# CHAPTER TWO

## ORIGINS: A SOCIAL HISTORY OF THE AIDS EPIDEMIC

> Okay, today, young men do not work anymore – I want to tell you the truth about this – it is women working nowadays. They [men] go around and steal and they arrest them and take them to jail, huh? Huh? Huh? Okay, in the olden days we didn't sell this person [the vagina]. God says you must sit down with your partner and eat your food [have sex] [1]. So you people go around and sell this 'little person' [the vagina] and end up getting *doropa* [syphilis]. In the olden days they just went and paid *ndzovolo* [bride wealth] and you would find a girl who has not had sex, she would be ready to get married. I want to say it is women who are working nowadays. Nowadays we are running after *xilungu* [the way of the whites]. Why are people doing that? Because they are eating eggs and chicken; when they start feeling their tummies are rumbling they cannot control themselves. They shit here in the street. It is because you young people are eating eggs. It tastes nice and good all the while it is ruining your tummies. And you see these young people they feel their tummy rumbling they will pick up their dress and just shit even if someone is looking at them. They can't control themselves. Today, we people are from all over; there are people coming from overseas and coming down here to give us this disease [AIDS] did you hear me it is the people from Persia and America. Okay, you women wearing pants; you will be sitting with your father and you will open your legs. Do you think it is good? And they will be sitting in a group looking at the book [for sex education] and pointing did you see, did you see here, she is giving birth, here they are having sex[2] [My inserts, emphasis in original].

Madimbi Mathebula, an elderly man, delivered this impromptu monologue one day as I sat chatting to NwaMbembe and her grown-up children under the maroela tree in her yard. As he rambled on, my host and I did not interrupt, only sniggering occasionally at his choice of words. As soon as he finished, Madimbi left abruptly, not even having sat down. We shook our heads and dismissed his monologue as typical of an old man's rant performed, I suspect, largely for my benefit.

Madimbi's speech resonated strongly with local constructs of AIDS, even though he failed to mention the disease by name. Locally, AIDS is constructed as symptomatic

of a moral decline; a result of the erosion of tradition and its replacement with modern ways; an outcome of the reversal of gender roles; the uncontrollable bodies of the young and their appetite for luxuries and sexual mixing with foreigners; young peoples' disrespect toward traditional rules of behaviour (cf. Heald 2002). Madimbi's narrative conjured an image of the world gone wrong, a 'protracted failure, real or imagined, that carries with it the spectre of *de*generation: of a future stillborn' (Comaroff & Comaroff 2004, 336). As oral historical accounts usually do, Madimbi portrayed the past in glowing terms as a critique of the present. The opposition between past and present, tradition and modernity is a popular narrative in Bushbuckridge and is invoked in daily conversations and in rituals. For example, *muchongolo* dances that are performed weekly display the contestation between traditional ways of life (*xintu*) and those of the whites (*xilungu*) (Niehaus & Stadler 2004).

This oppositional discourse is especially interesting because it contrasts so starkly with the public health narrative that attributes the rapid spread of HIV in Africa to culture and the tenacity of tradition (see Chapter One). Particular traditions such as the levirate and 'dry sex' and traditional values, such as patriarchy, are believed to be behind the spread of HIV in African societies (cf. Gausset 2001; Saethre & Stadler 2009). As I show later in the chapter, this is dramatized in AIDS rituals. Madimbi's oratory refutes this and argues instead that modernity and the untrammelled desires that it creates drive the AIDS epidemic. His monologue is replete with images of immoral consumption, a metaphor for uncontrolled sexuality, which he blames on modern ways of life. His narrative constitutes a counter-discourse against the blame directed toward local traditions and culture.

This chapter situates this polemic in the context of a social history of the AIDS epidemic. I begin with an overview of historical writings on AIDS and then, through the lens of my fieldwork, sketch out a history of the epidemic in Bushbuckridge. This history spans the time when Shangaan settlers first arrived in the lowveld region in the late 19th Century up to the period of fieldwork in the early 2000s and the first reported cases of AIDS.

In the chapter I argue that political and economic transformations disrupted gender and generational relationships, and created the ideal conditions for epidemic spread, enhancing the vulnerability of especially young, unemployed, mobile women and 'affluent' older men to HIV infection. Official responses to the AIDS epidemic in Bushbuckridge were articulated through public awareness campaigns, yet failed to create an open public discourse about the disease. Instead, these programs reinforced social divisions, alienating certain sectors of the population rather than galvanising popular support.

## A TALE OF TWO EPIDEMICS

The first case of AIDS in South Africa is thought to be that of a white homosexual air steward who died of *pneumocystis carinii* in 1982. In 1983, 32 out of 200 homosexual men in Johannesburg tested positive for HIV. Despite the relatively low numbers of infections, the media hysterically coined AIDS a 'gay plague'. Yet, by 1990 the epidemic amongst homosexuals was 'levelling off' and a decade later only 207 homosexual men were reported to be infected with AIDS in South Africa (Iliffe 2006, 43).

The story of the spread of AIDS amongst predominantly white homosexual men stands in stark contrast to the epidemic amongst (assumed) predominantly heterosexual black South Africans. In 1986, 130 Malawian mine workers employed by Rand Mines tested HIV positive. They were identified as the first heterosexual cases of HIV in South Africa (Phillips 2004)[3]. By 12 February 1990, 353 cases of AIDS had been reported (Zwi & Bachmayer 1990). From this point onward HIV infections increased dramatically. Prevalence levels amongst pregnant women tested in government clinics were below one per cent in the early1990s. These figures grew rapidly to almost 30 per cent by the mid-2000s. By the turn of the century the South African AIDS epidemic had reached catastrophic proportions; HIV prevalence amongst pregnant women increased from 1% in 1990 to 29% in 2005. With an estimated 5.4 million of 48 million (11%) of South Africans infected with HIV (Dorrington et al. 2006), South Africa is regarded as having the highest rate of HIV infection globally.

This tale of two epidemics with sharply contrasting trajectories raises questions about what drives HIV infections and why efforts to prevent the spread of HIV were unsuccessful.

Theories about the rapid spread of HIV/AIDS in southern and South Africa are often based on the idea of a unique 'African system of sexuality' characterised by sexual permissiveness (Caldwell & Caldwell 1987; Caldwell et al. 1989; Caldwell et al. 1992). As I pointed out earlier, cultural practices and beliefs are seen to underlie behaviours that place individuals at risk of infection. This view underwrites public health models and tends to ignore historical processes (Hunter 2007, 690). I agree with Fee and Krieger (1993, 1481-1482) who argue that public health is:

> …profoundly a-historical...it contains within itself a dichotomy between the biological individual and the social community, and then it ignores the latter. Reflecting an ideological commitment to individualism, the only preventive actions seriously suggested are those that can be implemented by individuals. Intended or not, these attitudes variously implicitly accept social inequalities in health and fail to challenge the social production of disease (Fee and Krieger, 1993, pp. 1481-1482).

Social historians, seeking to understand the explosive spread of HIV in southern Africa are concerned with viewing the AIDS epidemic as a 'sequence' of events shaped by social and economic change (Iliffe 2006, 1-2). The roots of the AIDS epidemic can be found in its 'pre-history' (Berridge 1993; Iliffe 2006).

The historical analyses of the South African epidemic focus attention on the pre-apartheid era in explaining contemporary vulnerabilities to HIV. In terms of this approach, the AIDS epidemic was 'waiting to happen' (Marks 2002) embedded in the political economy of apartheid, the creation of the Bantustans and a result of 'disordered development' (cf. Setel 1999).

Similar to the rapid spread of syphilis that reached epidemic proportions in the 1940s and 1950s (Jochelson 2001), HIV is assumed to travel along the same pathways as these earlier epidemics of sexual diseases. (Delius & Glaser 2002; Jochelson et al. 1991; Setel et al. 1999) However, there are limitations to the 'male migrant as vector' model. As Hunter notes, this has become 'something of a cliché in explaining sexually transmitted diseases and in framing scholars' understandings of the political economy of sex' (Hunter 2007, 690). For instance, wives of male migrants may infect their husbands having acquired HIV from relationships with local men (Lurie et al. 2003). Moreover, the focus on male migrants ignores the increasing numbers of women who oscillate between rural and urban settings (Hunter 2007).

It is also important that the focus on the injustices of apartheid do not eclipse the social, political and economic transformations that took place in the early post-apartheid era. Indeed, not without a certain irony, epidemic growth coincided squarely with political liberation in the mid-1990s. This specific moment in history was a time of intense social, economic and political turmoil, characterised by high unemployment, a mushrooming of informal settlements, declines in marriage and migratory movement of women (Hunter 2007). Political liberation signified the freeing up of sexualities and the emergence of new sexual economies (Donham 1998; Niehaus 2000). Posel (2005, 131-132) argues that the era of political liberation signalled the 'eroticisation of liberation'. Sex, in this context, is the sphere 'within which newfound freedoms are vigorously asserted'.

From the perspective of national health policy, the response to AIDS was marred by significant set-backs. On the eve of the establishment of the first democratic elections, the South African government was already late in responding to the looming crisis. In the early 1980s AIDS was perceived as affecting only gay men and intravenous drug users and therefore posed a limited risk to the heterosexual population. This initial complacency continued until the late 1980s when heterosexual cases of HIV infection started to be reported. The government responded with AIDS awareness programs, but by 1992 AIDS was still not regarded as a critical issue by the department of health (Grundlingh 2001).

In the period leading up to the first democratic elections an 'AIDS plan' was drafted. However, post-1994 the new ANC-led government was tasked with extensive restructuring that distracted attention away from dealing with the epidemic. Since then

the state's response to AIDS has been beleaguered by controversy and contestation pitting AIDS activists such as the Treatment Action Campaign (TAC) against the department of health, and the South African president (For varied and detailed treatments see: Fassin 2003; Mbali 2001; Robins 2004, 2006; Schneider 2002; Schneider & Fassin 2002).

From the mid-1990s, one debacle after the other undermined relations between state, non-governmental organizations, academics and health workers. For example, the state's support for Virodene (a failed experimental AIDS drug) and allegations of corruption surrounding the AIDS-awareness play *Sarafina II* (Fassin 2007). Prior to the state roll-out of antiretroviral treatment in 2003-4, direct confrontations over access to treatment took place inside and outside the courtrooms between the TAC and the departments of health (Fassin 2007).

