



[B]order[s]

AIDS Review 2011

By Vasu Reddy | Series Editor: Mary Crewe



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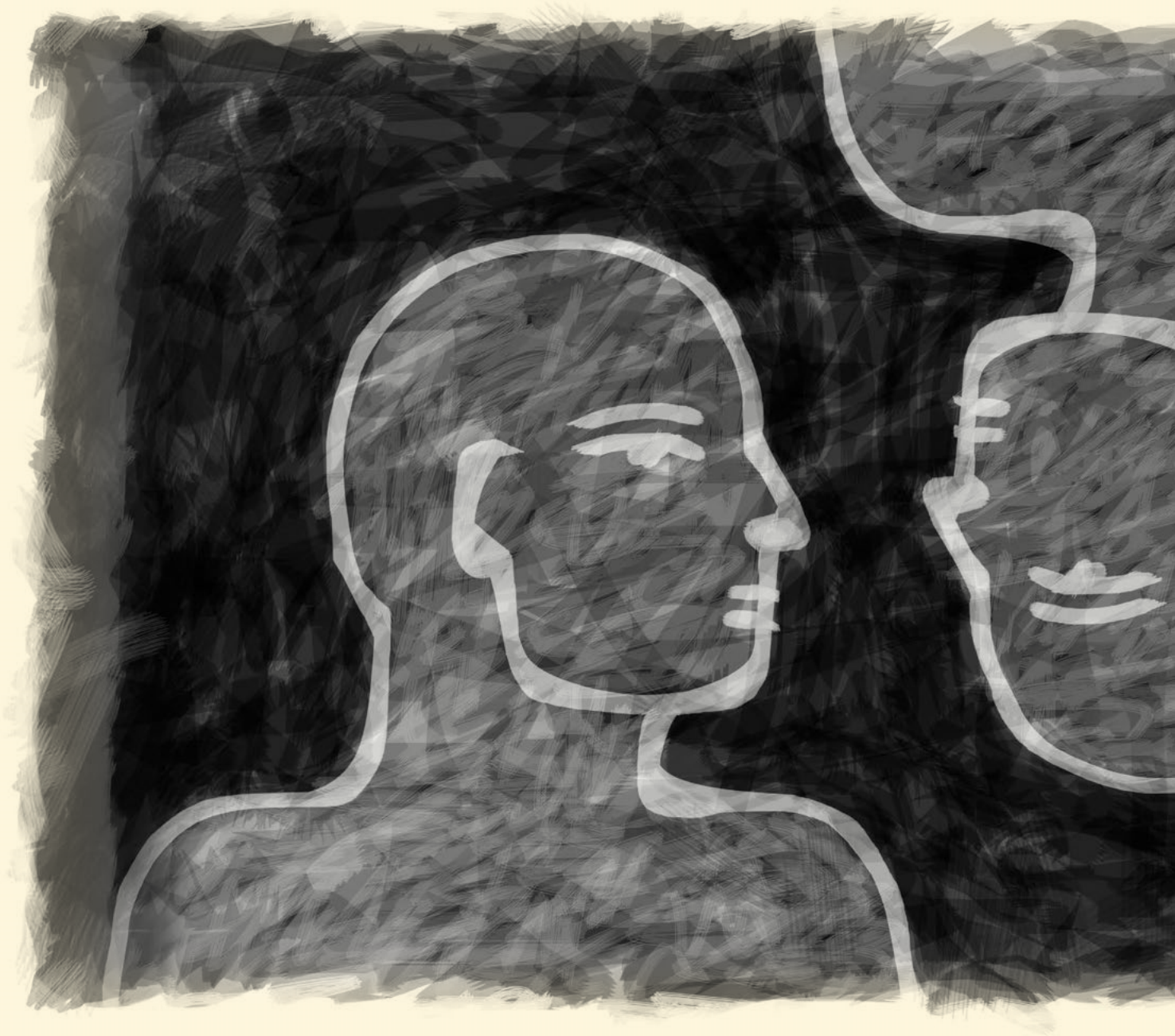
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**We, the people of South Africa,
Recognise the injustices of our past;**

**Honour those who suffered for justice and freedom in our land;
Respect those who have worked to build and develop our country; and
Believe that South Africa belongs to all who live in it, united in our diversity.**

**We therefore, through our freely elected representatives, adopt this Constitution
as the supreme law of the Republic so as to**

