

When the skies fight: HIV, violence and pathways of precarity in South Africa

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Abstract: *Based on multi-sited ethnographic fieldwork in South Africa, this article explores the skies that fight, the proverbial lightning strikes that bring HIV into women's lives and bodies. Departing from earlier studies on ARV programmes in and beyond South Africa, and broadening out to explore the chronic struggle for life in a context of entrenched socio-economic inequality, this article presents findings on women's embodiment of and strategic resistance to structural and interpersonal violence. These linked forms of violence are discussed in light of the concept of precarity. Across two sections, the findings trace the pathways through which precarity entered women's lives, drawing on verbal, visual and written accounts collected through participant observation, participatory photography and film, and journey mapping. In doing so, the ethnography articulates the intersection of structural and interpersonal violence in women's lives. It also reveals the extent to which women exert a 'constrained agency', on the one hand, to resist structural violence and reconfigure their political relationship with the state through health activism; and, on the other hand, to shift the gender dynamics that fuel interpersonal violence through a careful navigation of intimacy and independence. © 2016 Reproductive Health Matters. Published by Elsevier BV. All rights reserved.*

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Introduction

"It's like when the skies fight, when the clouds are angry and dark. They crash into each other and lightning flies across the sky. You never know where the lightning is going to hit. That's what it's like with HIV." (Zama, 2011)

The rain collected and dropped down the windscreen as Zama and I sat in the car talking outside the office where she worked as an HIV treatment literacy facilitator. We had known each other for eight years, but it was only now that she started to tell me how she acquired HIV. As Zama spoke about her younger self and the men she had had sex with without feeling that she could say no, without knowing how to say no, without believing she had the right to enjoy sex, I was struck by the clanging dissonance between the studies I had read and the lives I had subsequently come to know.

Diagnosed with HIV in 2001, Zama started taking antiretroviral (ARV) therapy in 2002. Following concern about the potential toxicity of ARVs, as former South African President Mbeki had claimed,¹ Zama's positive embodied experience of ARVs

prompted her to join a large-scale social movement calling on the South African government to provide ARVs through the public health sector. This movement was spearheaded by a coalition of organisations in which the Treatment Action Campaign (TAC) featured most prominently,² and it was shaped by people like Zama and all the women in this article.

I conducted the ethnographic research on which this article is based in 2010 and 2011. The ethnographic findings are rooted in South Africa's struggle for ARVs and grow out of a longstanding political and medical anthropological research focus on the biopolitical antecedents of South African citizens' activism across the apartheid and anti-apartheid eras.³⁻⁶ While the findings speak to this longer political and research history, they also represent a departure from ethnographic studies of ARV programmes that were situated in the time lag between the international development of HIV medicines in 1996 and their distribution through national health systems.^{7,8} From a tightly circumscribed focus on the politics of life linked to HIV medicines, the ethnography broadened its focus onto HIV-positive women's everyday lives in post-apartheid South Africa. This article focuses in

particular on the politics of life that inhere around HIV-positive women's embodiment of and resistance to structural and interpersonal violence.

Given this historic context, I recognise that the starting place for ethnographic research matters:

"If you start from the 'negative minimalisms'^{9,p149} of sheer survival and bare life, of violence, suffering, deprivation, and destitution, then you provide a very different description of lives than if you begin from people's situated concerns... [O]ur tendency to focus on the dystopic has been at the price of forgetting to think about 'other ways of thinking'."^{10,p464}

The ethnography in this article takes people as its starting place. While the findings call attention to women's embodied and chronic struggle for life against a background of pernicious structural and interpersonal violence, they also present 'other ways of thinking' about the nuanced ways that women strategically resist and reconfigure violent structures and relationships. Structured across two sections, the findings suggest that women's embodiment of direct forms of interpersonal violence, like sexual and gender-based violence, cannot be divorced from broader dynamics that fuel structural violence in South Africa.

Structural violence, a concept originally formulated by Johan Galtung,¹¹ refers to the harm people experience when social structures or institutions prevent them from meeting their basic needs. Medical anthropologist, Paul Farmer, was one of the first to integrate structural violence into HIV research. He writes, *'The arrangements are structural because they are embedded in the political and economic organization of our social world; they are violent because they cause injury to people.'*^{12,p1686} While revealing HIV-positive women's struggle with the political and economic organisation of their social world and the way in which they embodied this organisation as structural violence (through, for example, the state's refusal to provide essential ARVs), the findings also discuss women's direct experience of violence through interpersonal relationships. In this article, the term 'interpersonal violence' specifically denotes violence against women (VAW) (although it is widely recognised that interpersonal violence affects all sexes and genders, and particularly those people who do not follow normative and socially-constructed gender and sexual codes).¹³⁻¹⁵ This article follows the United Nations' definition of VAW as 'any act of gender-based violence that results in, or is

likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life'.^{*}

The article articulates two 'pathways' through which HIV becomes embodied. These pathways reflect the intersection of structural and interpersonal violence; this intersection is denoted, in this paper, through the concept of precarity:

"[Precarity designates] that politically induced condition in which certain populations suffer from failing social and economic networks of support ... Such populations are at heightened risk of disease, poverty, starvation, displacement, and of exposure to violence without protection."^{16,p2}

I use the concept of precarity for two reasons: first, it foregrounds the uneven effect of structural violence on different populations; and second, it highlights the relationship between multiple forms of violence and the way they become embodied. In her original writing on precarious life, Butler¹⁷ argues that the narrative construction, by international media, of 'terrorists' after the 9/11 attacks worked to render people 'less than human' by failing to acknowledge their vulnerability; in her later writing on gender, performance and precarity, Butler suggests that while vulnerability refers to a particular condition, the term precarity speaks to the mechanics that coalesce to create conditions of 'maximised vulnerability'.¹⁶ I use the term precarity, rather than vulnerability, in order to pan out from women's very real embodiment of violence, to draw attention to the broader workings of inequality and (bio)power that come together to reinforce structural and interpersonal violence. In doing so, the article aims to reveal how women are not only subject to linked forms of violence but are also active agents who strategically navigate their embodied precarity.

Methodology

"[E]thnographic engagement can help us chart some of the complex and often contradictory ways in which neoliberalizing health structures, moral economy, and biology are forged in local worlds

^{*}<http://www.un.org/documents/ga/res/48/a48r104.htm>; accessed November 2015.

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