One of the arenas in which contestations were enacted was over the evidence for the AIDS epidemic. Assembling the evidence for AIDS is not unproblematic. AIDS is a complex and contested field, scientifically and politically, and its measurement and evidence 'unleashed an extraordinary amount of political heat, controversy and contestation' (Robins 2004, 652).

The Department of Health had a particularly uneasy relationship with the scientific community. When data from the Medical Research Council (MRC) on AIDS mortality was presented, the Department of Health (DoH) publicly rejected these in an article published in the *Sunday Times*, and claimed that AIDS could not be the major cause of death. They accused the authors of the report of being engaged in a 'witch hunt' against the South African president (Tshabalala-Msimang et al. 2001). High profile AIDS

deaths such as that of the presidential spokesperson Parks Mankhalana were also denied, although this was later revealed (Anon 2002).

The anti-scientific stance of the state president was well articulated in a document, penned by Peter Mokaba and released by the ANC during 2002 entitled *Castro Mnisi, Caravans, Cats, Geese, Foot and Mouth and Statistics*. It argues that AIDS is not simply a scientific biomedical problem but a threat to the new African identity:

> [This monograph] rejects the assertion that, as Africans, we are prone to rape and abuse of women and that we uphold a value system that belongs to the world of wild animals, and that this accounts for the alleged "high incidence" of "HIV infection" in our country (Mokaba 2002).

The counter-discourse of racism and poverty resisted biomedical models of risk that associate AIDS with the dangerous 'anti-social other' (Leap 1995, 229) which sees people as vectors of disease, as guilty bearers of misfortune rather than as people requiring compassion and support.

The schisms and public spats between state and the scientific community resulted in considerable confusion about AIDS in the public imagination (Mills 2008). The South African state's position on AIDS is also believed to contribute toward the widespread denial and secrecy that surrounds the disease. Yet, the response of the state toward the AIDS epidemic cannot solely account for the continued rise in infections and 'prevention failure'. Indeed, despite the position of the Department of Health and the state president toward HIV and AIDS, massive funding and resources have been allocated to HIV prevention over the years (Fassin 2007).

In the absence of a cure for AIDS, the main focus of HIV policy is prevention. Yet, prevention programs have had limited success in reducing HIV infections (Campbell

2003). Social analysis of the failures of prevention campaigns point to a poor understanding of the local political, cultural and social context, and how messages are received and interpreted (Jeeves & Jolly 2009). For example, Heald (2002) argues that the failure of AIDS education messages in Botswana in the 1990s was because these are purely biomedical and ignore local conceptualisations of disease. Similar criticisms can be made of South African approaches to prevention. Campbell's ethnography of HIV prevention in a South African gold mining community points to the failure of educators to take everyday life concerns of miners into account (Campbell 2003). In both these cases, HIV prevention is constructed as a matter of individual behaviour divorced from local social, economic and historical context. It is toward this local historical context of the AIDS epidemic that the discussion now turns.

## THE RESEARCH SETTING: BUSHBUCKRIDGE

The municipality of Bushbuckridge lies on the border of the Kruger National Park in the East and in the west borders on the Klein Drakensburg mountains, in a geographical region known as the *lowveld* (lit. low bush). To the south of Bushbuckridge is the commercial and administrative city of Nelspruit and to the north, the mining town of Phalaborwa. The climate is semi-arid with cycles of drought and flooding[4]. The area is surrounded by rugged beauty, game farms and conservation areas and is a major attraction for national and international tourism. Yet, with quintessential South African irony, it is also one of the poorest areas in the country.

Most of Bushbuckridge is defined as 'rural', an official category that is contradicted by the vast residential settlements and population densities that are similar to

urban settings (approximately 255 persons/sq. km) (Freeman 2002). The population is estimated at over half a million people (Statistics South Africa 2008). Economically, the area is extremely poor. Over 85% of the population lives below the poverty line, earning less than R19 200.00 per annum and 14% of residents between the ages of 15 and 65 years are 'economically active'. Many residents are unemployed work seekers and at least 10% of households are dependent on old age pensions (Freeman 2002). Local employment opportunities are narrow and limited to poorly paid unskilled labour on the citrus and game farms surrounding Bushbuckridge or civil service employment for the educated elite, for example in the police, health and education sectors. As a result, many men and women migrate in search of work in the urban and industrial centres (Collinson, Wolff, et al. 2006).

The high levels of unemployment and poverty evident in Bushbuckridge are rooted in the policies of separate development imposed by the Nationalist Government since the early 1960s. Prior to the elections of 1994, Bushbuckridge was divided into two districts of two Bantustans: Mhala of Gazankulu and Mapulaneng of Lebowa. Officially these were the 'Homelands' for the Shangaan / Tsonga and Mapulana respectively. The Bantustans were the outcome of the process of creating an industrial labour force. In terms of official state discourses, the labour reserves were legitimised, as 'healthy reserves', unlike the urban slum dwellings that were associated with disease and poverty (Packard 1989). However, as early as the 1940s, Africans faced poverty and starvation. Forced relocation and resettlement undermined agricultural subsistence and increased dependency on migrant remittances. The creation of the Gazankulu and Lebowa 'Homelands' in the 1970s, resulted in the division of resources, along ethnic lines

between residents of Mhala and Mapulaneng. Educational and health services were most affected, as hospitals and schools refused to provide services based on ethnic identity and residence (Niehaus 2002b).

In 1994, Bushbuckridge was reincorporated into the newly formed Limpopo Province (formally the Northern Province). Residents' material circumstances did not necessarily improve. Increasing unemployment, declining standards of health care delivery, increased crime and rising cost of living are the main challenges that Bushbuckridge residents face. Moreover, the political transformations of the mid 1990s were accompanied by the growth of the AIDS epidemic. This era was also characterised by repeated political indecision and inaction regarding the AIDS epidemic. Paradoxically, the current governing party the African National Congress (ANC) continues to receive the vast majority of votes (89% in the 2004 national elections) (Niehaus 2006b).

Partly because of its status as a border district and a labour sending area, Bushbuckridge has been particularly hard hit by the AIDS epidemic. The area lies in the path of the Mozambique Development Corridor, designed to create linkages between the port of Maputo in Mozambique and the Gauteng Province in South Africa. This creates pathways for the spread of HIV in and out of Bushbuckridge through truckers, migrants and sex workers. A highly differentiated employment market and high rates of unemployment has also created the social circumstances for HIV spread.

HIV was present in Bushbuckridge in the early 1990s, but because of its long incubation period, there was little evidence to support its presence in the public eye. In 1990, Tintswalo Hospital in Acornhoek reported incidence rates amongst patients of between 0.2% and 0.3% (Taylor et al. 1992). From the mid-to-late 1990s, the picture

changed dramatically. A longitudinal census conducted in the Agincourt sub-district of Bushbuckridge collected verbal autopsies. Between 1992-1993, 15 males and five females accounted for deaths from AIDS, TB and chronic diarrhoea, in comparison to 1994 to 1995, when 33 males and 21 females died (Tollman et al. 1999). The 2000s were a definitive turning point. The death rate increased from 5 (per 1000 person years) in 1992 to 10.9 in 2004 leading to a reversal in fertility trends. By the late 2000s, AIDS was identified as the leading cause of adult mortality in Bushbuckridge (Garenne et al. 2007). Based on anonymous testing in government health facilities HIV prevalence was approximately 30% in 2007 (Lurie et al. 2008)[5].

This shocking rise in infections can best be comprehended from the perspective of transformations in sexual economy, at two critical moments in its history. The first begins in the early 1900s and lasts until the early 1960s. During this period, the social regulation of sexuality was intricately related to household production. A strict order of age and exogamy supported elders control over pre-marital sexuality and the marital ambitions of their juniors. Ideologies of sexual health reflected and reinforced this system of regulating sexual activity. However, the decline of the agricultural subsistence economy created a crisis in elders' authority over fertility decisions and sexuality. In the second period from the early 1960s, forced resettlements and increasing dependence on wage labour led to the emergence of new sexual economies based on individual survival. As marriage declined, women moved between village and city seeking ways to support their children.

These historical dynamics are explored from the perspective of material collected in KwaBomba, the village where I conducted my fieldwork. The village lies north to south along a main tarred road that also forms the western border of the village, while the

NwaNdlumari River borders the village in the east. The village is divided into six sections, containing approximately 108 blocks that consist of up to 12 residential stands each, totalling 1300 stands for the settlement. Reliable population data for KwaBomba are not available; the Department of Water Affairs and Forestry give an estimate of 3, 827 residents[6]. My impression is that this is a gross underestimate; based on the number of residential stands, there could be more than 10, 000 residents.

Each stand consists of one or several buildings. Housing types range from large red brick tiled roof ranch-style homes to small huts with thatched roofs. A few residents still cultivate large gardens on the outskirts of the village. Only a handful of residents keep cattle and goats, mainly for ritual purposes.

There are two primary schools, a secondary school and one crèche in KwaBomba. The nearest health centre is ten kilometres away along the tarred road. The regional hospital is situated 30 kilometres away near Bushbuckridge town in the south, and a district hospital, in Acornhoek, is 21 kilometres to the north.

A transport network of busses, trains and taxis connect KwaBomba to nearby towns and villages. City to City buses and commuter taxis collect passengers in Bushbuckridge town destined for Johannesburg. The least favoured but also the cheapest form of transport is a third class berth on the Maputo to Johannesburg train which one can board at the KwaBomba railway siding across the main road to the village.

## SEXUALITY IN THE ERA OF AGRICULTURE (1913-1960)

KwaBomba (then ‘Edinburgh Farm’) forms part of residential land under the Nxumalo Chieftaincy Native Trust. The Nxumalo clan arrived in the lowveld from

Portuguese East Africa (Mozambique) towards the end of the 19th century, fleeing the ravages of the Luzo – Gaza civil war. Several thousands of Shangaan speakers moved to the lowveld after Ngungunyana Nxumalo was defeated by the Portuguese. They were led by Mpisane Nxumalo, Ngungunyana's uncle. The refugees were granted permission by Setlhare, the Pulana chief to settle in the unoccupied areas to the east of Bushbuckridge (Niehaus 2001, 18). Other settlers were also drawn from Portuguese East Africa into the mining estates established by the Transvaal Gold Mining Estates in Pilgrims Rest (Bonner & Shapiro 1993).

