People living with HIV and AIDS in everyday conditions of township life in South Africa: between structural constraint and individual tactics[1]

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ABSTRACT

The HIV/AIDS pandemic in South Africa has negatively transformed the lives of many in townships and rural areas. People living with AIDS (PWAs) are the socially weakened, whose means of survival include migrating, enduring gender violence, and they are thus confined to living in the margins of society. Using the concept of tactic as defined by de Certeau, this paper shows how anthropology can use the narratives of everyday life to make sense of the different ways the socially weakened create networks of support, find a cure, and generate forms of income or use running away as a means to avoid gender violence. This paper argues that if the State hopes to successfully introduce antiretroviral therapy and so turn everyday logics of survival into long-term strategies, it needs to commit itself firmly to reducing inherited forms of inequalities. Similarly, the State's commitment to eradicate poverty also requires it to take cognisance of the different borderline activities the socially weakened regard as avenues of survival. Rather than morally condemn such activity as a wrongdoing, the State should enhance its knowledge of the socio-economic conditions that almost coerce the socially weakened to 'do wrong'. The data were collected during intensive fieldworlk carried out in Alexandra township and Diepkloof (Gauteng) in 2001 - 2002, using participant observation and repeated in-depth interviews.

Keywords: HIV/AIDS, social anthropology, conditions of life, tactics, life narratives, structural constraint.

RÉSUMÉ

La pandémie du VIH/SIDA en Afrique du Sud a négativement transformé la vie de nombreux individus aussi bien dans les townships que dans les zones rurales. Les séropositifs, souffrant de discriminations, développent des moyens de survie impliquant notamment la migration ou le fait d'accepter des violences inscrites dans des relations de genre, á l'instar de ceux qui, nombreux, vivent aux marges de la société sud africaine. A partir du concept de tactique, défini par de Certeau, cet article montre comment l'anthropologie peut faire usage de récits du quotidien afin de rendre compte de l'existence de réseaux de soutiens, afin de comprendre comment ceux vivant dans les marges trouvent des soins et génèrent des formes de revenus ou bien utilisent la fuite comme moyen d'échapper aux violences de genre.

Subtiliser, braconner, 'voler à la tire', ou vendre des substances illicites sont certaines des tactiques de survie que ceux qui vivent aux marges utilisent pour rester en vie. L'argument de cet article est que si l'objectif de l'État sud africain est d'introduire avec succès les médicaments antirétroviraux et ainsi de favoriser pour les individus le passage de logiques quotidiennes de survie à des stratégies à long terme, il doit simultanément s'atteler fermement à la réduction des inégalités socio-économiques héritées du passé. Parallèlement, l'engagement de l'État pour l'éradication de la pauvreté nécessite également de reconnaître que certaines activités illicites ou simplement blâmables constituent des moyens de survie. Plutôt que de condamner moralement de telles activités, l'État doit améliorer ses connaissances de la matrice socio-économique qui les génère. Les données présentées dans cet article furent collectées lors d'enquêtes de terrain menées de 2001 à 2002 dans le township d'Alexandra et à Diepkloof (Gauteng) et reposant à la fois sur une observation participante et des entretiens ouverts répétés.

Mots clefs : VIH/SIDA, anthropologie sociale, conditions de vie, tactiques, récits de vie, contraintes structurelles.

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Introduction

Fassin (2000) as well as Barnett and Whiteside (2002) argue that our present cultural emphasis in understanding the development of HIV/AIDS in South Africa can be deepened by including aspects of socio-economic analyses. Social inequalities, gender violence and migration as factors in the transmission of HIV/AIDS are part of strong structural constraints that are shaping the objective conditions, quality and the choices of life available to affected individuals. They are the people who can be defined as the socially weakened, for their possibilities to eke out a living have seriously been inhibited by the epidemic, social inequalities or gender violence they endure.

In researching the historical relationship between migrancy and HIV/AIDS, Horwitz (2001, p.15) also emphasises the importance of considering economic factors in the spread of HIV/AIDS. Examining the spread of communicable diseases from a historical perspective, she argues that an 'understanding of the shape and trajectory of earlier disease outbreaks reveals some of the ways in which economic conditions, social relationships and power struggles can and do play an important role in directing the spread of infectious diseases today, including HIV/AIDS'. Thus, anthropological accounts of the experience of illness and of everyday life should integrate the role of economic conditions and how they are related or interwoven into individual life narratives. Incorporating the economic status and well-being of individuals does not mean denying the influence of cultural factors in the spread of HIV/AIDS, but provides a more holistic image, in which both cultural and economic factors constitute major building blocks in the everyday life experiences of PWAs.

Including economic aspects as a salient component of the influence of cultural factors in the spread of the HIV/AIDS pandemic, this paper looks at how individuals deal with such structural factors that impact on their day-to-day activities. This allows us to explore the different modes of transmission of the epidemic as well as reactions to it. These structural factors, which inform the daily lives of people identified as the socially weakened in townships, are not specific to PWAs. In an attempt to avoid any easy conflation, with only cultural explanations to enhance our knowledge of the HIV/AIDS pandemic, this paper subscribes to Paul Farmer's argument of positioning culture within a

project. 'The concept of culture should enjoy only an exceedingly limited role in explaining the distribution of misery. The role of cultural boundary lines in enabling, perpetuating, justifying, and interpreting suffering is subordinate to (though well integrated with) the national and international mechanisms that create and deepen inequalities. "Culture" does not explain suffering; it may at worst furnish an alibi.' (Farmer 2003, p.49)

Methodology

The paper presents data collected during a 2-year fieldwork period (2001 - 2002) by Frédéric Le Marcis and accompanied by a research assistant who translated conversations and other data into English. The fieldwork was conducted in two urban townships in Gauteng: Diepkloof (Soweto) and Alexandra (north of Johannesburg); in two rural villages in Limpopo: Tickeyline (in the Tzaneen area) and Kwa Ragoatha (near Zebediela); as well as in Manguze and Nongoma in KwaZulu-Natal.

The data were collected using participant observation techniques and repeated in-depth interviews with the aim of collecting life narratives.[2] 'The aim of this method is to enter as deeply as possible into the social and cultural field one researches ... In using the technique of participant observation, one tries to immerse oneself in the life of the locals' (Eriksen, 2001, p.26). Some interviews were taped and transcribed, while other relevant information was collected through informal discussion and visits paid on a regular basis to informants in their homes. These personal visits were aimed at sharing moments of their daily life experiences, like consultations at clinics, meeting in support groups for PWAs, parties, church services, funerals and other events that could deepen our understanding of how cultural and economic factors often inseparably inform the daily activities as well as the choices to be made.

Building on the HSRC/Mandela survey (Shisana & Simbayi, 2002), this research focuses on areas where PWAs live, the networks they create as well as the limits of their social mobility and economic viability. The HSRC/Mandela survey correctly identifies PWAs living at the margins of the townships in squatter camps or backyard shacks, with low or no regular income, and often little or no education, as those subjected to high HIV prevalence. According to the

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HSRC/Mandela survey the rate of infection of 21.3% for persons aged 15 – 49 in urban informal settlements can be compared with 12.1% in urban formal settlements (Shisana & Simbayi, 2002, p.49). If these figures are relevant in providing a picture of the epidemic, they do not provide any information on how PWAs conduct their daily affairs. How do PWAs living in the margins of society respond to the challenges and requirements of eking out a living? Knowing and understanding their HIV status, how do they construct an ordinary day that in essence would be no different from that of other ordinary citizens?

The research methods used in the HSRC/Mandela survey could not record the daily life practices of PWAs living in the margins of society as its emphasis was on quantifying PWAs, with the result that individuals were seen as part of an entity. This paper, in using qualitative research methods, aims at bridging this gap by focusing on the life stories of PWAs, which would allow us to understand the impact of HIV in their day-to-day activities. Collecting life stories as part of a qualitative research methodology would address the lacuna and provide us with a holistic understanding of how PWAs have internalised their affected health status.[3]

In Gauteng, we met informants through support groups for people living with HIV/AIDS, and some of their connections in rural areas were also explored. Over the 2-year period that fieldwork was conducted, we accompanied some of our informants back to their villages of origin. This trajectory from city to village in many ways echoed an established pattern of mobility among migrant workers that is well researched in anthropology, history and sociology. Connecting this pattern of mobility of PWAs to an existing body of knowledge is also connecting the PWA to an established logic: logics of survival that de Certeau explains as tactic, with the different forms it can take and the different logics and reasoning it can invoke. We should nonetheless try to avoid any over-determination of people's lives and yet not neglect to pay tribute to their agency. Such an understanding of their practices draws on the concept of tactics as developed by de Certeau and applied by Scheper-Hugues in the context of Brazilian favelas. According to de Certeau: *Tactic* is a calculated action determined by the absence of a proper locus. No delimitation of an exteriority, then, provides it with the condition necessary for autonomy. The space of a tactic is a space of the other. Thus it must play on and with a terrain imposed on it and organized by the law of a foreign power. It does not have the means to *keep to it self*, at a distance, in a position of withdrawal, foresight, and self-collection (...) It operates in isolated actions, blow by blow. It takes advantage of "opportunities" and depends on them, being without any base where it could stockpile its winnings, build up its position, and plan raids. (...) It must vigilantly make use of the cracks that particular conjunctions open in the surveillance of the proprietary powers. It poaches them. It creates surprises in them. It can be where it is least expected. It is a guileful ruse. In short, a tactic is an art of the weak.' (Certeau, 1984, p. 37).