- Heal the divisions of the past and establish a society based on democratic values,
social justice and fundamental human rights;**
- Lay the foundations for a democratic and open society in which government
is based on the will of the people and every citizen is equally protected by law;**
- Improve the quality of life of all citizens and free the potential of each person; and**
- Build a united and democratic South Africa able to take its rightful place as a
sovereign state in the family of nations.**



Foreword

This is the eleventh *AIDS Review* published by the Centre for the Study of AIDS at the University of Pretoria. These *Reviews* have been regarded as some of the most critical and interesting writing on HIV and AIDS in South Africa. They are widely prescribed as core reading in university courses in the United States of America, the United Kingdom, Australia, India and Brazil. All of the previous *Reviews* have had more than two print runs. They provide a challenge and critique to the conventional wisdoms that have developed regarding HIV and AIDS, and the ways in which issues raised by the epidemic should be addressed. There continues to be a troubling orthodoxy in many of the HIV and AIDS responses – the main functions of the *Reviews* is to address such tenets, which tend to stifle debate and dissent.

This *Review* reflects on the borders that have been placed around sexual identity, sexual behaviour and sexuality. It also reflects on the need for sexual order in the dominant heterosexual normative discourse of most societies, where heterosexuality is deemed to be the norm and all other sexual identities and practices the exception to this rule, to be tolerated,

albeit in a strained and tense way. South Africa has a unique constitution that protects sexual preference and the expression of sexual identity but despite that, the accepted value that society wishes to confirm is that of the heterosexual, nuclear family. While this *Review* was being written and researched in South Africa an extraordinary number of ‘sexual attacks’ took place. There was a spate of ‘corrective rapes’ of lesbian women, the abuse of young women wearing miniskirts, the ongoing abduction and abuse of children, an increase in trafficking and the sex trade, and calls to strengthen ‘family values’ and to raise the profile of the moral regeneration movement.

But, as Sylvia Tamale wrote in her impressive *Reader on African Sexualities*, we need a reorganisation of the old (Tamale 2011: 5). Something is wrong in our society when the people who promote family values and freedom of expression also challenge the right of young people to have sex or do nothing in the face of corrective rapes, virginity testing, miniskirt abuse and domestic violence. All of these aspects of our society point to the fact that we are

ordered by taken-for-granted assumptions about the ways in which our society is controlled, fenced in, bordered and ordered, so that while we can see the evils of patriarchy and patronage, abuse, power and heteronormativity there is very little that gets done to challenge it beyond expressions of outrage and one or two legal victories.

We are trapped in the binary opposites of right and wrong, acceptable and unacceptable, of moral and immoral and of legitimate action and illegitimate action.

Tamale asks that we confront issues that society has clothed in taboos, inhibitions and silences by unclothing them, quizzing them and giving them voice. It certainly requires, she says, that we unlearn and relearn many ideas that we take for granted about sexualities and that may well leave us confused, shocked, offended, embarrassed, scared and even a little excited. Many of us, she believes, will be baffled by the fact that issues of sexuality and desire, which are viewed as apolitical and private, are in fact steeped in politics and power relations (Tamale 2011: 5-6).

This *Review* is calling for just such a reflection. How do we frame our bodies? How do we understand them and protect

them? What forces in society construct our identity, and shape our gender understandings and identities? What is it about the ways in which the dominant world view is structured that makes it so difficult to understand, celebrate and embrace sexual difference, sexual practices and understand that throughout our lives we may inhabit many different sexual personas and sexualities? Why is sexual identity and sexual practice that falls outside of the heterosexual bounded world view the cause of such disease, and why do so many people hold the belief that sexual difference is a form of disease?

The *Review* investigates the ways in which our genders are structured by society and how we perform according to the expectations of society. Gender performativity is insidious because it takes on an innate function – regarded as ‘natural’ rather than as socially constructed, as ordered rather than as created by those in power and by those who create the dominant hegemonic world-view.

Challenging this world-view, as HIV and AIDS work has shown, is very difficult. Many of the HIV and AIDS interventions were premised on the idea of relatively stable gender identities and behaviours, and that these could

be harnessed and channeled into 'correct' and 'safe' ways of behaving, so that infections could be reduced and the numbers of people living with HIV and AIDS, as the Millennium Development Goals would have it, halved by 2020.