By 1913, most Africans in Bushbuckridge and surrounding areas lived on the land belonging to mining corporations such as the Transvaal Gold Mining Estates (TGME), on Crown Land as rent payers, or as labour tenants on white-owned farms. Labour tenants had access to ploughing and grazing land and worked for three to six months per year in exchange for grazing, agricultural and residential rights. On company owned land, rent was levied in exchange for the right to settle and to graze cattle.

In this setting, the social organisation of sexuality focussed on the reproduction of the household, the primary unit of social organisation. The household (*muti*) was a large co-residential group of male agnates, their wives, and offspring. Huts were sited in rows, each surrounding their own courtyards. Boys (*vafana*) and girls (*vanwana*) had separate living areas – the *lawu* for boys and young men (*majaha*) and the *n'anga* for unmarried girls (*tintombi*). Gendered spatial divisions controlled the potentially polluting bodies of young men and women (Hammond-Tooke 1981; Junod 1962 [1912], 189; Niehaus 2002a).

Each member of the *muti* cooperated in agricultural activities. Parents allocated a small plot of land to young children to cultivate for half the day. Young children guarded the crops against foraging baboons and birds. Pre-menarche girls herded goats and cattle, collected firewood and water. When not in the fields, girls assisted in cooking the household meals[7]. Once girls started to menstruate their movements were restricted to the homestead owing to concerns of the polluting effect of menstrual blood on the fertility of livestock. Young boys and young men looked after cattle and goats and hunted small buck (duiker) with hunting dogs. A wide range of crops such as sorghum, millet, maize and legumes (*tinawa, tindluwa, timwembe*) were cultivated. A variety of wild fruits such as the monkey orange (*mkwakwa / Strychnos pungens*) and wild herbs were gathered from the bush.

Households were largely reliant on local resources. For example, large households in the nearby Setlhare Chieftaincy gathered sufficient maize and sorghum to cater for their needs (Niehaus 2001, 20). Hut walls were built using soil dug from termite mounds; wooden beams were cut from the forest and thatch and reeds and grass were used as roofing materials. Villagers dug water wells and stored the water in clay pots.

Oral accounts highlight the significance of the size, and status of household members. The presence of a senior man defined the household as a *muti*. An elderly woman commented on the absence of material goods:

> There was nothing; a grass mat and a blanket. There was nothing else at all; no table, no radio, and no bicycle. We only had a mat to sleep on and some pots. The *muti* only needed a *hloko ya muti* [male household head] to make it a *muti*

As she suggests, to be respected as a *muti* required a senior man (*wanuna*) of good standing. Such men were good providers and had many wives and children who were all well fed and healthy. Senior women also desired large households; as an elderly woman told me 'we women wanted big families'. As soon as her sons married, a senior woman could command several daughters-in-law (sing. *makothi* pl. *vakothi*). A new wife lived with her mother-in-law (*mamazala*) for six months prior to moving into her husband's dwelling.

Men engaged in agricultural work and to a lesser extent in wage labour. The establishment of mines in Pilgrims Rest, the Lydenburg mines and the Maputo – Lydenburg Railway line provided numerous employment opportunities. However, men were seldom employed on long-term contracts. Mining concerns, such as the Witbank coal mines and the gold mining estates in Pilgrims Rest (TGME) struggled to attract labour from the Bushbuckridge area (Bonner & Shapiro 1993). Men usually invested their earnings with the intention of purchasing cattle for bridewealth, or used it to pay annual rental or hut taxes, taxes on dogs, bicycles, and dipping fees for livestock (Stadler 1995, 55)[8].

Families that faced starvation borrowed (*tekela*) from relatives who had stores of surplus maize and dried meat. In return, they laboured on their relative's fields. People travelled from KwaBomba to settlements bordering the Kruger National Park where their relatives resided, returning home with an ox-drawn sled (*xileyi*) piled high with maize flour, dried maize and dried meat. The end to the 'borrowing' (*ku tekela*) was celebrated by sacrificing a goat or a cow. Sharing the meat demonstrated 'love' between kin.

All productive activities such as wage labour, fertility and kinship contributed to the production and reproduction of the *muti*. My informants referred to this as 'gathering' (*ka hanza*). 'Gathering' implied survival through hard work, leaving the homestead with empty hands but returning with your hands full. As one of my older female informants described it, this was production 'through sweat'.

The reproduction of the household was managed by senior male household heads who regulated marriage (Stadler 1995, 60), and pre-marital sexuality (cf. Delius & Glaser 2002). The capacity to build and retain a large, productive labour force was critical for survival. Control over the 'means of reproduction' (in this case women's procreative capacity) was critical for household reproduction (cf. Meillassoux 1972).

The focus was on reproductive sex within marriage, while sexual pleasure was sanctioned so long as this did not result in pregnancy (cf. Hunter 2004). Procreative sex was regulated and controlled through an ideology of age, marriage proposals (*ku gangisa*), and payments in exchange for brides (*ku dzovola*). The birth right of first born sons was to marry and have children prior to younger brothers. The last born son married last but inherited property and cared for his aged parents (cf. James 1988).

Women who were deemed to be physically fit and able to ably carry out domestic roles were approved as wives (Stadler 1995). Payment of bridewealth (*ndzovolo*) legitimised pregnancy and child birth, granting the husband rights to the reproductive potential of the wife (cf. Jeffreys 1951; Stadler 1993). Bridewealth also tied young men into bonds of dependency on their elders who provided the cattle (cf. Harries 1994; Jochelson 2001, 113-114).

Marriage did not contain all sexual experience (Delius & Glaser 2004). A wife was permitted to seek a temporary lover outside of the homestead to impregnate her, if her husband was infertile. In the same fashion as productive activities, this was called 'gathering' (*ka hanza*). Even though the wife was said to have 'stolen' outside (had sexual relations outside of marriage) *ka hanza* was not considered immoral as it was an act that contributed towards the growth of the household by increasing the pool of productive labour.

The sexuality of adolescents was recognised and sexual experimentation was permitted, within certain bounds. As Delius and Glaser (2002, 31) note:

> Communities attempted to negotiate the tricky terrain between acknowledged adolescent sexuality and the risk of pre-marital pregnancy through establishing limited forms of sexual release and effective forms of sexual monitoring and management

My older informants recalled sexual play as young children. As a young girl, NwaSamuel played with boys[9]: 'We would play with the boys and they would touch our breasts, but we would not have sex'.

Male and female adolescents met under relatively controlled circumstances. One of these was a dance (*xingombela*) held on Friday nights on the eve of a *muchongolo* dance to celebrate a wedding. At the dance, boys and girls danced in rows facing each other, singing: 'We will be alone in the house' (*Hi ta helela malawini*) (Stadler 1995). This song laments the solitary man or woman who never marries. Another song communicated the physical need to experience sex: 'If you hide something it will become rotten' (*dudlu ntombi xa ku veka xa bola*). Older youth (*tensini*) supervised the *xingombela* and instructed the boys and girls in non-penetrative sex[10]. Sexual play was

important for the sexual socialisation of adolescents. These provided an opportunity to experiment with sex through play.

## A crisis in authority

This vision of gerontocratic governance over the sexual and reproductive decisions of the young belies evidence of the growing brittleness of the authority of elders (cf. Harries 1994). In the early part of the 20th century, declining prospects for agricultural subsistence, the steady increase in mission influence and the increasing dependency on wage labour threatened the hold of senior men and women over the young.

The 1913 Land Act restricted the borders of the African reserves and 'facilitated the demise of the independent African peasantry' (Jochelson 2001, 99). By the early 1920s the economies of the South African countryside were under attack. Previously, hunting, gold exploration, transport riding had dominated commercial ventures in the lowveld. After World War One, the building of a new rail link made farming a far more attractive prospect for white farmers. Moreover, the government provided ex-servicemen with concessions to own Crown Land[11]. Increasing numbers of white farmers started growing citrus, ranching cattle and forestry. Former African farmers entered into labour tenant agreements with these new land owners.

Many areas of the lowveld became labour sending areas on a large scale (Harries 1994). In 1936, the passing of the Bantu Authorities Act led to company, crown land and several white-owned farms being purchased by the South African Native Trust (SANT) and reserved for African occupation. Conditions on these farms began to change as they started to experience an influx of people removed from other white-owned farms and

forestry areas. By 1948, all farms in the area had been purchased by the SANT[12]. By the 1950s 'agricultural production declined to such an extent that it became a mere supplement to migrant wages' (Niehaus 2001, 121). Restrictions on cattle ownership and farming land led to greater dependencies on migrant earnings.

The crisis in agricultural production and the real threat of starvation is well illustrated by letters written from the lowveld (Cited in: Burns 2000, 17). In November 1942 Mr E. H. Wittingstall (the farm manager of Acornhoek) wrote to Mr M Petyt of Johannesburg:

> Dear Mr Petyt. All the storekeepers are experiencing difficulty in keeping stocks. We have now been out of stock for more than two weeks both of meal and mealies, and the Natives will soon be starving (…).

In November 27 1942, Wambazi Makukule a resident in Newington in Bushbuckridge wrote to Wilson Maekere Mathebule at Daggafontein Mine on the Reef:

> As you are in Johannesburg have you forgotten of the great famine prevailing in this territory this year? The people are falling on top of each other in the stores owing to the shortage of maize - please hurry up sending seeds.

Farm stores and shops implemented rations: at the general dealership in KwaBomba maize meal was restricted to two scoops per customer. Villagers queued for hours and sometimes returned home empty handed. One man, an employee on the railways, transported sacks of maize flour from Johannesburg to Bushbuckridge each month for his family.

Contra to the image of large productive and healthy households, life was extremely hard. Those who came of age during this period expressed negative sentiments

about their early upbringings. One woman described her childhood as ‘slavery’. Her parents beat her severely if she did not work hard at home. NwaEphraim, an elderly traditional healer, recalled that she slept on reed mats and wore rags instead of clothes. She and her siblings suffered constantly from infestations of lice. Food shortages were a constant problem and many meals consisted of wild fruits such as monkey oranges (*masala*), wild berries (*timbulwa*) and jackelberries (*tinsanguri*) and water. This diet caused diarrhoea and abdominal bloating.

Larger households struggled to feed and support their members. Selinah married into the Mamabolo family in 1951. The six Mamabolo brothers each married several wives. The entire household of more than 20 people ate from one huge pot, and two people shared the cooking. ‘If you didn’t eat quickly you would die of hunger’ recalled Selinah. She was the third wife of Gaza Mamabolo, a worker in a construction company in Johannesburg. Gaza seldom visited his family and stopped remitting his wages home to his wives. For some months Gaza’s brothers ensured that Selinah and her co-wives were taken care of. Yet, the household eventually broke up and Selinah was forced to earn a living by brewing and selling sorghum beer (*mgodwana*). One litre of beer sold for one tikkie. Selinah was often harassed by the police and was imprisoned for two months for the illegal production and sale of liquor.