If people are located in an environment limiting their choices and structuring some of their logics, they nevertheless develop tactics and show agency and for this reason, we are rather reluctant to use the notions of 'coping' or 'adapting' as strategies to deal with their environment. In our opinion, these notions of negotiating with their environment are fragile, uncertain and almost never definitive – this is not adaptation ñ as it often implies exploitation and suffering that are in no way synonymous with coping. Moreover does the reality that people *deal* with a life replete with violence mean they have adapted to it or should adapt to it?

Using the meaning of the word *Lekarapa* (migrants) as reflecting more than 100 years of oppressed history of black people in South Africa, and presenting two main case studies, this paper also demonstrates how choices made by people are in fact largely constrained by the history of the country and/or how their lives are shaped by it (violence; tradition of migration, etc). As such it is the embodiment of history in everyday life (Csordas, 1990; Fassin 2002), and more fundamentally the embodiment of hardship (Oths, 1999) to which this paper wishes to draw attention.

Inherited migration and inequalities

In Limpopo province, the *Lekarapa* occupies an ambiguous social position in the village. The term *Lekarapa* was originally used to refer to the safety helmets that workers wore in the mines, but over time the semantic field around the term has expanded considerably. Today the name *Lekarapa* (Sepedi) refers to all kinds of migrants in low-paid jobs in big cities

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where white people live (*makgoweng*). The *Lekarapa* is someone who struggles in cities to earn a living but who either goes back home with money or is able to send money to his dependents. He is thus the one able to build a house or open a small[4] shop, allowing his dependents to improve their social standing in the village. For a household in a Limpopo village, a *Lekarapa* also means that the children's educational needs, including paying school fees, buying textbooks and school uniforms can be met.

In the rural villages where the *Lekarapa* originate, it is commonly believed that their financial status makes them more vulnerable to jealousy and witchcraft. Thus not only do they enhance the social status of their family and other kin, they also become the envy of individuals in their community. Often they are sought by women, who see them as means to meet their needs or even whims, as Liz, a 25-year-old woman who lives with her old father and her son in Kwa Ragoatha, remarked. Liz like many other women in a similar situation has completed her schooling but faces a bleak future as she has difficulties in finding a job or even furthering her studies. The *Lekarapa* provide their girlfriends with money (R20, R30 at a time), with soap or with clothing. When this happens, the important thing is not to be the only girlfriend, but one of the girls who is visited. The *Lekarapa* visit their girlfriends in secret but often it is an open secret. Nowadays, the young call it '*roll-on*', because it's hidden, like the roll-on deodorant under the arm. In return the girlfriend(s) of the *Lekarapa* are required to have sex with their benefactor.

This kind of transactional sex is related to the extramarital relation known in Sepedi as *bonyatsi*. Some argue that *bonyatsi* and *roll-on* designate the same relation and that only educated[5] people use the English expression (roll-on). Nevertheless, as Andrew Spiegel (1991) has shown in the Lesotho context, the *bonyatsi* sometimes become 'official' *nyatsi* (partner in a *bonyatsi* relationship) whereas women involved in a *roll-on* relationship never expect anything to become official and it always stays concealed. Of course, in this hidden context women can be exposed to abuse and/or violence and it gives them less weight in this officially non-existent relationship. In other words their status in this secret relationship is that of a voiceless person, with the result that even at times of crisis or abuse the perpetrator of the violence cannot be reprimanded, for

any knowledge of the relationship probably only exists as rumour.

The use of the expression *roll-on* to describe this relationship in a peculiar way offers a sense of protection to women as silent partners of the *Lekarapa*. On the one hand their hidden status is safeguarded from possible rumours and like sweat under the arms the tacit agreement between the partners not to divulge their affair acts like the proverbial *roll-on*, drying up rumours and burying all odours under the skin; while on the other hand, the relationship brings material protection for the women involved. The expression *roll-on* then does not only refer to a person's savvy of consumer products available in the local shop but also to the person's ability to procure these products despite their lack of economic security. Unlike the *bonyatsi* relationship in Lesotho as described by Spiegel (1991), the *roll-on* affair[6] between the *Lekarapa* and his woman or women has hardly any hope of becoming an expression of 'cultural continuity' where the *bonyatsi* can acquire a status of legitimacy. It is within this salient context that the *roll-on* affair should be seen as a tactic of survival. As hidden relationships that have emerged with the Lekarapa, there is no cultural justification in the *roll-on* affair, as compared with that found in the *bonyatsi* relationship.

The term *Lekarapa* originally signified changes in comportment and dress that returning migrant workers displayed. As used today, the term continues to designate a changed person returning to the village. By linking the *Lekarapa* and *roll-on* affairs locals are able to give a name to something new that they are witnessing and which is on the increase – a new comportment necessitated in many instances by lack of economic security.

Emergence of the term Lekarapa

The term *Lekarapa* captures 100 or more years of history and is closely linked to socio-political and economic changes that affected blacks adversely. This period of change in the everyday life of blacks is without doubt regarded as a traumatic experience. For not only were they dispossessed of their land, they were also the only people the apartheid state identified as incapable of owning land. These politics made meeting ordinary demands of everyday life difficult and often a burden, as well as robbing disenfranchised

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citizens of their dignity. This dispossession and attack on human dignity resulted in a breakdown of family structures and a redefinition of gender relations was forced on entire village communities by the men having to find employment outside the confines of their villages. As Barnett and Whiteside (2002) have shown, the men had no real option but to enrol as part of the black workforce in migrant labour.[7] This breakdown of family structures was not without consequences, for it required those remaining in the villages to absorb the tasks, duties, and other obligations that used to be performed by the men on a physical, psychological and moral level. The impact of such reorganisation of village life was the redefinition of gender relations.

The changes the villagers were forced to make a century[8] or more ago were not motivated by them, they were imposed on them; first by the colonial powers that required them to pay taxes, and then entrenched by the apartheid state. Lurie (2000) is thus correct in identifying the Glen Grey Act of 1894 and the notorious Native Land Act of 1913 as the two most destructive Acts, which forced entire communities to reinvent themselves or perish.

The Glen Grey Act of 1894 'imposed a financial tax on people who were not primarily engaged in the monetary economy, and had the desired effect of forcing large numbers of black South Africans to seek work in the mines and other economic sectors in order to raise money to pay the tax.' (Lurie, 2000, p.234). The 1913 Native Land Act, which dispossessed the black population of their land, forced them to look for an income in wage labour. The humiliation of blacks, which began with the colonial powers and which acquired legal justification throughout the apartheid era, with indigenous peoples in South Africa losing their land as the fervour of the whites to expand their territorial desires and their power base in South Africa did not stop until 1994.

Blacks, until the advent of democracy, had limited, and in most instances very controlled, access as servile persons to selected resources of the country. Their present status as a servile class began with the colonialists and was further diminished by the apartheid ideologues. On the issue of providing food for their families, for example, villagers in rural areas witnessed their abilities and possibilities diminishing,

almost to the point of disappearing. This state of economic precariousness was closely linked to the right to own or use one's land. Where, for example, 30 – 40% of rural food needs in the 1930s were covered by agricultural production, in 1970, only 10% of the income of a rural family was derived from agriculture (Lurie, 2000, p.344).

The hardships that especially blacks in South Africa had been enduring under the colonialists and later the apartheid state did not break their spirit. Aside from struggling against the injustices they were subjected to, they needed to live their daily lives. Eating, living and looking after the self were as important and sometimes more important than fighting the unjust and cruel apartheid state. The concern with everyday life had the advantage that it could, despite the aberrations of collective life imposed by the apartheid state, introduce a sense of normality in the lives of persons who were targeted by a political regime which saw them as lesser human beings. It is in this context of strategies to introduce a sense of normality and deal with the imposed and forced changes in a person's or family or village life that the use of *Lekarapa* should be understood.

