images 13, 14, 32, 43, 45**]. It can be argued, that this predominant depiction of Black people in HIV/Aids murals is, after all, portraying a fact, that Black people are the vast majority statistically and therefore, would constitute the most number of HIV/Aids cases. Black South Africans are also a more 'high-risk' group due to socio-economic factors. Furthermore, since all of the above murals were painted in geographic locations where there was a very high traffic of Black students, commuters, street traders or passers-by, these murals could be considered as simply being relevant to the areas within which they were situated. Audience identification and local contextualisation of subject matter in murals are important issues for muralists. Marschall (2002) has shown that murals in certain townships that reflected local community members, geography, local customs and stories, were 'claimed' by the local viewers. This would definitely be an important consideration for muralists working with HIV/Aids themes as well, targeting 'high-risk' groups such as Black South Africans, young Black women and men, high-school and tertiary students. As we will see below though, this has created another paradox in the visual representation of HIV/Aids.
While the targeting of audiences that are 'high-risk' is an important consideration, there are also concerns with this methodology. Firstly, with regard to the sites of the UDW Aids mural and the Alice Street mural, there are also significant numbers of Indian students, commuters and passers-by that utilize these areas. Why then are there so few images that can be read as representing Indians on these walls? There are no images that could be read as Indian on the Sauer Street mural or the Alice Street Aids mural, although all along Alice Street the majority of taxis parked there actually pick up passengers to Phoenix, an Indian area in Durban. There are only three images of Indian women on the UDW Aids mural (although only one may be read decisively as such), even though Indian students made up half of the student population and dominated the administrative positions at the university. As a muralist on this specific project, I painted two

images of Indian women and a fellow Black woman muralist painted the third. While painting the community within the large Aids ribbon, as an Indian, I purposed to reflect the Indian community in the 'struggle against Aids' and the community's susceptibility to it. When I decided to paint an image of an Indian person, it occurred to me that this might be difficult as the images which we painted were quite stylized and I wasn't sure how to paint a 'modern' Indian without the image being misread as a Black person. I eventually resorted to employing a stereotypical depiction of Indians, i.e., an Indian woman wearing a sari, her hair in a bun, with a red bindhi on her forehead [70] [**image 40**]. It was the only way that I could ensure that the image would be read as 'Indian'. Towards the completion of this community segment, I painted an image of a young Indian female student with her hair braided, wearing a tight-fitting top, modelled on my own image [**image 41**]. Passers-by never gave any indication that they read this image as Indian.[71]

The third image of an 'Indian' woman however, did cause a little debate between the muralists and some of the viewers. The scene shows a couple in bed – the man is without any covering on his upper body, the woman has a white nightie and they are holding each other. On the bed is a pack of condoms, while above their heads are the words 'Love Wisely' [**image 39**]. Both man and woman are brown skinned and the man has short black hair, while the woman has long black hair. The race of the two figures was ambiguous even to the muralists who worked on the project. As Bourgault who interviewed the muralists explains,

> Some said both male and female were Indians; some said both were black. Some said the male was Indian and the woman was black with relaxed hair. Others said the woman was definitely Indian and the male was black (Bourgault 1999: 18).

The racial ambiguity was allowed to stand, although initially the muralist had indeed intended for the man to be Black and the woman Indian, thereby showing a multiracial couple. The racial ambiguity resulted from the muralist not resorting to obvious stereotypes in her stylization, i.e.,

[70] A 'sari' is one of the traditional garments that Indian Hindu women wear; a red 'bindhi' is a red mark that is placed on the forehead of a married Hindu woman (a sign of marriage).

[71] This is just a personal observation from being on-site, and engaging in discussions with both Black and Indian passers-by, who often commented on the various races of the images.

not depicting the Indian woman in traditional garb.[72] Most viewers simply assumed that the couple was Black, as they mentioned that multiracial relationships were uncommon at the university.

An even rarer depiction than Indians though, is that of members of the Coloured community. This is a problem that one faces repeatedly as a muralist, that is how to portray Coloured people. For indeed Coloured people have a range of physical features that are indistinguishable from those of other racial groups in South African. Common stereotypes of Coloured people tend to refer to behavioural traits,[73] rather than outer appearance, so there are no visual stereotypes to resort to. How does one visually represent a behavioural distinction on a community mural, which usually employs very simplified, almost cartoon-like mural imagery to convey its message? Furthermore, is it really necessary to show every race group in South Africa in these HIV/Aids murals? After all, surely the viewer understands the message that the general South African community is at risk to HIV/Aids. Not so, according to Grundlingh, who says that an imagined immunity has led Indians and Coloureds to believe that HIV/Aids is a 'Black' disease (Grundlingh 1999: 64, 71), because they believe that Blacks lead a more promiscuous, unhygienic lifestyle and are therefore more prone to contracting HIV/Aids.[74] This is indicative of the racial stereotyping and suspicion that continues to plague South African society.

Thus, HIV/Aids murals are not really as racially inclusive as Bourgault states they are. Perhaps HIV/Aids murals should really try to address a range of South Africans from Black and White to Indian and Chinese people who are rarely represented as part of the South African society, as it

[72] It is also a credit to some muralists, who through painting mistakes that resulted in racial ambiguity, decided to leave this ambiguity so that the viewer could come up with their own interpretation. Bourgault (1999: 18) also sees this racial 'blurring' as a positive.

[73] Behavioural stereotypes of Coloured people were highlighted in July - August 2005, in the uproar created by statements made by the former media adviser to the Cape Town mayor, Nomaindia Mfeketo, who alluded to stereotypes of Coloured people as drunks who were culturally inferior to Africans. Available from: <http://www.capetimes.co.za/index.php?fSectionId=334&fArticleId=2635093>

[74] South African Indian parents are still in denial about the level of sexual promiscuity that currently exists among teenagers and young adults in the Indian community. This prudish, conservative behaviour, and downright denial may be contributing reasons for Indians (and Coloureds) having one of the fastest growing infection rates in the country (Grundlingh 1999: 64, 71).

cannot be taken for granted how deeply entrenched stereotypes of the Other are, especially in regard to the stigmatization of HIV/Aids and those infected by the disease.

2.2.2 Location, location, location…

Besides the racial bias of the HIV/Aids mural depictions, the actual geographical location of Aids murals may also reiterate this idea of Black South Africans being more susceptible to HIV/Aids. Most of the Aids murals are situated in areas that are frequented mostly by Black people.[75] It is quite clear from other research (Bourgault 1999; Marschall 2002, Khan 2002), that HIV/Aids murals have been painted mainly in Black townships or urban areas frequented by Black people. This is due to the recognition that murals could be used as an education form (Khan 2002, Marschall 2002), and since illiteracy is highest among the Black population, murals could be used as a visual educational tool to spread the Aids message. Thus mainly Black, poorer or lower-income areas were seen as target areas for HIV/Aids murals. HIV/Aids murals have almost never been painted in higher-income or middle-class neighbourhoods, or previously White, Coloured or Indian areas.[76] So, while HIV/Aids messages in murals may at times present a homogenised South African community, the very location of these murals creates a problem, by only addressing a Black audience.

HIV/Aids murals as educational tools seem to have many limitations. First, if murals are meant to educate those that are illiterate,[77] then it makes little sense that quite often the important

[75] The Sauer Street Mural is painted in the Johannesburg CBD area, very close to a major Black taxi rank; the Alice Street mural is painted in Alice Street, Durban along which taxis to Black and Indian townships park; both the Esselen Street mural and the St George Street mural are situated in Hillbrow, just outside the Johannesburg CDB where the resident, trading and working population is largely Black; the UDW Aids mural and the ML Sultan mural are both situated on tertiary institutions that have mainly Black and Indian students.

[76] I know of only one HIV/Aids mural that was painted in a predominantly Indian area. The Indian students who painted the ML Sultan Aids mural were given money and paint to execute another mural in an area of their choice. They chose Overport in Durban, and merely replicated the mural they had produced at the ML Sultan Technikon (apart from a few minor changes).

[77] Apt Artwork coordinator, Ashley Heron, for instance says that one of the roles of community murals is to '… convey messages and create awareness, and in a country such as South Africa which is essentially illiterate, this is very effective' (Marschall 2002: 252). How this effectivity is gauged though, is highly questionable.

HIV/Aids messages depicted are clarified or contextualized by textual messages accompanying the scene. Since many muralists often try not to depict any offensive images or overtly sexual depictions, text is primary in sending out HIV/Aids messages. Mural coordinator Andrew Lindsey (2005) says that the reason texts were so seminal to early HIV/Aids murals, was that he felt that mural imagery was often not strong enough on its own to convey the rather complicated Aids message, and therefore written text was needed to 'ground' often obscure images. For example, even though the Alice Street mural portrays mainly Black people, it goes on to say in the accompanying text that 'Aids has no colour', thereby contradicting its visual message. What then, is the point of claiming to educate the illiterate when the Aids messages are mainly understood through the written text in the murals?

Second, given the racial stereotypes associated with the disease initially, murals may inadvertently be perpetuating such bias and therefore contributing to the continued racialisation of the disease. While HIV/Aids may spread more easily and rapidly in illiterate, poor, rural or informal Black areas - that is not to say that poorer Indian people living in former council housing, or on the other end of the scale, suburban, educated White business people following particular sexual behaviours - are not equally susceptible to the disease as Black South Africans.[78] Mural coordinators and muralists often presuppose a high degree of religious and cultural conservatism within Black and Indian communities regarding discussions on sex and sexual health, but only target Black areas as locations in need of HIV/Aids mural intervention and to create dialogue and awareness about HIV/Aids. Conversely, this assumption presumes that Coloured and White people are much more 'open-minded' in their views on sex, sexuality and HIV/Aids. Mural coordinators and muralists often regulate themselves in terms of the mural imagery they depict in murals 'directed' at Black communities, to prevent any possible contention over images. Surprisingly, the only major controversy raised over a HIV/Aids mural image, was raised by a vocal White religious group (The Assembly of God Church) in East

[78] Tamsin Wilton (1997: 14), in *Engendering Aids*, reminds us that certain institutions, like patriarchy or religion, function to not only subjugate women world-wide, despite race or culture, but influences their high-risk sexual behaviour. 'The white Catholic woman in Belfast whose religion prohibits the use of condoms and the black Zimbabwean woman whose culture encourages her to enhance her male partner's sexual pleasure by inserting herbs into her vagina to tighten and dry it…, are of course both at increased risk of HIV infection because of the institutional power of patriarchy' (Wilton 1997: 14).

London against an Apt Artworks mural (BACAMP 1999: 8 – 9), done in 1996.[79] Objections by the church group only stopped a year later when, the entire mural was painted over and replaced by a new mural that showed three levels of male and female figures – the first level shows an addition of male and female figures; the second shows an addition of female and male figures; and the third level shows an addition of five males being equal to Aids.[80] Marschall (2002: 254) notes that it became apparent that the offence was not over the 'explicit' imagery, but rather with the association that HIV/Aids could be contracted by everyone while the offended church group attributed contracting of the disease to homosexual behaviour.[81]

Hence, the only objections that have been raised to HIV/Aids murals imagery seems to come from those murals located in more multi-racial areas. [82] This shows that religious and cultural conservatism is widespread in South Africa and not just in the Black community. Furthermore, the visual representation of Black people as more 'susceptible' because of social factors, without much contextualisation as to **why** this is so, can reinforce racial misconceptions and prejudices. It is also not beneficial to attempt to communicate one message of Aids being a community problem, but on the other hand to associate the disease visually with certain race groups, as due to continued ignorance, people could mistake 'susceptibility' or 'high risk', resulting from socio-economic and political factors, with a higher **biological** susceptibility of certain racial or income groups to HIV/Aids.

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[79] The controversy was sparked by the abstracted depiction of erect condom-sheathed penises on highly abstracted cartoon-like figures, and was played out in the media over several months, with artists finally conceding to paint images of hearts over the offending body parts (BACAMP 1999: 8 – 9).

[80] First level: one male + one female
Second level: one female + one male
Third level: one male + one male + one male + one male + one male = AIDS.

[81] In a newspaper article printed in the BACAMP Handbook (1999: 9) on the issue, the article written by Ephraim Mackina reads, 'The Assembly of God Church, which is represented in the small committee, said they supported the new mural because they believed in the divine authority of the Bible which propagates that the correct sexual relationship is that which takes place between a husband and a wife. "All other sexual relationships are contrary to God's word and are therefore sinful," said Pastor Dennis Solomon.'

[82] Similarly, on a mural project to the Ladysmith Provincial Hospital in Ladysmith in 1998, the UDW mural group decided to allocate one wall of the Outpatient's Department for an HIV/Aids message. Shortly after painting of this wall began, nurses at the hospital asked that no images of people be painted, and definitely nothing that implied sex. Eventually students had to paint a large image of hands joining together and various symbols (including that of birds discussing Aids!), with various HIV/Aids text messages written all over the wall. As students, we were rather surprised at the conservative attitudes of the multiracial nursing staff.

2.2.3 ‘High-risk’ and racial stereotyping:

The HIV/Aids murals discussed in this research were all targeted at ‘high-risk’ groups and therefore located in areas frequented by these ‘high-risk’ groups. The term ‘high-risk’ itself, is problematic as it is used in the different social, scientific and medical circles. The term ‘risk group’ was initially used in epidemiological studies, where it referred to categories of persons with statistically higher rates of a particular disease (Grundlingh 1999: 58). Grundlingh says that the term has become broadened in the public press to include all persons within the considered group. Given South Africa’s racial history and ‘us’ / ‘them’ mentality, it was almost inevitable, that the ‘us’ would equal ‘healthy’, White, heterosexuals and ‘them’, would equal ‘high-risk’, black, gay or poor groups. Lupton in *Risk* (1999), provides a contextualisation of the term ‘risk’, and the manner in which it manifests in contemporary society. ‘Risk’, as it is used in the context of this research, is used to denote ‘danger’ or susceptibility to adversity (Lupton 1999: 9). More than just individual susceptibility though, ‘risk’ is also ‘a governmental strategy of regulatory power by which populations and individuals are monitored and managed…’, and risk is rendered calculable and governable (Lupton 1999: 87). By identifying certain social groups as being ‘at risk’ or ‘high risk’, specific knowledge and intervention methods are required.

It cannot be simply taken for granted however that the general public understands the parameters of this label, nor can it be ignored that such labelling can contribute to the stigmatization and discrimination of those that fall within this label. While doctors, scientists and HIV/Aids workers may seem to have a ‘clearer’ idea of what constitutes ‘high risk’, the term as it is played out in the media, resonates at times with prejudice and stereotypes. Surprisingly though, HIV/Aids has shown repeatedly that even the medical community is not immune to racial prejudice and stereotyping. This was highlighted in late 2004, in the scandal involving President Thabo Mbeki’s blood and the South African National Blood Services (SANBS).[83] Mbeki’s blood was

[83] To promote the drive for more blood by the SANBS, President Mbeki donated blood in Durban three years ago. In the first week of December in 2004, a nurse revealed publicly that due to a SANBS’ policy, all blood donated by Blacks and Coloureds were rejected (Beharie & Ryan 2004: 1). Hence, even President Mbeki’s blood was destroyed because he was Black. Subsequently, the Blood Services policy of profiling donors according to race, has been called ‘racist’ and ‘crude’ (Beharie & Ryan 2004: 1). SANBS Technical Director, Ravi Reddy, argued that in Western countries no one from Africa (white or black) was allowed to donate blood. Former KZN Health MEC, Zweli Mkhize pointed out that the higher risk of all Africans, is linked to the underdevelopment that exists all over Africa

destroyed along with blood donated by all Black donors, according to the SANBS' policies. The public embarrassment caused by the revelation of the SANBS' racial profiling policy, resulted in a public apology to Mbeki; an admission that it was 'unacceptable to use race as a risk determinant in the categorization of blood donations'; as well as the need to revise and modify their risk model to profile safe donors without taking race into account (Naidu 2004: 1). This incident has shown that even the medical profession struggles with attempting to separate stigmas of race from the socio-economic factors and high-risk behaviour that favours HIV/Aids transmission.

As stated earlier though, stereotypes, especially with regard to Black people and 'high-risk' groups, may go beyond merely reflecting values, beliefs and prejudices and actually contribute to these attitudes, by their perpetuation in various media forms and guises that saturate every level of society. Hence, stereotypes not only affect perceptions, but influence actions of individuals, groups, communities, institutions, and even government policies.

Homi Bhabha's point, discussed in chapter one, about stereotypes not being a completely false representation of a given reality, is very important for my assessment of Aids murals. Claims, that murals largely portray Black South Africans because statistically they are the most 'high-risk' group, have to take into account, that this fact is never easy to portray in murals, as it is a fact difficult to contextualise in terms of socio-economics, history, gender politics, etc. Moreover, as Bhabha points out, there is an ambivalence about stereotypes. For instance, while Aids campaigns continually affirm that every sexually active adult is at risk to HIV/Aids infection, the common perception is the belief that Aids is a 'Black' disease. HIV/Aids muralists have the incredibly difficult task of negotiating depictions of a multiracial community, while at the same time, trying to communicate with a local Black audience specifically and having this Black audience identify with the images painted. This runs the risk of stereotyping an already socially vulnerable disadvantaged group. The visual representation of Black people as more 'susceptible' without much contextualisation as to *why* this is so and can easily run the risk of reinforcing racial misconceptions and prejudices. This 'target group' has long suffered under an intersection of various stereotypes about race and sexuality that pre-dates HIV/Aids, but with the onset of this

(Beharie & Ryan 2004: 1). Dr Andrew Robinson, a member of the Medical Research Council, also reiterated that profiling shouldn't depend on race, but instead on risk-taking and socio-economic behaviour.

disease, has seen the matrix of prejudice merely been altered to encompass these stereotypical beliefs of these Others' racialised sexual behaviour. Hence, it is much too easy for people to mistake socio-economic 'susceptibility' for a higher **biological** susceptibility of certain racial or income groups to HIV/Aids.

Hence, muralists are faced with a difficult paradox: politically-correct gestures made to the epidemic in terms of representing multicultural, non-racial or homogenized South African communities might fail to 'connect' with members of communities that are actually not multicultural but dominated by one racial and cultural group, e.g. a township like Soweto. This could therefore still result in an 'Othering' of the HIV/Aids epidemic by members of this community. Of course the flip side of this is that representations of the reality of the dominant group affected by the disease runs the risk of stereotyping and stigmatization – rather a case of 'damned if you do, damned if you don't'.

CHAPTER THREE

HIV/Aids Representations of Gender and Sexuality

> *Women comprise about half of all people living with HIV worldwide. In sub-Saharan Africa, where the epidemic is worst, they make up 57% of people living with HIV, and three quarters of young people infected on the continent are young women aged 15 - 24 (UNAids Report 2002: no pg. no).*[84]

While it is a medical fact that women have a higher biological risk of contracting Aids through unprotected sex than men - almost twice as likely (Wilton 1997: 30; Shisana & Simbayi 2000: 20)[85] - HIV/Aids researchers are almost unanimous in their reports that gender inequality and the various areas in which it is played out, contribute to the vulnerability and high-risk of women and young girls to the disease. Tamsin Wilton, in *Engendering Aids* (1997), shows that with regard to HIV/Aids, the issue of gender is among the most significant of social factors in its impact on health and life chances.