Like many others, Selinah Mamabolo was placed in a precarious position because of the dereliction of men from their responsibilities as wage earners and supporters and the dwindling capacity of the *muti* to support its members. Ironically, migrant labour was necessary for the survival of the household, but enforced the alienation of men from the rural household, destroying its integrity (cf. Murray 1981).

Under these circumstances, senior male figures were more often absent from the home. Joseph Seerane's father married two wives and spent most of the year in Daveyton, a township on the East Rand close to where he worked for a large paper production firm. Joseph remembers that the two wives would take turns visiting his father in Daveyton. Occasionally Joseph would accompany his mother; life was good in the township for Joseph because of the abundance of tinned food and other commodities. Other children were less fortunate and only saw their fathers four times a year.

In the context of steadily worsening living conditions, fathers experienced a diminished capacity to control their sons' marital ambitions. A reflection of this is the increasing numbers of young men and women who deserted the village for urban life.

Children ran away 'because they were afraid to work hard' as an informant claimed; 'many ran away and died in Johannesburg'. NwaEphraim recalled that her neighbour's son, Twoboy Machavi left for Johannesburg and never returned. 'We don't even know where he is buried' she commented[13]. By the late 1950s the desertion of young women became a major concern for village elders. Discussions at the headman's (*ndhuna's*) court (*bhandla*) complained of the increasing number of young women who never married who had left their homes. Women who left home for Johannesburg were labelled prostitutes (*mageligelis*[14]). Others were discovered years later to have established second families. A man recalled that his mother's younger sister disappeared for several years, to be found again in Barberton, having assumed a new identity[15].

The desertion of young women threatened the growth of the household as it removed the reproductive potential of future wives, and the income generated by bridewealth cattle. In some cases violent sanctions were exerted against women who

followed this path. NwaBoyi was allegedly raped and murdered by her four former lovers. Another woman from KwaBomba was found hacked to death in a hut on a farm near the town of Tzaneen.

Missionary interventions also undermined the household economy[16]. The initial response to missionaries was antagonistic; men beat drums next to the church hoping to disrupt the services and drive the missionaries away. Adult men resisted missionary influence mainly because of their temperance policy; not surprisingly, the majority of converts to the Swiss Mission were initially women (Nkuna 1986). Missionary influence posed a challenge to the hold that elders had over the younger generation: Mission schools distracted children from their productive activities; Mission clinics and hospitals introduced modern family planning to adult women. Missionary propaganda was highly critical of local tradition and culture. Ultimately this removed the responsibility of the social organisation of sexuality from the hands of the elders to the clinic and the school.

By 1931, ten mission schools had been established in Bushbuckridge, although initially these were not well attended (Ndlovu 2003), and reported high rates of drop-out (Nkuna 1986, 134). This was due to competing demands between the *muti* and the school over children's labour (Stadler 1995). Mission schools threatened children's productive activities in the household.

Mission teachings also challenged modes of sexual socialisation. The missionaries left a 'moralistic legacy on the nature and administration of Black education' (Nkuna 1986, 136). Christian converts were warned against sexual impropriety and instructed to dress in such a way that would not evoke strong feelings of desire (Nkuna 1986, 174).

The following extract is from the Report on the Commission of Native Education 1949-1951:

> The following sins are strictly forbidden and heavily penalised in school: Theft, vain oaths, lies, unlawful copying, insulting, love affairs between boys and girls…it is strictly forbidden that boys and girls play together…all pupils must be clean in body and clothing (Nkuna 1986, 122)

During the era of Bantu Education, strict rules of conduct were sustained; the first generation of local teachers had been educated in the mission schools (Niehaus 2000). Pregnant school girls faced total expulsion from school. Educators complained that pregnant women were a bad influence on other learners. School children discovered with love letters in their possession were disciplined. Hand holding and other signs of affection were also discouraged (cf. Niehaus 2000). The school committees censored the syllabus, pointing out that teaching human anatomy and reproduction encouraged children to experiment sexually. Schooling also undermined the traditional forms of sexual socialisation and the role of the youth peer groups (*tensini*). Without these forms of control over adolescent sexual experimentation, pre-marital pregnancies increased (cf. Ahlberg 1994; Delius & Glaser 2002)

The health work performed by the missions promoted Christian morals and ideals, and envisaged the eradication of 'traditional superstitions and beliefs' such as witchcraft. Local nurses were trained and employed by the mission who saw them as the 'torch bearers for Christianity and models of progress and modern womanhood, responsible for the reformation of their communities' (Marks 1999).

The diminished surveillance of younger men and women's sexual relationships was regarded as a reason for disease spread at the time. Ideally, procreative sex was

regulated and controlled through birth order, marriage proposals (*ku gangisa*) and bride wealth (*ku dzovola*). The birth-right of first born sons was to marry and have children prior to younger brothers. Essentially this meant that a man was expected to wait before his older brother had paid bride wealth. Breaking this 'law' or taboo (*milawu*) meant that the household would experience bad fortune (*xinyama*). Unsanctioned sexual contact also caused 'illnesses of the mat' (*tindzaka*). For example an older sibling who has sex in a younger sibling's house caused the older sibling to experience permanent paralysis of the lower body, an affliction called *vukulu*. Sex before menses resulted in *richilane,* an affliction of retarded physical development. Ritual sexual cleansing following death is supposed to follow a strict birth order; failure to do so causes a terrible affliction similar to tuberculosis. Child birth before bride wealth is paid results in pollution caused by symbolic heat (*hisa*) that requires chyme from the gall of a goat to cool it down. 'Cross a river' (*ku wela*) is a fatal affliction, resulting from absorption of a woman's polluted blood following an abortion.

The local aetiology of sexual diseases reflected concerns with labour migration as a source of infections. Older men and women talked about the increased mixing with people of 'other nations' (*xaka*), as a cause of the increase in disease burden. The affliction known as *doropa* (possibly derived from '*dorp*' the Afrikaans word for town) or 'white person's sickness' (*vu vabye wa xilungu*) was identified as a venereal disease spread through migrant contacts in the towns. Older men who were migrants recalled contracting *doropa* and described painful urination, penile discharge and genital ulcers. Treatment was often ineffective; an older man recalled a man who was castrated due to incurable infections. My informants also described a disease they called 'little fishes'

(s*wihlampfu*) or ‘maggots’ (*swivungu*); these developed inside the vaginal tract and consumed the body from within. The affliction was thought to be spread through sexual contact with Asian traders who sold their wares in the villages to local women. *Chovela* was similarly acquired through contact with foreigners and caused genital sores[17]. As we see later, the descriptions of early sexually transmitted diseases and ideas about pollution form the basis for contemporary understandings of HIV and AIDS.

## RESETTLEMENT, WAGE LABOUR AND POVERTY (1960-1994)

By the 1960s, the last vestiges of agricultural subsistence had been destroyed. The period that followed was marked by increasing poverty and the alienation of household members. Increasingly, households depended exclusively on the earnings of migrant men. Migrant labour undermined conjugal bonds and resulted in the impoverishment of households left without a source of income. Women, placed in dire situations migrated out of the village to seek a means to support themselves and their children.

From 1968 the Bushbuckridge area was carved into two separate districts of Mhala (Gazankulu) and Mapulaneng (Lebowa). Households were resettled into residential stands in areas defined as villages. This alienated domestic units from their arable and grazing lands, leading to the complete destruction of subsistence agriculture. Women and children lost their productive role in the household and became completely dependent on men’s migrant earnings. Food insecurities intensified. A woman remarked ‘There was hunger when we were removed. People started to starve. They couldn’t get what they needed’.

An agricultural development program was implemented in KwaBomba. Individual farmers paid rent for land use, rented tractors, purchased manure and pesticides. They grew cash crops such as wheat and white maize that were susceptible to infestation by boring worms. Members of the farming project seldom made a profit and experienced a decline in quality of life. A woman complained that she worked the scheme for ten years and only reaped 'a few onions and some small change'. As a result many small farmers simply gave up, although some farmed smaller 'secret fields' in which they grew 'traditional crops' such as ground nuts, maize and root vegetables.

The officer responsible for the removals was despised and villagers nicknamed him '*Munguluve'* literally 'White Pig'. 'If I were to hear that he is dead I will dance for joy' remarked NwaEphraim. '*Munguluve* played with people. When you left to work on your field in the morning it was like going to a [white-owned] farm'. She continued: 'He scrapped our bodies because we really cannot plough anymore. Nowadays we buy everything. We eat [chicken] heads and feet but we never see the chickens!'[18]

Villagization impacted negatively on inter-household relationships. Relations between neighbours became flashpoints of suspicion, accusation and violence. Disputes between neighbours focussed on accusations of theft and witchcraft (cf. Niehaus 2001; Stadler 1996). Social differentiation became overt and pernicious. Members of poorer households worked for more affluent villagers. They dug termite mounds to collect soil to make bricks and smeared floors with cow dung, in return for a few scoops of maize meal. A woman remarked on the changes from the reciprocal relations of the agricultural era to the exploitative practices after relocation:

> At this time [it was as if] we worked for the whites – we got paid in money. Those with bad hearts would just look at you like you were *chaka* [shit] and won't give you anything

An elderly man who witnessed the changes during the 1970s commented on how this negatively affected inter-household, gender and sexual relations:

> We have started to hate each other. We don't like each other. There is the next door neighbour next to each other, to each other, so we can't breathe properly. That is why we end up marrying each other, brother to sister …

Although the 1970s and early 1980s were a time of industrial growth and increased access to employment this was short lived. By the 1990s, massive job losses occurred due to deindustrialisation[19]. Permanent and stable jobs were replaced by casual contract work (cf. Slater 2001). Men's failure to remit wages and support families was also a constant source of tension. In 1992, after months of receiving no income from her migrant husband NwaMakathshwe threatened to murder her children rather than let them starve to death.