Seen against the backdrop of political injustices, villagers in rural areas suffered the most inhuman destruction. They became the voiceless oppressed who were forced to live in abject poverty that was inflicted on them by the colonialists and which continued to aggravate under the apartheid regime. The land which used to be their basic form of sustenance could no longer be toiled and tilled as before the passing of the Glen Grey Act of 1894. The far-reaching consequences of such land losses continue to receive the attention of social scientists, politicians and the state through successful redistribution or restitution of land, a century after it began. The most devastating result of the loss of land or the inability to till it was the migrant labour system, and the fact that the remaining land in the villages[9] received little or almost no attention from those who remained in the villages. People hardly work on the land and suffer from the job scarcity rife in the country.[10]

Migrant traditions and multiple households
The effects of migrant labour on village life continue to interest researchers. Thus, by locating the origins of the term *Lekarapa* within the socio-economic and to

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an extent political reconfiguration of family life in the rural village, this paper builds on an already well-researched area of concern. An aspect that is of particular interest is the increasing number of single-headed households.

Bozzoli (1991), Spiegel and Mac Allister (1991) and Delius (1996), in researching the impact of migrant labour on family life in the village, highlight the survival techniques that remaining families in the villages have developed. As these studies show, the necessity of mobility is present in several life narratives. This necessity, which has split families, has required those remaining to find ways of survival. This aspect is crucial for it demonstrates how people need to survive in the face of deprivation and injustice. Survival is not only necessary to make ends meet but is crucial to ensure some form of normality and sanity for those affected. For people like villagers in the rural areas, who continue to be afflicted by the inhuman policies of the apartheid regime and before, daily activities that had to be adapted to fill the void a migrant labourer left, soon became entrenched activities. They may have begun as temporary responses, but over time they have become an integral part of daily life in the villages.

Migrant labour did not only affect the men. The deepening economic crisis that rural villages faced further broke down the already weakened and fragile family structures. Mothers, like other women and men, were forced to seek employment in the nearby towns and cities. This resulted in a further reconfiguration of family life, which prompted the creation of multiple households.

Multiple households can be described as a survival technique introduced by women from the same family to ensure maximum benefits for their offspring and the possibility of pursuing employment away from the village. A multiple household may take different forms. It can be a group of women from the same village, from the same family or just friends staying in the same squatter camp, who decide to appoint one among them to become the caregiver for the children of the other women who are in employment or seeking employment away from home. The creation of multiple households in the villages however cannot solely be attributed to economic deprivation.

Female-dominated multiple households can also provide a safe haven for many of the women who flee violence at home by leaving their husbands, fathers or uncles. As Coplan (2001) shows, the Basotho women female-headed households are increasingly becoming a tactic to avoid the risk of injury and can be found all over the country. In KwaZulu-Natal for example, two sisters staying in Manguuze and receiving no support from the fathers of their children are rearing them together, one taking care of them at home in the village and the other selling *muti* (herbs used in traditional medicine) in Johannesburg. Elsewhere in KwaZulu-Natal, in Nongoma, three sisters are raising their children together. One takes care of them in the village, another one is working on a farm nearby and the third one is selling *muti* in Johannesburg. Amongst them, one is a widow and the other two receive no support from their former partner.

Another example of a multiple household is that of Flora in a village in KwaNdebele, who is required to look after the children of her two sisters and their brother who died of an AIDS-related illness. The two sisters working in Pretoria not only have to 'pay' Flora to look after their siblings, but all three have the responsibility of providing for their brother's children. The Shabangu sisters from KwaNdebele have formed a multiple household because of the difficulties in finding work near home and thus the impossibility of providing for the needs of their children on a daily basis. As domestic workers in the suburbs of Pretoria, they are not allowed to have their children with them on the premises where they work. The concept of the multiple household in their case is not to prevent violence and risk of injury but is rather a means of providing for their children, a means to save money and employ their sister in the village as caregiver for their children. In this way, the sister in the village not only looks after the children but is also the one who is responsible for guarding the family home. Their solution of a multiple household is regarded as temporary, as they see themselves as mothers or girlfriends waiting for the fathers of their children or their boyfriends to raise the necessary *lobola* to marry them.

For PWAs, like their healthy counterparts, the concept of a multiple household is proving to be a structural solution used by women to circumvent issues related

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to the work market and their position in relation to men. These are South African women most affected by unemployment, and black Africans according to the South African Survey conducted in 1999 (South African Institute of Race Relations 2001) have the highest rate of unemployment of about 51.9%, followed by coloured women with a rate of 28.4%. They are the women who, because of their vulnerable status in society, regard this as a solution not only to problems concerning their families but also their men. They are the ones who today are refusing to become or remain victims of violence and abuse. The concept of multiple households offers many women possibilities of organising their lives without having to seek the approbation of their partners. In such instances multiple households are more of a strategy than a tactic: it is more sustainable and of longer duration.

On a practical level this relatively new form of household not only allows women to reject experiences of abandonment, adultery and domestic violence, it also allows them – albeit in an indirect way – to redefine their relationship with men. Within such configurations men cease to be the decision makers or the providers in the family. Their role has in fact been recomposed to a less authoritative position. In the desire to avoid the dangers men represent in a traditional set up, women in multiple households can decide to use selected attributes that they feel men can offer.

The high rate of unemployment among women is probably one of the key reasons that has influenced the present status quo between men and women. Socially weakened because of unemployment or ill health or both, these women see men as instruments of survival. They use men for what they can provide and/or offer. To them men have become part of a tactic that allows them to deal with domestic and other everyday needs. This tactic of using men instrumentally does have a negative side, which falls outside the ambit of a woman's control but which has serious consequences for the spread of HIV/AIDS.

Limits of control
The relationship between socially weakened women and their economically viable boyfriends can also be a negotiated one.[11] Women, in such situations, who have understood the commodity value of their bodies use them to create an advantage for them and/or their

extended family. In exchange for presents and other forms of logistical support for their families or children, women often agree to comply with the sexual demands of their boyfriends. In very many instances, women in such socially weakened positions do not have much leeway in negotiating sex practices. This has given rise to a serious concern regarding the spread of the pandemic. The socially weakened women who rely on the support of their boyfriends are at great risk of infection as they are at an enormous disadvantage, since they cannot negotiate safer sex. Relying on their boyfriend's support, they take the risk of loosing it if they do not perform sexually according to their boyfriend's desires.

These are the women who recognise how the misery they share makes them vulnerable to everything around them. Any refusal on their part to have unprotected sex with their boyfriends would affect them negatively and not their partners. The men, understanding the economic hold they wield over the women, are quite capable of leaving their girlfriends for another woman who would submit to their sexual desires. The role of the men in such instances, although regarded as a source of provision, comes at a price that socially weakened women cannot negotiate. This type of sex is described as survival sex, for it stems from a conscious negotiating process where women tacitly accept the perils of the relationship, as they are generally the ones at greater risk. *Phanding*, as Wojcicki (2002) shows, is the term used in the taverns of Soweto and Hammanskraal to describe the sex to which socially weakened women are subjected. The use of the term *phanding* to depict this negotiation, where sex is a means of survival, accentuates the predicament of women in meeting their everyday needs. It is in this context that the daily struggle to survive far outweighs an economically fragile woman's right to refuse to have unprotected sex. The risk of being infected or falling ill in years to come seems remote, compared with surmounting the problems of the present. In this fragile existence, hardship and even death are part of the risks that cannot be avoided.

Tactics of everyday life
Historically blacks, more than any other ethnic group in South Africa, experienced difficulties in eking out a living. 'Tactic' as defined by de Certeau (to make sense of everyday life) – has been in use for decades. The different laws of the apartheid era were designed to

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contain and control black South Africans. They were forced to live in designated spaces or seek employment in areas and professions authorised by the government. One of the most cruel and inhuman implications of the apartheid laws was the scarcity of employment opportunities for especially blacks in the rural areas. Such inhumanity made the use of tactic an integral part of surviving and allowed the majority of disenfranchised South Africans under apartheid to stretch their already meagre resources (Beinart, 1982; Beinart, Delius & Trapido, 1986; Bonner, Delius & Posel, 1993; Posel, 1991).