Apart from the early responses of the epidemic led by gay and homosexual academics and activists, there is little in the mainstream that now seeks actively to understand gay and homosexual, lesbian and transgendered and bisexual identities, and how these are in opposition to the dominant group and almost always excluded or regarded as the deviant/queer/exotic/difficult Other. In dealing with the sexual transmission of HIV the main orthodoxy has been to frame this in classic gender binaries of battered women/aggressive men, passive women/abusive men, and the dominant view is that these are heterosexual men and women trying to create some form of sexual and identity equality in an inherently and structurally unequal world.

In all HIV and AIDS work there are conspicuous silences and absences. The most powerful of these is the absence of real understandings of how sexualities are constructed, how they are acted upon and how they bring many

different meanings to the mainstream HIV and AIDS prevention messages. We do not, as a society, have an open and robust debate about masculinities and femininities. We do not have a critical lens through which we view and understand masculine behaviour and how this is affected by race, class, economic status and unemployment. We do not see how the colonial and traditional discourses have shaped a popular commonsense, taken-for-granted understanding of what it means to 'be a man'. We have not developed a sophisticated understanding of what drives corrective rape, miniskirt abuse and domestic violence beyond the taken-for-granted explanations, the clichés and the stereotypes. While there is a more vibrant history of looking at feminism and female sexualities, here too we do not understand enough about how women construct their personal and public sexual and gender behaviours, and how these may or may not put them at risk of HIV.

(B)order(s) hopes to open these debates about how genders are socially constructed and created and how this places bodies in the wider society and body politic. We question both the value and the 'rightness' of the heteronormative world-view and the belief that heterosexuality is the 'natural' sexual identity to embrace. We seek to open

debate that explores and understands sexual fluidity moving between identities and across borders and boundaries. We suggest that it is not that the borders of sexuality need to be redrawn or made less permeable, but that rather it is the notion that sexuality can be controlled and contained that needs to be critically examined. We need a critical engagement with cultural and traditional forms of sexuality as they cross the borders of culture and tradition and mingle with the new, the different and the modern. We need to engage with all forms of sexuality as they are forged through the wide-open world of cyberspace.

This *Review* recognises the fact that in seminar rooms, internet chat-rooms and bedrooms across the country, there are mixed feelings and confused ideas about sexualities, with a dominant theme being the tension between license and control. It is precisely this tension that we wish to confront.

Mary Crewe

Director, Centre for the Study of AIDS

AIDS REVIEWS

- 2000 – *To the edge* by Hein Marais
- 2001 – *Who cares?* by Tim Trengove Jones
- 2002 – *Whose right?* by Chantal Kissoon,
Mary Caesar and Tashia Jithoo
- 2003 – *(Over) extended* by Vanessa Barolsky
- 2004 – *(Un) Real* by Kgamadi Kometsi
- 2005 – *What's cooking?* by Jimmy Pieterse and Barry
van Wyk
- 2005 – *Buckling* by Hein Marais (an extraordinary
Review)
- 2006 – *Bodies count* by Jonathan D. Jansen
- 2007 – *Stigma(ta): Re-exploring HIV-related stigma*
by Patrick M. Eba
- 2008 – *Balancing acts* by Carmel Rickard
- 2009 – *Magic* by Fraser G. McNeil and Isak Niehaus
- 2010 – Work in progress
- 2011 – *(B)order(s)* by Vasu Reddy

9. Equality

1. Everyone is equal before the law and has the right to equal protection and benefit of the law.
2. Equality includes the full and equal enjoyment of all rights and freedoms. To promote the achievement of equality, legislative and other measures designed to protect or advance persons, or categories of persons, disadvantaged by unfair discrimination may be taken.
3. The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.
4. ^{*1} No person may unfairly discriminate directly or indirectly against anyone on one or more grounds in terms of subsection (3). National legislation must be enacted to prevent or prohibit unfair discrimination.
5. Discrimination on one or more of the grounds listed in subsection (3) is unfair unless it is established that the discrimination is fair.



Introduction

HIV has exposed the limitations of medical, social and political efforts to control human behaviour, especially sexual behaviour. Confining human sexuality within the borders of moral, legal and ethical norms has proved to be a complex task, characterised by both transgression and compliance, reflecting the constantly dissolving meeting point between individual agency, social forces and biological imperatives (Brouard 2011).