Wilton (1997: 2) argues that the HIV/AIDS-related needs of women are marginalized, ignored and denied and that women's subjugation to men is both reflected in, and reinforced by, the ways in which the pandemic has been gendered. Wilton (1997: 29) says that socially women often have relatively little power within heterosexual relationships, and that the majority of the world's women are economically dependent on their male family members and on their male sexual partners. Wilton (1997: 14), like many feminists, is quick to point out that factors of race, class,

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[84] UNAids, 2002. Report on the Global HIV/AIDS Epidemic. Available from: <http://www.unaids.org/Unaids/EN/In+focus/Topic+areas/Women_gender.asp>

[85] According to the 2002 *Nelson Mandela/HSRC Study of HIV/Aids*, men are more effective at transmitting HIV, while women's reproductive systems make it easier for them to be infected. Men's semen is also more infectious than vaginal fluids because of its cellular content (Shisana & Simbayi 2000: 20).

gender and age are complex interpenetrations that affect various women differently, in different parts of the world, but that also fracture and impact on unitary categories like 'patriarchy' and its effects.[86]

Wilton goes on to argue that gender identity and roles and even sexual identities are constructed through various texts based on societal 'norms' of masculinity and femininity. Wilton (1997: 66) says that the classical Greek model of the impenetrable citizen has constructed the dichotomy whereby what is ordered, active, effective, expansionistic and politically or militarily sound, is gendered as 'male'; while the chaotic, passive, debilitating, ineffectual, non-aggressive, anti-imperialist, politically or militarily suspect or subversive, is gendered as 'female'. Hence, masculinity and femininity are acted out according to social gender scripts.[87] These social scripts are texts[88] of many different media and forms, which constitute everyday culture and continue to construct, reconstruct and reinforce ideas of masculinity and femininity.[89] Wilton (1997: 6, original emphasis) believes that 'representational practices both reflect and *construct* social and psychological 'reality', and the representation of AIDS has profound consequences for the impact of the epidemic'. [90]

Representations of gender and sexuality have been deconstructed and critiqued by a range of theorists from different positions to reveal various stereotypical representations and expectations

[86] Kiguwa (2004) and Campbell (2004) also emphasise that issues of race, economics, politics and gender are intrinsically entwined into black females' lives, to profoundly affect, and impact on their everyday circumstances, their ability to survive in society and the current onslaught of HIV/Aids.

[87] Wilton says, '… masculinity, as many writers have recognised, is not a property of the body or of the psyche, but rather an acting out of a (paranoid) social script, a performance, an endless striving after the unattainable goal of phallicism…It is important to recognize that masculinity is a relative rather than an absolute identity. To 'be' masculine is to be not feminine' (Wilton 1997: 33, original emphasis).

[88] Wilton (1997: 7) defines a text as any artifact which carries meaning.

[89] Wilton (1997: 7) says texts are instrumental in the constitution of subjectivity; that people decide what kind of woman or man they are in response to information about masculinity or femininity available in their culture; and that most of that information is in the form of texts.

[90] Similarly, bell hooks (1990: 5) says that people identify and construct themselves as social beings through the mediation of images. As a form of cultural production, murals offer an arena where identities are displayed. Marschall's (1999) case study on the impact of community murals in Durban (1999) to an extent, confirms this. Marschall concluded that people did identify with realistically painted images, e.g. Umlazi Station murals, and that these images could contribute to the process of their identity formation (2002: 176).

of women through the ages in different societies. Various media images and cultural products are saturated with images of women in what have become stereotypical roles of women.[91] Stereotypical representations of women's roles are present in murals in South Africa generally[92] and HIV/Aids murals as well. These images conform to the stereotypical notion that women are 'active' in only a few limited roles, e.g. the nurturing role of mother and in occupations of teacher and nurse. The opposite of the mother-type figure is women in the sexually 'active' role of seductress/temptress (Marschall 2002; Khan 2002), which places these women as a social evil. This stereotyping of women (as **either** nurturer **or** seductress) conforms to what hooks ascribes as 'Western metaphysical dualisms', which are based on an 'either/or' mindset that reduces complex relations to simplified binaries (1990:8).[93] Such dualistic mindsets are reflected in various portrayals of women.

Wilton (1997: 68) says that once it became clear that not only gay men were becoming infected with HIV, familiar 'heterobinary narratives', based on patriarchal thinking, became apparent. For example, relatively privileged women were considered innocent victims, while powerless women (prostitutes, intravenous street drug users, women in developing nations and minority ethnic women) were seen as sources of infection. With Aids, the model of 'woman-as-risk-to-man', both sexually and maternally, that is, through the vertical transmission of HIV during pregnancy/birth is continued; while prostitutes and women generally, are described as 'reservoirs of infection' (Wilton 1997: 69). Stein (2001: 6) also agrees that representations of women in Aids media are often limited to HIV-positive mothers or pregnant women 'who are of concern only insofar as they may infect their babies or leave their children orphans'; or as prostitutes and vectors of disease. This chapter will show how dominant representations of women as mothers, educators and nurses are also manifested in the selected HIV/Aids murals.

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[91] See hooks 1990, 1981; Gamman & Marshment 1988; Parker & Pollock 1981; Nuttall & Michael 2000, and Collins 2000, for discussions on the stereotypical representations of women in U.S. media, European 19th century painting, embroidery through various centuries and representations in various South African cultural productions.

[92] See Bourgault 1999, Marschall 2002 and Khan 2002.

[93] hooks (1981) calls this dichotomy between the good sexually repressed mother image and the sexually active whore image the Aunt Jemima/Sapphire dichotomy. This dualism has also been referred to as the madonna-whore dichotomy - see Bordo 1993: 6-9; Marschall 2002; Parker & Pollock 1981; Avis Lewallen 1988; Marshment 1988 and Collins 2002.

In this chapter, I will continue to try to show the tension and paradoxes created by trying to negotiate scientific and medical facts, while trying not to present stereotypical depictions and present alternative mural imagery that will contribute to HIV/Aids education.

3.1 Deconstructing the Visible: Depictions of Women in Caretaker Roles

3.1.1 Pathological Mothers, Invisible Fathers:

In previous research on murals in KwaZulu-Natal, I found that the overwhelming majority of images of women in murals, represented women as mothers by the presence of their impending pregnancy or their children (Khan 2002).[94] Similarly, Marschall's (2002: 183) examination of murals around the country has found that the most common female icon is the 'mother-and-child image with its connotation of nurturing, protection, fertility and growth…'. The Alice Street mural also has many associations of women with children and motherhood [**images 14, 43, 45**]. There are many representations of Black mothers holding each others' hands and the hands of young Black girls on either side of a motif of a heart, with the world painted within[95] [**image 45**]. This mural successfully conveys the message that sexually-active young schoolgirls or even older women are susceptible to Aids, but perhaps also that Aids education has to be passed from mother-to-daughter. There is certainly nothing wrong in the depiction of the mother-child images. However, the role of motherhood can be used both positively and negatively. This biological role is often used to show the importance of women in society, that they are the physical caretakers and educators of future generations. Different feminists warn though that there are many negative connotations to the mother-image as well.[96]

[94] There is only one image of a mother in the UDW Aids mural. In 1999, when the mural was being executed, being a first year MA student conducting research on stereotypes of women in KZN murals, I tried to 'ensure' that the depiction of the pregnant woman was not foregrounded among the other representations. Hence, the idea was to show that a black mother was as susceptible to Aids as a white businessman or a young schoolboy.

[95] There is also an image of a Black mother holding her baby, and an older Black woman with a speech bubble above her head that reads, 'Even unborn babies can get Aids from their infected mothers'.

[96] Collins (2000: 176) warns that the glorification of black motherhood can also be detrimental to women, as the 'superstrong Black mother' image may romanticise the harsh realities experienced by working-class mothers.

Wilton (1997: 70) argues that the possibility that a woman who is HIV-positive may transmit HIV to her unborn child, has given rise to another good woman/bad woman dichotomy.

> Throughout the world it remains the case that motherhood is a woman's central duty and responsibility, and sometimes her only route to adult status….Almost any other cause of her infection is suspect and likely to render her blameworthy. But concern for the baby *always* outweighs concern for the mother, and a mother who, along with giving life, gives her baby a fatal illness becomes the opposite of a mother… (Wilton 1997: 70, original emphasis)

The good mother/bad mother dichotomy invokes ideologies of femininity being interwoven with national and familial ideologies (Wilton 1997: 70). Wilton (1997: 70) continues that according to these ideologies, the role of the woman is to be a receptacle for sperm 'whether in the context of providing sexual services for men or children for the nation/race'. Hence, the welfare of children is inherently linked to the women's mothering ability (as will be seen further below).

Moreover, the equivalent image depicting father-child relationship and responsibility is as good as absent from mural representations.[97] This omission is not merely an oversight on the part of muralists, but it is a way of thinking pervasive in society. While it is understood that child-rearing is not the sole responsibility of women, depictions of mothers often draw solely on the nurturing, maternalistic qualities of women to shoulder the responsibility of raising good individuals. In the South African context, this has taken on a racial aspect as well. Peace Kiguwa (2004: 295) says that in South Africa, due to escalating crime and the socio-cultural contexts within which crimes are perpetrated, specific roles Black women play in creating the 'pathological black male' have been highlighted. Moreover, Kiguwa says that the representation of black families, is structured around a dynamic of a 'homogenized absence' of the father, as opposed to a 'pathologised presence' of the mother (Kiguwa 2004: 295).[98] Bourgault (1999: 21) terms this homogenized absence of black fathers as 'aloof

[97] This has been observed in other murals by Bourgault (1999), Khan (2002) and Marshall (2002). The only image of a father and child in the murals examined for this study, can be found in the Sauer Street mural, where a black man with a hat (with the word 'caring' around it), and a red shirt made up of condom-designs, carries in his hand, a naked Black child (as denoted by the child's hair) [**image 44**].

[98] Furthermore, Pam Alldred (cited in Kiguwa 2004: 295 - 296), implies that there may be a racial bias to what is considered the 'traditional' household, i.e., white families, and what is considered the 'non-traditional', i.e., black

fathers, fathers uninvolved with children', but she does not really question how 'true' this representation might be, nor does she contextualize this absence. In fact, Bourgault's study of HIV/Aids murals merely accepts images of African men (on the continent as a whole), as misogynistic, sexist and irresponsible. The absenteeism of Black fathers (a changing social condition), should not however be confused with a lack of interest by Black fathers in their children or family structures.

Given the historical, political and economic factors of South Africa, there may be many reasons for the absence of fathers from many households physically. This however, does not indicate an immaturity, irresponsibility or unconcern on the part of fathers. Due to political upheavals of the past, many men were forced to leave their homes to partake in the struggle; while rural-urban migration has left many households headed by women in the rural areas, and many men working on mines, farms and industries in urbanized areas in an attempt to support their families. Hence, absenteeism may not have been an immature or irresponsible choice, but a social condition forced upon many Black South Africans by the political or socio-economic conditions of the country.[99] The extended family structure of many black families is also often not taken into account. Hence, the burden of raising good individuals in these images seems to have fallen primarily onto the shoulders of mothers or mother-type females.

Analysing a *Lovelines* text on sex from a Fairlady magazine, Lindy Wilbraham (2004: 507)[100] discusses how ad-campaigns directed at mothers, appeal to the mother as 'subject-position of

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families, with black families being 'naturally' positioned as the Other. Moreover, single mothers are seen as an anomaly, as monstrous mothers breeding equally monstrous children. This goes back to the reasoning that such mothers are also responsible for delinquent children. There may be many reasons why families are without either parent, e.g., divorce, natural death, accidents, economics and now Aids, and they can still function normally and produce well-rounded individuals.

[99] In 2004, The Fatherhood Project toured several venues around South Africa. Led by the Youth and Family Development research programme of the Human Sciences Research Council (HSRC), this project comprises of a traveling photographic exhibition, book, media and activities aimed at recognizing the importance of the involvement of fathers in the all aspects of children's development, and promoting responsible parenting. Discussions around the idea of male parenting, have led researchers to evaluate the many reasons for absentee fathers or uninvolved men. Available from: < http://www.hsrc.ac.za/fatherhood/>

[100] 'Discursive Practice: Analysing A Lovelines Text on Sex Communication For Parents' (2004).

protector, which is congruent with the labour that is conventionally expected of women as sexual partners of men and/or mothers.' Mothers, in this text, are encouraged to talk openly about sexual activity to their children, thereby assuming the role of 'educators about sex with access to accurate information' (Wilbraham 2004: 507). This harkens back to one of the limited representations of women as teachers and educators in society in other murals, as well as various media.[101] While this role is a pertinent one in Aids education, it is just as important for such expectations to be directed at fathers as well. While the mother-to-child transmission of HIV/Aids is a crucial issue, the equally determining role men play in the conception of a child should also be addressed. By this, I mean, that contraception should not be seen as only a female initiative but one that men also need to consider consciously. Hence condoms must not be portrayed solely as a preventative measure against HIV/Aids and STIs,[102] but as a contraceptive measure in the prevention of unwanted pregnancies or the possible conception of an HIV-positive baby. In the same way that all women are addressed as potential mothers in these representations, men should also be addressed as potential fathers. After all, muralists have the ability to not merely reflect social conditions as they are, or as they are perceived, but can in fact produce images that challenge stereotypical representations (this will be discussed further in the conclusion to this research).

3.1.2 Limited Job-Offers: Male Doctors vs. Female Nurses:

The nurturing qualities associated with women, are extended beyond just their immediate family, to care for their community in various guises, most notably as nurses and teachers. Images of female nurses abound in mural depictions around the country, whether they are Aids murals or not.[103] The female nurse image is clearly seen in the UDW HIV/Aids mural,[104] with two

[101] See Khan (2002) and Marschall (2002) for an extension of this argument.

[102] Sexually Transmitted Infections

[103] The UDW R.D.P mural at the University of Durban-Westville (Durban); the Umlazi Station mural at the Umlazi Station (Durban); the Kwa-Mashu Station mural at the KwaMashu Station (Durban); the Mahatma Gandhi Hospital mural at the Mahatma Gandhi Hospital (Durban) are all examples of non-HIV/Aids murals that depict female nurses.

[104] It is to be noted, that I was one of the student muralists who worked on this mural, and therefore have insight into this project, that is not solely based on a reading of the iconography.

conventional representations of female nurses [**images 37, 40**]. Surprisingly though, one segment shows a White male patient being attended to by a Black female doctor [**image 34**].

Perhaps, I seem to be contradicting myself here. Certainly, there is truth in the representation of female nurses, as the majority of nursing staff at South African hospitals are female. My problem perhaps is that once again there are no equivalent images of male nurses or women as doctors in HIV/Aids murals specifically, or community murals generally. An image like that of the Black female doctor on the UDW Aids mural is an unusual representation, yet oddly enough, it is not an unrealistic image as there are many female doctors who operate daily around the country, but are rarely portrayed. This lack of female doctor or male nurse images, are seen not only in murals, but also in various other media representations. TV, radio and magazine adverts, government sponsored bill-board adverts, health pamphlets all reiterate a dichotomy of male doctors/female nurses. Marschall (2002: 185) in her examination of the representation of women in various murals similarly notes that in urban settings, women are depicted within a limited occupational range of informal vendors, nurses or teachers. In the UDW Aids mural, the role of caretaker-educator is further extended to the HIV/Aids health counsellor, who is also usually female [**image 37**]. Marschall (2002: 185) ascribes such depictions of gender-based division of labour as following older Western patriarchal modes of representing women in limited roles.

The UDW Aids mural attempted to show a range of people from society. In doing so, it depicts a business man, school students, Rastafarians, a priest, a construction worker, a pregnant woman and her partner, a Muslim man and some trendy teenagers [**image 33**]. Apart from the images of the two female nurses, the female doctor and the female counsellor, one cannot tell what occupations, if any, the other women depicted might have. Having been involved in the mural, I know that one of the images was supposed to depict a female domestic worker, two others were female tertiary students, and another, a schoolgirl. However, from my engagement with passers-by during the execution of the mural, no-one guessed at the range of occupations (scholar, domestic worker, student), due to the way the images were stylised. Perhaps more subtle indicators could have been added to these images, to create awareness of the different roles that women play in society. For instance, a simple tie around the neck of a White male was read as a

businessman, a construction hat and clipboard denoted a construction worker, a white collar represented priesthood. Similarly, such visual hints could have been extended to the portrayal of female figures to show the range of careers women can be involved in, e.g. lawyers, politicians, engineers, etc.

3.1.3 Male Activity vs. Female Passivity: Female Contraception vs. Male Condomisation:

With regard to the act of condomisation, almost all of the selected murals advocated the use of condoms, through visual narratives that show the distribution of condoms through text encouraging **men** to condomise, or through symbols of male condoms. As stated earlier, condoms are seen by various Aids prevention campaigns and government departments, as the main preventive measure against Aids infection. Reasons for males not wanting to use condoms vary, but issues of 'masculinity' and 'femininity' are definite contributing factors. Both Campbell (2004) and Wilton (2004) state that some men regard the act of putting on a condom as 'feminising', since concern and safety during sex (contraception only) is regarded as the responsibility of women, while 'risk-taking' is constructed as masculine and masculinizing (Wilton 1997: 34). Hence, directing condom usage at males may be due to research studies that show that it is usually men who are most reluctant to practice safe sex (Wilton 1997: 33).

The problem with regard to mural depictions of condomisation is that they are **always** directed at men. It is almost never nuanced in these murals that women can have an active role in buying condoms for their partners, or ensuring that their sexual partners will engage in intercourse with them only if they wear condoms. Moreover, the idea of the use of female condoms does not seem to have caught on as a feasible option. On the UDW Aids mural, parts of the backgrounds are painted with male and female signs [**image 39**]. According to the artist who painted them, the female signs were meant to represent female condoms (Bourgault 1999: 12). While this idea has its merits, it is not really communicated sufficiently visually and there is no reason for a viewer to be able to grasp this meaning. The border of the mural consists of designs made up of symbols of

a heart (compassion/ faithfulness), a hand (abstinence)[105] and the male condom (condomisation). Hence even though the student meant well, the idea of male responsibility and activity was reiterated visually only by the male condom. Conversely, the idea of female passivity is still reiterated in her *not* actively doing something about safe sex, like buying condoms for herself or her partner, and is reduced merely to her saying 'no' to unsafe sex or 'yes' to safe sex.

Similarly, the notion of male sexual pro-activity is perpetuated visually in the other narratives on the UDW Aids mural. The male figures are seen obtaining condoms from a nurse, getting health care and counselling, or helping out a friend who has Aids [**images 34, 37, 38**]. While the murals represent women as educated with regard to HIV/Aids, they are rarely depicted in any activity related to Aids-related health care or encouraging protection. The only activity that women are regularly seen in, are the protest-style demonstrations and campaigning against Aids. Perhaps this is evident once again of a patriarchal mindset that continues to think in terms of dualisms like male activity/female passivity, ascribing certain roles and duties to each gender, - this idea of female passivity though may exist more in portrayals rather than reality.[106]

Representations of dualistic relationships are implicitly laced with power relations with the foregrounded entity usually signifying the more dominant position. These power relations, however, are never expanded in the murals to depict how they affect gender-relationships, the exercise of power regarding economics in relationships and the spread of HIV/Aids. This therefore creates superficial representations of the disease and overlooks a range of important HIV/Aids-related issues.

3.2 Highlighting the Invisible: 'Structuring Absences' in HIV/Aids Murals Imagery:

[105] I have tried asking Parker (2005) and Lindsey (2005) where the idea of using hands to symbolise abstinence came from and neither of them were familiar with this symbol.