Access to resources in rural and urban areas – especially employment opportunities – was unequal. To ensure an uninterrupted flow of cheap labour, the apartheid state did not provide enough resources to prevent emigration towards the cities. The eradication of these inequalities between rural and urban areas, viewed as legacies of the apartheid era, requires urgent attention in democratic South Africa. The democratic government, in addressing ways of righting the wrongs of the apartheid and colonial governments, has to consider ways of stemming emigration into the urban areas. It is therefore a more complex issue than just land restitution and redistribution, it also involves the restitution of collective life.[12]

While the issue of eradicating such inequalities remains high on the political agenda, the social inequalities of the apartheid period are observable in the field of health and HIV/AIDS (Baldwin-Ragaven, Gruchy & London, 1999). To quell the spread of HIV/AIDS the state has introduced various awareness programmes. These are meant to empower individuals through diffusion of knowledge on combating the scourge of HIV/AIDS. Yet, such crucial information on counteracting the devastation that this epidemic causes, is not implemented or made available equally in the rural and urban areas. Our recent research in rural areas demonstrates this gap in transferring knowledge about HIV/AIDS from established government or provincial institutions to citizens or individuals.

In rural areas of Limpopo province where the fieldwork was conducted, there was a delay – compared with the urban areas – in promoting awareness around HIV/AIDS or advocating voluntary testing through poster campaigns for example. Support groups to assist and inform individuals about HIV/AIDS remain quasi-non-existent. Moreover, people in rural areas also need assistance in accessing disability or child welfare grants. The dissemination of information to improve the quality of life for disadvantaged individuals in the rural areas could be described as clouded in confusion. The Health Systems Trust indicates that in 2000 in Limpopo, only 14.6 % of the primary health care facilities had made voluntary counselling and testing available.[13] Of course the figures differ from one province to another (i.e. 100% in Northern Cape, 87.5% in Free State for an average of 56.2% for South Africa) along lines that can be attributed either to historical inequalities (former 'homeland' versus former 'white areas') or lack of capacity of the decentralised administrations to deal with HIV/AIDS. In July 2002, the voluntary counselling and testing (VCT) services in the clinic of Kwa Ragoatha, servicing a population of about 11 000 people, had only performed nine tests in 2 months.

An important task of VCT is to distribute information on HIV and AIDS that would allow any person to build a repertoire of knowledge necessary to combat the disease. In such endeavours, the health sector needs to introduce a fine balance where individuals will depend more on the knowledge disseminated by the health sector to understand changes in their health status than on rumours that begin to circulate. This balance has crucially been affected by the late introduction of awareness campaigns and the scant support VCT have subsequently received. To people forced to grapple with unknown factors that are seriously damaging their health status, local explanations located in the ambit of witchcraft accusations are often the only way that they have to understand such changes. Furthermore efforts by the health sector to create awareness around HIV/AIDS have often been absent in villages like Kwa Ragoatha.

During the time that fieldwork was conducted, information relating to HIV/AIDS was not readily available in Kwa Ragoatha. Except for loveLife billboards erected in bigger townships near the village, the residents of Kwa Ragoatha were not exposed to a visible or pictoral campaign of posters or billboards. To understand the relative isolation in which the residents of Kwa Ragoatha live and face the dangers of contracting HIV/AIDS, one need only consider their confusion regarding their rightful access to social welfare grants. These are South Africans who could be

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seen as the visible example of how the apartheid state sought to create the socially and politically weakened. They are the examples of where the democratic state should be making greater effort to counteract the imbalances of the past as they are the ones at risk to be forgotten again.

The bureaucracy to access disability and other social welfare grants is not uniformly applied in the different provinces in South Africa. The central feature of all grants is that a medical certificate accompany them. This was probably done to minimise bureaucratic and other administrative requirements and expedite applications from previously disadvantaged South Africans. The directives of the government stipulate quite simply that the individual 'must submit a medical/assessment report confirming disability[14]' to the social welfare department. The classification of disability is then left in the hands of medical doctors and it is here that differences in policy application emerge. In the absence of strict policy guidelines, medical practitioners interpret government policy, which results in uneven access to disability grants.

In Gauteng, some medical practitioners classify the disability as soon as the patient is HIV-positive, while others first check the CD4 count and confirm the disability only if a patient's CD4 count is under 200. This discrepancy in how medical practitioners decide on a person's right to access the disability grant would involve different explanations: although some of the doctors interviewed argued that their decisions were based on scientific and biological information, it would seem that their personal opinions mattered when making such decisions. Some seem to make their decision according to their political convictions and others on the personal opinions they have of HIV/AIDS. The implication of such a wide interpretation means that where one doctor would be ready to give a grant to a patient as soon as positive status is established, another doctor would be of the opinion that the patient continue to work. In the case where a disability grant is refused the doctor would have regarded the patient's physical demeanour at the moment of examination as reason to delay the patient's access to any disability grant.

The reality that medical practitioners do not interpret and apply policies relating to disability grants uniformly is a well-known factor in a city like Johannesburg.

Where people did not receive satisfaction from a doctor they consulted, they would not hesitate to consult another who might render a diagnosis they would prefer. The easy access to medical practitioners in a city also allows people to make choices. In addition to this, city dwellers are also assisted by support groups. People can apply for grants through the various support groups, even if the coordinator of a support group decides on the eligibility of a person applying. An applicant's eligibility can be determined in terms of morality and life style choices, and the coordinator might not hesitate to withhold or even refuse to support someone who wanted to apply if criteria were not met.

In contrast to the city, such support groups are scarce in rural areas and people's access to medical practitioners is limited. The small number of doctors also means that applications for disability grants take much longer to process. Where an application in Gauteng can be processed within 2 months, the same application would need at least 8 or 9 months to be processed in rural South Africa. The time difference in processing an application in the rural areas results from the procedure followed in the rural areas.

The example of processing an application in *Tickeyline*[15], a village in Limpopo, demonstrates the extra time required to access a grant. Residents desirous of applying for a grant need to find a nurse – a qualified health professional – who can refer them to a social worker at the CN Phathudi Hospital (Hospital of the Mopani District). At the Hospital a special committee constituted for this purpose reviews the application. The committee consists of a social worker, nurses and a medical doctor as head. It is the task of this committee to decide on the merit of the application and its status of eligibility. The procedure followed in establishing the eligibility of an applicant is based on the financial viability, health condition and history of the patient visa-à-vis the health system. The committee can disqualify a patient if it is not convinced of the patient's bona fides in pursuing prescribed treatment (for tuberculosis for example). In other words, if the committee has reason to believe that the applicant has not followed his/her prescribed treatment or has been negligent in attending his/her appointments with health professionals, his/her grant can be refused. This scenario emerged during fieldwork conducted in April 2003 and it explained why people did not feel

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comfortable coming forward and speaking about their health status.

The negative perceptions around disclosure in the rural areas, as well as the scarcity of health services dealing with testing, have kept the HIV/AIDS pandemic relatively invisible. PWAs in rural areas where fieldwork was conducted prefer to remain silent about their health status. Health professionals interpret the silence as denial. The logic behind this denial goes beyond the simple idea of refusing to admit one's health condition and lies in a person's ability to constantly weave and reweave their space in the social fabric. Their silence on AIDS may imply their embracing discourses of witchcraft and adding to the gossip on witchcraft and AIDS prevalent in this region, as Stadler (2003) has shown. At the same time, the politics of disclosure of AIDS should be understood in the context of availability of therapeutic resources. Disclosure in a context where treatment for AIDS is almost non-existent would provoke more discrimination than assistance.

The rural areas in South Africa, established by the laws of apartheid, require the creation of tactics developed by people to survive. This also includes the development of more planned strategies. For example, these are places where families are being settled and where people organise support systems. These systems can be women's networks like the ones called in Sepedi 'help(ing) each other' (*Thusanang*). Some offer selective help to their members through doing household chores (cooking for a wedding or a burial) while others are able to give food or money to their member in the case of an emergency in return for a small monthly cash contribution (*stokvel*). Burial societies in the cities also bring together migrant workers of the same village. Rural areas are often places that people leave to find jobs or care and support for HIV/AIDS. Because of the duality of both urban and rural areas, people can connect to either area. Depending on their circumstances, they oscillate between the two areas with equal ease. As part of a tactic of mobility, this balancing process remains an ongoing one.

In brief, the HIV/AIDS pandemic remains largely invisible in rural areas and does not seem to be a priority in clinics and hospitals there. The recent national roll-out plan for antiretroviral therapy announced in November 2003 will hopefully, contribute to improving the situation, making it more advantageous to disclose one's HIV status and give open testimonies on living with AIDS. For the present however, HIV/AIDS patients hiding in their homes, are commonly accused of being in a denial mode but for them disclosure under such conditions is seen as engendering more discrimination. Obviously, this context does not encourage people to come forward and to speak openly about their status.