Review 2011 (B)order(s) investigates how HIV and AIDS continue to challenge the ways in which we think about sex, sexual practice, sexual identity and sexuality. HIV and AIDS have to some extent allowed us to challenge the manner in which sex and sexuality have been closed within boundaries and surrounded by limitations; locked into 'culture', history and religion; and framed by social conventions that exist in shaping our understanding of sex, sexuality and their interconnectedness, how they manifest and how they may be resisted.

Is it possible that we could overcome, resist and effectively challenge the ways in which sex and sexuality are controlled and framed, and through HIV and AIDS come to a more

nuanced social understanding of sexuality, HIV and sexual and personal identity?

Stuart Hall believed that AIDS does raise politically important cultural questions:

The question of AIDS is an extremely important terrain of struggle and contestation ... AIDS is the site at which the advance of sexual politics is being rolled back. It's a site at which not only people will die, but desire and pleasure will also die if certain metaphors do not survive, or survive in the wrong way. Unless we operate in this tension, we don't know what cultural studies can do, can't, can never do; but also what it has to do, what alone it has the privileged capacity to do (Procter 2004:3).

AIDS, Hall suggests, is not just about the stark reality of dying people, it is also about the cultural politics of representation.

AIDS, Hall suggests, is not just about the stark reality of dying people, it is also about the cultural politics of representation – e.g. the silence surrounding the epidemic in Africa – and the death of certain forms of desire (through the demonisation of, and legislation against, homosexuality) (Procter 2004:3), as well as the ways in which sexuality is used to regulate behaviour and create categories of right or wrong, and categories of identification, belonging and exclusion.

Review 2011 offers through its focus on sexuality, a reflection on the repeated associations of sexuality with disease, and disease with sexuality and deviance – notably in relation to homosexuality, sex work and other sexual identities, compelling us to examine why we continue to erase discussion, debate and understanding about the ‘sexual’.

This *Review* does not tell a chronological, linear and empirical story about the place of the ‘sexual’ within AIDS. Rather, it reviews some conceptual issues in the ways that we can rethink AIDS from the perspective of *gender* (and feminism) to make a case for the place of sexuality in improving our understanding of HIV and AIDS.

Indeed, as Treichler asked,

How do people make sense of a novel cultural phenomenon that is complicated, frightening and unpredictable? A preliminary approach involves framing the new phenomenon within familiar narratives, at once investing it with meaning and suggesting the potential for its control (Treichler 1999:5).

And so the attempt has been made to understand HIV and AIDS and sex and sexuality within the confines of the status quo – the dominant hetero-normativity of the monogamous, heterosexual man and his nuclear family – rather than as seeing HIV and AIDS as markers of dominant world views.

We need to see HIV and AIDS as a liberating force that enables us to break the borders and the controls, and to create a new social and sexual understanding. This new understanding of sexuality will both allow and celebrate sexual diversity, recognise the power of masculinities and femininities, and the fluid ways in which people experience sexuality and conduct their sexual lives over a period of time.

Contextually the *Review* takes South Africa as a reference point, but the discussion also makes references to the broader context of Africa without homogenising the context in an essentialist way.

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NOTE: In this *Review* the terms *HIV*, *HIV and AIDS*, and *AIDS* are used to refer to three conceptually distinct dimensions, and collective and individual experiences of the crisis.

- *HIV* refers to the virus that damages an infected individual's immune system and renders him / her vulnerable to a variety of diseases and ultimately to death.
- *HIV and AIDS* are used to describe the total disease experience of people who are infected with HIV and those who are ill from the diseases that result from such infection.
- *AIDS* refers to the social constructions or representations of the collective experience of HIV infection and related illnesses.

Inasmuch as HIV and AIDS is a disease about the body, its varied expression as a result of culture, race, class and sexuality stimulates and entrenches notions of difference. Difference is fundamentally about opposition, similarity and relationships – factors which ultimately cohere around identification. For example, racialised discourse and the discourse of difference in general is structured through binary oppositions between white and black, civilization and savagery, heterosexual and homosexual, and culture and nature.

The biomedical binary oppositions are those of the 'good patient' and the 'bad patient', those who are compliant in their behaviour and taking of their treatments, and those whose behaviour lies outside the frame of the norm or who default. The culture/nature divide has

been an important element in the construction of racial difference: for whites, culture was opposed to nature and served to control it, while for blacks, culture and nature were viewed as interchangeable (Hill Collins 2008).