[106] This association of males with activity and females with passivity is rooted in Western thought. See Genevieve Lloyd's (1984) examination of various Greek philosophical writings, which reveal the association of activity with the male (active male seed) and passivity with females (passive female egg). Various African feminists decry simplistic images of women that portray African women as passive and mute, saying that African women have always spoken out but that their voices are not recognised in sites and forms that these voices may be uttered (see Collins 2000 and Kolawole 1997). Furthermore, African women are not invisible in real life situations or history, and that the real life courage of various women against oppression in South Africa (and around the world), reveals the falsity of presenting African women as passive, suffering victims.

HIV/Aids murals in the 1990s had a much stronger mandate for educating the public than other community murals of that period. This is because HIV/Aids murals had to focus on disseminating information on HIV/Aids, whether this was to do with modes of transmission of the disease, the portrayal of deterrent imagery (such as 'Aids Kills' messages and scenes of coffins and death), or the motivation for and promotion of safe sex messages. Examining HIV/Aids murals however, as sources of basic information on the transmission of HIV/Aids and its prevention, these murals have some glaring absences, including issues such as the spread of HIV through prostitution and rape, homosexual relationships, needle-sharing and blood transfusions,[107] as well as the increased risk of infection through sexually transmitted infections (STI's).[108] The second half of this chapter will highlight some of the gender-based power relationships, 'deviant' behaviour and sexuality issues that have been ignored in HIV/Aids murals and speculates on possible reasons why muralists have not engaged with such seminal HIV/Aids social factors.

The absence of imagery around pertinent issues of HIV/Aids transmission through prostitution, drug-usage and homosexuality, may be comparable to what Richard Dyer (1993: 105) calls a 'structuring absence' in texts, in his book *The Matter of Images. Essays on Representation*. Dyer says that a structuring absence in a text is not merely something that is not in the text but instead,

> … refers to an issue, or even a set of facts or an argument, that a text cannot ignore, but which it deliberately skirts round or otherwise avoids thus creating the biggest 'holes' in the text, fatally, revealingly misshaping the organic whole assemble with such craft (Dyer 1993: 105).

[107] The report *The Status and Trends of the HIV/Aids Epidemics in Sub-Saharan Africa* (1997) of MAP states that 'In spite of progress achieved in many sub-Saharan countries in making blood transfusion safer, the use of blood unscreened for HIV antibodies continues to contribute to the spread of the epidemics in the region …' (MAP 1997: 10).

[108] Murals do not depict the fact that certain sexually transmitted infections greatly increase the chances of contracting HIV/Aids through unprotected sex, as well as speeding up the onset of Aids and Aids-related illnesses. MAP states that 'knowledge of the incidence of STDs is critical to our understanding of HIV patterns in the region, due to the well-documented additional risk of acquiring HIV when either partner is infected with one of a number of STDs. Prevention and treatment of STDs has been demonstrated as an effective means of reducing the incidence of HIV infection' (MAP 1997: 14).

Muralists have overlooked a range of issues and while these absences may occur for various reasons, it is important to speculate as to why these issues might have been ignored and what this might suggest about muralists' training or personal perspectives.

3.2.1 Sugar Daddies – Economic Powerplay:

Power relationships based on economics are manifest in a number of ways. The issue of inter-generational sex between young women and older men, referred to as 'sugar daddies', is a cause of great concern for HIV/Aids researchers. According to researchers on a UN task force on women, girls and HIV/Aids in Southern Africa, 'inter-generational sex between young women and older men caused the most infections' (Dyantyi & Sekati 2004: 3).[109] The report also claims that many young girls have sexual partners who are five to ten years older than them and that these relationships are influenced by socio-economic factors where young vulnerable women are exploited by older men through money and cars (Dyantyi & Sekati 2004: 3).[110] Hence, young women's' relationships with older men are based on unequal power relationships which often result in the abuse and exploitation of these women.

Even marriage, which is often seen as protection against HIV/Aids infection, can be risky for young women who marry older men. According to the 2004 UNAids report 'Women and HIV/AIDS: Confronting the Crisis',[111] studies in Africa indicate that young married women are at higher risk of HIV infection than their sexually active unmarried counterparts, due to the wives' inability to make demands on their husbands; the increased frequency of sexual relations; and of lesser, or no use of condoms by their male partners. The same study claims that the ABC's of the HIV/Aids message, i.e. abstinence, being faithful and condomising, can only be a reality when women are in a position to assert their rights, which in many cases they are not.

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[109] According to this report, out of the 10% of South African youths who are HIV-positive, 77% are women.

[110] A cyber dialogue was conducted during the conference focused on the theme of 'Young Women, Violence, and HIV/Aids – Shame on Sugar Daddies'. According to this cyber dialogue, the exploitation of young girls was further compounded when families of the young girls knew of the nature of these relationships, but did nothing to discourage it, as the older men 'bankrolled' the families (Dyantyi & Sekati 2004: 3).

[111] 'Women and Aids: Confronting the Crisis'. 2004. UNAIDS, UNPF, UNIFEM joint report. Available from: <http://genderandaids.org/downloads/conference/308_filename_women_aids1.pdf>

3.2.2 Needle-sharing: An Absence of Drug-Usage:

In almost every HIV/Aids booklet, drug-usage is mentioned as one of the common ways that HIV is spread. [112] Needle-sharing among intravenous drug users, while being socially prevalent,[113] is almost completely ignored in murals since the issue of the heterosexual transmission of HIV is foregrounded. More than just infecting oneself with HIV/Aids through sharing dirty needles or blades with someone who is HIV-positive, Aids pamphlets also warn against over-indulgence in drug and alcohol which results in high-risk behaviour.[114]

Both alcohol and drug usage is widespread in South Africa even among schoolchildren. It is almost never seen in murals though as a contributing factor to the spread of crime, violence against women, abuse and rape of women and children, or the spread of HIV/Aids. The only mural examined in this study that depicts the contracting of HIV/Aids through intravenous drug use, is the Alice Street mural. It shoes an image is of a black arm injecting another black arm with a needle [**image 46**]. Text written in isiZulu above and below the arm reads, 'Ungalithola Igcinwane Ngokusebenzisa Umjovo Osuke Wasetshenziswa Ngomunye onalo' (You can get the virus from using the same syringe/needle that has been used by someone who has it). The Alice Street mural was the first that was executed by Apt Artworks in the series of HIV/Aids murals

[112] HIV/Aids can also be contracted through receiving infected blood or blood products in medical procedures, or the reuse of infected needles. (Even medical staff are at risk.) This possibility, although low, does constitute a realistic risk.

[113] A UN report in 2003 states that drug-usage is globally on the rise, due to a decline in living standards and the increasing availability of heroin. This report also claims that young injecting drug-users are particularly at risk of getting HIV, since they may lack the knowledge or skill to prevent contracting infection via contaminated injecting equipment. Available from: <http://www.unaids.org/bangkok2004/GAR2004_html/ GAR2004_07_en.htm#P935_193845>

[114] An Aids pamphlet simply says, 'Even small amounts of alcohol and drugs (including dagga) will tend to make us do things we might not otherwise have done had we not been drinking or using drugs. And this may include having unprotected sexual intercourse with a partner we may otherwise say 'no' to' (Department of Health, n.d.: 8 – 9). *Teenagers and AIDS* (n.d.), Department of Health Aids pamphlet. Pretoria.

and deals with a range of issues regarding HIV/Aids in various narratives along the length of the wall, that would later not be explored in most of the other Apt Artworks murals.[115]

The only other imagery that hints at drugs may be found in the UDW Aids mural which depicts two Rastafarians, one of whom is smoking a dagga-pipe [**image 47**]. The use of marijuana by both Indian and Black students at the university was ubiquitous and these images were no doubt meant to reference this. When reading the image however, it is not clear whether the message is supposed to read that even Rastafarians are susceptible to Aids or that drug usage induces high-risk behaviour, or that Rastafarians as well should involve themselves in community action and responsibility for caring for people with HIV/Aids. The overall dearth of imagery referencing drug-usage may also be due to prevailing attitudes that drug-users 'deserve what they get'. Sontag (1989: 114) says that perceptions on who gets HIV/Aids and how, ranges from sympathy for 'victims' of the disease to a moralistic judgment on the condemned, 'Addicts who get the illness by sharing contaminated needles are seen as committing (or completing) a kind of inadvertent suicide'.

Moreover, many drug-users resort to crime or sex-work in order to finance their drug-addiction (Wilton 1997: 72), which contributes significantly to high-risk sexual behaviour, as in order to gain the money needed for drugs, desperate sex workers may not want to, or be able to, negotiate safe sex practice. Unfortunately, the relationship between drug-addiction and high-risk sexual behaviour is never examined or 'explained' in any detail on any of the HIV/Aids murals examined.

3.2.3 Selling Bodies: Ignoring Prostitution:

UN reports on HIV/Aids have shown that in countries where heterosexual sex is the predominant form of HIV transmission, as is the case of South Africa, HIV epidemics were concentrated

[115] Marschall (2002: 246) says of the Alice Street mural, 'No later HIV/Aids mural in the Apt Artworks series demonstrates such a creative variety in developing different ideas and aspects pertaining to the contraction and prevention of the disease, a fact that underscores the experimentative nature of this mural'.

initially in sex workers and their clients, before spreading to the general population.[116] Attitudes to sex work[117] have long been associated with moral filth, disease and death (Wilton 1997: 61 – 62), as exemplified in the case of syphilis. Wilton (1997: 28 – 29) attributes attitudes on prostitution to patriarchal influence, in which a woman in charge of her own sexuality is deemed as an abnormal, hypersexualised being (much as animals and blacks) who is detrimental to herself and the society at large.

This 'active' sexual woman represents the other half of the madonna/whore dicothomy. Race brings another dimension to this idea of the temptress – black women are positioned as 'Others' who are naturally deviant and therefore are 'naturally' positioned as 'jezebels' (Bordo 1993: 6 – 9).[118] Susan Bordo (1993: 6 – 9) says that such representations of women are dangerous as they imply that women invite sexual responses from all men, and also any negative consequences that may follow, such as rape and abuse. Wilton suggests that negative attitudes to sex workers are responsible for the lack of adequate action by health workers to engage sex workers in safer sex practices.[119] Wilton (1997: 69) says that it seems to be incomprehensible to public health officials that sex workers may need to be protected **from infection by men**, and that all prostitutes may not be mere sexual receptacles already infected with the disease. Although there is currently a strong move to legalize prostitution,[120] it remains a rather heated subject that many wish to ignore. She (1997: 72) also points out that sex workers who are organized and have access to peer networks, such as escort services or legitimate nightclubs, are better able to negotiate safer sex

[116] Available from: <http://www.unaids.org/NetTools/Misc/DocInfo.aspx?LANG=en&href=http%3a%2f%2fgva-doc-owl%2fWEBcontent%2fDocuments%2fpub%2fMedia%2fPress-Releases01%2fSexwork_22Jan03_en%26%2346%3bdoc>

[117] Sex work does not only involve women, but also men and many children who are trafficked into prostitution, a problem that South Africa is only starting to realize.

[118] See also hooks 1981; Belinda Budge 1988 and Collins 2000.

[119] Wilton points out, that even feminist discourses, have 'othered' prostitutes. 'Women who inject street drugs, sex workers and destitute women tend to be constituted as the object rather than the subject of feminism…' (Wilton 1997: 72).

[120] Proponents for legalizing prostitution argue that legitimizing a profession that has always existed, makes it easier for sex-workers to insist on customers engaging in safe sex through the use of condoms. They also argue that it would stop the exploitation of female sex-workers by pimps and policemen, who not only harass prostitutes for money, but for sex as well (Special Assignment. 2004. SABC 3: 28 September).

practices than homeless or destitute women who prostitute to stay alive or finance a drug habit, and for these women, HIV is a low priority, as is an insistence on safe sex.

While many would like to think that only really 'desperate men' would engage the services of commercial sex workers, it has been shown by media expositions[121] that many so-called 'normal', middle-class, educated (often married) businessmen employ the services of prostitutes on a regular basis. This has also been one of the factors that have resulted in wives being infected with HIV/Aids, despite having had only one sexual partner. Yet, the issue of prostitution and safe sex practice is often glossed over or omitted. Even a HIV/Aids information booklet distributed by a medical aid scheme briefly mentions in just one sentence, to avoid 'the use of commercial sex workers', under the section which deals with actions that will help prevent the spread of HIV/Aids (Medscheme 2000: 7).[122] Similarly, HIV/Aids murals overlook prostitution as a growing industry in South Africa that affects the spread of HIV/Aids. This is an omission that is strange, as both Marschall's (2002) and my research (Khan 2002) have shown that there are many representations in different murals around the country, that show portrayals of scantily-clad women inviting sexual responses from men by their appearance or mannerisms depicted. Yet, oddly enough, in HIV/Aids murals, which are supposed to be distributing information on HIV/Aids, none of the murals portray sex-work. Could this be a testimony to muralists being sensitive to perceptions of sex-workers and therefore refusing to depict such a stereotype? I suspect rather that this may be more a case of denying a real social issue that could be 'closer to home' than many would like to believe. Perhaps it is a moralistic conviction that prostitutes, and the men who use their services, deserve their HIV/Aids 'death sentence'? Marschall's (2002) and my research (Khan 2002) have noted the tendency for muralists to also take on the role of 'moralist', ascribing acceptable modes of dressing and conduct for women. As mentioned earlier, many muralists see the primary function of community murals as being an educational tool, and hence, in this educational platform muralists may be reinforcing gender-prescribed roles. It is also more than mere coincidence that the majority of muralists on almost any given mural project, tends to be predominantly male. Hence it is usually male, quite often Black, muralists

[121] Special Assignment. 2004. SABC 3: 28 September

[122] *HIV and Aids Information Booklet*. 2000. Medscheme. Johannesburg

propagating a 'lost value system' of 'ideal' womanhood[123] (the implications of this will be discussed below).

3.2.4 Rape and Virginity Responsibility – Females as Guardians of Morality

Another important factor that is never represented in HIV/Aids murals, is the continued myth, that for men, Aids can be cured by having sex with a virgin girl. Despite concerted efforts by various Aids campaigns, this myth continues to account for a rising percentage of young girls getting infected almost as soon as they started having sex (Dyantyi & Sekati 2004: 3). Whether sex with a virgin girl, usually under-age, is consensual or by rape[124] (worse still the rape of babies and children), this myth clearly works on power-relations of exploitation, vulnerability and abuse.[125] More than just gender power-relations, Kiguwa (2004) argues that social attitudes sanction these violations of young girls and women. Young girls, engaging in sex at increasingly young ages, are said to be 'asking for it' i.e., sex and/or to be raped (Kiguwa 2004: 304) by their conduct, dress or choice to have sex. This perception has been a thorn for many feminists who feel that this thinking which focuses on the outward appearance of women, absolves men from taking responsibility for their own actions and inclinations, as there is no similar expectation of a 'proper' dress code for men. Kiguwa (2004: 300, 303 - 304) explains that stereotypical views about male and female sexuality, socially sanctions attitudes about rape. Thus, 'normality' presupposes that men are sexually active even from a young age, and which is seen as a sign of virility, while 'abnormal' behaviour denotes promiscuous, sexually active females. Hence, according to this behavioural stereotyping, the sexual urges of men have to be reined in by the

[123] Kiguwa (2004: 300) says that such attitudes are reflective of a growing number of (male) African perspectives within the African Renaissance.

[124] Whiteside and Sunter (2000: 65 – 66) say that because of crime and gang violence, rape and gang rape have become potent ways of spreading HIV. 'In 1998, 49 280 rapes and 4 851 sexual assaults were reported' (Whiteside & Sunter 2000: 65). Moreover, as much as 41 % of rape victims do not tell anyone of their violation. 'Obviously, rape has associated with it much higher odds of HIV transmission because the victim is more likely to bleed as a result of being forcibly violated. There is every reason to assume that the HIV prevalence rate among rapists is just as high as, if not higher than, the average adult prevalence rate' (Whiteside & Sunter, 2000: 66).

[125] According to a UNAids Report, 25% of 15 – 24 year old girls in KwaZulu-Natal said they had been 'tricked' or 'persuaded' into having their first sexual experience. The report says that forced or violent sex can increase the risk of contracting HIV, 'because forced vaginal penetration commonly causes abrasions and cuts that allow the virus to cross the vaginal wall more easily.' Available from: <http://www.unaids.org/bangkok2004/GAR2004_html/GAR2004_07_en.htm#P935_193845>

morality of women and if these women stray, they pay the price. The price, catastrophically, for an increasing number of young females and women, is the contraction of HIV.

The attitude of women being moral guardians pervades many cultures, including African cultures where virginity testing of young girls continues.[126] Women are seen to hold the responsibility of being 'pure' and chaste, thereby upholding traditional values and cultural ideals. Hence, moral sexual equilibrium is the responsibility of women (Kiguwa 2004: 300). Muralists, too, have depicted these perceptions in other murals (Khan 2002, Marschall 2002). If these stereotypical expectations of women are a result of patriarchal thinking, it is not only due to colonial influences, but also to apartheid and to certain indigenous cultural and religious indoctrinations. These beliefs are reiterated in various guises, from government institutions and civil service officials (like policemen) not taking violence or rape incidents seriously, to media portrayals of women in various stereotypical roles that suit their needs.

3.2.5 Homosexuality Missing: A Structured Absence?[127]:

It is quite interesting to note that the overwhelming majority of HIV/Aids murals depict sex as the **only** way that HIV is passed, except occasionally for mother-to-child transmission, but specifically through heterosexual sex. Although Aids was initially seen to be contracted primarily through homosexual behaviour, homosexual relationships are almost never depicted in HIV/Aids murals. Reasons for this absence may vary. The preoccupation with representing the heterosexual transmission of the HIV/Aids disease is partly due to the fact that in South Africa, and Africa in general, HIV/Aids is primarily transmitted through heterosexual sexual activity.[128] Perhaps this

[126] Kiguwa (2004: 300 – 301; 310 - 311) is also critical of certain 'Africanist' attitudes that have been promoted as part of an African Renaissance discourse, which seeks to harken back to traditional cultural values, as if these values were free from discrimination and gender inequality, which is often reduced to Western colonial influence. Kiguwa (2004: 300) worries that the promotion and organisation of virginity-testing ceremonies, by both male and female Africanist proponents, is still based on 'culturally prescribed gender-scripts', which continue to legitimate sexual violence against women.

[127] These areas are also contentious in HIV/Aids data collection. The report *The Status and Trends of the HIV/Aids Epidemics in Sub-Saharan Africa* (1997) of MAP states that while extensive data exists on the heterosexual and mother-to-child transmission of the disease, there is very little (or at times no) information available on other modes of transmission of HIV/Aids in Africa, such as intravenous drug usage, men who have sex with men, and blood transfusions (MAP 1997: 10).

[128] Chirimuuta & Chirimuuta 1989; Monitoring the Aids Pandemic (MAP) 1997; Whiteside & Sunter 2000

omission is indicative of a more liberal mindset that heterosexual couples are as susceptible to HIV/Aids as homosexual or bisexual people are? Or maybe, the lack of images or text relating to homosexual relationships or coupling can be read as muralists choosing not to single out any group of people on the basis of their sexual orientation?