The following case studies need to be read in the context of post-apartheid South Africa and as illustrations of these tactics.[16] They do not concern planning and strategies – that need to be understood as a collective reaction – but present individual reactions and tactics vis-à-vis the structural constraints to which individuals are exposed.

Migration, borderline of legality and networking

Migration as escape: the example of Elsie

Elsie was born in Lesotho. Her parents separated when she was still young. Her mother then left the village and went to Natal to stay with her new boyfriend. Elsie stayed with her older sister (from another father) at her maternal grandmother's place. There her maternal uncle raped her. When her mother eventually learned of it, she thought it best to take the children with her. In Natal, Elsie once more became a rape victim. This time it was her stepfather who became violent and raped her. He did it while her mother was out and used a gun to scare her saying he wanted to have children with her, because her mother was not falling pregnant. When Elsie's mother learnt of it, she preferred not to report it to the police and asked Elsie to keep quiet about it. Elsie's mother was afraid of the consequences. Silence for the mother meant not being beaten by her boyfriend and more importantly not losing her only anchor of support.

Elsie had no other choice but to leave. She was about 18 when she accepted the invitation of her maternal aunt to join her in Johannesburg. After staying with her in a hotel in the central business district (CBD) she eventually got a job, first as a live-in domestic worker in the suburb of Mayfair and then in an upholstery factory. It was during this period that she met her future boyfriend. She eventually moved in with her boyfriend who lived in a flat in the Berea area. From Berea, Elsie and her lover moved to a shack in

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Alexandra township. It was Elsie who 'purchased'[17] their home for R1000 and they paid someone R50 to illegally connect them to electricity.

It was when she became pregnant that she discovered her HIV-positive status. Nine months after her birth, their daughter, who was also HIV-positive, died. Elsie had no job when this happened and had to use whatever resources she had to cover the funeral expenses for the baby. To supplement her income during her pregnancy and after she used to sew pillows at home and she used some of this money to pay for the funeral costs. To make matters worse, not only did the owner of the sewing machine demand the machine back, but also her boyfriend was not working anymore. This fragile situation contributed to disagreement between the couple as they were now arguing more than before.

This fragile situation prompted Elsie to think of an alternate solution to make ends meet. She thus decided to go out and look for another boyfriend whom she believed would support her. This meant separating from the father of her late daughter. Now Elsie is living alone in her shack, sharing the space with visitors from Lesotho (friends or family) and with her mother who visis regularly from KwaZulu-Natal. Elsie is pregnant again and this time she expects the father of her child (a third boyfriend) to support her financially. This utilitarian relationship is called *ukuphanda*: 'Me, I don't have a problem. I'm surviving (*phanding*). But if I hold the things to work I'm not *phanding*. When I don't have tools of working, I got out and I'm *phanding*.'

Elsie's experiences are an example of the violence and suffering to which many women are exposed. The sexual coercion, rape and the ensuing silence requires scrutiny, to lay bare the reasons why this persists. To this effect, Jewkes and Abrahams (2002) in a recent overview on rape and sexual coercion in South Africa present a series of arguments to explain the low level of reporting of rape cases. Among the many reasons, the following can be regarded as salient: in the majority of instances, family ties with the perpetrators, coupled with difficult access to police services, and mistrust and fear of not being believed, are reasons why such acts of rape and sexual coercion are not reported (Jewkes & Abrahams, 2002).

Elsie's ordeal of rape and sexual coercion adds another dimension to the reasons outlined by Jewkes and Abrahams (2002). Elsie's only hope of escaping her stepfather's violence was to escape from her home. She, we could argue, perfectly understood the politics surrounding her violent experiences as she chose to leave rather than confront her stepfather for raping her. The implications financially and otherwise for her mother and other siblings should her stepfather be arrested far outweighed her traumatic ordeal. In a way, the silence that surrounded her harrowing experiences was a price the family was prepared to pay. Thus, the only way Elsie could escape such abuse was to leave her family home, a decision premised on the knowledge that it was the least offensive to her family. It is within this context that her decision to leave her family home to escape violence and abuse should be understood.

Elsie's story demonstrates the complex layers of reasons that prevent rape and other forms of sexual abuse from being reported in the public domain. The non-reporting of such crime should be understood against the backdrop of cause and effect. If the rape was reported, Elsie would have gained freedom from rape and sexual abuse but the family would have lost a breadwinner. Faced with such a dilemma, Elsie had no option but to migrate. Furthermore, the relative security that the stepfather provides (home and financial support) are factors that serve to prevent the family from reporting the perpetrator.

Elsie's decision to migrate was to escape from sexual abuse by her stepfather but this did not mean that she completely severed ties with him. She escaped the violence but recognised the financial aid he could provide. In the following section, we will examine the link between scarcity of resources and the protection it can afford to the perpetrator. This would give us insight into the complexity of relations of interdependence that prevents victims of sexual abuse like Elsie from severing ties with the perpetrator or denouncing him to the relevant authorities.

Borderline of legality
Even if Elsie escaped the abuse of her stepfather in the rural area, she continues to rely on her family relatives, including her stepfather's assistance to earn a living. The family does not have many resources and this lack is probably a major factor in inducing them to deal in

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illegal items. To supplement her income, Elsie's mother[18], sometimes goes to Natal to collect *dagga* (cannabis) and sells it to drug dealers. For each 25 litre drum filled with dagga she makes R500. For the same quantity, the dealer would make at least R2500. The risk that such business involves – being denounced and/or arrested – can be equated to the *phanding* that Elsie describes. Although the two activities seem different, on a closer analysis they do share the attribute of risk. In both instances it is a decision to take a risk in order to survive. The risk factor is located in the logic of creating access to resources that ordinarily would be difficult if not almost impossible to obtain. In both instances, the individual is concerned about surviving in the present.

This example shows the duality aspect of a rural area: it may at times be a place from which to escape, but it is also the place where one can tap into an existing support system.

Exposed to the structural violence characteristic of gender relations in South Africa, Elsie needs to develop tactics to avoid physical violence without losing her support base. Her ability to protect her body from her stepfather does not heal her internal and emotional suffering but provides surety that he would not be able to abuse her again. And in the urban area, her implication in the care for HIV/AIDS patients in Alexandra gives her both the opportunity to reconstruct herself and to get an income and medical support.

Volunteering and networking as tactic

Surviving is a major concern for women like Elsie. Their skills are not adequate to provide them with a sustainable livelihood and personal security. For Elsie and other women in similar life situations, survival means reading their options in ways that allow them to find solutions albeit temporarily. This may involve risks to the person as our example thus far has shown. To further emphasise this, we will consider how women like Elsie view the state's health programme on combating the spread of HIV/AIDS as presenting opportunities for survival: a tactic.

The Department of Health's initiatives in combating the spread of HIV/AIDS provide people like Elsie with possibilities of survival and maintaining shards of respectability. This respectability comes from the fact that Elsie responded to the call of the Department of Health's volunteer project, i.e. 'I care! Do you?' and became a committed volunteer worker. From a position of the spiralling victim, she became an actor in a nationally publicised movement campaigning against the spread of HIV/AIDS. This newly injected self-confidence not only gave her a new lease of life by providing her with a sense of self-respect, it also opened different avenues of access into the city (Le Marcis, 2004a).

This new access into the inner city came through her involvement with the Treatment Action Campaign (TAC). As a TAC activist, Elsie became involved in advocating for the right of HIV-positive patients to treatment. Her activist profile with TAC allowed her to escape the pressures of having to survive on a daily basis, with only her range of tactics as survival in everyday life, and develop a long-term strategy for her life. Despite the positive and improved prospects her involvement in TAC provided for her everyday life, the distinction between a fairly secure life and using tactics and strategies to survive remains thin. The future after her period of involvement with TAC expires remains bleak.

Nowadays, Elsie is a volunteer in a support group. She visits and counsels patients and is often sent to people as an example of someone living with HIV/AIDS. As a volunteer, Elsie has several advantages both material and personal. She receives a disability grant of R700 per month for persons living with HIV/AIDS from the state, that she supplements with an income of R800 per month from her NGO in Alexandra for doing home-based care. Through the support group, she has acquired a sense of confidence regarding the medication she needs. Her knowledge of where to obtain such medication in the city has increased to the extent that, like other volunteers in the support group, clinics and hospitals can employ her as a counsellor. As individuals who understand the mechanisms of finding medicine in abstruse conditions in the city, Elsie and others like her, have acquired an intimate knowledge of the labyrinths of the health and social welfare system.