Binary opposition is a subtle way in which texts are unconsciously interpreted by readers and listeners. The existence of binaries within a text (and they exist in all texts) act to develop powerful layers of meaning that work to

maintain and reinforce a society or culture's dominant ideologies. Such uses and interpretations occur unconsciously because both the creator and the user of the text are part of a context that is permeated by certain ideological beliefs and certain mindsets (Englishbiz 2009). A binary opposition is a pair of opposites, thought by the structuralists to powerfully form and organise human thought and culture. Some are commonsense, such as raw versus cooked; however, many oppositions imply or are used in such a way that privileges one of the terms of the opposition, creating a hierarchy. This can be seen

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in English with white and black, where black is used as a sign of darkness, danger, evil, etc., and white as indicative of purity and goodness. Another example of a contested binary opposition is rational versus emotional, in which the rational term is usually privileged and associated

with men, while emotional is inferior and associated with women (www-as.phy.ohiou.edu/~rouzie/307/binary).

Hall (2003) writes that historically, particularly in the American South during the era of black slavery, blacks were consistently represented as innately lazy and primitive, and so naturally fit for servitude. These representations served, as many stereotypes do, to naturalise the difference between whites and blacks, to cast those differences as "beyond history, permanent and fixed" (Hall 2003:245).

Stereotyping is a signifying practice which reduces people to a few essential characteristics which are assumed to be ahistorical and fixed by nature. Stereotyping is distinguished from more general 'typing', which is necessary for humans to organise and understand the world around them, by three factors (Hall 2003: 246). Firstly, "stereotyping reduces, essentialises, naturalises and fixes difference". Secondly, it creates "symbolically fixed boundaries and excludes everything which doesn't belong", and thirdly, it "tends to occur where there are gross inequities in power", in which negative stereotypes are directed at the subordinate group.

To highlight the circularity of power within racialised representation, Hall turns to depictions of black masculinity and the ambivalent nature of this representation. Whites in power have stereotyped and systematically infantilised black men. Yet underlying this depiction of black men as helpless infants is a deep-rooted fear of black men's sexual prowess and a feeling of intimidation. "The problem is that blacks are trapped in the binary structure of the stereotype ... and are obliged to shuttle endlessly between two extremes, sometimes represented by both at the same time. Thus blacks are both 'childlike' and 'oversexed'" (Hall 2003:247).

The context of HIV and AIDS compels us to recall how similar trajectories of meaning are assigned to sexuality,

where AIDS throws into public relief perceived ideas about sexual contamination, similar to the way in which prostitution in nineteenth century France was discussed in fiction, medicine, religion, legislation and public health edicts, largely in terms of "pre-Pasteurian mythologies" of putrefaction and sewerage (Hurley 1992:149).

In a section on fetishism, Hall (2003) explores the case of Sarah Baartman and the extent to which her body was used as a marker of absolute difference between the races, and the fact that her difference operated in the field of binary oppositions. As noted later in this *Review*, her body was

Stereotyping reduces, essentialises, naturalises and fixes difference.

fetishised, i.e. turned into an object which represented the entire subject of racial difference. Fetishism necessarily involves disavowal, in that a tabooed desire is displaced

onto an object, allowing a fascination to be denied and indulged at the same time.

According to Ferdinand de Saussure (Fogarty 2005), ...the binary opposition is the means by which the units of language have value or meaning; each unit is defined against what it is not. Essentially, the concept of the binary opposition is engendered by the Western propensity to organise everything into a hierarchical structure; terms and concepts are related to positives or negatives, with no apparent latitude for deviation: i.e. Man/Woman, Black/White, Life/Death, Inside/Outside, Presence/Absence, and so on. Thus, the binary opposition is fundamentally

a structurally derived notion which acknowledges the human inclination to think antagonistically. Significantly, the primary elements of binary oppositions are delineated by what they proscribe: for example, Black excludes White, Man excludes Woman, and as long as these divisions are sustained, then the entire hierarchical structure can operate agreeably.

Hall (2003) goes on to describe some strategies for contesting a racialised regime of representation, such as reversing stereotypes and expanding the range of representation through positive images of black people, life and culture. A third strategy attempts to locate itself within the complexities of representation and contest fetishism from within, using the forms of bodily representation to make the stereotypes work against themselves.