Unfortunately, I suspect that this may be more evident of homophobic attitudes by predominantly Black male mural groups, rather than a case of open-mindedness. In murals there still seems to be a binary established, with heterosexuality representing the 'norm', and homosexuality the Other. Wilton (1997) argues that phallic white, Western (heterosexual) masculinity has been constructed as the norm, the standard by which all gender and sexuality is judged.[129] Thus, gay men, lesbians, bisexuals (as well as prostitutes because they are in charge of their own sexuality) are positioned as the Other. Homosexuality threatens the assumed 'naturalised' order of gender and sexual relationships in society. Wilton suggests that the absence of appropriate HIV/Aids literature directed at gay men and lesbians[130] is indicative of masculinity and patriarchy under threat.

Similarly, what may be revealed in the absence of gay and lesbian relationships in public mural art, is not so much a sensitivity towards the Othering of homosexuals, but rather a reflection of a society that continues to be overwhelmingly homophobic. This is despite having more positive portrayals of homosexual and bisexual relationships in the popular media and having one of the most liberal constitutions in the world which has begun the process of changing the definition of 'marriage' in order to allow same-sex marriages. The homosexual transmission of the disease brings to the fore what many consider perverse, abnormal sexual behaviour and is seen as a calamity that one brings on oneself (as with prostitution and intravenous-induced infection), and is therefore judged more harshly (Sontag 1990: 114).

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[129] Wilton (1997: 15, original emphasis) suggests that Cartesian dualism has contributed to such thinking in Western society. According to Cartesian dualism, '… a body that has a vagina and uterus is understood as *for* penetration (and by implication, impregnation) by a penis, while a body which has a penis is understood as *for* penetrating (and impregnating) a vagina/uterus.'

[130] Wilton (1997: 24) points out that lesbianism and lesbian sexuality usually features as a set of absences in HIV/Aids discourse – that heterosexual people are not sure 'what' happens in sex between lesbians.

South African HIV/Aids safe sex media campaigns are marked by a reluctance to deal with homosexuality and lesbianism. Statistics of Aids among gays and lesbians in South Africa could be misleading as many homosexuals and bisexuals are reluctant to reveal their sexual status for fear of intimidation, stigmatization or worse, physical violence. Wilton (1997: 3, original emphasis) points out that setting up health promotion around the 'unproblematized *norm* of heteromasculinity' could only have negative consequences for HIV/Aids discourse. Not only does this feed into existing stereotypes of homosexuals and contributes to homophobia, rife in all South African communities, but HIV/Aids discourses fail to address members of society that are equally at risk to HIV/Aids.

There is only one example that can be listed as that of a 'gay' couple in the murals examined for this report. This image is found in the UDW Aids mural where in an attempt at inclusiveness, UDW students painted a range of characters within a huge Aids ribbon. Two of these characters stand at the forefront of this multiracial group, the character at the back holding onto the character in front [**image 48**]. Bourgault (1999: 19, 11) describes them as the 'gender-bending couple'/ 'a couple of indeterminate gender', who are suggestive of a homosexual relationship. Where the indeterminacy comes in, is whether these are young men/boys or very boyish-looking girls, for the images could be read either way. I was personally responsible for this particular 'gender-bending' image. In truth, the couple was meant to be a teenage boy and his girlfriend. One of the advantages of working on a mural project in a public space is the immediate response one gets from passers-by as the painting develops. After this image was painted, students passing by stopped and commented on the imagery, and often read the images as either two men or two women. Even though it had not been my intention to paint a gay or lesbian relationship, I decided not to alter or 'correct' the image, as the gender indeterminacy allowed for more than one reading of the image, which, whether intentional or not, increased the inclusiveness of the Aids message in the mural. However, as pleased as I was that this image did give recognition to homosexual relationships, it was nonetheless initially, unintentional and not predetermined to validate such sexual orientation. To attribute too much significance to this 'accidental' image, is to attribute too much credit to the muralists' awareness and attempt at inclusiveness.[131] There is a tendency by

[131] The sexual 'inbetweenism' and 'gender indeterminacy' of images on various murals, has often been celebrated as creating confusion or a level of critical engagement on the part of the muralist, although this perception is an over-

researchers sometimes when analyzing images, to deduce meanings and interpretations that may greatly differ or exceed artistic intention. Both Bourgault and Marschall at times exaggerate both the level of critical awareness of muralists, which results in supposedly more critical imagery, as well as the impact of mural imagery.

Roland Barthes' seminal theory on the 'Death of the Author', that he expounded in his essays in the book *Image Music Text* (1977), deals with the structural analysis of narratives in literary theory. Barthes' biggest problem with the explanation of works, whether it was literary or artistic, was that these explanations completely focused on the creator of the work. Authorial intention was the predominant focus of analyses of works. However, Barthes' theory on the death of the author, shifts power from sole authorial intention to the act of reading and individual readers, and denies any 'ultimate meaning, to the text' (1977: 147). Barthes (1977: 146) also states that texts are polysemous, containing many signifiers, of which readers choose some and ignore others.[132] Hence, neither my decision to leave the image as it stood, nor Bourgault's reading of the imagery, accurately reflects the initial intention or the subsequent interpretation of the image. Bourgault assumes too much regarding the initial depiction of the image.

Ien Ang, too, in *Living Room Wars* (1996), warns against exaggerating audience responses. Ang (1996: 43) states that if a viewer decodes a text with a seemingly different meaning, it is not to be used as an overwhelming benchmark of 'audience freedom' or in fact a level of criticality, but it is just a 'moment of struggle', of ongoing struggles that happen continuously. This is comparable to the intentions of muralists as well. As a researcher, one has to take into account that both

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exaggeration, as it is, quite often, a result of the technical abilities of the participating muralists. This is especially true of children's murals.

[132] Parker (2005), when asked how effective he thought murals could be, responded, 'I don't believe that communication should be understood as a direct linear thing, and a lot of time the way people understand communication is developed from Western communication theory, this sort of sender-receiver model… another way of understanding communication has to do with how it is influenced by contexts and cultural studies in my discipline which is to do with meaning, so meaning is the way you understand communication... Using that kind of concept, one would expect that everyone would look at a mural and see it differently…, it's basically about subjective communication versus objective communication… because murals tend to be more abstract and aesthetic, it's like when you look at any aesthetic work, and your interpretation and engagement with it has an emotional and intellectual component to it, so that's already where murals are situated, just recognizing subjectivity and then beyond that, it has to do with how much information you expect a mural to convey…yes, the mural has to convey a broad message, but beyond that, the mural also has to relate to its context. …' [sic].

stereotypical and alternative images can be executed by the same muralists. While the gender-bending couple on the UDW mural may be read as validating homosexual relationships, it is but a one-off example of an alternative reading that cannot be exaggerated to exemplify an argument. Bourgault does this in terms of the 'gay' couple. She uses it as a case in point, of the possible effectiveness of presenting people with alternative images that starts discussions. While I agree that dialogue was initiated by these images, the level of critical engagement with the images by the audience was not as is implied by Bourgault. Audience responses often tended to be superficial jests made at the image that didn't necessarily invoke a sense of homophobia, but neither did it garner any support from the student audience.

Furthermore, Bourgault does not discuss how the location of the mural could impact on such images being presented. The mural being located inside a tertiary institution meant that when I decided not to alter the images and 'allowed' them to be read either as gay or lesbian, I did not need to be concerned at all about criticism from fellow students, or any attempts at the defamation of the image. In various black townships however, attitudes of homophobia are highly prevalent, and are openly displayed, so muralists are sensitive to these attitudes regardless of their own beliefs. Quite often, muralists try not to offend the local community. Thus, that muralists actively avoid certain social issues that relate to HIV/Aids, may be due to social expectations and community 'pressure' as to what is acceptable behaviour and what is not.

In this chapter, I have tried to present a more complex picture of gender relations and sexual behaviour than that which is presented in murals in rather simplistic ways. Social relations are much more complex and contradictory than any 'fixing' that is achieved by an image or text. While there may be many women who are financially dependent on men, there is also the reality that there are many women who are the bread-winners of their homes. While women may seem passive, there are many women in South African NGO's, government departments, business, political, research and medical fields who are shaping the landscape of South African society. Yet, contradictorily, perceptions persist that even when mothers are the sole supporters of children, they are seen as pathological mothers; that while women are regarded as passive at times, at other times they are the moral guardians of sex and sexual behaviour.

This chapter has also tried to show some of the vital absences in the dissemination of HIV/Aids information. Whether due to conservatism on the part of the muralists, community expectations, an avoidance of certain issues due to the choice to foreground one way of contracting Aids over others, or merely misinformation, it is an error that cannot be afforded given the scope of the HIV/Aids disease in South Africa. It is not enough to merely celebrate what **IS** said in murals, for what is **NOT** said, is often reflective of stereotypes, attitudes, myths and stigmas in society as well.

CHAPTER FOUR
Walking The Line

> *In South Africa, where people have been effectively isolated from one another, there is a need to politicize personal experiences and to appreciate their wider social implications. The ability to look at one's subjectivity in relation to general social forces is a delicate balancing act: between self-conscious reflection and crude essentialism (Gule 2004: 178).*

This chapter covers the second core component of the research report, namely the body of practical work submitted for the degree. This body of work was made during the course of the degree and culminated in my exhibition, *Walking the Line*, held on the 3rd of September 2004. The focus of this discussion is on how the issue of stereotypes – whether manifest in the representation of others (street traders) or as a more personal reflection - is engaged in my work. Issues about street trade in various cities have been the focus of all my visual artwork for the last seven years. For *Walking the Line*, I dealt specifically with the refurbishment of the Johannesburg Fashion District in central Johannesburg. In it, I attempt to depict inner city street culture (vending) in the 'garments'/artworks that I made and animated for my performance, which was performed in front of 150 people in a theatre. This chapter analyses the performative strategies I used to interrogate concepts of identity.

4.1 Exhibition Details:

My exhibition *Walking the Line,*[133] was unusual, in that it was presented as a performance at the Downstairs Theatre at Wits University in Braamfontein, Johannesburg. For this event, I created thirteen artworks that took the form of 'couture-like' fashion items. Each item was made in collaboration with a fellow student, Matladi Raseona and/or a locally-based Pakistani dressmaker, Kamal Mohamed. Their task was to cut and sew the designs I gave them. Each 'garment' was made as an individual artwork and each referred to and embodied a specific mix of personal and more social factors. For example, *Marriage* is a piece that was constructed from drawings I made of beggars from both downtown Johannesburg and downtown Cairo. The garment, and therefore the drawings, is overlaid with silver steel scourer, the kind that is sold on the streets of Johannesburg, especially in the Fordsburg area [**image 49, 50**]. In its combination of different media, the garment refers to the 'marriage' of my ideas of these very different African cities, and the generalized entity called 'Africa', as represented by images of street vendors, beggars and the shared idea of an urban culture from both Johannesburg and Cairo .

South African Indian [**image 51**] is another example which combined drawings with other materials. The inspiration for this work was the way Indian saris are draped and how they signify cultural distinctiveness. The drawings are of African street vendors, while the text is taken from a poem that I wrote. This combination of ideas and materials reflected the Indian and African influences that impact on my life daily. Yet another piece, *Fabric of Society I*, combined ink drawings, oil paintings of street vendors and fabric sewn together to make a ball gown. Attached to the sides of the gown are papier-mâché fruit, with portraits I painted of street vendors inscribed on them [**image 52**]. The 'dress' has been fashioned after a Western-style ball-gown and was meant to reference the fairytales that I heard as a child, where in the end, everything turns out well. Hence, this piece was meant to represent a personal hope that life will improve in South Africa for the many people who are forced into informal employment because of the high unemployment rate in the country.

[133] The title *Walking The Line* refers to a discussion I had with my supervisor Penny Siopis, where I explained that I had to 'walk a fine line' between showing the interesting, diverse, beautiful, humourous elements on the street, and inadvertently making a mockery of the people I was portraying, by using dishwashing scourers, steel wool, orange sack, etc.

Some of the drawings and paintings were originally made as autonomous studio-based artworks. However, for *Walking the Line*, as noted earlier, I chose not to conform to the conventional practice of gallery exhibition, but to rather 'animate' the studio-based artwork through performance presented in the form of a mock fashion show. The performance ran for twenty minutes and involved twelve young South Africa Indian women assuming the roles of fashion models. None of these young women had modeled before. This fact caused a 'flaw' in their modeling, which I exploited to disturb the conventional 'flawless' view associated with fashion culture. To further disrupt the standard format of a catwalk fashion show, I performed with these young women throughout the show, shadowing and mimicking their movements. In order to produce an ephemeral, inter-disciplinary artwork, *Walking the Line* was a **one-night only** performance. An accompanying booklet handed out at the event, contained photographs of myself modeling the thirteen artworks/'garments'. This booklet was distributed freely to members of the audience, and was meant to be a piece of the artwork that they could take away with them. I wanted to exploit the tension between the more conventional art practice of painting and drawing and the less conventional art manifest as 'wearable' garments. Furthermore, I wanted to mobilise this tension as a performative event. It was imperative for me that this interdisciplinary work create an uncomfortable zone for anyone attending the event, expecting either a conventional art exhibition, or a fashion show or an art-performance. Hence, *Walking the Line* brings together elements from various distinctive practices and presentations, and merges categories of 'exhibition', 'fashion', 'performance', 'photography', 'high art' and 'craft'.[134] This uncomfortable zone is not simply related to the tension produced through disciplinary erosion, but functions as well to comment on identity as social construction.

Before I begin my analysis of *Walking the Line* though, I will discuss some of the theoretical perspectives framing my analysis. I refer back to Collins's ethic of personal accountability, which was briefly discussed in chapter one. Collins (2000: 253) states that, 'No scholar can avoid cultural ideas and his or her placement in intersecting oppressions of race, gender, class,

[134] The visual art practice internationally does not necessarily subscribe to hierarchies that position craft at a lower value, or as 'women's art'. However, I do argue that such arguments and value systems still crop up in the South African visual art field, and the continued need to distinguish between craft and 'fine art'. This is a contentious subject that I unfortunately cannot delve into in this research report.

sexuality, and nation'. Such factors play a constructive role in identity formation. Hence, in this exploration of my identity, as manifested in my practical work, the above matrix of social factors is interrogated in terms of how they have affected not only the street traders that I depict, but my life as well. Thus, the initial part of this chapter will attempt a historical, social analysis –insofar as this is appropriate to my concerns in my art - in terms of questioning stereotypes of street vendors and their position within the city space. Many of the theoretical perspectives on stereotypes of Black people and HIV/Aids discussed earlier, are also relevant to the discussion of stereotypes of street vendors, and will be further engaged in this chapter. The second half of this chapter which deals with an interrogation of the manifestation of my identity in my paintings and performance, tries to question social influences that have directly impacted on my life and work. Hence, at times, personal anecdote is drawn upon to illustrate a point, and the chapter becomes an autobiographical, subjective reflection as I question my identity in my artworks. Postcolonial and feminist theories on 'masquerade' and 'mimicry' inform my interrogation of the performative element of *Walking the Line*, be it the photographs or the actual stage performance.

The next section will give insight into how various ideologies and influences, have affected my art production over the last six years, and how they have specifically manifested in *Walking the Line*.

4.2 Street Vending as a Subject:

In 1998, I was chosen for the Abe Bailey cultural bursary along with fourteen other students from around South Africa. The cultural trip to London became a defining moment for me, in that I realized that all the things I missed most about South Africa were not limited to my Indian culture. I found that what I missed most was my experience of the streets of my hometown Durban, hearing the clicking of Zulu tongues around me, Indian and kwaito music blasting out of corner shops, the warmth of strangers as I traveled in minibus-taxis and walked the streets of Durban, the mannerisms of South Africans as you passed by or chatted to them (which I had taken for granted). When I returned home to Durban, I began to look at the streets in a 'new' way and consciously appreciated the colours, the sounds, the smells, the vibrancy that street vendors brought to the city, as well as the hive of activity that occurs daily on the streets of Durban. The

haphazardness of street trade became iconic for me of the diversity, the friendliness, as well as the hardship, which characterizes life for increasingly many South Africans. At this time, in 1999, I produced a series titled *Durban at Work* (1999 - 2001).[135] This series comprised of paintings, photo-lithographs and installation works. Through this series, I tried to dispel stereotypes of the city centre as the domain of Black criminals and beggars, rummaging through dustbins. In the *Durban at Work* series, I also tried to resist stereotypical depictions of street life.[136] Instead I choose to depict anything that happened on the streets: people waiting in queues for buses and taxis, friends having a chat on the street, street musicians, street braais (barbeques), people passing me on their way to work, children playing on the streets, vendors plying their trade [**images 55 - 60**].[137]

Although street trade forms an important part of South Africa's economy, this trade has, up until recently, not been validated by municipalities or residents, with many middle-class people wishing to eradicate informal street trade because they claim it has a negative impact on regulated trade in the city centres. These attitudes are best exemplified in perceptions expressed about the Johannesburg city centre. The late 80s and 90s saw specific historical, economic and cultural politics at work in the Johannesburg CBD. For instance, a high crime rate, an immigration influx in the early 1990s into the Johannesburg city centre, coupled with a decentralization process (which saw the flourishing of shopping malls throughout other parts of Johannesburg) and the movement of the financial district out of the CBD, resulted in the immediate fringe areas of the Johannesburg CBD being swamped by Black South Africans, and various immigrants from the

[135] This series was produced as a practical requirement for my first M.A. (Fine Art) degree that I obtained from the former University of Durban-Westville, in 2002.

[136] I have at times depicted beggars. After all, homeless or poor people are an increasing statistic in the city centres, but should not be the defining image of any city.

[137] My images of people in various activities on the street is not unique, and have been done by many different South African artists over the years, most notably in the works of George Pemba and Gerard Sekoto. Johannesburg Art Gallery curator Khwezi Gule notes these parallels in a write-up of my work for *10 Years, 100 Artists*. Gule (2004: 178) writes, 'It is tempting to draw parallels between Khan's work and the "township art" of Gerard Sekoto, Durant Sihlali and others. Like Sekoto, Khan's work demonstrates a shift in focus from elevated subject matter to scenes from the underbelly of mainstream culture. Her painting technique is also reminiscent of realist paintings by Sekoto. But the similarities stop there. She chooses to privilege painting to highlight its continued relevance as a medium culture and also to mock its conventions by using oil paint on what is considered low-grade material like papier-mâché. Except that once it has paint on it, papier-mâché becomes painting and not craft. This extension of the boundaries of painting encompasses installation and video art. But in all cases painting is an integral part of the work, a crossing of both conceptual and aesthetic boundaries…'.

DRC, Nigeria, Zimbabwe, Pakistan, India and an increasing number of Ethopians, Eritreans and Sri Lankans.[138] Many of these immigrants and local Black South Africans resorted to informal vending in order to earn a living. As the Johannesburg central space was appropriated by a black working-class, most White, Indian and Coloured working and middle class people, choose to stay away from the city centre because of the high crime rate (Le Roux 1997: 43).[139] The congestion on pavements caused by informal trading in the city centre has been blamed as a factor that aids criminal activity. Furthermore, street trade has been viewed as aggravating street pollution from litter, as well as hindering pedestrians and shopkeepers, as informal vending stalls are set up on the pavements.

Other city councils around the country have reacted differently to the informal trading sector. The eThekwini (Durban) municipality[140] has a radically different approach to street trade from that adopted by the Johannesburg city council. Over the last ten years, the eThekwini council has recognised the value,[141] as well as the socio-economic plight that has forced so many unemployed people into street trade. Instead of trying to eradicate informal street vending or forcing street vendors into formalized stalls, as has been done in Johannesburg,[142] the eThekwini

[138] Le Roux (1997; 43) claims that as many as 200 000 immigrants come to or through Johannesburg yearly, many of them being economic refugees from other parts of Africa.