On a personal level, the network that Elsie became part of as a volunteer worker is very dear to her. To demonstrate the importance of the network in her life, she used the example of a bereaved couple whose 9–

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year-old child died of HIV/AIDS. According to Elsie, the couple could not afford the cost of burial and came to the support group for help. To add to the misery of the couple, they are not members of the support group and thus not part of the larger network. The network according to Elsie, did not turn the couple away and tried to help them. It took the time required to organise a grant from the social welfare to pay for the necessary expenses. When Elsie told us about this couple, their child had been in the mortuary for a month and a half already.

Pregnant again, Elsie is much wiser than with her first pregnancy. Her involvement in the volunteer group and her knowledge of HIV/AIDS, as well as her confidence in obtaining medication has made this pregnancy relatively easy. She knows of places where she will be able to receive nevirapine and at the same time, she knows she can count on finding moral support within her support group or at TAC in tackling problems that she faces at the hospital and to deconstruct them for her.

Elsie's narrative is one of courage and hope. It is the story of a woman who despite having known violence and trauma was able to step out of it. It was her tenacity to escape her stepfather's abuse that led to her infected status and, later, it was her desire to attain respectability that allowed her to transform her difficulties into something positive.

If running away appears like a trick, an art of the weak (to refer to de Certeau), it does not always imply a change for the better, for sometimes it just becomes an extension of a suffering spiral, as in the case of Liz presented in the next section.

Mobility, sugar daddy and ordinary violence

Mobility

Liz carries the scars of her difficult life in her. Her African name[19] translates as 'you have suffered', or as 'you've seen bad things' and which she sometimes regards as a premonition. Her mother called her thus after a difficult pregnancy and because she used to be beaten by Liz's father who was going out with other women. Like Liz, her mother's name also embodies a social reality that illustrates the socio-cultural conditions in which she was born. Liz's grandmother called her[20] 'the lonely one' as she was living alone when she gave birth to Liz's mother.

Choosing a name for a newborn is an important ritual in many societies. The names chosen often reflect the aspirations that parents and other close relatives and/or friends may cherish for the child. In other instances, a child's name is a personification of a parent's – very often, it would be the mother's – life conditions when s/he was conceived or born. Women in this unfortunate position often use the newly born child to vocalise their sentiments towards their wrongdoers. Thus, calling a child 'I have had enough' or 'it's your fault' allows these women without a voice in their community and family to constantly remind their wrongdoer and his family of their suffering or their feelings towards them. The child in such instances becomes the carrier of messages that such voiceless women need to make known. It is in this context that we see how the naming of a child can embody the personal socio-political conditions of especially the disempowered parent.

Liz is 23 years old. She lives in Alexandra township in a one-roomed house that she shares with her mother and her sister. A curtain divides the house into a bedroom and a living room. Her parents separated when she was still an infant and since then she has lived in many places and with many people except with her parents. Her mother is from Zeerust in the Northwest Province, while her father is from Rustenburg. After her parents split up, Liz, who was still a baby at that time, was sent to live with relatives and friends who could offer her space. Until the age of 12, she went to live with a paternal aunt, but this aunt was old and died soon afterwards.

Liz's father in the meantime had remarried and her stepmother, who had children of her own, refused to have Liz with them. Eventually one of her maternal aunts sent her to Alexandra Township, where her mother was living and it was here that she met her mother for the first time at the age of fourteen. Her mother was living with her boyfriend and the relationship between Liz and her mother was fraught with tension. Her troubled relationship with her mother finally influenced her to return to her father in Rustenburg. On her return, she learnt that her father was arrested and jailed for car theft and robbery. It was during this period in Rustenburg that she became involved in petty crime like pick-pocketing and finally she decided to return to her mother in Alexandra, only this time to be followed by a younger sister.

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Sugar daddy and ordinary violence

In Alexandra, life was difficult. The mother's household had a very small income, and for all three women of the household, finding a boyfriend had become a question of survival. Liz's mother who had problems with her companion used the daughters' arrival to show him the door. The three women continue to share the house and Liz's sister fell pregnant very soon after they arrived in Alexandra. Even though the ex-boyfriend is prepared to support his child, he refuses to support his child's mother, or her family. In such a situation where resources are scarce and survival difficult, *phanding* becomes an obvious solution, as Liz explains: 'Who was going to take care of us? I was in high school and my sister was in high school but different high schools. That is why we decided to get boyfriends. She [their mother] was trying but was failing to help us and we had to see to ourselves. Even now we still fight about money. She says that she has always been suffering because of us and I have been giving her problems. And again I am bringing her another problem because I have AIDS and I am going to die and I want to die in her place. You know these things hurt me if I have to hear them everyday, it's not nice. Even when I try to obey everything she says, she does not accept.'

The world *phanding* is a neologism that comes from the *isizulu* verb *ukuphanda*. It literally means to scratch a living from the soil (like a chicken) but in the context of the townships, it designates the plight of women looking for boyfriends in order to receive money, food, or housing. For these women, *ukuphanda* is a means to survive and their body a commodity they can use to ensure this.

Liz's mother used to work as a tailor next to a bottle store in Alexandra. It was here that Liz would fetch the house keys from her mother every afternoon after school. The owner of the bottle store (who was about 32 years old) noticed Liz and began to offer her sweets and clothes. Knowing the financial predicaments of the family, he offered to pay her school fees and eventually asked to have a relationship with her. She tried to avoid the man and stopped going to the store but the mother, who continued to accept money from him, encouraged the man's hopes of a liaison with Liz. She would even leave their house at night to allow the man time alone with her daughter. Liz found herself in a very precarious and difficult situation for there was very little she could do to avoid respecting the part of the bargain her mother had concluded on her behalf. It was realistically speaking just a question of time before Liz joined the string of girlfriends her suitor already had. She was 14 years old when the sugar daddy began to take care of her but she was 15 when she finally agreed to sleep with him. She was a virgin and she says: 'He is the one who showed and taught me how to love, because I was very young, I was about 14 or 15 when I met him ... At the beginning I was not [in love with him] but as the time went on I fell in love. The things he was doing for me, he was doing them with an open heart.'

This sugar daddy had many girlfriends and Liz was aware of this but had no choice but to accept the situation: 'Although he was sometimes hurting me with other girls, he satisfied me. He paid my school fees, bought me a school uniform and clothes, food and whatever I needed, he was there for me. Yes I did fall in love with him. It's only when he broke my heart that I began to see that he left me with this [HIV/AIDS] but I have accepted.'

But Liz was not lucky with her sugar daddy. He began to ill treat her and abuse her physically and mentally. She tried escaping the abuse but could not escape becoming HIV-positive. This is her account of the anguish she endured: 'My boyfriend started smoking drugs and was beating me everyday and when I asked what was happening he would not answer me. In addition to the beating, he was also getting more and more girlfriends. Some guy once told me that he heard that my boyfriend has HIV and he asked what about me. I never asked him, I just kept quiet. But he continued fighting with me and when I was angry I would go to Soweto to visit my friends. But, one day when I returned I heard that he has been moving up and down with other girls. We fought that day and I left and maybe after 2 months I started feeling unwell and I went to the clinic to check my status and I asked for a blood test. They told me that I must come after 2 weeks to check my results. I went there to receive my results but after I have received them it was too bad, but I learnt to be strong.'

The sugar daddy died. Liz, in her fight for survival, is now considering boyfriends in terms of their utility.

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Since the death of sugar daddy, she has had to give up school (she was doing standard 9) as she cannot afford to pay school fees. She sometimes has a boyfriend but it never lasts long: 'Now I don't have [one], but I used to have [a boyfriend]. He was useless and I just left him and I am now single. I do get some boyfriends but since I lost that guy [the sugar daddy] I have never had love again. You can come, the way you are thinking that you might charm me but you can't since my heart is always with that one. I am just using them as they are using us. Since I don't have the one I loved anymore, I do not introduce my new boyfriends to my mother and sister. I do meet guys but I don't like them. Some of them like to fight and are always pushy, but when I say I need this and that he can't provide, I don't like that kind of a man.'

Like her mother, Liz befriends men for a purpose. They have become a utilitarian commodity necessary to fulfil some of her needs. To illustrate, she used the analogy of one of her mother's boyfriends: 'She chased him away but after that she has never found anyone serious, she only specialises on the useless ones, just like I do. They are alcoholic, useless and need to be pressurised to do things, you must tell them, [that] I need this and that. You can spend a whole day without food but you have a boyfriend for what, I chase them away. If I see that you are useless, I just chase you away.'