Generally, the historical role that sexuality has played in racism is huge and cannot be ignored. So much of how non-whites, and particularly blacks, have been constructed as separate has involved assumptions of bestial and dangerous sexuality. Hall raises the fears of miscegenation that have driven a great deal of racism, particularly in constructions of race in apartheid South Africa. So much of the rhetoric of apartheid was based around the *swart gevaar* (literally translated as the 'black danger'), and the construction of an insatiable and dangerous black sexuality seeking to pollute and defile white women.

The end of Hall's chapter, where he discusses the possibility of contesting black stereotypes from within, is particularly compelling for the objective of this *Review*. The possibility of contesting essentialised notions that perpetuate stereotypes is a common thread that runs through the *Review*. Weeks (1985:46) mooted the notion in the mid-eighties that AIDS is a metaphor that "has come to symbolize ... the identity between contagion and a kind of desire". In the fear and loathing that AIDS evokes, Weeks maintained there is a resulting conflation between two plausible, if unproven theories – that there is an elective affinity between disease and certain sexual practices, and that certain sexual practices cause disease – and a third theory, that certain types of sex are diseases.

Beginning with the idea of the symbolic frame through which AIDS is understood, as well as the constructed nature of sex and gender in relation to HIV and AIDS, this *Review* considers the constructions and operations of sexual oppression, and in doing so opens these discourses to critique, and moves us closer to the possibility of a sexually liberated future. The borders, contours and trajectories implied and stimulated by HIV and AIDS offer opportunities for both contestation and renewed meanings.

It is now known that AIDS is an illness that does not kill through a single disease but through an accumulation



(a collection) of other diseases: rare cancers, pneumonias, tuberculosis and diseases that attack the skin, tissue, bone, bowels and brains. AIDS is therefore by all accounts a syndrome, not a disease. Diseases arise as opportunistic infections that may kill the person living with HIV (PLHIV). These diseases do not only mark the body on the outside, but also eventually dissolve and destroy the body from within.

In other words, AIDS eventually wages war on the body: the virus overpowers the body and consequently breaks it down, resulting in disintegration and death. The breakdown of the body is both physical and emotional. AIDS stigma operates to affect how PLHIV are able to construct their identities as people living with an illness so overlaid with socially constructed meanings. As much as HIV and AIDS allow for a challenge of the binary opposites that operate in society, so too it allows for the possibility to break down the social and sexual and political definitions and judgements that have been attached to HIV and AIDS, sexuality, masculinities, femininities and sexual behaviour.

Beyond the statistical projections of HIV infection, the considerable costs involved in health care, the lack of a cure, and the physical fractures that mark its effects on bodies and societies, HIV and AIDS is also defined by complex social, political and cultural meanings.

MAPPING THE TERRAIN: THE WEIGHT OF SYMBOLIC MEANINGS AND BOUNDARIES

Of course they imply that AIDS is all our own subcultural fault and just deserts for our libertine ways. But which of us is the stereotype here (Monette 1994:308)?

The symbolic meanings which have been attached to AIDS account for its significance: the juxtaposition of sex and death, of homosexuality and promiscuity, of intravenous drug use, and of racial/ethnic variation. Early in the

epidemic, Treichler referred to HIV and AIDS as the “epidemic of signification” (Treichler 1999:11).

The AIDS epidemic is simultaneously an epidemic of a transmissible lethal disease

and an epidemic of meanings or signification. Both epidemics are equally crucial for us to understand, for try as we may to treat AIDS as ‘an infectious disease’ and nothing more, meanings continue to multiply wildly and at an extraordinary rate (*Ibid*).

Moreover, AIDS has been constructed as a discourse emphasising and amplifying these meanings, symbols and representations through media and advertising, through campaigns, through reports, through conferences, through surveys, through speeches, and through research. The discourse

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has also become big business, and an industry, particularly in certain sections of society: advertising campaigns, condom manufacture, medical research and epidemiological surveys. Consider also the contribution by the pharmaceutical industry in drug development, and the profits they generate in sales of antiretroviral drugs.

Another aspect of HIV concerns the crude historically ascribed categorisations of people who are affected by it: *innocent victims* (haemophiliacs, women, and children) versus the *guilty perpetrators* (promiscuous men, intravenous drug users, homosexuals, prostitutes, pimps) (Crimp 1988).