[139] Le Roux (1997: 43) discusses how crime affected the movement of businesses out of Johannesburg CBD, 'Crime makes it risky to maintain a presence in the city, so whatever can be networked, represented, or delivered moves away'.

[140] The eThekwini municipality publishes monthly a magazine called *Metrobeat*, which deals with various issues relating to the city. It often addresses questions of 'public space', who should have access to certain public spaces, and what restrictions should be imposed for the safety, security and enjoyment of all those who have to, or want to use public spaces.

[141] According to Lindiwe Mahlangu, head of the eThekwini Municipality Business Support Unit, informal economy generates around R500 million annually. [Available from: <http://www.durban.gov.za/ eThekwini/Municipality/ press/ief_launch/view?searchterm=Street%20Trading>]. The eThekwini Municipality has set up an Informal Economy Forum, which is an inclusive structure that serves as an information sharing and networking structure, for all informal traders. The eThekwini Municipality also tries to ensure that the city's Street Trading Bylaws are implemented, and serve the needs of both formal and informal traders. Available from: <http://www.durban.gov.za/eThekwini/Municipality/bylaws/61/157/175/200/227/228/295>

[142] Examples of this would include the Faraday market and Metro Mall markets in the Johannesburg CBD.

council has set up various programmes to educate street vendors and facilitate informal trading.[143]

Even though the Johannesburg city council has been trying to lure more people and businesses back into the area, the central space remains fraught. The issue of space, both personal and public, always stirs much debate because it involves so many political, historical and economic factors.[144] Lupton discusses how space and time impact on the validation of certain stereotypes and the exclusion of certain groups of people. Lupton (1999: 142) views notions of space as cultural 'objects' that are constructed through social, historical and political processes. According to Lupton, spatial metaphors and binary oppositions are central in creating notions of self and Other, and thus of who is marginalised and excluded. Importantly, Lupton (1999: 142) discusses how dominant groups view 'risky' marginalised groups as polluting public spaces and therefore shrink from contact, physical or otherwise, with them. Hence, Lupton (1999: 142) argues that 'the human landscape can be read as a landscape of exclusion' – a process that was legitimized by apartheid and resulted in the segregation of even public space.

A disassociation with certain public spaces inhabited by a certain group of people is certainly not a problem that is unique to South African cities only, or specific to this era. Lupton (1999: 143) says that in early modern European society, the bourgeoisie disavowed the open or 'grotesque' body, and in removing self from these traits, projected these values onto others:

> …the bourgeoisie public sphere became dependent on denial of the grotesque, the irrational, the bodily. In the nineteenth century the city became a focus of the bourgeoisie's anxiety about contamination and disorder, via a concern about the sewer and the slums and the figures of prostitute, the servant, the labourer, the scavenger, the beggar and the criminal (Lupton 1999: 143).

[143] These programmes range from the importance of anti-litter campaigns, to setting up washing facilities for street vendors to hygienically cleanse their wares; increasing the number of portable sanitation facilities, and even setting up steel vending tables that have been attractively mosaiced.

[144] The catalogue for the 2nd Johannesburg Biennale (*Trade Routes. History and Geography* 1997) had many articles that dealt with the issue of space, be it personal, city, global, cyber. See for instance Saskia Sassen 'Whose City is It? Globalisation and The Formation of New Claims' (1997); Olu Oguibe 'Forsaken Geographies. Cyberspace and the New World 'Other'' (1997); Julia Kristeva 'By What Right Are You a Foreigner' (1997).

As the bourgeoisie increasingly began to regulate and govern their own bodies, they started to disavow the 'lower' body and its functions, and projected these values onto the 'lower' working-class and poor in the city who, in the view of the bourgeoisie, were 'transgressing the boundary separating human from animal in their contact with dirt and disease, their degraded living conditions and their lack of bodily control' (Lupton 1999: 144).[145] In the South African context, this association of the 'lower' working-class with notions of lack of bodily control, dirt, disease and rampant sexuality are stereotypical views held by different races towards Black people in general (Grundlingh 1999), and have resulted in areas overwhelmingly dominated by working-class Black people in the Johannesburg city centre and its periphery, being avoided if possible. Lupton (1999: 146) says that strategies of spatial exclusion that are employed by members of dominant social groups, seek to exert control over marginalized groups for which they hold 'hostility, contempt or fear of contamination'.

Architect Hannah Le Roux views the Johannesburg city centre phenomenon in a different light. Le Roux (1997: 43) says that the existing geometry of Johannesburg city centre is being re-made by immigrants and hawkers who 'borrow' space in the cityscape using minimal interventions. Le Roux (1997: 44) argues that the activities of hawkers and inner-city advertisers signify a breakdown in the formal boundaries created by apartheid and a breakdown of established binaries of white/black, formal/informal, legal/illegal, planned/temporary, planner/subject. Le Roux finds the changes wrought by street trade indicative of a new urban order (1997: 44). [146] This new urban order may seem chaotic and disorganized to those who do not choose to engage daily with

[145] Lupton (1999: 135 – 136) also uses as an example American anxieties in the 1990s to the increase of homeless people. She says that homeless people fuel anxieties about the rational ordering of society, and that homeless people occupy the space allocated to animals, i.e., they live outdoors with no permanent homes, roam about, smell offensive, void their wastes outside, do not wash and have little control over their actions. 'Homeless people may even be conceptualized as 'dirt', as matter out of place that requires removal so as to regain order and purity. Their liminal status means that they can be treated more harshly and as having fewer rights than other people, including confining them involuntarily to institutions' (Lupton 1999: 135 – 136).

[146] Le Roux also says that this new urban order created by hawkers, immigrants and advertisers, reflects a significant breakdown in the modernist ideals of space, fixed dimensions and order, 'What is being constructed in this reconstruction is not a new space but a new encounter with space, in time. Paralleling the hawkers' insertion of stalls into the flow of pedestrians to construct a receptive market by creating delays in the circulatory system of pavements, the re-commissioning of these spaces emerges from a strategic interplay between third and fourth dimensions: by the interrup-tion of the uses in time envisaged in modernism with minimal changes, or by the invasion of the space produced by modernism with significant events' (Le Roux 1997: 45).

the city, but perhaps this new order merely has different systems of operation and understanding that sustain a hub of activity everyday.

The engagement with street vending in my practical work, has sought to subvert stereotypical images of people who work on the streets, to make evident the social and economical factors that have resulted in the huge informal trading sector, but also fundamentally, to show the humanity and dignity of the people I portray. This is not naïve idealism, but rather a depiction of what should be obvious; that street traders are just normal people, aware of politics, sport, popular culture and social issues, who despite their economic situation, show resilience and strength in trying to earn money in any which way they can. In my earlier paintings, I tried to show multiple narratives, which are manifested as smaller painted or sewn images of various street vendors, within larger images of street workers. This strategy is meant to reflect a conceptual intervention which attempts to show the many dimensions to these street traders' lives, i.e., they are part of family and religious institutions and members of particular communities [**image 56**]. There are many more narratives to a single person's story than just sitting on a street selling miscellaneous objects, fruits or vegetables. I have tried to show how people interact on the street with strangers, but also the camaraderie that exists between people of a similar economic situation. Although street trade may look chaotic to some people, there are certain codes of behaviour and governance among the people who work in specific areas daily. For instance, street wares are arranged in an orderly fashion to attract customers and traders assist one another throughout the day.

Walking the Line was a culmination of all these various perspectives and representations, with special impetus provided by a current initiative by the Johannesburg municipality to set up a fashion district in a part of Johannesburg central that has been notoriously dangerous.

4.3 Walking The Line:

The creation of a 'fashion district' in a particularly hectic area[147] that has many West African textile shops and small businesses selling all sorts of garments and cheap textiles,[148] is both an

[147] The Johannesburg Fashion District is being set up in the inner city's eastern sector encompassing eight streets including End, Market, Von Wielligh and Kerk streets. The area has been traditionally associated with the garment industry since the 1940's. Available from: <http://www.joburg.org.za/sep_2002/fashion_district.stm

oddity and curiosity. This area has already been punted as a future 'trendy' spot, with the planning of apartments, artists' and designers' studios and shops. My aim was therefore to combine an aspect of South African life that many middle-class people would like to ignore - street trade - with a high-profile medium (fashion) that is generally enjoyed and accessible to middle-class and rich consumers.

As noted for *Walking the Line*, garments were sewn out of my oil paintings and ink drawings on canvas. I also included embroidery. These were combined with various 'found' objects acquired from street vendors, as well as papier-mâché fruit that I had made **[images 49, 51, 52, 53, 54, 63, 64, 65]**. I sought to present the viewer with 'recognisable' images from the streets of South Africa's city centres - not 'Americanised', yuppie notions of street culture, but objects sold everyday on the streets like steel-wool, kitchen scourers, key rings, sweets, toy cellphones [**images 50, 61, 62, 64, 65**].[149] When these items are combined with oil painting, ink drawings and embroidery, they bring together fashion, fine art and street culture in unique, contradictory ways. With *Walking the Line*, I was completely uninterested in notions of practicality and commercialism. The 'garments' are once-off individual art pieces masquerading as fashion for a one-night event, which can be worn but not washed. They are durable enough to be used occasionally, but they are also very fragile as some of the materials, e.g., dishwashing scourer and steel wool, tend to fray quite easily.

Johannesburg has a growing fashion culture that is trying to highlight South African street culture, using aspects of South African life as inspiration for designs. Many young black contemporary fashion labels (Stoned Cherrie, Loxion Kulca) have made an impact on the South African fashion world. *Walking the Line* sought to question the relationship between a fashion design space, and a space already occupied by street vendors, small business and cheap-textile stores. Surrounded by hundreds of street vendors daily, will the fashion designers who set up

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http://www.joburg.org.za/citichat/2004/march15_citichat.stm>

[148] West African, Indian and most especially Chinese textiles have supposedly flooded textiles markets across the world, with terrible negative impacts on the local garment industries. The same is true for the South African textile market. See 'Clothing and Textiles – a Sector Assessment' (2001) in Indicator South Africa (Vol. 18). Available from: <http://www.ukzn.ac.za/indicator/Vol18No4/18.4_feature.htm>

[149] These items themselves are cheap Chinese goods that can be seen as part of a growing globalised consumer culture.

work in this district, ignore the street culture that surrounds them daily? Or will they tap into the many consumer images around them, which are not the necessarily expected images of Coca-Cola or Nike, but rather of Superglue, steel-wool, cheap sweets and mobile phone holders? Will their presence benefit those who work on the streets around them by acknowledging a group of people usually overlooked, or could they benefit from engaging with the locally-specific street cultures?

4.4 My-story: Viewing Self

Working on the street vending series for the last six years, I began to realize that although my works represent a South African social condition, i.e., the informal economy, the works I produce actually also speak of my personal identity. For instance, the use of primary colours (red, yellow, blue) in my paintings is a reflection of the many colours one finds in most South African city centres - from billboards to wares to people's clothing - but is also reflective of my belief in keeping painting simple formally. My use of oil paints became for me, reflective of my Westernisation. Biblical texts collaged or painted into the composition, became a way to show the importance of my chosen religion, my thinking and belief system. Henna designs, which were painted or sewn into garments, or as backgrounds, became a means to reflect my Indian heritage [**image 50**]. Excerpts from poetry that I have written provided a way to convey deep personal thoughts about my everyday struggle with my sense of self, my identity and my relationship to everything around me. Through my depiction of others (street traders), I have found that I have been inadvertently storying myself.

As my work on street trade developed, I began to embroider areas within my oil paintings. Embroidery has become an important feature in my oil paintings and ultimately resulted in the range of clothing for *Walking the Line*. Embroidery in my oil paintings was meant to reflect both my apartheid school education, as well as my mother's need to sew to make more money for the family. As a young schoolgirl, I hated being forced to do needlework in school, on the basis of equipping females with skills to become good housewives.[150] I also hated my mother having to

[150] Parker (1984: 1) reminds us that the sexual division of labour stills remains an unchallenged notion in today's school curricula, as girls are directed towards needlework classes and boys to carpentry.

labour for hours on wares that we would sell, that were never appreciated. In short, I hated needlework.

My ambivalent relationship to embroidery is not unique to me though, as embroidery has a long history in feminizing women in different cultures. Rozika Parker (1984), in *The Subversive Stitch: Embroidery and the Making of the Feminine*, addresses the role of embroidery in European culture and history. Parker points out that embroidery has been used to construct ideas about femininity, the sexual division of labour, class differences and stereotypes of femininity.[151] Parker (1984: 2 - 5) explains that embroidery evokes the simplistic sexual stereotype of the 'virgin in opposition to the whore'; that it has been used to undervalue the creativity of women because it was located within the realm of the home; but also because, at a certain point in history, embroidery was associated with working-class women.[152] Parker (1984: 11) says that by the nineteenth century, women's ability to embroider became naturalized as a feminine attribute, but also began to signify other feminine characteristics, i.e., docility, obedience, love of home and a privileged life. Deviation from this 'natural' ability of a woman, led to a questioning of the femininity of that woman. I can identify with this idea, as at primary school, I felt most awkward and inadequate during needlework classes, with constant rebukes from my teacher that I would never be a good wife or mother. This despite being a rather good student in other disciplines. Watching my mother, and my grandmother before her, sewing to make money for daily necessities created in my mind, a symbolic relationship between sewing and struggle.

Every time I sew into my oil paintings I find it a laborious task and though I am reminded of my inadequacies at needlework, and my family's early economic struggles, I also find it a cathartic process. At the same time, the result is beautiful and the embroidery adds a delicate tactile quality to the otherwise polished surface of the oil painting. I enjoy juxtaposing what is considered

[151] Parker (1984: 4) defines the feminine stereotype as that which 'categorises everything women are and everything we do as entirely, essentially and eternally feminine, denying differences between women according to our economic and social position, or our geographical and historical place'.

[152] Parker (1984: 11) says in the nineteenth century, women embroidering at home began to signify more affluence, as this meant they did not need to work, and were well-provided for by their husbands.

'women's craft', into a 'fine art medium' such as oil painting.[153] Parker (1984: 5) shows that embroidery had been relegated to the status of craft in pre-modern European society, and that 'there is an important connection between the hierarchy of the arts and the sexual categories male/female'. Parker (1984: 5) says that embroidery has been consistently associated with the 'second sex' or the working class, and therefore accorded lesser artistic value. By embroidering directly onto oil-painted surfaces, I hope to continue to contest hierarchical categorizations of fine art and craft,[154] not in an attempt to elevate embroidery[155] into the realm of 'high art' or to debase the discipline of oil painting, but rather to question the relevance of these gender-inscribed roles and values traditionally ascribed to these two activities and genres in society.

4.5 Body-talk: Using Self

Beyond using all these various elements (embroidery, oil paintings, ink drawings, papier-mâché hand-made objects and 'found' street objects) in my work, with *Walking the Line*, I ventured in a different direction by using my own body and my own image as a signifier for all the cultural, gender and racial politics that I am faced with daily. In this, I refer to a politicized, particularized body. As noted earlier, *Walking the Line* was presented in two parts, the booklet that accompanied the exhibition and the one-night performance. For the photographs of the booklet, I attempted to place myself within the artwork, using myself as a model for all the 'garments'. Hence, the photographed 'subject' is always me. By posing in different ways, I tried to capture the feeling that each 'garment' inspired. Henna designs embellished my arms, my chest and back, but not on my hands and feet as is the usual custom in traditional Indian weddings.[156] Each

[153] Although these were my motivations for initially starting to sew into my paintings, for the *Walking the Line* garments, I was influenced by a work of Egyptian artist Ghada Amer, which I had seen in 1997 at the Second Johannesburg Biennale. Amer's work is also embroidery on canvas, and initially, seemed unimpressively to be just images of women. When I had almost walked past the work, I noticed that there were many forms of women in this work showing oral sex between women, as well as acts of masturbation. Amer's combination of a women's craft like embroidery, with this contentious subject matter, intrigued me and left a lasting impact.

[154] I have done this in several other ways in different works, by painting portraits in oil-paint onto papier-mâché fruit and painting large scale murals in oil paints as well.

[155] Parker (1984: 6) situates embroidery as art 'because it is, undoubtedly, a cultural practice involving iconography, style and a social function'.

[156] This was merely an attempt to be unconventional and disrupt the usual way that mehndi is presented on the body.

artwork had associated with it, a different hairstyle, make-up and jewelry, all of which I arranged myself. The idea was once again to purposefully question the various influences upon my identity, i.e., African, Indian, Western, Christian, tertiary education, apartheid schooling. The images and artworks sought to reflect a fluid, often contradictory, hybrid sense of identity. Even though the form of the booklet mimicked commercial advertising fashion brochures, small, sometimes quite subtle disturbances,[157] disrupts this viewing. For instance, I stage only my own image within the mode of fashion shots characteristic of such brochures, while the supplementary information included in the booklet, such as an artist's statement and biography, makes evident that this is not merely a fashion catalogue. The fact that the booklet was handed out at the performance, in which I was one of the performers, was also meant to heighten the construction of subjectivity which was a key interest in the performance.

The issue of hybridity in postmodern society is a contentious one but is quite pertinent to my work and issues of identity.[158] As a teenager, I became acutely aware that I was not 'simply Indian'. My experience during the time I spent in London on the cultural bursary, further concretized that living in an African country has had a vast influence on my thinking and cultural perspectives. I began to realize that all the different influences that make up my identity and viewpoints are not necessarily at odds with each other. That is, I am not either an Indian or an African, but a mixture of both cultural identities and perspectives. At different times, different aspects of my identity are foregrounded.[159] This series of negotiations characterizes hybrid identities, as Lupton points out when she says,

> These [hybrid] identities confound, confuse and challenge established ideas about the distinctions between different types of cultural identity. Hybrid identities are constantly in flux,

[157] For instance, excerpts from my poem 'MaAFrika – My Struggle to Become a Child' were also used alongside certain images in the booklet. The text was written in a similar colour to the brown background and followed the contours of the modeled image. The text would be clearly visible against a highlighted part of the background, but would disappear in the shadowy background. Hence, the poetry was not obvious on first glance at the booklet.

[158] As mentioned earlier though, notions of hybridity and multiculturalism have been criticized by cultural critics such as Annie E. Coombes, Stuart Hall and Nestor Garcia Canclini. Nonetheless, hybridity as a term, is appropriate for the time, in defining the fluidity of the various influences manifested in my identity, and my recent collaborative work.

[159] Collins (2000: 99) points out that black women's lives are 'a series of negotiations that aim to reconcile the contradictions separating our own internally defined images of self… with our objectification as the Other'.

> remaking boundaries rather than bolstering them. As a result, 'difference is neither One nor the Other, but *something else besides, in-between'* … The fluid, contingent nature of identities, the requirement that they must be actively performed, means that they are never finished, complete. It is in the interstices of binary oppositions and definitions of identity that hybridity is generated and flourishes… (Lupton 1999: 132, original emphasis).

As with the community murals that I previously participated in, this performance-exhibition required collaboration with several people. Although I controlled the idea, the final outcome has traces of all the people who contributed. Hence, the production was further hybridized by the traces left by the many people who have contributed to the body of work. The artworks finally used as elements in the performance, are an amalgamation of my own and my fellow dressmakers' creativities, while the photographs are a product of my 'performance' and Wayne Oosthuizen's photographic skill. Even my body had the imprint of someone else's creativity, for while I instructed the mehndi artist where to execute the designs on my body, the Indian designs were a product of her Indian heritage and talent.