By the late 1990s, it was apparent that the conditions in the former Bantustans had deteriorated. Deindustrialisation cut into the stability of full time employment, rendering thousands of men unemployed. In the place of full time work came casual 'contract' work which resulted in long periods of joblessness and financial insecurity. Aaron, a 45 year old unemployed man described the changing face of employment:

> In the past we had *dompass* [pass books[20]]. In the past the firms would come and recruit people here. Now we have IDs [identity documents] and we are allowed to move around. There are so many in Johannesburg who are looking for work. In 1988 until 1990 things started to get worse. They closed the TEBA [The Employment Bureau of Africa, the recruitment agency for Anglo American

> Mining Corporation] offices in Bushbuckridge. Since then it is hard to get work. Before we could just go to the TEBA offices and wait there.

Political change for men such as Aaron was therefore highly ambivalent: an unemployed workforce that has freedom to move, but no work.

Disputes between co-wives intensified due to competition over household resources. Fights over food, particularly meat and tinned goods are recurring themes. A 40-year-old woman recalled that when her mother was away from home she and her siblings went hungry as the first wife refused to feed them. After relocation many polygamous households broke up. Men built houses for their wives on separate stands to avoid conflict. Women's life histories highlighted the growing tensions between husbands and wives. Joyce Mathebula's marriage lasted for fifteen years until she decided to leave her husband after his fists left her in hospital with broken ribs, a cracked jaw and several missing teeth.

## THE EARLY 1990S: YOUTH AND SEXUAL LIBERATION

An integral aspect of the history of sexuality and disease in Bushbuckridge was the introduction of schooling and clinical services. The growth of these institutions and transformations within them impacted on the capacity of the senior generation to exercise control over the youth and introduced alternative forms of socialisation and medical knowledge located outside of the influence of the household.

In the period prior to the early 1990s, access to reproductive health was restricted and mediated by official and unofficial policy. Although facilities for the provision of family planning or contraception were available in about 1974, clinics were often

criticised and even attacked for trying to issue women with contraception (cf. Marks & Andersson 1987). It was only in the mid to late 1980s that family planning services were more widely available (Garenne et al. 2001). Up to 28% of women in the former Gazankulu 'Homeland' reported using contraception (Kaufman 1998).

However, even then, in terms of common law, contraception could only be issued to a woman with written permission from her husband[21]. Nurses resisted providing contraceptive services to unmarried women and adolescent girls (Kaufman 1998). Even after contraceptive policies had been rescinded nurses continued to restrict family planning services to adult married women. Nursing staff scolded young girls who sought contraception, threatened to inform their parents, and were particularly heavy handed when administering contraceptive injections. They told teenage girls who requested contraception 'come back and show me the baby' and demanded to see used sanitary pads to prove that they were menstruating. Adolescents cite nurse attitudes as the main reason why they hesitated to access family planning services (Stadler et al. 1996; cf. Wood & Jewkes 2006).

In schools, despite the strong emphasis on Christian values regarding premarital sex, in practice this was highly ambivalent. School teachers did not practice the same restraint expected of learners in their sexual conduct (cf. Mathabatha 2005). Scores of young girls were impregnated by their (usually) married teachers. Teachers also drank beer and socialised with school children in village drinking houses (*shebeens*). Affairs between married teachers were public knowledge. A young man remembered the conduct of his primary school teachers when he was in primary school in the early 1990s: 'They

were too playful. All of them were married but they all had affairs'. He described romantic liaisons between teachers during school trips and even in the school classroom:

> Teacher Skweni had an affair with Mr Khosa. They drank alcohol and lost control and kissed each other and touched each other in front of the whole school. Our teacher used to kiss the other teacher behind the door while we kids were in the classroom

In the early 1990s, the youth publically contested the authority of state, of the school and of their elders (Stadler 1995). During a school children's uprising of 1990-91, learners rebelled against the use of capital punishment in schools, formed Student Representative Councils (SRCs) and in some cases demanded the sacking of teachers and principals. In events reminiscent of the 1976 Soweto uprising, school buildings were burnt and violent attacks were made on school authority figures. The school boycotts carried on for several months in 1990 (Stadler 1995). Later, youth in the villages of Bushbuckridge mobilised into groups of witch-hunters, promising to rid their communities of known witches (Niehaus 2001; Stadler 1996).

These events had significance for the expression of youth sexuality. In the years following the uprisings, school authority was constantly defied and challenged. Eric, a young teacher at KwaBomba High School saw a distinct change from when he went to school:

> In 1994 I saw the change because all kids who were 18 [voting age in South Africa] were saying 'I am old enough I can go and vote I have a right'. But at 18 you are still young; you have a long way to go … it gave them freedom from 1994

Political liberation of the 1990s was experienced as sexual liberation (cf. Niehaus 2000). Whereas previously sexual relations between youth were secretive, youth defied

the repression of sexuality through public display. This challenged the rules (*milawu*) of respect (*hlonipa/xavisa*). The school principle at KwaBomba High remarked:

> You used to hide yourself, but now you see a boy and girl hugging each other in school in the street. In previous years it was done in secret. But they were told 'you have the right!' Even at school they can do what they want because there is no punishment. Before 1994 there was punishment at school. The students would respect the teachers. You would be punished for coming late to school, for hitting other learners or using impolite words. But now if a student does sex at school then you only talk to them, you cannot punish for that issue. What I can remember when I was at school, if a learner forged the signature of his teacher that teacher could hit him with his fist, and if the learners fought then you could hit them.

## THE ARRIVAL OF AIDS (1990 – 2005)

Official data on HIV infections and mortality at the village level are not available. Nonetheless, the increased incidence of AIDS illness and death in the early 2000s is reflected in local narratives. By then the AIDS body was well recognised and AIDS was identifiable as a cause of death by ordinary residents (See Chapter 5). I asked informants to record all deaths that were suspected to be related to AIDS, noting the age, sex, occupation and a brief description of the symptoms. Whenever it was possible to identify a relative or neighbour who knew the deceased an interview was conducted to collect a history of the illness. Relying on these accounts I recorded 52 cases of death identified by my informants as AIDS. The majority of deaths that I recorded took place during the 2000s (See Table 2), particularly in 2002, perhaps reflecting both an increase in mortality, but also the increased awareness and knowledge of AIDS symptoms.

**Table 2: Reported AIDS deaths according to the year of death**

| *Year of death* | *Male* | *Female* | *Total* |
|---|---|---|---|
| 1989 | - | 1 | 1 |
| 1993 | - | 1 | 1 |
| 1999 | 1 | 1 | 2 |
| 2000 | 3 | 6 | 9 |
| 2001 | 1 | 4 | 5 |
| 2002 | 12 | 14 | 26 |
| 2003 | - | - | - |
| 2004 | - | - | - |
| 2005 | - | - | - |
| 2006 | 2 | 2 | 4 |
| Total | 19 | 29 | 48 |

According to this data, women account for the majority of cases (29 of 48 or 61%) and men for 39 per cent[22]. The mean age of the women is 27 years, and their ages range between 17 to 54 years. The men are on average ten years older, with a mean age of 39, and their ages range between 20 and 65 years. Only four women (13%) had access to an income and three of these were formally employed. Six of the women were scholars. In contrast, more than two thirds of the men (68%) had access to incomes. Most of these men are formally employed; some were teachers and others in local government, while others are migrants (See: Table 3 and Table 4).

**Table 3: Reported AIDS deaths according to gender, age, occupation and year of death**

| *Male* | | | *Female* | | |
|---|---|---|---|---|---|
| ***Year of death*** | ***Age*** | ***Occupation*** | ***Year of death*** | ***Age*** | ***Occupation*** |
| 1999 | 36 | School teacher | 1989 | 30 | Unemployed |
| 2000 | 47 | Migrant worker | 1993 | 30 | Domestic worker |
| 2000 | 20 | Not known | 1999 | 30 | School teacher |
| 2000 | 58 | Unemployed | 2000 | 32 | School teacher |
| 2001 | 50 | School teacher | 2000 | 32 | Unemployed |
| 2002 | 45 | Labourer | 2000 | 30 | Unemployed |
| 2002 | 39 | Not known | 2000 | 50 | Unemployed |
| 2002 | 38 | Miner | 2000 | 22 | Unemployed |
| 2002 | 40 | Not known | 2000 | 21 | Scholar |
| 2002 | 30 | School teacher | 2001 | 17 | Scholar |
| 2002 | 35 | Truck driver | 2001 | 18 | Scholar |
| 2002 | 34 | Migrant | 2001 | 29 | Domestic worker |
| 2002 | 65 | Pensioner | 2001 | 54 | Unemployed |
| 2002 | 30 | Not known | 2002 | 19 | Scholar |
| 2002 | 31 | Migrant | 2002 | 19 | Scholar |
| 2002 | 40 | Labourer | 2002 | 30 | Vegetable seller |
| 2002 | 35 | Security guard | 2002 | 30 | Vegetable seller |
| 2006 | 35 | Employed | 2002 | 30 | Not known |
| 2006 | 42 | Employed | 2002 | 20 | Unemployed |
| | | | 2002 | 32 | Unemployed |
| | | | 2002 | 16 | Scholar |
| | | | 2002 | 27 | Unemployed |
| | | | 2002 | 30 | Unemployed |
| | | | 2002 | 25 | Unemployed |
| | | | 2002 | 21 | Unemployed |
| | | | 2002 | 19 | Unemployed |
| | | | 2002 | 40 | Unemployed |
| | | | 2006 | 30 | Unemployed |
| | | | 2006 | 45 | Unemployed |

**Table 4: Summary table of the demographics of reported AIDS deaths**

| | *Male* | *Female* | **Total** |
|---|---|---|---|
| Number (Per cent) | 19 (39%) | 29 (61%) | 48 |
| Average Age | 39 | 27 | 33 |
| Age Range | 20-65 | 17-54 | 17-65 |
| Employed | 13 (68%) | 4 (13%) | 17 |

These records of AIDS mortality tell the story of rapidly increasing rates of HIV infection and AIDS death over the period of little more than ten years. The demographic features of those identified reveal the structural underpinnings of the AIDS epidemic, in terms of gender, generation and economic class. Local accounts made sense of these patterns by drawing attention to changing political economy of sexual relationships. Specifically, my informants' narratives pointed to the increasing mobility especially of younger women, and material inequalities between those with incomes and those without.

Of particular significance to understanding the spread of HIV is the increasing mobility of young women. In 1997, the number of women from Bushbuckridge who migrated to Gauteng increased from 15% to 25% amongst older women (aged 35 to 54) while younger adult women (aged 15 to 34) increased from 5% to 20%. In 2003, 24% of older adult women and 19% of younger adult women were absent for the majority of the year (Collinson, Kok, et al. 2006).