There are many other symbolic meanings associated with the epidemic that help to politicise it. Equally, these meanings help to challenge the gendered dimension of the disease. There are many stories to AIDS that operate at a symbolic level of interpretation, as described below (Aggleton 1989).

AIDS is a crisis in representation. In other words, our interpretations of the disease are shaped by myriad factors. Discursive here refers to the forces that shape the representation of meanings formed by the circulation of power. The 'discursive turn' does not simply prioritise 'language' as some critics have suggested (see Mackay 1997), but encapsulates how discourses (ideas and practices) configure

meaning, representation and knowledge in relation to social and political forces. Our understanding of AIDS is produced through processes and forms of regulation. Through social history, AIDS also becomes an object of inquiry. An example would be that PLHIV are historically produced, and here history is read not as a diachronic linear narrative shaped by continuities, but rather as a discursive practice that shows synchronic cracks, ruptures and discontinuities.

AIDS as personal loss

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This meaning primarily points to the importance of the personal and emotional, as opposed to the social and political. At

a very subjective level, AIDS opens up meanings about personal loss related to lived experience when people die. While there is widespread recognition that AIDS is just another form of illness (or collection of illnesses) that ultimately destroys the physical body, people nevertheless experience mourning and loss in association with AIDS. Among others, there is the loss of the body, the loss of autonomy, and ultimately the loss of self. There is the loss of energy, of health and the fear of life and strength ebbing away. Additionally, loss is experienced by family and other loved ones as the disease progressively weakens the body and destroys chances of a future. This can be

compounded by denial and stigma when the PLHIV is in denial, as well as family and community members.

AIDS as personal loss has created a vast body of literature about loss and grief and how these are compounded by social sanction, stigma, prejudiced views on sexual practice and preference. All disease creates loss and pain and emptiness but with AIDS this process of dying is overlaid with layer upon layer of meanings attached to the route of infection (innocent or guilty), and the shame or acceptance of the wider family. Shame is the norm, and acceptance the much commented-on exception, as if the mode of infection or the act of sex somehow makes the loss through death less significant – since the death is seen as deserved due to a socially inappropriate act that defied the bounds of social correctness.

Many of these stories are as much a testimony to the lack of response from governments and health departments as they are to the partners and families of PLHIV. Paul Monette wrote that at times he wished for his epithet to read “died of homophobia/murdered by his government” and wrote:

We queers on Revelation Hill, tucking our skirts about us so as not to touch our Mormon neighbours, died of greed and power, because we were expendable. If you mean to visit any of us, it had

better be to make you strong enough to fight that power. Take your laughter and your easy tears somewhere else. Above all, don't pretty up to us. Tell yourself: None of this ever had to happen. And then go and make it stop, with whatever breath you have left. Grief is a sword or it is nothing (Monette 1994:115).

Eddie Maluleke (Rasebotsa *et al.* 2004:20) wrote:

We all died
Coughed and died
We died of TB

That was us
Whispering it at funerals
Because nobody ever said AIDS.

Edwin Cameron described early diagnosis of AIDS as:

... the other part of my life was washing away beneath my feet, eroded by microbes and attacked by fungi coursing through my veins and wasting my muscles and bodily reserves, leaving me tired and panicked and isolated in the waiting room (Cameron 2005:19).

And in the conclusion to his book Cameron wrote:

We cannot escape our grief or the losses we have experienced or the suffering that has been ... we cannot allow our grief and our bereavement to inflict further loss upon us: the loss of our own full humanity, our capacity to feel and respond and support. We must incorporate our grief into our everyday living, by turning it into energy for living,

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be exerting ourselves as never before (Cameron 2005:214).

Loss is about personal loss of health, loved ones and identity but also about feelings for those on the 'outside', as Tom Gunn wrote about a dying man who seems to worry that his healthy friend will

Feel out of it
Excluded from the invitation list
To the largest gathering of the decade, missed
From membership as if the club were full
It is not that I am not eligible (Zeiger 1997:109).

AIDS has been and is a disease that all too often imposes a silence on PLHIV and on witnesses. Loss is a particular issue for young people, with many young people finding it difficult to cope with the burden of knowing their own status and the reality that their primary caregiver has died – society has 'normalised' HIV, and young people are not getting the support they need to cope:

Because HIV has just wiped out communities for years we've almost normalised the kind of bereavement that goes with those losses. And many times these children are just not given the space to process some of that and know that those losses go on for the rest of their lives (Woollet 2011).