The use of one's own body in the visual arts is not a new phenomenon. However, it gained powerful momentum and importance in the conceptual and ephemeral art of the 1960s and 1970s in Europe and North America and was particularly important to feminist artists at this time. Using one's own body in an artwork is loaded with social, political, sexual and racial implications and many artists (both internationally and locally) have critiqued societal expectations, impositions, preconceptions and limitations of the body through the use of their own bodies as the subject matter in their artwork.

Lucy Lippard in *From the Center. Feminist Essays on Women's Art* (1976) discusses the many ways woman artists of the late 1960s and 1970s used their bodies as sites of examination, contestation, exposition and parody. The politics of the body extend beyond merely one's own body, body space and gender boundaries, to encapsulate inseparable factors of race, sexuality, economics, religion and education. Artists, such as Judy Chicago, exposed the previously unseen, e.g., female bodily fluids in her *Menstruation Bathroom* and *Red Flag*; Faith Ringgold used masks and performances to critique her position as a Black female in American society; while Mary Kelly denied the viewer stereotypical images of the mother, by only showing traces of her

infant son's life and her 'experience' as a mother. Hence, the element of performance in visual art began to delve into identity formation and identification, as typified in the work of American artist Cindy Sherman and theorized around the idea of the masquerade. The early work of feminist artist Cindy Sherman is most relevant to this research though. Sherman is perhaps best known for her *Untitled Film Stills,* which she executed from 1977 – 1980. In this series of black-and-white photographs, Sherman appears in a range of stereotypical female roles that were prevalent in old B movies and film noir, participating as both photographer and model (Cruz 1997, Van Garrel 1996).

Portraying the different film characters, Sherman comments on the power of the media to influence identity, but at the same time, she denies the viewer her own 'real' identity and resists an essentialising of her image (Cruz 1997: 2). One can only guess at which image comes closest to the everyday Sherman and in donning so many different characters/masks, Sherman refuses to allow her identity to be 'fixed'. Sherman also produced a series of works that critiqued fashion photography, as she felt that fashion itself was another form of masquerade for women, with advertisements promising to convert the buyer into 'a more perfect version of herself' (Cruz 1997: 8). Lippard (1997: 130) says that to make oneself up is literally to create, or re-create one-self. Being both photographer and model, Sherman is in control both in front of the camera and behind it, and therefore destablises the assumed masculinist gaze of the photographer behind the camera (Cruz 1997). Instead of being the unsuspecting 'victim' of the voyeuristic gaze by her poses, Sherman engages the viewer's participation by asserting that she is the object of someone's gaze and is in control of what is seen of her (Cruz 1997: 3). Hence, Sherman's work does not only engage in photography, but in performance as well – 'a masquerade' that is framed by a parody of the image of women that the media sells to women.

Various artists in South Africa, such as Steven Cohen, Tracey Rose, Berni Searle and Minette Vari have used their bodies performatively to contest different gender, sexual, racial and cultural stereotypes. This enactment has contributed to the way the body has been marked directly or indirectly, by political and cultural significance. Hence, body art has become an established genre

in contemporary art. [160] It has been informed by theories of embodied subjectivity presented by writers such as Simone de Beauvoir and Judith Butler, and has gone some way in affirming contemporary art as performative, i.e., that contemporary art is understood as a trace manifest through the gesture of the artist's body or appropriate prosthetic or object (Jones 1998: 11; 53 - 55).[161] For my exhibition *Walking the Line*, I sought to place my body, and hence my hybridized, processional identity, in the artwork to make evident that the work was not merely about my objects of study, i.e., street vendors, but also about exposing my subjectivity. As Lippard (1976: 124, original emphasis) says, 'When women use their own bodies in their art work, they are using their *selves*; a significant psychological factor converts these bodies or faces from object to subject.' The aim was to create once again, multiple narratives which drew attention to this shift from object to subject. Although I am photographed in every 'garment', I look different in every photograph, hoping to keep the viewer guessing as to the 'real' me, which is subtly akin to Sherman's early work. While my own gaze contributed to my making of the images of street vendors, I am, in the photographs and performance, also being gazed at by an audience, who are in turn gazing at the street traders through my depictions of them. At times though, it may have been a bit difficult to see the images of street traders in the photographs or in the performance as the models paraded. After the exhibition, drinks and snacks were provided freely for the audience to allow audience members to interact with the models and examine the garments at close range. Hence, my identity is created by what I have chosen to depict and by the artworks I have made, while at the same time I create and construct my objects of study for the viewer through my portrayal of these street traders.

This relates to what Amelia Jones (1997: 33), in her article 'Tracing the Subject with Cindy Sherman', calls the phenomenological idea of the 'chiasmus', which she says is the way in which embodied subjects intertwine through the regime of a visibility that turns the world into flesh.

[160] It is important to note that Amelia Jones does make a distinction between performance art and body art, in her book *Body Art/Performing the Subject* (1998). Jones (1998: 13) says that 'performance art' in its broadest definition, encompasses 'any kind of theatricalized production on the part of a visual artist', while in the narrowest sense, it implies that a performance must occur in front of an audience. With regard to 'body art', Jones (1998: 13, original emphasis) defines it as works that '*take place through an enactment of the artist's body*, whether it be in a "performance" setting or in the relative privacy of the studio, *that is then documented such that it can be experienced subsequently through photography, film, video, and/or text*'.

[161] Jones (1998: 53 – 55) hints that viewing art-making as a performance, whether it is painting or sculpture, is perhaps not solely attributable to Jackson Pollock or American Action Painting, but perhaps signifies a 'profound philosophical shift in conceptions of artistic subjectivity' in the 1950s.

> That is, while one subject sees another, the subject in seeing is also seen and so made flesh. The "seeing that I am" becomes "really visible," and "I appear to myself completely turned inside out under my own eyes" (Jones 1997: 33).

Through my depictions and portrayals of the street vendors in my garments and their animation in the performance, my identity is made flesh, while at the same time I am also under the gaze of both the eye behind the camera, which helps create the 'fixed' image, and the viewer, who is presented with a seemingly 'fixed' image. While I am being gazed at, I still remain in control. I create the context, the pose, the themes that the viewer is presented with, yet I am vulnerable to the photographic eye and lighting effects of photographer Oosthuizen. All of the depictions are superficial representations of 'reality', my constructed representations of street vendors are no more realistic than Oosthuizen's constructed photographs of me. While the 'real-life' experience of street vending is a starting point for depiction and representation, the final portrayals of the relationship between the street traders and myself has been changed, altered and recycled into other forms that are partly realistic, and partly illusory, but always constructed.

Ultimately, my construction of the various garments, poses and identities in the *Walking the Line* booklet is not unlike Sherman's photographs in that both exploit the idea of masquerade. The booklet was meant to have the qualities of a fashion-spread, in terms of being staged and glossy. Instead of an exuberant celebration of fashion though, the photographs in the catalogue looked quite somber, even at times a little depressing. [162] Jones describing a masquerade says,

> …*a masquerade* … is, the production of the self as the thing most expected-but marking this thing as *fake*. In the masquerade, the victim exaggerates the very modes of passivity and object-ness projected onto her via the male gaze… (Jone s1997: 35, original emphasis).

[162] Oosthuizen and I had a hard time trying to not make each pose look submissive. I wanted to capture different feelings inspired by having to work daily on the streets, i.e., despondency, waiting, hope, busyness, resignation, pride, defiance. Too often, as we photographed, the look seemed to be quite depressing and passive, which was exactly what I did not want, as I didn't view street vendors as passive 'victims', but instead people who are doing whatever it takes to survive economically. Passivity cannot also be attributed to my portrayal either, just because I am a black female in front of a male photographic eye. Even though Oosthuizen is a White male and is in control of the photographic lens, I deny passivity by constructing each identity, and controlling each aspect of the pose and also the photographs that finally get selected.

Masquerade in this context, entails falsehood and superficiality. All of the images of myself are real and yet they are false. Ultimately none of these portrayals of myself lead the viewer to knowing the 'real' me, if there is at all a 'real' me.[163] My performance both creates and exposes the 'unreal, imaginary, fragmentary' (Jones 1998: 59). The same thing is applicable to my portrayal of the street vendors. Even though I can identify up to a point with their economic plight, it is only up to a certain point. My depictions of them do not result in a greater understanding of what it must really feel to eke out a living on the streets of South Africa daily, nor is it a realistic understanding of all aspects of their lives. An analysis of masquerade, in relation to gender construction and female sexuality, is notably attributed to lay psychoanalyst Joan Riviere. In her seminal article 'Womanliness as a Masquerade' (1929), Riviere says that womanliness can be assumed and worn as a mask and that there was no absolute femininity beneath the veil or mask, but only a feminine subject that was inducted into being 'woman' by social practices of mimesis and parroting (see also Wright 1992: 243, Riviere 1986). Riviere says of the masquerade of femininity,

> The reader may now ask how I define womanliness and the 'masquerade'. My suggestion is not, however, that there is any such difference; whether radical or superficial, they are the same thing (Riviere 1986: 38).

Thus, as I stated above, notions of a 'real' me are as false as me masquerading in various guises. Some analysts have argued that in fashion, the woman is ascribed the role of performer, who both flaunts her femininity but also holds it at a distance and that during her masquerade she takes control of her mask of femininity (Evans 1992: 89).[164]

[163] Stephen Heath (1986: 53), in his analysis of Joan Riviere's idea of masquerade and femininity says 'The masquerade is a representation of femininity but then femininity is representation, the representation of the woman: 'images and symbols of the woman's cannot be isolated from images and symbols of the woman'. Hence, what is 'real' has to be questioned, as every representation is a mediation of various images and representations.

[164] It is also argued that the fetishistic function of dress displaces our interest from the body on to the dress. Hence, clothing is a means that supplements the body and makes 'good a LACK' (Wright 1992: 89).

This idea of masquerade is similar to the postcolonial idea of 'mimicry'. Dominant colonist discourses encourage the colonized subject to mimic the cultural habits, institutions and values of the colonizer (Ashcroft, Griffiths & Tiffin 1998: 139). This relationship however is never simple, as the colonial subjects never simply reproduce the traits of their colonizers. Their copying instead results in a mimicry that 'is never far from mockery, since it can appear to parody what it mimics' (Ashcroft, Griffiths & Tiffin, 1998: 139). According to Bhabha, mimicking of dominant cultures and ideologies contains an inherent quality of mockery, and 'menace' which ultimately threatens the dominant structure (Ashcroft, Griffiths & Tiffin 1998:140). The *Walking the Line* catalogue visually mimics the fashion adverts of Western magazines, but at the same time mocks the conventions of these fashion photographs, by presenting unusual garments, street vendors and street objects as 'beautiful'. This mimicry was extended to the *Walking the Line* performance, were I shadowed each of the models [**images 75 - 80**]. Dressed in black, devoid of make-up and with henna on my body again, I tried to mimic the individual movements of the young women. The mimicry often resulted in a mockery of catwalk movements and gestures, as I tried to keep up with these novice 'models' [**images 75 - 80**]. The awkwardness of the first-time models also brought a point of fracture into the fashion performance, bringing in a sense of reality, but also showing that these young women themselves were part of the entire masquerade. The 'models' were not ideal in terms of modeling standards, i.e., being over 1,75m tall, with slender figures and clear complexions.[165] The only criterion for participation, was that they had to fit into the 'garments' that were originally made for me, i.e. they had to be my size. Hence, my own less-than-perfect physique[166] became the 'new' standard.

The shadowing of the 'models' provided a point of disruption and challenge to the fluidity and seamlessness of the catwalk performance, bringing in humour and a point of criticality into the performance-exhibition. During the performance, lighting was reduced to just one central light aimed at the middle of the stage, and models were also followed individually by a spotlight. As I shadowed the models, my body literally moved in and out of the light, at times completely enveloped by shadow **[images 75, 76, 78]**. This literal physical movement between light and

[165] Many of the models were either short or of average height (1. 65m), one of them was extremely skinny, while another model had a very severe problem with acne.

[166] I am only 1, 64m tall and weighing a mere 45kg, am rather skinny.

dark, between visibility and disappearance into shadow, was yet another attempt to destablise the notion of 'fixity' of identity. This was further heightened by the element of humour. There was both amusement and fascination from the audience at seeing tubes of Superglue sewn into a 'skirt', or seeing a length of steel wool used as fake fur.[167] The mockery of the catwalk phenomenon was meant to be a mockery of the conventions of Western beauty conventions that are established through this industry, and also of a parading of what selected individuals consider standards of femininity, fashion and what's 'hot' or 'in' at the moment. Although when making my garments I would never have presumed that others may find such strange 'garment's appealing, I have, since the performance, been inundated with requests to purchase the garments or have the range commercialized.[168] (Perhaps this goes to show that almost anything on a catwalk could become trendy!) Lippard wisely cautions about the role of parody in women's art, and warns that confronting societal stereotypes of women by purposefully acting out these stereotypes can result in the opposite of the desired effect.[169] Even Cindy Sherman in the end could not escape a regurgitation of female stereotypes and eventually in 1980 she ended her series of untitled film stills.

Walking the Line has been a lesson for me as well, especially in learning the complications of locating one's own physical body within an artwork, while trying to relate to a broader social context. My artwork uses as a starting point, the representations of Others, but in doing so reveals elements about my identity and background. I have not tried to be an 'objective' observer of a social reality, but have instead implicated my subjectivity - my thoughts and feelings - in my art pieces. Ultimately, my artwork has sought to interrogate my identity and the various influences

[167] The audience visibility of details on the garments differed according to where they were seated. People seated alongside the stage were able to identify the 'found' objects used in the garments, while other audience members only saw these objects after the performance, when they were able to get close to the garments.

[168] I did not presume when I was making these garments with images of street vendors, that people would actually be interested in purchasing them and wearing them as 'couture' items. Selling images of street vendors as a fashion trend to people who rarely even go to the Johannesburg city centre, felt ethically inappropriate and exploitative.

[169] The criterion used for choosing the models were that they had to be Indian, as they were substituting me in the performance, and that they simply had to fit into the garments that were originally made for me. Watching the video recording of the performance I was surprised to see that at times, some of the models strikingly resembled me and could easily be mistaken for me. Perhaps this is also indicative of one of the pitfalls of parody, that it can often resemble too much that which it critiques and hence ends up contributing to the stereotypical representation (in this instance, that all Indians look alike).

shaping it, through the 'active performance' and therefore externalization, of various aspects of, and stereotypes associated with this identity. I do this in order to contest notions of 'fixed' identity. My interest in challenging fixed identity is not to promote a relativist position, but to unmask what is so often naturalized or essentialized, and in so doing open a space for agency – identity is not destiny. Thus this interrogation has not merely been an expression of who I think I am, but rather an attempt to know who I am and define what is said about me.

CONCLUSION

> *AIDS has generated a good deal of angst in South Africa. It lay bare and exacerbated the social prejudices, stereotypes, the economic inequalities, discriminatory practices and political injustices which do exist but tended to be ignored, namely homophobia, racism, and puritanism (Grundling 1999: 59).*

This research report has focused on how various gender and racial stereotypes are present in the iconography of HIV/Aids mural examined from Johannesburg and Durban. My own practical visual artwork has also tried to deconstruct stereotypes of people trading on the streets of South Africa's major city centres. More than just the representation of Others, the performative aspect of my work has also tried to destabilise notions of identity as 'fixed'.

In this research, I have tried to question stereotypical depictions of certain groups of people in HIV/Aids murals, recognizing that the constant perpetuation of stereotypes in various media

reinforces stereotypical thinking, making such perspectives an inevitable part of daily societal thinking. With regard to the HIV/Aids epidemic, stereotypes of race, gender, sexuality and class have contributed significantly to the stigmatization of people infected with the disease, which ultimately contributes to their discrimination and affects the impact of the HIV/Aids on individuals and communities greatly.

In her analysis of the HIV/Aids mural component of the Beyond Awareness Campaign, Bourgault (1999: 21) noted that certain mural representations of HIV/Aids showed particular biases that could perpetuate visually, certain myths surrounding HIV/Aids. Bourgault suggests that while the perpetuation of such meanings may be unintentional, it may nonetheless contribute to the Aids problem. Bourgault's analysis points importantly to a rather problematic paradox found in mural representations. While HIV/Aids murals have been seen primarily as a public tool that could educate a mass audience on aspects of the disease, given the historically racial and sexual bias of HIV/Aids, the representation of HIV/Aids in any medium would be a maneuvering of the minefield of facts, myths, stereotypes and stigmas associated with the disease and certain 'high-risk' groups.

While working on the UDW Aids mural project, I realised how incredibly difficult it was to not only portray a rather socially-complex disease like HIV/Aids, but also how difficult it was to visualise scientific facts about the disease without, at the same time, invoking stereotypes of certain racial, gender or sexuality groups. Bourgault (1999: 11, 17) commended the muralists on the UDW Aids mural project for not only their attempt at racial inclusivity, but their 'concerted effort to break old racial stereotypes'. I have tried to show that while this was true to a certain extent, these instances of alternative imagery are just that – once-off images that contradict stereotypes which are painted side-by-side with many more images that conform to common stereotypical representations.

The reason for this seeming contradiction is that muralists working on HIV/Aids murals are faced with certain 'facts' that are deemed necessary considerations to depict, or at least take into account in some way in their visual representations. Some of these important considerations include (and these have varied in level of importance at different times): the transmission of HIV/Aids primarily through heterosexual and mother-to-child transmission in Africa generally;

Black South Africans having the highest rate of infections in the country and therefore constituting a 'high-risk' group; sub-Saharan Africa (and specifically South Africa) having the highest infection rate world-wide; rates of infection being the highest amongst young Black women in South Africa and Africa generally; certain sexual behavioural practices increasing one's risk to HIV/Aids, as does certain types of drug usage. These are not simple scientific facts based only on HIV/Aids patterns across the continent, but are statistics informed by historical, social, political, economic, gender, racial, religious and educational factors, which are locally-specific and contribute to HIV/Aids infection and mortality rates differentially.

Scientific facts however, do not always translate easily into visual representation. If, as the old adage goes, 'a picture is worth a thousand words', it is almost inevitable that the vast majority of these could be adjectives describing much more than just the abstract, e.g. 'a man has HIV/Aids'. By this I mean, in visual representation, even a simple line drawing of a person can become loaded with racial, gender and political overtones that are conveyed by how, what and how much detail goes into the drawing. This picture becomes increasingly more complex and 'loaded' when colour, attire, texture or text is added. In the case of HIV/Aids, the representation of the disease and people 'at risk' to the disease, is a Pandora's box filled with stereotyped associations, stigmas and discrimination, that have plagued the disease since its emergence.

I have suggested during the course of this analysis, that the result of this negotiation of 'facts' and representation by muralists has resulted in certain paradoxes being created. That is murals have had a mandate to portray a multicultural South African society, but they predominantly depict Black South Africans and are found mainly in Black townships. Local Black audiences are targeted as a 'high-risk' group and therefore mural imagery predominantly depicts Black people. This may unwittingly be contributing to the stereotype that HIV Aids is a 'Black' disease. The metaphorical association of HIV/Aids with a fight, war or a 'new' struggle is also seen in HIV/Aids, but as Sontag cautions, inevitably ends up attributing blame on those that are 'conquered' by HIV/Aids. Another paradox is that while HIV/Aids murals served as educative forums for the dissemination of information on HIV/Aids, many modes of transmissions of the disease were overlooked or not represented in these murals, including intravenous drug usage, homosexual relations and blood transfusions.