In KwaBomba, a group of women commuted regularly to Randfontein, a mining settlement in the North West Province. The regular commute to Randfontein began in the mid-1980s when a few older, separated and/or widowed women sought to support their children by selling produce in urban settlements. One of the first, Jemima Mabunda struggled to support her three children with the paltry R30 monthly wage she received as

a farm labourer in Barberton. In 1984, Jemima commuted to Soweto by train to sell fruits purchased from white farmers in lowveld. However, frequent police harassment and township violence drove her away. In Randfontein she found a market amongst the men employed on the mines that were keen to buy fresh produce. Jemima was able to substantially increase her income. 'I would pay school fees, buy a bag of maize meal, buy clothes' she said, remarking on the ease at which she earned this extra income.

Sarah Dzhambukeri, Jemima's neighbour, was an unemployed divorcee. Jemima and Sarah travelled to Randfontein together, although Sarah made more permanent roots in Randfontein. She settled down with a Mozambican man who worked on the mines and together they rented a house near Randfontein in Mohlakeng Township. Sarah invited her sisters and friends from KwaBomba to visit her there. In 1989, Flora (Sarah's sister), divorced her first husband and joined the others in Randfontein. She set up a small informal trading store (*spaza*) and by 1993 she was renting out one-room corrugated iron shacks (*mukukus* lit. chicken coops) on the borders of Mohlakeng[23].

In the early 1990s the pathways to Randfontein that had been established by women of Sarah and Jemima's generation were followed by a younger generation of women. Lindiwe (Flora's eldest daughter) and Xolani (her neighbour) visited Randfontein in the early 1990s. They sold fake gold jewellery and formed relationships with working men who supported them financially. Xolani eventually gave up on selling jewellery and only visited Randfontein when she needed money from her boyfriend. Lindiwe recalled that when she asked her mother for money, she told her to 'go and find a man to help you'.

An older woman reflected on the role that poverty plays in driving epidemic spread:

> It is poverty that makes women sleep around with men…I know because I used to do that. Yes I know life. I will never know what will happen after having sex with those men; maybe those men were HIV positive I do not know. And you will never know that time I was sleeping around whether this disease was around or not. Where I was working I realised that they do not pay me enough that is why I was running around with men…if I was working on this farm they gave me two rand or three rand, so I realised that if I find a man who is working for the firms they will give me bread, other men gave me sugar, those kids I left at home they will be able to have something to eat. And they [the men] don't give you this stuff for nothing. Others want you to bend others want your head to face down and have sex with you like that… [Laughter] and that time it is like I am working and after that they pay me something. The time you leave work and come to stay at home you are not able to do anything. So that time they are bending you and doing this to you it is the time the disease just gets into you…so that is why I do not know if I am HIV positive because today I will say oh my head the next day I will say oh my tummy…and all that time the disease is eating me [laughs]

The relationships that Xolani and Lindiwe formed with men in contexts such as that of the settlements around Randfontein undoubtedly exposed them to HIV. By 2005, Lindiwe was a candidate for antiretroviral treatment and Xolani was critically ill with AIDS. Their movement between village and mining town created a pathway for HIV to enter the village and permeate local sexual networks[24].

While poverty shapes women's vulnerability to HIV infection, relative wealth and material inequalities shapes that of older men's. Only one of the men identified as having died from AIDS was unemployed. The remainder had access to disposable incomes, drove cars, built modern houses, and cash to purchase alcohol and luxury food. Three of the men who died of AIDS between 1999 and 2003 were teachers, and more were rumoured to be infected. A local physician once remarked that he found it surprising that most of his AIDS patients were the 'educated ones' such as teachers and policemen and

not those 'who are deep in the bush', by which he meant the uneducated and unemployed. Yet, even those men who simply had permanent jobs or access to some form of income were vulnerable to HIV infection.

Other important developments that took place during the early 1990s were also seen to underpin the spread of HIV. My informants identified the construction of the main road that passes by the village and links it to Acornhoek in the north and Bushbuckridge in the south as an important turning point in the local epidemic. The road ultimately created a connection between the world of the village and the increasingly busy development corridor between Johannesburg and Maputo. Older residents were unhappy when the road was built as it was believed to only benefit the educated elite. This is reflected in a song performed at the *muchongolo* dances when the road was being built:

| | |
|---|---|
| Gijimani miya byela | Run away and tell |
| Jojo Malamule | Jojo Malamule[25] |
| Leswaku xikantiri | About the tarred road. |
| Xihi heta milenge | It destroys our legs |
| Hitler uhi kombe mihlolo | Hitler he showed us a miracle |
| Byela byela | Tell, tell |
| Hoyo hoyo hoyo | Welcome, welcome |

The song urges people to complain to Jojo Malumele (the former minister of road transport in Gazankulu) about the road's hard surface that hurts the unshod feet. Metaphorically it alludes to the suffering that accompanies development. The song had prophetic vision. The geographical location of settlements, particularly in relation to truck stops and major highways is an important factor in the epidemiology of AIDS (Webb 1997, 99-101). The new road created a new locale for transactional sex. AIDS was seen to literally 'travel' this road from the major centres of Gauteng. Streets and roads feature prominently in local discourses about AIDS. Young girls are warned about the dangers of 'lingering' on the streets, and AIDS is seen to attack those who 'play in the street' (*famba tlangeni xitrateni*). Sexual liaisons formed on the street are hidden from the gaze of parents, are socially unsanctioned and dangerous. In a speech at a public ceremony a health official stated: 'Most people think that when they are on the streets having secret love they are safe. They can hide from people but they can't hide from AIDS'.

NwaMbembe walked past a notorious pick up spot on the main road every evening on her way home from the bus stop. She commented on the young women who hung around:

> Aaai there are many you can't even count them…even those kids at school there at KwaBomba High there is not one that can say I am only having one boyfriend. Because today you pass her on the way she will be standing with this boy the next day with some other boy. It is just difficult even when she becomes pregnant you want to know who made her pregnant – you won't know. The time you ask her 'who made you pregnant' she will count ten boys because she doesn't know who made her pregnant. So you will never know where you got AIDS that time. You will never know!

Road construction and commuting to Randfontein were raised as the reasons for Anna's death, a 27 year-old woman who died of AIDS in 1999. A male relative provided this account:

> She started to become thin and not eating well, vomiting and she had diarrhoea. It happened like that – it took three years. She went to Bushbuckridge hospital and they told her and her mother that she was HIV positive. She slept with many men without a condom. It was her behaviour that made her to become infected. She had many partners. She was always trying to catch men. I was angry with her for becoming sick because she ignored that lesson from the nurse from Tintswalo [Hospital]. Many people were talking about her, saying 'this girl – she will get AIDS because if there is a road contract [construction] she will be there as well. She never stayed at home. She would visit Randfontein. When she became sick at first they sent her home. She would go to where people were camping [at the road construction sites]

## EXPERIENCING AIDS AWARENESS

The public health response to AIDS took place through education and awareness programs promoted by schools, provincial and local government, NGOs and clinics. These activities, rituals and symbols are arenas in which public health discourses of the causes of the epidemic are articulated and disseminated.

Post-1994, 'Life Orientation' of which sex education formed a part was introduced as a compulsory subject in schools. AIDS education was adopted into the school syllabus in 1998. This represented a significant shift in approaches toward sexuality for teachers and students. Teachers, accepting that adolescents were sexually active and vulnerable to HIV infection, ceased attempts to stifle sexual expression amongst adolescents through punishment. In theory, sex education stressed open discourses of sexuality, with the aim of arming learners with knowledge to enable them to make the right choices regarding the onset of sex, condom use and contraception.

The extent to which this promoted an open discourse about sexuality and HIV was limited. Sex education tended to focus on the negative outcomes of sex and thereby judged adolescent sexuality. The moralising discourses of missionary and Bantu Education teachings were replaced with a biomedical discourse of risk, disease and hygiene. Danger was associated with disease to motivate learners to take up 'responsible behaviours' (cf. Macleod 2009). Moreover, despite the attempts to promote a liberal approach to sexuality, there was a notable hesitancy to talk openly about AIDS at schools, even in sex education classes (cf. Morrell 2003). Teachers were often poorly trained and ill-equipped to deal with the issues that sex education raised.

Teacher Sibuyi, a young mathematics teacher and devout Christian, was trained in sexuality education. Although Sibuyi felt it was his duty to remind learners of the consequences of unsafe sex he struggled to communicate these issues to learners. My interview with him revealed his personal difficulties in communicating with his pupils:

> The children laugh when I advise them, because it is interesting [amusing] for them. But the time this disease catches them they won't laugh. This is the time to tell kids the truth. Maybe I tell them what you call private parts but I don't say exactly that name so they laugh for that … the word I am using for the eh [penis] … instead of saying that word sometimes I say it is a stick [penis] or…but they know even if you don't say exactly, they laugh. Some laugh because they are still young. Some have a difference of one year with me so they laugh; others have children so they question me, what [do] I know, because I don't even have a wife.

As is clear from this extract, Teacher Sibuyi struggled to communicate with his students. He was far too embarrassed to verbalise the facts and lacked the status required to gain the respect of his students.

One of the limitations of current approaches to awareness and education about AIDS is that the messages are unappealing to young people due to their reliance on

negative outcomes approaches. Young people also report being bored and irritated with being bombarded with messaging about AIDS. Many of my young informants switched channels on the television when public service announcements about AIDS were made.

The large national NGO loveLife (their spelling), operating on an annual budget of 200 million rand, was launched in 1999 (Parker 2003). Recognising limitations of previous approaches their campaigns are based on 'motivational optimism' in contrast to the heavy-handed, finger wagging, scare tactics of the national ABC (Abstain, Be faithful, use Condoms) campaign (Jeeves & Jolly 2009). The campaigns centres on promoting 'positive sexuality' via a 'lifestyle brand' 'that combines communication about sex and sexuality with the promotion of consumption of fashion items, music, film and branded goods' (Parker 2003, 7). It includes an awareness campaign that used billboards, a telephone helpline, events ('*love tours'*, '*love train'* and loveLife Games) youth centres ('Y-Centre') and peer education ('Groundbreakers').

In 2001, loveLife established a youth centre in Acornhoek, a half hour taxi's drive from KwaBomba. The centre is housed in a circular building (previously a tavern), painted garish purple. The Y-Centre approach to HIV prevention is to emphasise alternatives to sex through recreational and educational opportunities. Children learn about computers, ballroom dancing, self-defence, radio broadcasting, and play basketball. The clinic called a 'Wellness Centre' based at the centre offers counselling and there is a chill room where children can read loveLife publications and talk (see Picture 1).