In many ways, Liz sees her mother as the one who taught her about men. She was after all the commodity that her mother used to gain some money from the bottle store owner who was her first lover. She has a rather ambivalent relationship with her mother for she indirectly blames her for having become HIV-positive. Her mother coerced her liaison with her sugar daddy and it was also in this first love affair that she learnt of the uses of having a boyfriend. He paid for her school fees and for the food in their home and in return, she slept with him: 'The comment that she has made so is that I told not to stay with that guy but by the time we were eating his money she never told me anything about leaving that guy. We fight about that because whenever she is angry she says Ja, he has left you with AIDS and I tell her that when we were eating this guy's money together, you never told me that.'

Living with the stigma

Liz was infected by her sugar daddy and disclosure – to her mother and entourage – was an ordeal. On informing her mother of her status, she was forced to use separate dishes and even put her things out in the street. Her mother's ignorance and fear of the disease became an everyday nightmare for Liz and when the mother had told the neighbour about her positive status, they deigned to call her 'AIDS'. Finally a friend who had some knowledge about the disease rescued the situation by taking her to the clinic in Alexandra.

It was after her visit to the clinic that Liz got in touch with a support group. She began to receive food parcels, and 'the situation cooled down at home'. She shared her food parcels with her family and eventually she succeeded in imposing herself at home.

After the death of her sugar daddy, Liz needed to find a source of income. Shoplifting like *phanding* became for her a way of surviving. Some of the clothes she wears are stolen but she sometimes sells some of them to buy food or medications. A few months ago, she spent 3 months in jail for shoplifting. She had stolen tracksuits, underwear, and meat to the value of about R1 000. Legally Liz could apply for a disability grant, but she has no ID book and no birth certificate. Her mother is still using the old ID book specifying that she is a coloured. With the result, she cannot apply for a grant.

Liz used to attend the Universal Church with her mother. She did not appreciate her mother divulging her positive status to the pastor. To show her disdain and get back at her mother she went back to the Lutheran Church, which used to be her father's church. Nobody knew of her HIV-positive status at the Lutheran Church and even if she did not agree with the church's perception on HIV/AIDS and premarital sex, she ably locates practising premarital sex within a paradigm of need. Thus, although the church may regard HIV-positive persons as those who ought to pray for salvation, Liz in her own wisdom refused to agree with this: 'I can think that I have sinned because the Bible tells us that we should not have sex before marriage but we youth never take that [seriously]. But for *others, they get into sex because they wanted to, but for myself, I did not do it because I liked it but it was because of my situation.* I wanted to go to school and there was no one to take me there and I needed to buy many things. I then thought that *if I have a guy who is working, he can buy me books and will help me where I need help.* So I have to take a decision that I will tolerate the guy

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because when I looked at my family background there was no guarantee ... It is how it is put in the Bible, that we should not have sex before marriage and we did. Okay it also says you must not do adultery and out of Ten Commandments that God gave us, but *I was not doing adultery, this guy was committing it.*'[21]

Since birth, Liz was sent from place to place, from family to friend and from town to city to ensure that she would have a caregiver. This physical mobility is what she has internalised as part of a survival strategy. Her life reads like a road movie and where she used to travel between grandmother, aunt and father, she now operates between the rural and urban areas. She would visit her aunt in the rural area and a few days later her mother in Alexandra, then after a short stay, her father in the rural area and a few days later, she would be back with her mother. Moreover, while she was with her mother she would escape to Soweto if she have quarrelled with her.

Liz, moving from close family to close friend, from place to place, constitutes a web of 'harbours' of safety spaces, which she can count on and travel to. Where she goes is determined by the problems she has encountered and with whom. It is within this context of mobility as a survival strategy that her extralegal activities of stealing and shoplifting should be considered. To people like Liz such activities are alternatives in surviving that are part of an ordinary way of life. Unable to receive real support from the State, having a fragmented family, moving and living at the margins constitutes a tactic. Yet, it should be noted, that living marginally does not necessarily mean living without any rules.

The following story told by a young woman who subsequently died of HIV/AIDS aptly illustrates the necessity to operate within a paradigm of rules albeit outside a legal framework. The police killed her brother in Alexandra Township. He was a passenger in a stolen vehicle and the driver refused to stop at a police control. A wild chase followed and the police shot at them. While explaining her brother's story, she did not blame him for stealing cars. To her, stealing cars was her brother's way of helping their family to survive. Moreover, she explained that although he was stealing cars, he never sold them to black people, only to white people. In choosing not to 'defile' his community with stolen vehicles, her brother became a

Robin Hood of sorts, taking from the wealthy people to serve the poor.

Survival strategies

The imprisonment of her father and an unemployed mother who lived in a one-roomed house provided a bleak future to Liz. Her parents could not provide for her and she was obliged to provide for herself. She had no skills that could procure her a job and when weighing her possibilities, she had only her body to use. This form of survival tactic was not without its dangers for using her body tacitly meant accepting abuse from male partners.

If we consider Liz's experiences of being moved from place to place and from person to person, we can see the rudimentary beginnings of a person having to survive with violence as a companion. Thus, we find that violence is omnipresent in Liz's narratives, between women and men, mother and children. Living with meagre resources renders even the strongest family ties fragile. The stepmother who chased Liz away to protect her own children was probably putting the welfare of her children before her relationship with Liz's father. Sometimes the same abject poverty allows HIV-positive persons to re-enter their family unit. This acceptance is a way to avoid the stigma associated with the illness but comes at a price. When Liz disclosed her status to her family she was ostracised until she began to provide food at home, thanks to the food parcels she was receiving as a PWA.

Recently, Liz's family situation has again changed. Liz's support group have sent her for gardening training. On completion she is expected to join a collective garden project for HIV-positive patients in Alexandra. The aim of such projects is to provide people like Liz with basic skills and the possibility to find a less dangerous way of eking out a living/surviving. At the same time, the possibility of completing her training within this project is jeopardised as she sometimes disappears from home for several days, often gets drunk and takes hard drugs, a situation that would make it difficult for her to hold down a regular job.

To add to their problems, her mother was recently diagnosed with kidney trouble and discovered her HIV-positive status. Though physically weak, she applied for a new ID book and is now receiving a disability grant for 'kidney problems due to a retroviral

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illness', as the doctor described it. She chose not to share her HIV-positive status with her daughter, and is now attending the Universal Church on a daily basis. She firmly believes in the power of healing through prayer and is doing it daily: believing in her pastor's preaching, she sticks to the only hope she has left, the Universal Church's promises of change in the life of people if they open their heart to God. Liz's mother says: 'We are all positive, but those who go to church will be healed.'

During the service, she asks Jesus to change her life and to open her daughter's heart. In doing so, she hopes Liz will come back to Universal Church and that she too can be healed ... For both Liz and her mother the church as an institution constitutes the last beacon of hope.

The demise of apartheid symbolised by the release of Nelson Mandela in 1990 also witnessed the arrival and development of religious institutions in South Africa. Among them is the charismatic Universal Church (from Brazil) or the Christ Embassy Church (from Nigeria). These charismatic churches are building their evangelisation on the promise of a better life on earth, both financially and health-wise. With very few answers regarding their health status and the possibility of complete recovery, more and more PWAs are turning to alternate medicine or spirituality for answers and hope. Over time this area has become a lucrative and competitive market and many HIV/AIDS sufferers are drawn to them.

Many such institutions use the services they provide as a means to generate funds. The Universal Church in question for example expects its members to make financial contributions to the church. Such institutions have understood that PWAs looking for answers are exploring options provided by them. The kind of relief that such charismatic churches provide comes at a price, for this quest often implies more exploitation and suffering. In the Universal Church for instance, the healing of the sick is intertwined with the obligation to make a financial donation. Thus, PWAs are often encouraged to donate part of their disability grant to the church in order to receive blessings and possibly a cure. In addition to this obvious financial exploitation, attending these churches can also lead to more internal suffering. The fact that members are required to make cash contributions can become a point of contention within families where resources are meagre and scarce. In such instances, the individual who decides to use whatever meagre resources for something other than the well being of the family would be sacrificing the security of the family.

The presence of the church is felt in their everyday activities. Their quotidian since affiliation to the church is punctuated with prayer and other activity that reflects their adherence and loyalty to the church. In Alexandra, Liz's mother gathers every day with others for a 1-hour healing session in the centre of the township where the Universal Church has turned an old supermarket into a church hall. As an unemployed person, this session probably gives her a sense of purpose.