A question that has be considered at this point, is whether HIV/Aids mural iconography really has an impact on the people for whom they are intended?[170] As mentioned in the introduction, the study by Shisani and Simbayi seems to indicate that murals, as part of a host of media, may be contributing to HIV/Aids information dissemination. I have, however, felt at times that Marschall and Bourgault have exaggerated their claims of the effectiveness of murals. While in her study on the impact of community mural projects, Marschall (1999) acknowledges that murals are often ignored beyond the initial execution period,[171] she later herself exaggerates the ability of murals to create alternatives to prevalent stereotypes and contribute to identity formation.[172] Both Bourgualt (1999) and Marschall (2002: 239 – 241) share the view that by depicting a range of characters from different social backgrounds and ages, muralists were conveying the message that absolutely everyone was at risk to HIV/Aids.[173] While Marschall's and Bourgault's views may not be incorrect, neither one takes into account that quite often the representations of people in HIV/Aids murals are not that inclusive of all members of South African society. As discussed in chapter three, besides the avoidance of homosexual relationships, murals do not depict female sex

[170] Parker (2005) has a very pragmatic approach to this issue, 'One doesn't expect a mural to have a message that people would suddenly incorporate and do something concrete about, one doesn't expect HIV/Aids murals to make one iota of difference to HIV prevention, or care or support, in and of itself but in the complex of other conditions it might do these things... still trying to develop a theoretical framework around it…' [sic]. Parker goes on to say that he believes that it is quite naïve to believe that any singular communication object can make a huge difference to individual decision-making. Instead he says that communication systems are just pieces of a bigger picture.

[171] With regard to the Sauer Street mural, Marschall (2002: 247) says that it is only on second sight that the Aids theme becomes evident.

[172] For instance, Marschall (2002: 179) says, 'Not only do South African murals develop or disseminate racial stereotypes, but – perhaps even more importantly so – murals also convey direct and subliminal messages about gender relations in the new South African society.' Again Marschall (2002: 185) says, 'For example, the voter education mural in Edendale, Pietermaritzburg, defies gender-specific behavioural expectations by propagating the right of women to vote, even against their husband's will. Such murals can help to forge new identities for women.' See Marschall (2002: 167 – 201) for her discussion on the negotiation of identities in murals.

[173] For instance, Marschall (2002: 171) says, 'Many murals give the impression of grasping every opportunity to include a group of people who features, complexion and frequently attire or other culturally specific attributes are always demonstratively racially and ethnically diverse. Bourgault (1999) says, 'The ribbon encircles 19 different figures, all painted to represent all of South African society. Some of the figures include: a white clergyman; a veiled Islamic woman; a very pregnant black woman; a uniformed African school girl; a gaunt black man wearing a crocheted Rastafarian cap; a trendy tressed haired female wearing a tank top; and even a couple of indeterminate gender standing arm in arm…' (1999: 11). 'Painters at the University of Durban-Westville (UDW) were very keen to represent all segments of society on their mural. This is why a white priest, a black mother, and a "Coloured" couple appear on it…' (1999: 17). I'm not entirely sure which couple Bourgault is referring to, and how she comes to this reading of the couple as 'Coloured'.

workers or underage sexual promiscuity and there are hardly any images that can be read as Indian or Coloured. Thus, HIV/Aids murals only validate a limited range of HIV/Aids issues at the expense of 'Other' relationships.

While I acknowledge that murals do in fact portray prevalent societal stereotypes, I do not think that murals are **creating** them. Instead murals seem to be merely **reflecting** and disseminating stereotypical perceptions that are found in various cultures and various media. After all, murals are just one medium in a host of cultural media, that disseminate stereotypes constantly. Furthermore, while murals may not have the ability to change individuals' perceptions, it is important that alternatives to prevalent stereotypes be attempted in HIV/Aids murals, given the importance of the messages portrayed. As an educational medium, HIV/Aids murals should attempt to portray 'correct' HIV/Aids information,[174] as well as deal with a range of issues and not simply the fairly obvious messages of the heterosexual transmission of the disease between heterosexual lovers and between mother and child. This issue is reiterated by the *Nelson Mandela/HSRC Study of HIV/Aids* (2002), which says that although key HIV/Aids messages were generally well understood, 'respondents indicated that they needed further information about the disease, including additional information in relation to sexual abuse, condom negotiation, STIs, blood donation, VCT[175], counseling, HIV/AIDS symptoms and treatment, caring for PLWA[176] and orphans, and rights' (Shisana & Simbayi 2002: 17).

As ingrained as stereotypes are in society, challenges to stereotypical thinking must be attempted in every area, including murals addressed to the public. At times during this research, I have

[174] According to Stein, research has demonstrated that while information provision is important, it is an only a first step, which has limited impact on individual behaviour change. 'This may in part be due to the tendency to tune out information not in line with people's existing beliefs. Some therefore maintain that the use of specific mass media campaigns in health promotion is expensive, largely cosmetic and has little proven effect on health behaviour. It is generally agreed that the most effective way of motivating individual behaviour change appears to be interpersonal communication, including interactive face-to-face educational and counseling where "messages are tailored to the specific needs of individuals"' (Stein 2001: 5). Stein (2001: 6) also says that the scientific aspects of HIV/Aids, are often simplified by the media, which fails to provide an adequate social or scientific context to the disease, as well as failing to provide 'constructive alternative social representations of sexuality and gender'. Despite the negative aspects of mass media, Stein (2001: 6) reiterates, that the value of the mass media HIV/Aids campaigns, are that they are able to change the social context and perceptions within which individual members of society operate.

[175] VCT – voluntary counseling and testing

[176] PLWA – people living with HIV/Aids

sounded more critical of muralists than I really am. As a muralist, I know how difficult it is to tackle a complex issue like HIV/Aids on a mural that has to be understood by and appeal to a range of people, while also not offending the same people. I am however critical of the mural process which I feel can be altered somewhat to make muralists more aware of the stereotypes and stigmas associated with HIV/Aids and how their representations could possibly feed into the perpetuation of these stereotypes. It is not enough for HIV/Aids educators and mural coordinators to simply present information to muralists on HIV/Aids transmission and community support for Aids sufferers in 2 day workshops. As difficult as the visual representation of HIV/Aids is, I think muralists can do more than merely reflect 'truths' in an attempt to educate people and take up the task of transforming stereotypical representations. Muralists can be proactive in producing alternative imagery that can be politically transformative.

If mural images are created that challenge prevalent stereotypes about HIV/Aids, hopefully it is a reflection of some degree of awareness, reflexivity and criticality by the participating muralists. Mural coordinators have to encourage their muralists to source mural imagery in more creative ways. Often, mural images are garnered on-site from popular magazines, books, advertising and newspapers and repainted on the walls with very little critical intervention.[177] Thus, it is hardly coincidental that the same gender and racial stereotypes often found in popular media are found in murals as well. Muralists can be encouraged to photograph some of the subjects they hope to portray, which is also a good way of localizing murals and getting local audiences to identify with the mural. At the very least, mural coordinators need to make muralists aware of problematic issues and stereotypes that they may simply be regurgitating into the mural format.

I have previously argued that more realistically painted murals seem to engage much more strongly with local audiences than abstractly painted murals. The degree of realism of a mural is dependent on the varying technical skills of muralists and seems to impact directly on how potent the Aids messages are. The UDW Aids mural, painted by tertiary students, although somewhat stylized, is the most 'realistically' painted mural of the all the selected murals - Bourgault (1999: 11) refers to this mural as probably 'the most artistically sophisticated' murals of the 'Beyond Awareness Campaign murals' that she studied. Although realistic painting appeals to local

[177] For instance, no-one interviewed for this research seemed to be able to understand how the symbol of a palm of hand has come to represent abstinence, yet this symbolism is carried forward from mural to mural.

audiences, during this research, it became clear to me that it is not a pre-requisite. A cartoon drawing by prominent South African political cartoonist Zapiro found in Catherine Campbell's 'The Role of Collective Action in the Prevention of HIV/Aids in South Africa' (2004: 340), is a rather good example of how, even with mere line drawing (albeit with a degree of naturalism), stereotypes can be overcome visually **[image 83]**. In this cartoon, Zapiro comments on the South African government excluding various medical and Aids researchers from their National Aids Council. Zapiro manages to ensure that in each of his depictions, women are represented alongside men as doctors, scientists, medical experts and Aids researchers and activists. This cartoon shows that what is needed is not necessarily a highly realistic style to eradicate stereotypes, but perhaps more sensitivity and awareness.

While I acknowledge that most murals are ignored once they are painted, as someone who has been involved as both a muralist and a coordinator, I also know that the attention and discussion generated during the execution of mural is well worth the effort and resources spent executing HIV/Aids murals. This is an important point that Bourgault (1999: 24 – 26) addressed in the latter part of her study as well. Besides advocating more provocative mural imagery to challenge audience perceptions, Bourgault speculates on a number of interactive ways that the 'shelf life' of a mural can be extended. From creating media press kits, to more vibrant dedication/launch ceremonies and contests around the mural, Bourgault believes that all these initiatives contribute to maintaining community interest in the HIV/Aids mural and the issues it raises. The educational value to muralists can be extended through more intensive workshopping programmes before the start of the mural planning, as muralists become a key source of information while the mural is being executed. Despite information brochures being available while Apt Artworks painted their murals,[178] passers-by still chose to interact with the muralists themselves, asking them a range of questions (whether these questions were serious or quite humourous). Hence, muralists' attitudes to the subject matter that they are depicting are very important. Thus, even though coordinators cannot control the level of public critical engagement with the mural, the impact that working on

[178] When I asked Parker (2005) about whether he believed that there should be evaluations of the HIV/Aids mural campaigns, he agreed that there should be. He went on to say that with regard to both the Seven Cities and Beyond Awareness Campaigns, there were not very defined goals for the project except that the murals would be part of a national campaign, would utilize local participation and in the case of the BAC mural campaign, it would involve students in engaging in murals and aesthetics, such as certain symbols like the Aids hot-line. In all fairness, Apt Artworks were certainly able to fulfill these initial simple goals.

an HIV/Aids mural has on the muralists themselves, should not be overlooked. Andrew Lindsey notes that during the early HIV/Aids murals, working with various children he developed his philosophy on community mural projects. He realized the level of confidence being involved in a public mural project gave to the participants. Lindsey (2005) says that the dynamics on the street during the execution of the murals, allowed the street children to move from victim to hero, especially when their artistic endeavours were acknowledged by passers-by.

It is important perhaps to remember that all of us - be it muralists, mural coordinators, researchers, Aids activists, scientists, whoever - have a role to play in overcoming the continuing spread of HIV/Aids, as well as the stigmas and discrimination leveled at those who are inflicted with the disease. This role can be as simple as maintaining our own level of healthy sexual habits and awareness of this socially-opportunistic disease. Sontag (1989: 160) reminds us that HIV/Aids is still a relatively new disease that exposes the certainty and advancements of science and modern medicine. Sontag (1989: 181) says that like every dreaded illness, HIV/Aids will become 'just an illness' when it is much better understood and importantly, treatable. More detrimental are the stereotypes and stigmas that people continue to face on a daily basis that affects all aspects of their lives and healthcare.

Even with street trade in South Africa, the stereotyping and stigmatization of street vendors, whether they are local Black South Africans or immigrants, is as harmful to these people as it is to the people who believe such negative stereotypes and disengage with the city centre and ignore the concerns of the informally employed. This ignorance affects everyone, as crime, fear and xenophobia soar, treating informal traders to criminal elements and unwanted beggars. Due to South Africa's racial history, such perspectives of Black people are indeed worrying, as they simply continue reinforcing racist stereotypes. In my own work, I have tried to interrogate such stereotypes by trying to show how people who work on the streets are simply trying to make money in the simplest ways they can, that they take pride in how they arrange their wares, that they provide services that are necessary and give a certain character to our South African streets. If the perception of street trade was changed in Johannesburg, perhaps the local city administration would better handle the informal trade sector, and seek more effective ways of integrating the formal and informal economies.

My own work has also tried to deconstruct stereotypes regarding femininity, through the use of embroidery in my oil paintings, and the use of masquerade in the performance to question the essentializing of female images. Dealing with stereotypes is difficult though, as unwittingly one may end up perpetuating the same thing that one is trying to destabilize, as became evident in my performance. Nonetheless, the value of the exercise remains in sensitizing me to the complexities of stereotypes and confronting them.

With regard to the Aids epidemic, like many others, I don't believe that HIV/Aids will wipe out mankind.[179] Rather, mankind will survive and deal with HIV/Aids, as it has done with cholera, polio, influenza, smallpox, syphilis, ebola and cancer, or for that matter, earthquakes, tsunamis or asteroids, which at different stages in the history of mankind has supposedly threatened our existence as a species. Eventually a cure will be found, or at the very least, a way to live with the disease. In this fast-paced technological world that we live in today, it is hard to keep in perspective that the world has only been dealing with this disease for two decades and that remedies, cures and eradications of diseases have sometimes taken much longer than this time frame. Until the day that HIV/Aids becomes just another disease, my concern is perhaps not with how much of mankind will be wiped out statistically by this disease, but rather, the continued stereotyping and stigmatization that infected people, families of infected people, 'risk groups' and even entire countries will have to face daily. HIV/Aids has revealed deeply entrenched racist, sexist, xenophobic and homophobic cultural and political perspectives, paranoia and fear that continue to plague society and that seems to have less of a chance of being eradicated than HIV/Aids will.

[179] Professor Alan Whiteside has consistently refuted Aids doomsday prophesies and believes that HIV/Aids as a disease will peak before it is rendered controllable (see Whiteside & Sunter 2000).

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APPENDIX A:

A Description of the Six Selected Murals:

This section gives a brief description of each of the murals used for this research, as well as information on when the murals were executed and by which mural group.[180]

Selected Murals:

a. **Esselen Street mural** (1992). Esselen Street, Hillbrow, Johannesburg. Coordinator: Andrew Lindsay with children from a nearby street children's shelter.

b. **St George Street mural** (1992). St George Street, Hillbrow, Johannesburg. Coordinator: Arts Alive under the direction of Nicky Blumenfeld, in conjunction with Andrew Lindsey and various groups

c. **Alice Street mural** (1995). Alice Street, Durban city centre. Apt Artworks, Community Mural Projects and various artists.

d. **Sauer Street mural** (1995). Cnr Market and Sauer Street, Johannesburg city centre. Apt Artworks and various artists

e. **University of Durban-Westville (UDW) mural** (1999). University of Durban-Westville, Durban. Apt Artworks and UDW Fine Art students

f. **ML Sultan Technikon mural** (1999) ML Sultan Technikon City Campus, Durban. Apt Artworks and ML Sultan students

A. Esselen Street Aids Mural (Andrew Lindsey - 1992)

This mural is painted along a concrete fencing wall in Esselen Street in Hillbrow, Johannesburg. Each portion between the vertical poles of the fence frames a scene. The mural was painted by children and is highly stylized and cartoon-like. Some of the scenes are:

- A White man extends his arm to an old White woman saying, 'I need help'.

[180] The images of murals below try to give an indication of the location of the mural. The scale of some of the murals though, makes it extremely difficult to photograph in a single shot. Hence, some of the photographs of murals below are made up of a composite of photographs along the length of a mural.

Accompanying text reads, ‘There is help if you need it.’

- Groups of people with banners, some read ‘Stop Aids’, ‘Unite Against Aids’, ‘We don’t like you Aids’, ‘Aids Kills’, ‘People Unite Against Aids’, ‘Fight Aids’
- Another image that I cannot comprehend has the following text beneath it, ‘Protect Your Children, Educate Them About Aids’.
- Another group of brown males have many red hearts above their heads.
- Four people stand with slogans on their shirts that read, ‘Stop Aids’, ‘Use A Condom Its Safer’, ‘Aids Kills’.
- Another brown male contemplates Aids with the text above him reading, ‘Think about it’.
- Two men talk on the phone, the text next to them reads, ‘Protect Yourself. Find Out More Information About Aids From People Who Know’.
- A White male and female talk to each other. Male, ‘May we please have sex Susan?’. Female, ‘If you use a condom we can.’ Accompanying text, ‘Use a condom to be safe from Aids. Condom is the best’.
- Messages of ‘Play Safe’.
- One slogan reads, ‘Can’t get Aids from a mosquito bite’.

The mural was coordinated by artist Andrew Lindsey who worked with children from the nearby Hillbrow Street Children’s shelter and was sponsored by the Esselen Clinic. The children were Black street children aged between 11 – 15 years old.



Image 1: Esselen Street Mural



Image 2: Esselen Street Mural



Image 3: Esselen Street Mural

B. St George Street Aids Mural (Arts Alive – Nicky Blumenfeld and Andrew Lindsay – 1992)

This is not specifically an HIV/Aids mural and is painted along the length of a wall in St George Street, Hillbrow, Johannesburg. The mural is highly stylized and cartoon-like (i.e. flat colour within black lines) and reflects various differing themes:

- A white bird is painted next to a group of people holding hands in the shape of a heart. Next to them is the word 'Peace'.
- A group of people are painted protesting with a sign (similar to a road stop-sign) with the word 'Aids' and a red line across the word. An airplane with the letters SAS flies by.
- Houses and flats are depicted amid plants and playing children.
- The profile of a multicoloured male face with dreadlocks has a thought bubble above his head, that contains the face of a White male and a White female with a heart and condom in-between them. Text flowing off the dreadlocked male's head reads, 'Think Safer Sex And Protect Yourself Against Aids' – this text runs through a tree, a cloud and (supposedly) a green germ/virus. A red, white and blue heart contains the words, 'Safe Love'.
- Other depictions include a White and Black male building up a wall; a multicoloured

bird carrying something indistinguishable in its beak; plants and flowers and many multicoloured smiling faces.

The mural was coordinated by Arts Alive under the direction of Nicky Blumenfeld working in conjunction with artist Andrew Lindsey and various groups.



Image 4: St George Street Mural



Image 5: St George Street Mural

C. Alice Street Aids Mural (Apt Artworks and CMP - 1995)

The mural consists of schematically painted figures in black outline usually depicted talking to one another in speech bubbles. Although the entire mural is painted along the length of a long low wall, different segments can be identified thematically:

- A Black couple about to kiss with giant heart next to them that reads ‘Awunkuthola I-Aids Ngokugaxana’ (You cannot get Aids by hugging).
- A line of ten Black and one White female (young schoolgirls and older women) holding hands. Between them a giant red heart with an image of world with condoms

directed at it. The text around the heart reads, ‘Abesifazane Banelungelo Lokuthi’ (Women have a right to say…) ‘No’! and ‘Yes To Safe Sex’.