The Y-Centre is extremely popular and attracts hundreds of young people every day (see Picture 2). However, loveLife is also regarded as exclusive and elitist. It targets youth between 13 and 21 years of age. As a consequence older youth tend to stay away

from the Y-Centre. This seems odd given the high rates of infection amongst older youth. A centre volunteer remarked: 'The problem is that the old people who we believe are infected as well, they do not go to loveLife – like those of 21 years they say it is the place for kids'.

Access to the centre is also mediated by social class (Hunter 2010, 207). The children who attend the centre are regarded as affluent and trendy youth. Although the youth and staff at the centre communicate in XiTsonga, the printed and audio visual materials and workshops are all in English. LoveLife consciously promotes American fashion, styles, and attendees adopt American accents and slang. During a workshop I observed, children learnt to sing the 'Pizza Song'[26]. Motivational speakers invited to present at the centre are usually US based such as Miles and Associates, an organisation that links basketball to youth development. The promotion of basketball itself was criticised by local youth and parents who favoured soccer and netball. In response, the centre allowed girls to use the court for netball as well.

The focus on American consumer culture is attractive to many youth but also tends to alienate those who struggle to afford the fashion or identify with American fashions, music and sports. The following extracts from interviews conducted with youth about loveLife drew attention to the elitist image projected by the Y Centre:

> LoveLife is like a competition. A competition of clothing, you see? 'Oh, I can go to loveLife', or 'Oh, I'm a member of loveLife', you see? … So you become proud (Boy, 21)

> Boys look for girls there, girls look for boys. They are promoting condoms, not talking about abstaining. They should teach about AIDS. They think they are better than you, they're like models (Boy, 17)

> I don't know whether you have to speak English, I mean… maybe…they want intelligent people to… take part [at the Y-Centre] (Girl, 19)

A boy of 17 used a black marker pen to draw the *Nike* symbol on his otherwise plain tennis shoes:

> I love basketball, but [if] you don't have a load of money, or… wearing the stuff, maybe you are wearing *takkies* [tennis shoes] and they are ugly, so you're an embarrassment. So they are just laughing…They are wearing *Nike*, *Adidas* and those things

As a demonstration of LoveLife's power and wealth, a massive yacht was driven on a trailer into Acornhoek and parked outside the Y Centre. The exercise was to celebrate a voyage to Antarctica to raise awareness of the AIDS epidemic (Picture 5). The professional film crew that accompanied the boat also erected portable toilets at the centre, despite the availability of flush toilets. The irony of the spectacle of a boat standing on a trailer in the middle of a town in the semi-arid lowveld did not go unnoticed by passers-by. For many it was yet another example of the disjuncture between the affluent foreigners who commanded the centre and local realities of poverty.

Awareness and education for HIV prevention also takes place through AIDS rituals such as World AIDS Day. These rituals are dramaturgical devices (cf: Goffman 1959) that display and reinforce the global reach of the AIDS industry[27]. I attended World AIDS Days in Bushbuckridge from 1996 to 2003. In 2002, the main event was held at Puledi High School (Picture 6). On the sports field the organisers had erected three gaily striped marquees. One marquee was reserved for VIP guests from the department of Health and the Bushbuckridge municipality. It was decorated with flowers and traditional artefacts such as woven baskets, kudu horns, spears, and wooden porridge spoons[28]. In

the other tent a display of boxes of condoms arranged to form a pyramid was closely guarded by male and female nurses also offering pamphlets (see Picture 4). A good distance from the arena, a few school children, old women and old men gathered on the embankment. Further beyond food and drink sellers had set up stalls and a few young men stood around.

The day's program consisted of speeches (the mayor of Bushbuckridge and local representatives from the Department of Health and Welfare) and cultural performances. A group acted out a scene from the Broadway musical *Sarafina* about the Soweto school children's uprising of 1976; young boys dressed as soldiers held wooden AK 47s (see Picture 3) gave a display of military marching; a group of older women performed a traditional Sotho *kiba* dance; two young men performed impressions of Thabo Mbeki and Nelson Mandela. These items were punctuated by hymns and songs. After the displays, dignitaries and special guests were invited to the main tent to a sit down lunch of chicken, beef, salads and porridge, while beef stew and porridge was on offer to the spectators.

Mandla Ndlovu and Riot Mathonsi, two young men from KwaBomba who had accompanied me to the event, hastened me to my car before the feasting could begin. When I protested (I was hungry and curious), Mandla said: 'I am really not interested in standing in a queue for food. That is for poor people'. This was somewhat ironic: Mandla and Riot were unemployed and from very poor households and both depended on welfare grants; Mandla's mother was an alcoholic and Riot's father abandoned his family many years previously. The two young men were the quintessential 'community members' targeted by the AIDS awareness event held that day.

I was curious about Mandla's reaction and interpretation of the day's events. He was an organizer of AIDS awareness activities in KwaBomba and participated in many AIDS awareness programs as a youth representative of the village. Mandla was therefore in a good position to comment on AIDS awareness interventions. He reckoned that AIDS awareness activities such as the World AIDS Days were mostly failures. According to him, these rituals promoted divisions within communities by celebrating the status of the affluent and powerful while marginalizing the poor. Ironically, the World AIDS Day event reinforced the social inequalities that lie at the foundations of the AIDS epidemic itself. This was especially a feature of the feasting. Mandla said:

> The World AIDS Day is an exclusive event. You have to be invited as an organization and the main attraction is the catering that is provided. If your name is on the list of VIPs then you get to eat in a special area for VIPs – if not then you have to stand in a queue with everyone else.

Those who end up at the end of the queue face the humiliation of not getting anything to eat. For Mandla and Riot to eat at these events was to accept a position of inferiority, to become in the eyes of those around you, an impoverished person. The ritual served as a reminder of their status as commoners.

While the World AIDS Day event seemed to promote these social divisions between rich and poor, another ceremony I attended portrayed the superiority of modern biomedicine over traditional healing. At a home-based care-giver graduation ceremony held in Thulamahanshe, the graduates put on a short play. The plot revolved around an older married man sick with tuberculosis. The first scene opens with the man drinking traditional beer (*xikhapakhapa*) with a woman who dances to music playing on a stereo. In the next scene the man begins to cough. He removes his shirt and shows the audience

that it is wet with sweat. To the beat of drums the man is taken to a traditional healer (*n'anga*) who performs divination (*ku femba*) and then provides the man with medicine. The man continues to cough and he visits the traditional healer for a second and then a third time. At this point the family intervenes and argues with the healer. They point out that there is treatment for the disease available at the clinic. The healer argues back saying that she needs to make her money. The next scene is at the clinic. The nurses (wearing old fashioned nursing caps) assist the TB patient, asking questions and scribbling on papers. The other family members complain about the money they have spent paying the traditional healer. The nurse replies 'TB does not need a *n'anga* [diviner]. You should have taken the patient to the clinic straight away'. The man is referred to hospital where a doctor examines him and gives him a prescription. He says in an authoritative voice in English 'You will get pills from your nearest clinic'. He then turns to the audience and says again in English 'If a person coughs a lot he should not be taken to a *sangoma* [traditional healer]'. He points out that the hospital provides treatment for free while the healer charged the family lots of money.

The drama clearly articulates an opposition between 'traditional' healing and Western biomedicine. It blames traditional healers for wasting peoples' money and duping them into thinking that they can cure TB. In contrast, Western biomedicine is free and effective. Later in conversation with Solomon, one of the organisers, I ask what the main reasons are for non-compliance with TB medication. Solomon replies that drug stock-outs and long queues at the medical centres are the main reasons, and that patients often struggle to get access to their medication. Tradition it seems has very little to do with problems of compliance.

# CONCLUSIONS

The social history of the AIDS epidemic described above has in many ways echoed the sentiments expressed by the old man Madimbi with whom I began this chapter. Epidemic spread is intimately related to social and economic transformations beyond the control of ordinary people, rooted in a history of the erosion of, as Madimbi would have it 'a traditional way of life'. The appeal to bring back the traditional ways (*xintu*) made by men and women like Madimbi and to regard AIDS as a product of modernity or 'the way of the whites' (*xilungu*) is a counter to official, public health discourses that directly challenge tradition and African culture. In public health AIDS rituals, divisions between rich and poor, the modern and the traditional, and young and old are articulated through symbols and performances. LoveLife promotes an American, if not global, popular culture that extols fast foods, basketball and open discourses about sexuality. Awareness campaigns such as those held for the TB home supporters blame traditional healers for the spread of TB and promote the virtues of Western Biomedicine. The feasting at AIDS rituals such as World AIDS Day are celebrations of status at which poor people are reminded of their position in life.

These rituals reflect an emerging middle-class culture that many black South Africans have joined but from which many more are excluded. Hunter (2010, 209) argues that LoveLife's elitism resonates strongly with 'deeper social fissures' in a context where many young people have been 'left behind'. Those who stand to benefit most from interventions to prevent the spread of HIV are those who experience barriers to participation.

This chapter has also highlighted the importance of a historical perspective in explaining the spread of HIV, challenging the over-reliance on cognitive behavioural models of individual risk. Infections and disease spread are not simply outcomes of individual risky choices. Political and economic forces constrain the opportunities and choices available to people and create conditions of vulnerability (cf: Craddock 2003; Marks 2002). As Farmer puts it, 'HIV, (…), has run along the fault lines of economic structures long in the making' (1992, 9).

As I go on to show in the next chapter, behaviourist models that underwrite public health approaches to prevention are unlikely to have an effect on the spread of HIV. This, I argue, is because the transmission of HIV is shaped, not so much by individual behaviours, but by the social structure of sexual relations.

## END NOTES

[1] See Bill (1994) for a fascinating exposition of the metaphorical relationship between eating and sex in Tsonga folk tales.

[2] This text is an edited version of a longer transcript. My tape recorder was still running and I was able to record Madimbi's speech.

[3] The Malawian mine workers were repatriated ostensibly for public health concerns, although economics may have had more to do with this decision (Chirwa 1998).

[4] A dry period began in 1979 with droughts occurring in 1981/84 and 1991/92: 70% of the region's cattle perished in the 1991/92 drought. This drier period had not abated by 1995 (Shackleton et al. 1995) and a few years later (1998 and 2000) very heavy rains led to widespread flooding (Freeman 2002).