Looking at diverse forms of violence, Farmer (2003, p.30) writes: 'Anthropologists and others who take these as research questions study both individual experience and the larger social matrix in which it is embedded in order to see how various social processes and events come to be translated into personal distress and disease. By what mechanisms, precisely, do social forces ranging from poverty to racism become *embodied* as individual experience?'

The examples of Liz and Elsie demonstrate the different attempts two destitute women are making to survive. The social logics they use to overcome the difficulties encountered and thrust upon them are inscribed in history. These logics are informed by structural constraints shaped by the history of apartheid: theirs is a history – although unknown to them – of resistance to the transformation of the southern African socio-economic and cultural world which started in the 17th century. These logics of survival need to be understood as a response to the enrolment in migrant labour during the 20th century and to the collapse of former family structures and ways of living, as Jochelson (1993) has shown through her history of syphilis in South Africa between 1910 and 1950. The oppression and the structural constraints that the logics of apartheid imposed on blacks in South Africa required them to develop a range of survival tactics or logics to avoid total impoverishment. This range of logics is one of the objective counterparts of the sociocultural phenomenon analysed by Comaroff in relation to the rise of Zionism in Southern Africa (Comaroff, 1985). Although inscribed in history, these

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tactics are fluid and malleable, adapting to different situations in which they perform tasks of curing, supporting or providing an income.

It is in this context that anthropologists examining the behaviour of a population should examine everyday actions of individuals beyond the scope of 'ethnically bound' cultures and in terms of objective socio-economic and historically produced conditions of life. Such an approach would allow anthropologists to go beyond the ambit of behavioural studies, where target populations are examined regarding their distinctive habits, individual risk behaviour (drug user, prostitute) or cultural risk behaviour (like African people supposedly having specific sexual behaviours or practices like circumcision) (Fassin, 2001). These explanations are too limited and often closer to an ideological debate than to the true experiences of the life of the people (Dozon & Fassin, 1989).

Conclusion

In the South African context, PWAs as the majority of the socially weakened in the townships are exploring means of survival in the margins of the society. They use 'new' ways for surviving that sometimes require them to live on the fringes of 'legality'. *Phanding*, and shoplifting and other activities, often regarded as crime or petty crime within the legal framework are ways of surviving for the socially weakened living in the shadows of their wealthier and more fortunate counterparts.

Survival for the socially weakened is closely linked to their mobility. They are the people who move from township to township, from rural area to urban area and vice-versa, as well as within the same township. This form of mobility is a characteristic of life at the margins, of living on the edge. These are the people who need to carve out a path in the labyrinths of constraints if they hope to survive and it is at this level that the structural constraints they experience become the concern of society at large. The tactics developed by the socially weakened, the PWAs, should be located within the larger context of how people in all lifestyles multiply their sources of support and resources to maximise their advantages. In this way, the socially weakened could be given their space in the centre of society rather than being pushed into the margins and the shadows.

A salient social objective should be to understand that the socially weakened, who need to maximise their sources of support and resources, are often at risk. As our study has shown, some of these risks can be life threatening as in the possibility of becoming HIV-positive. The reality of PWAs having to make decisions and find solutions to survive in the quotidian are reasons why many HIV/AIDS awareness campaigns become ineffective. Many of these campaigns carry slogans of a better future but people who live in the hope of survival cannot imagine a life without risk. They would like to make risk-free decisions but their socio–economic and other living conditions do not permit this and they are thus obliged to develop survival tactics.

The recent commitment of the Department of Health to a comprehensive roll out of antiretrovirals should create some opportunities for people to develop less risky tactics and strategies. This should allow people to avoid what Bourgois (2001) has called[22] self-destructing strategies and Farmer, Connors and Simmons (1996) deadly strategies (instead of survival strategies). 'Millions of people living in similar circumstances can expect to meet similar fates. What these victims, past and present share are not personal or psychological attributes. They do not share culture or language or a certain race. What they share, rather, is the experience of occupying the bottom rung of the social ladder in inegalitarian societies' (Farmer, 2003, p.31).

To empower the socially weakened in South Africa means that strategies and campaigns designed to combat the scourge of HIV/AIDS should begin by minimising and even eradicating the use of risky tactics and strategies as means of survival. It is in this context that the state needs to invest in programmes of betterment and redress that promote self–sustainability and signal a concrete commitment to the reduction and eventual removal of inherited and anchored inequalities in South Africa.

Footnotes

[1]We thank Todd Lethata for his help as an assistant during fieldwork in Alexandra and Dieploof (2001 - 2002) and Katinka de Wet, Yvonne Reed and Loveday Penn-Kekana for their reading of a previous version of this text. This research was founded by the ANRS, the National agency for AIDS research (France).

[2]Interviewees were informed of the nature of the survey and their names have been changed as well as the information identifying them. This research was submitted for ethical approval to the ethics committee of the University of the Witwatersrand, and a clearance certificate was provided (Committee for

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Research on Human Subjects (Humanities), protocol number H021006).

[3]For a discussion of life stories methodology see Ricoeur (1983), Bourdieu (1986), for an application in the South African context, see Bozzoli (1991), Le Marcis (2004b).

[4]These are often informal shops known as *spaza* shops. The adjective *spaza* is often used to define something that is not real.

[5]The idea of educated in this instance could mean the ability to converse in English, to have received some formal education or have access to luxury goods that serve to enhance personal status.

[6]For the purposes of this paper, the terms *affair* and *relationship* are used interchangeably. We are of the opinion that both these terms in different contexts can be used to refer to a romantic liaison between consenting adults. Often the intensity of the *affair* or *relationship* depends on the individuals' use of the terms and in their way of emphasising a difference between the terms.

[7]Big capital and the apartheid state could be seen as having conspired in ensuring that blacks were kept in an economically disadvantaged position, and the damages it cost to black family life continue to be felt in the socio-cultural aspects of everyday life. These are in fact issues that the present democratic state is urgently trying to remedy as it is in addressing the economic aspects of livelihood in rural areas, so that the remaining socio-cultural aspects would not be pushed into the background as was the case before 1994.

[8]It is interesting to note that it was in 1994 exactly a century later that the first democratic elections were held in South Africa.

[9]The land issue in South Africa is a very sensitive question. Optimal use of land in villages continues to be premised on two fundamental issues: land used for agriculture cannot yield optimum agricultural produce, for it is of poor quality; and added to this is the reality that much of the agricultural knowledge in using the land has over the century dissipated. The migrant labour system has in many ways displaced the possibility of using the land as a resource, for the money earned often could not be used to buy farming implements or seeds.

[10]In 1999, South Africa had a rate of unemployment of 23% according to the strict and official definition (36% according to the expanded one) (South African Institute of Race Relations 2001, p.333). Unemployment affects people unequally according to race and gender with African women being the most exposed to it (from 35% to 51.9% according to the definition used, SAIRR, p.379).

[11]This does not mean that women do not desire romance.

[12]In this regard, it suffices to consult the various government projects dedicated to upliftment.

[13]http://new.hst.org.za/indic/indic.php/67/?mode=data

[14]http://www.gov.za/faq/services.htm#grant

[15]*Tickeyline* is the common name for Ramalema, a village that used to exist in a different geographical space until its forced resettlement in 1973. When residents were forced to leave their village they could not take their cattle with them and were allocated stands in straight lines. This move to the present village meant that they had lost their subsistence way of living as well as their circular villagescape. This proved to be traumatic for it required people to totally reinvent themselves in an alien space they had to call home. The memory of this forced removal was initially inscribed in the choice of the name Tickeyline: the word is composed of ticky which is a colloquial term for three pennies and line which refers to the straightness of the streets in the *new* place. Peter Delius (1996: 144–145) has encountered a similar naming process in the nearby Sekhukhuneland.

[16]The term 'tactic' is preferred to the term strategy, which implies a notion of coordinate action of a group of people. Tactic suggests an individual action, a reaction to a specific situation on an everyday basis rather than a long-term action plan. Tactics are characteristic of the socially weakened (de Certeau, 1984; Scheper-Hughes, 1993, p.472).

[17]Ownership, in this instance, means paying for the material that was used to build the shack and the right to occupy it. This form of ownership does not follow the conventional method where title deeds are used. This form of buying and selling property is quite widespread in townships and informal settlements and has the advantage of allowing disadvantaged people like Elsie to own a home but always with the risk of being removed one day.

[18]Women like Elsie's mother who find it impossible to make ends meet often take risks. They are aware of the consequences of their activities but see the money it brings as important enough to meddle in illegal activity.

[19]To protect her identity we have considered it best not to include her African name.

[20]See previous note.

[21]Emphases added.

[22]In the context of the street of El Bario (East Harlem, New York).

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