- Another image shows a black hand injecting a needle into a black arm. The text reads, ‘Ungalithola Igcinwane Ngokusebenzisa Umjovo Osuke Wasetshenziswa Ngomunye Onalo’ (You can get the virus from using the same needle that has been used by someone who has it).
- Two characters (presumably male) with their arms on each other’s shoulders have speech bubbles above their heads which read, Character 1: ‘Asiyesabi Neze i-Aids’ (We are not afraid of Aids at all); Character 2: ‘Ngoba Sisebenzisa i-Condom!’ (Because we wear a condom!)
- A male and female are painted smiling at a white flag, which the male holds up. The white flag has a picture of a condom which is painted like the South African national flag. The words beneath the condom reads ‘Viva Condoms’.
- The depiction of the Aids ribbon with the slogan next to it ‘A New Struggle’.
- Two Black men talk to each other. Man on the left: ‘Vele sengi: HIV +. Ingabe Kusenesigingo Yini Sokusenbenizisa Ijazi Lomkwenyana?’ (I am already HIV+. Is there any need for me to use a condom?’ Man on the right: ‘Yebo Sebenzisa. Ijazi ukuze Leligciwane Ungalidlulisi Komunye’ (Yes. Use a condom so that you won’t pass this virus on).
- A depiction of an older Black woman and young (presumably) Black man. The thought bubble above the old woman’s head reads ‘Even unborn babies can get AIDS from their infected mothers’.
- There is an image of a person getting into/coming out of a giant condom.
- A group discussion between three people. Two of the speech bubbles read: ‘Ucansi Oluphephile’ (Safe Sex); ‘No Condom No Sex’.
- A person holding a can/bag with the thought bubble reading, ‘Sonke Sidinga Ulwazi Ngocansi Oluphephile’ (We all need to know about safe sex).
- Depiction of a white hand holding onto a brown hand
- A depiction of blue, yellow and red faces based on the ‘hear no evil, see no evil, speak no evil’ idiom.
- Blue and red hands covering a blue face with a giant eye looking on, with the words,

‘You can’t see it’.

- A segment with a pink portrait of a female face and text next to it that reads, ‘Right to say no’; a blue portrait of a Black mother and her child with the text next to it reading, ‘Aids has no colour’; other multicoloured portraits of women.

This mural is painted along the length of a low wall in Alice Street, Durban. All along this road park taxis to Indian and Black townships. The mural was coordinated by Nicky Blumenfeld from Apt Artworks in conjunction with Community Mural Projects and various local artists. The mural was sponsored by the Department of Health as part of its Seven Cities Project.



Image 6: Alice Street Mural



Image 7: Alice Street Mural



Image 8: Alice Street Mural



Image 9: Alice Street Mural

D. Seven Cities Project Sauer Street Mural (Apt Artworks - 1995)

This mural was painted on the side of a building on the corner of Sauer and Market Streets, Johannesburg. This mural is near a major taxi rank and is used predominantly by Black people.

The mural has a central motif of a pink heart which contains the continent Africa within a sphere. Across Africa is written 'Vuka' (Rise Up). All around this central image are people going towards (flying?) it with hands extended (sometimes carrying hearts). There are ten images of Black males and females and a baby, and two images representing a White male and female. The patterns on many of the dresses and shirts of the people are made of symbols of hearts, condoms, positive and negative signs and question marks. Hearts and condoms are found throughout the scene. Texts read, 'Love Wisely', 'Caring', 'Safe Sex', 'Nka Kgato' (Take a step). The top of the border of this mural has the words 'Unite Against Aids', with the Aids helpline number on the left border. The rest of the border has Aids ribbons, positive and negative signs, and 'mermaid' condoms (people emerging out of a condom).

This mural was coordinated by Nicky Blumenfeld and executed by various artists. The project was sponsored by the Department of Health.

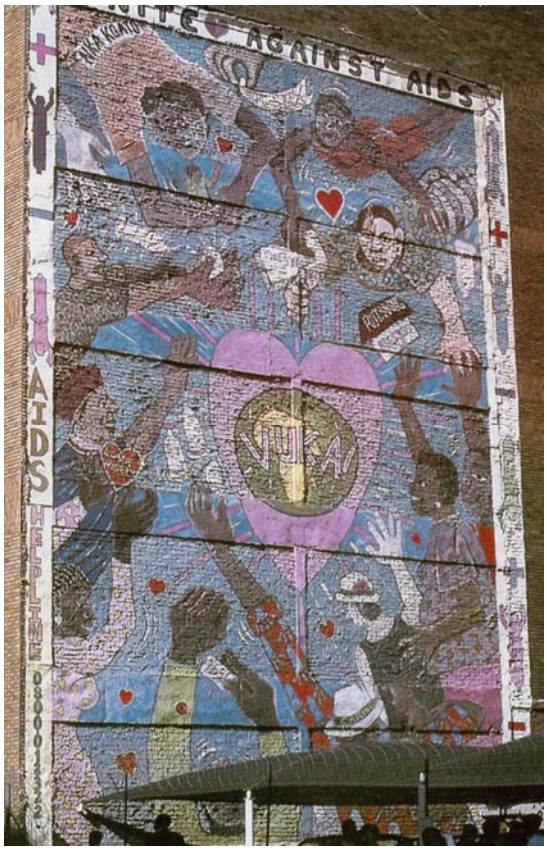

Image 10: Sauer Street Mural

E. UDW HIV/Aids Mural (Apt Artworks and UDW Students – 1999)

The University of Durban-Westville mural has as its central motif, a huge Aids ribbon encompassing people from different races, cultures, religions, gender, economic background and occupations. At the top of the ribbon is written 'Phansi Nge-Aids Phansi' (Down with Aids Down). On the lower part of the ribbon (where the ends cross) are the words, 'Stand Together'. On either side of the Aids ribbon are two scenes. The scene on the left hand top corner shows an oldish-looking Black man collecting condoms from a Black female nurse, while another (Black/White?) male waits in the queue – the text reads, 'Free Condoms'. The bottom left scene shows a black couple in bed, the male has no shirt on, while the woman has a white nightie. On the bed in front of them is a pack of condoms, while the words on the head-board of the bed reads 'Love Wisely'. The upper right hand corner scene shows a White male being examined by a

Black female doctor. The bottom right hand scene shows a Black male (with a paper sticking out of his shirt pocket reading 'HIV +') being helped up by another Black male while a third Black male turns away. The text behind the male that's helping reads, 'Comfort'. Directly between the ends of the Aids ribbon a Black male and a Black female converse on the phone, between them is a telephone with the Aids helpline number. Around the length of the wall is a border with symbols of the male condom, hands and hearts.

The mural is painted on the ground level of a building frequented by mainly Humanities students at the former University of Durban-Westville premises (now known as University of KwaZulu-Natal – UDW). The mural was coordinated by Ashley Heron from Apt Artworks and was executed by third, fourth and Masters degree Fine Art students from the University of Durban-Westville. The mural was sponsored by the Department of Health as part of its Beyond Awareness Campaign.

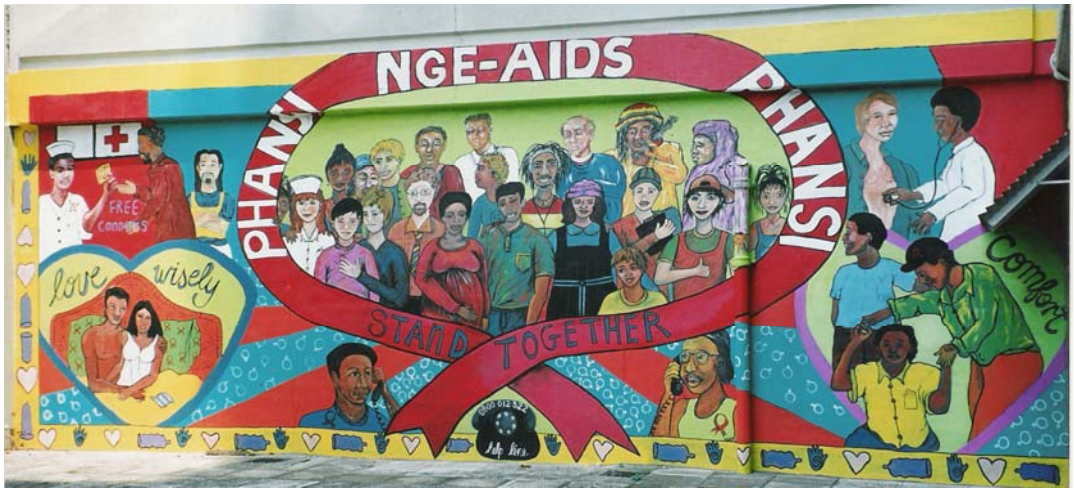

Image 11: UDW Aids Mural

F. ML Sultan Aids Mural (Apt Artworks and ML Students - 1999)

This mural is executed on a wall inside the main entry to the former ML Sultan Technikon (now called Durban Institute of Technology). The central motif is a White hand giving a orange heart wrapped in a red ribbon to a brown hand. Above this motif are the words, 'Fight Aids', 'Sisonke' (We are in it Together), 'Stand Together' with the top border of the image containing the Aids Helpline number. Around the hands are images of books, the South African flag, a computer, a person covering their face with their hand, a pair of spectacles, red hearts and multicoloured

stylized figures representing people. Other smaller text read ‘Education’, ‘Respect’, Caring, ‘Vuka’ (Rise Up), ‘Wake Up’. Below the hands is the text ‘Unite Against Aids’. On the sides of the mural are heart, condom and ribbon symbols.

This mural was coordinated by Nicky Blumenfeld from Apt Artworks and executed by students from ML Sultan Technikon. The project was sponsored by the Department of Health as part of its Beyond Awareness Campaign.

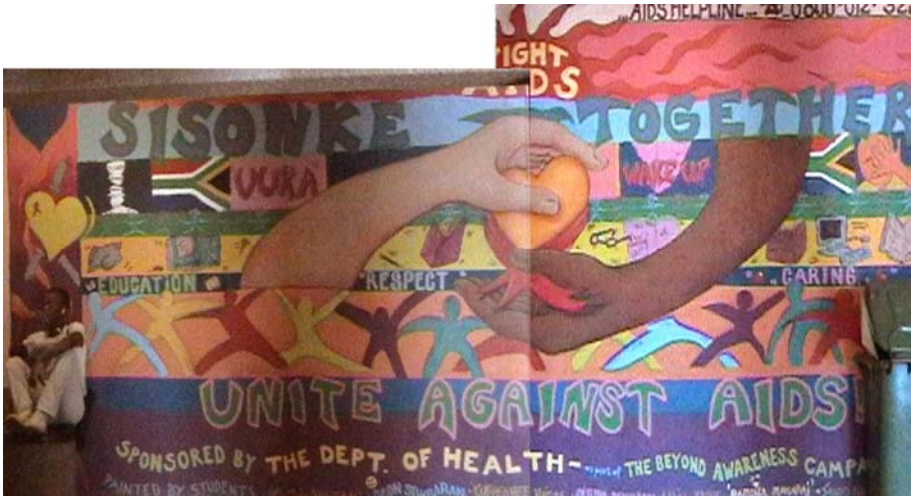

Image 12: ML Sultan Technikon Mural

APPENDIX B: MURALS



Image 13: Alice Street Mural



Image 14: Alice Street Mural



Image 15: Alice Street Mural



Image 16: Esselen Street Mural



Image 17: Esselen Street Mural

MURAL IMAGES (cont…)



Image 18: St George Street Mural



Image 19: St George Street Mural



Image 20: St George Street Mural

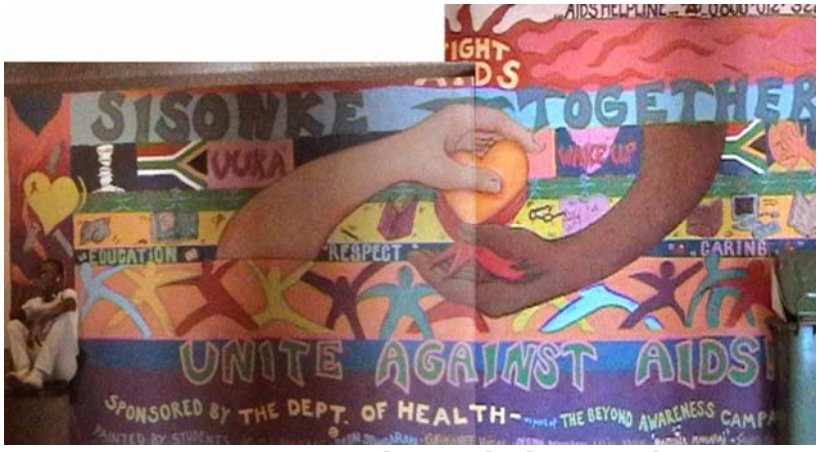

Image 21: ML Sultan Technikon Mural

MURAL IMAGES (cont…)



Image 22: Alice Street Mural



Image 23: St George Street Mural



Image 24: St George Street Mural



Image 25: Esselen Street Mural

MURAL IMAGES (cont…)



Image 26: ML Sultan Technikon Mural



Image 27: Alice Street Mural



Image 28: St George Street Mural



Image 29: Alice Street Mural



Image 30: Esselen Street Mural

MURAL IMAGES (cont…)



Image 31: St George Street Mural



Image 32: Alice Street Mural



Image 33: UDW Aids Mural

MURAL IMAGES (cont…)

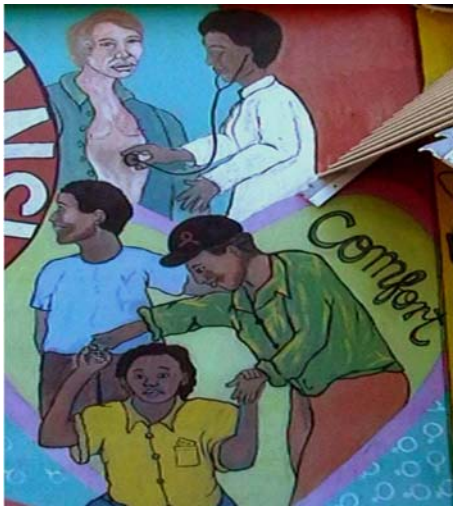

Image 34: UDW Aids Murals



Image 35: UDW Aids Murals



Image 36: Alice Street Mural



Image 37: UDW Aids Murals



Image 38: UDW Aids Murals

MURAL IMAGES (cont…)

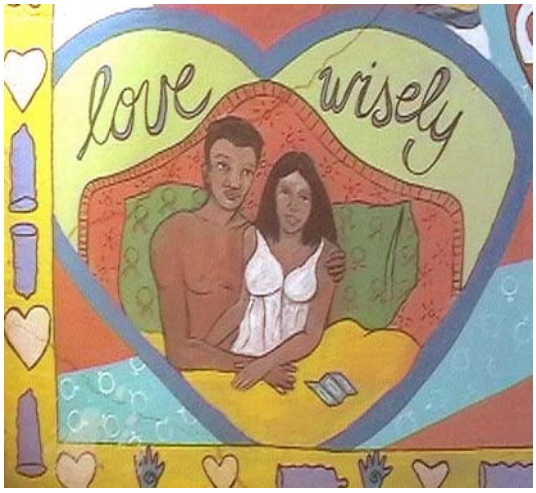

Image 39: UDW Aids Murals



Image 40: UDW Aids Murals



Image 41: UDW Aids Murals



Image 42: UDW Aids Murals



Image 43: Alice Street Mural



Image 44: UDW Aids Murals

MURAL IMAGES (cont…)



Image 45: Alice Street Mural



Image 46: Alice Street Mural



Image 47: UDW Aids Murals

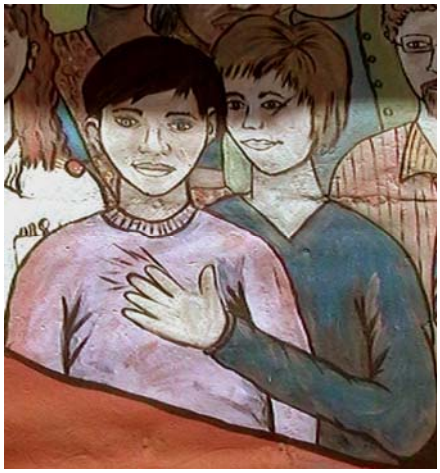

Image 48: UDW Aids Murals

APPENDIX C: *WALKING THE LINE* IMAGES



Image 49 - *Marriage*, Walking the Line catalogue, 2004



Image 50 – *Marriage*, Walking the catalogue, 2004



Image 51 – *South African Indian*, Walking the Line catalogue, 2004

WALKING THE LINE (cont…)



Image 52 – *Fabric of Society 2*, Walking catalogue, 2004



Image 53 - *Reality*, Walking the Line catalogue, 2005



Image 54 - *Journey*, Walking the Line catalogue, 2004

WALKING THE LINE (cont..)



Image 55 – *A friend loves at all times…*, 2000



Image 56 – *iKhaya*, 2000



Image 57 – *It Started off as them…*, 2000



Image 58 – *What?!*, 2001



Image 59 – *Dotcoza*, 2000



Image 60 – *Insonyama*, 2001

WALKING THE LINE (cont...)



Image 61: ***Cairo*****, Walking the Line catalogue, 2004**



Image 62 – ***Cairo*****, Walking the Line catalogue, 2004**



Image 63 – ***MaAfrika 2*****, Walking the Line Line catalogue, 2004**



Image 64 - ***MaAfrika 2*****, Walking the Line catalogue, 2004**

WALKING THE LINE (cont...)



Image 65 – *Steeled Wool*, Walking the Line catalogue, 2004

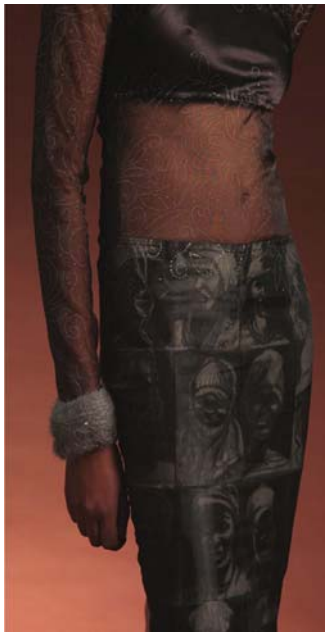

Image 65 – *Steeled Wool*, Walking the Line catalogue, 2004



Image 67 – *Superglue*, Walking the Line catalogue, 2004



Image 68 – *Superglue*, Walking the Line catalogue, 2004

WALKING THE LINE (cont…)



Image 69 – *Call me*, Walking the Line performance, 2005



Image 70 – *Walking the Line* performance, 2004



Image 71 - *Journey 2*, Walking the Line catalogue, 2004

WALKING THE LINE (cont…)



Image 72 – *Downtown Johannesburg*, Walking the Line catalogue, 2004



Image 73: *Cairo 2*, Walking the Line catalogue, 2004



Image 74 - *Walking the Line* performance, 2004

WALKING THE LINE (cont…)

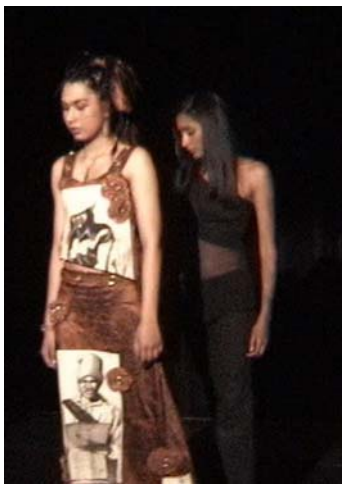

Image 75 - *Walking the Line* performance, 2004



Image 76 - *Walking the Line* performance, 2004



Image 77 - *Walking the Line* performance, 2004



Image 78 - *Walking the Line* performance, 2004



Image 79 – *Walking the Line* performance, 2004



Image 80: *Walking the Line* performance, 2004

WALKING THE LINE (cont…)



Image 81 – *Journey 2*, Walking the Line booklet, 2004



Image 82 - *Journey 2*, Walking the Line booklet, 2004

APPENDIX D



Image 83: Cartoon by Zapiro