[5] The ministry of health produces an annual survey of HIV and syphilis prevalence, based on data from a national sample of antenatal clinics. The survey provides indicators on the progress of the epidemic and prevention. Yet, the survey contains several biases: the subjects are women, of childbearing age, who attend public health clinics. This excludes sexually active women who use contraception, older women, and women who

can afford private care. Moreover, because HIV reduces fertility, HIV positive women are less likely to conceive (Shisana & Simbayi 2002; Whiteside et al. 2002, 3-4).

[6] These statistics are from an unpublished report of the Department of Water Affairs and Forestry (Department of Water Affairs and Forestry ND).

[7] Due to periodic drought, birds, and boring worms, farmers preferred robust drought hardy maize called 'traditional maize' (*swifake xa xintu*). The cobs were stored in grain huts (*xidludlu*) and dried. A particularly labour intensive task performed mainly by unmarried girls (*tintombi*) or recently wedded women (*vakothi*) was the production of maize flour. The kernels were pounded into flour in a mortar and pestle. This flour was then ground it into a fine powder using a grinding stone. The coarse brown grain was separated from the finer white flour. This was left for 24 hours to ferment in water. The sour porridge (*vuswa*) produced from the white flour was prepared especially for the senior men of the household.

[8] Bonner's (1995, 118) analysis of pass records in the 1930s and 1940s is revealing. Of African men employed in Johannesburg only one-third remained in employment after eight years. Between 1936 and 1944, 50 per cent had returned to their homes in the African reserves.

[9] This is similar to 'sweet-hearting' (*ukusoma*) documented in ethnographic accounts on the Eastern Cape (See: Hunter 1936).

[10] In the Eastern Cape this was called *hlobongo* translated as 'sex between the thighs' (Wood 2002).

[11] Village names sometimes retain the original farm names. These names reflect the romantic imaginations of the former white farm owners: Edinburgh, Croquet Lawn, Agincourt, Orinoco, Ludlow, Green Valley, Dinglydale, Xanthia and Arthur's Seat are good examples.

[12] With the application of the policy of apartheid after 1948, and especially the rigorous enforcement of legislation in the 1960s, removals took on a more systematic nature. Legislation like the Group Areas Acts of 1950 and 1957, the Natives Resettlement Act of 1954, the Native Trust and Land Amendment Act of 1954, and the Native (later Bantu) Laws Amendment Acts of 1952, 1963, 1965 and 1970 provided the authority and the machinery for the mass removals. At the same time the institutional framework for Separate Development was established by the Bantu Authorities Act of 1951, the Promotion of Bantu Self-government Act of 1959, the Bantu Homelands Constitution Act of 1971, and the Bantu Affairs Administration Act of 1973 (Baldwin 1975)

[13] Bonner (1995) notes in the later 1930s and early 1940s, young men escaped from their rural homes without their parent's consent mainly to earn money – 'to buy respectable clothes' . 'A number of points emerge from these individual histories - the driving pressure of poverty, social instability and a curious mixture of caution, determination and unquenchable hope' .

[14] The origin of the term is 'girl', usually used to refer to Black women in domestic employment in white households.

[15] Abduction and rape may also account for these disappearances (cf. Niehaus 2003).

[16] The first missionary station in Bushbuckridge was established in 1916 by the Catholic Swiss Mission. They introduced the first clinical services in Bushbuckridge in Cottondale in 1931 and the Ethel Lucas Memorial (ELM) hospital was built in Acornhoek in 1936. Initially mission health services were rejected. Nkuna (1986, 150) cites a missionary report that attributes this to culture: 'The Blacks of the area, who were still under the sway of witchcraft and superstition, did not trust the whites and their medical institutions'. However, the demand for hospital treatment grew and by World War II up to 20 000 outpatients were recorded. By 1970, the ELM Hospital and its nine satellite clinics treated almost 21% of the local population (302 000). Three doctors were responsible for 62 000 in-and out-patients and managed 230 beds (Nkuna 1986, 154).

[17] It is likely that their descriptions refer to the first epidemic of venereal disease in South Africa, a result of increasing mobility (Jochelson 2001) and prostitution (Bonner 1990). Statistical evidence points to a growing but varied syphilis epidemic across the country. Between 2% and 47% of various populations tested positive for syphilis between 1930 and 1946 (Kark 1949, 182).

[18] Chicken heads and feet, commonly known as 'walkies and talkies', are the cheapest cut of the fowl.

[19] Niehaus found that male unemployment had increased between the years 1990/1 to 2004 from 16 to 43 per cent (Niehaus 2006b, 526).

[20] In terms of the Native Urban Areas Act 1923 and The Pass Laws Act of 1952 it was compulsory for all Black South Africans over the age of 15 to carry a pass book at all times. The law stipulated where, when, and for how long a person could remain.

[21] This was revoked in 1984 by The Matrimonial Property Act (Act 88).

[22] Four infants of unspecified gender and age have been excluded from the analysis.

[23] Almost half of the township of Mohlakeng lived in shacks (in 1994, 46 per cent of the local population or 56,000) and 48,000 in backyard dwellings (Sihlongonyane 2001, 36).

[24] Randfontein is a mining town located at the nexus of several mines. It presented opportunities for women to generate an income due to the high concentration of men who work there. Anglo Gold and Gold Fields (GFL Mining Services) and Rand Gold operate eleven shafts. Collectively, they employ between 60 000 and 80 000 predominantly male miners. Between 40% and 50% of the miners are from outside the borders of South Africa (Gilgen et al. 2000, 13-15). HIV prevalence in mining towns in the Randfontein area is extremely high. In the town of Carletonville, 30% of men aged 35 as compared to 50% of women aged 25 were HIV-positive. Almost 35% of women between 14 and 24 years of age were infected with HIV compared to 9% of males in the same age band (Williams et al. 2000).

[25] The song refers to two local personalities responsible for the road's construction: Jojo Malamule – minister of public works in the former Gazankulu administration, and the local *ndhuna* (headman) infamously named Hitler.

[26] The lyrics are inanely repeated over and over: 'A pizza hut, a pizza hut, Kentucky fried chicken and a pizza hut, A pizza hut, a pizza hut, Kentucky fried chicken and a pizza hut, McDonalds, McDonalds'.

[27] The response to the AIDS epidemic has been aptly described as an 'industry' (Pisani 2008). This is in recognition of the significant investment of resources dedicated to prevention on a global scale (Altman 1998). The financial resources dedicated to AIDS are the largest ever committed to a single health prevention plan. Ten years previously funding for AIDS was 485 million US Dollars. By 2008, this had increased to ten billion US Dollars (Cohen 2008). To talk of 'The AIDS Industry' is to talk not only of institutions and resources but also discursive practices (Altman 1998).

[28] Two wooden spoons linked with a chain form part of the coat of arms of the former Gazankulu cultural and political party - *Ximoko Xa Ri Xaka* (Whip of the Nation).

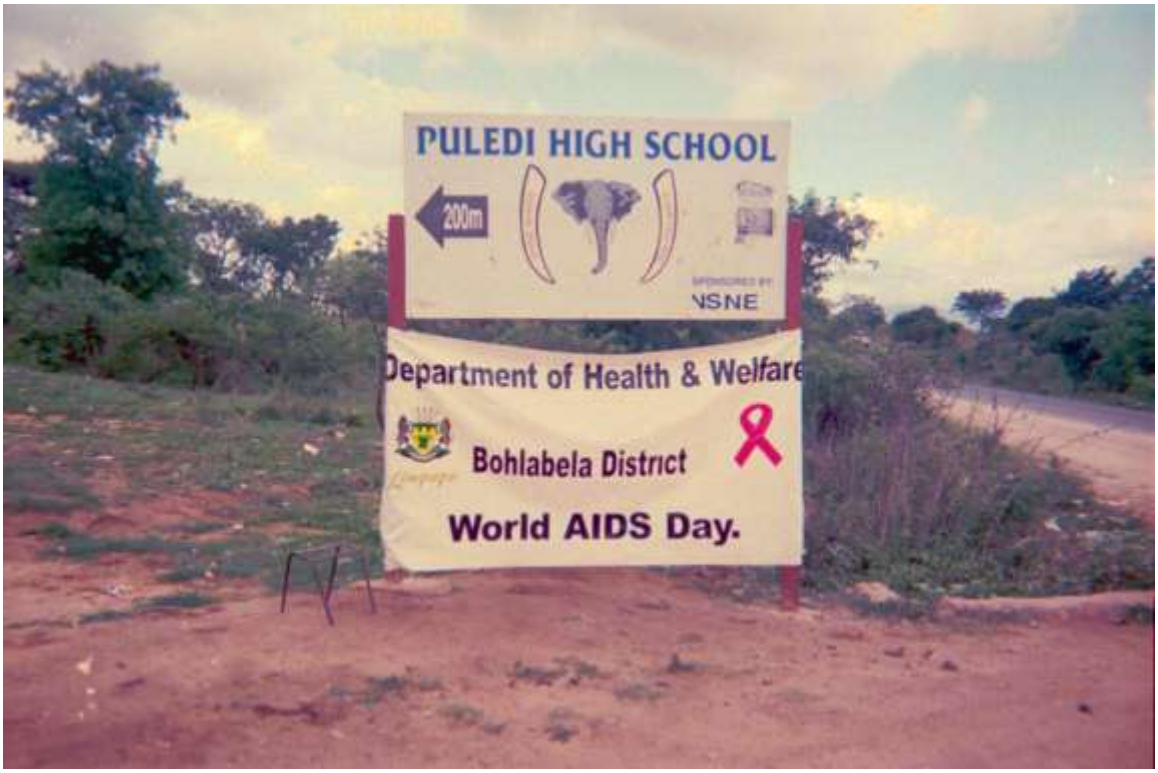

**Picture 1: Youth pose under a *loveLife* Billboard in Acornhoek (Photo: Asa Walhstrom)**

**Picture 2: Young boys chill in the *loveLife* Y-Centre (Photo: Asa Wahlstrom)**

**Picture 3: The marching band pose with wooden AK-47s at World AIDS Day (Photo: Jonathan Stadler)**


**Picture 4: Boxes of condoms on display at World AIDS Day (Photo: Jonathan Stadler)**


**Picture 5: The *loveLife* / *Earthship* visits Acornhoek (Photo: Asa Wahlstrom)**




**Picture 6: World AIDS Day, 2002 (Photo: Jonathan Stadler)**