AIDS as tragedy

'Epidemic' comes from the ancient Greek *epi demos*, meaning 'upon the people or community'. The idea that there is something exceptional about AIDS is central to this meaning. Inherent here is the idea that it is a life-taking disease, coming upon the people or community, exposing widespread discrimination in the form of a Greek tragedy where the protagonist, usually young, and as a result of his or her actions, is required to suffer the consequences of acting owing to a fatal flaw. The price of acting, follow-

ing the chronology of a Greek tragedy (noting that AIDS is usually, but not always, a consequence of unprotected sex), implies that AIDS, unlike other diseases, brings with death a form of dramatic anti-climax.

Adding to the notion of tragedy is the belief that to die without a child amounts to a breakage of the generational chain between the living and the dead, and those who die without offspring risk not only 'losing' their names but being forgotten and treated as 'lost' (Nzioka 2000:7).

A Protestant church minister in Kenya said:

If people are using all possible means to conceal HIV or AIDS, I would doubt that any family would be willing to name a child after that person. You see if you die of AIDS you are already an outcast, just like a witch and our society believes that the one you name bears the personal traits of the

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dead. For example, if your grandfather was a great chief or warrior, many of the grandchildren would be named after him. I for one cannot imagine naming my child after a person who dies of AIDS (Nzioka 2000:8).

AIDS as social history

The significance of AIDS as part of a series of modern social, medical, political and cultural developments is that understandings of the disease are dependent on the context and conditions within which we have come to understand it. Two issues arise here: the AIDS epidemic as a particular historic moment in terms of social and political history and health policy, and an emphasis upon AIDS as a social problem in terms of its immediate costs and implications, practical and political. For example, the early history of the AIDS pandemic contributed to the perception and politicisation of it as a homosexual disease. When it was first diagnosed in 1981 as a disease with no name, it was thought to be a rare cancer in gay men, who were dying without explanation. Over four decades later, we know much more than we did in 1981. For example, Schoepf (2001:336) reinforces the idea that “disease epidemics are social processes”, where, for example, “AIDS in many cultures is weighted

with extraordinary symbolic and emotional power, including ideas about social pollution.”

Perhaps a common theme in this social and cultural history is a shift over the years from perceiving the syndrome purely in terms of biomedicine toward an acknowledgement of the central role of macro- and micro-economic, social and political factors (see also Aggleton 1999, Aggleton *et al.* 1999, Altman 1994, Crimp 2004, Herdt 1997, Sontag 1991, Treichler 1999, Waldy 1996).

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From the mid 1980s AIDS entered the popular consciousness and was widely discussed (Altman 1986:19). Nor did the press attention go away; at different times AIDS has dominated headlines and the electronic media across the world. Medical stories are particularly

attractive to the media (as well as the general population), especially where they can be linked to both high fatalities and stigmatised sexuality (Altman 1986:19).

AIDS as sexual politics

The advent of AIDS has stimulated unprecedented interest in the nature of human sexuality and sexual behaviour, the forms that it takes and the ways in which it is understood

by individuals, communities and societies (Aggleton 1996:1).

AIDS opens up ideas about sexual politics because it is deeply connected to meanings, practices, stereotypes and perceptions of sex and sexuality (which we will take up later in this *Review*). More importantly, the impact of the AIDS pandemic upon women as a sexually oppressed group is also central to thinking about AIDS as a disease foregrounding the sexual. Thus, women living with HIV are often depicted in language that suggests they are the illness, and as such are often treated as vectors of disease – infectious agents endangering their sexual partners and babies. One of the powerful binary opposites in AIDS discourse is the curious madonna/whore dichotomy, in which women tend to be characterised in either of these two ways. This perspective develops in two directions: one that seeks to empower women's sexuality, freeing women from the idea that they are simply victims, and one that seeks to protect women's sexuality, with the view that women possess agency in resisting oppressive norms and values.

Either way, the dominant idea of AIDS as sexual politics confirms that our understanding of the disease is shaped by cultural constructions of sex, sexuality, sexual orientation and gender. These, in turn, are not innocent by-products

but real and tangible elements shaped by powerful social forces in communities.

AIDS as racism

Now if there is one thing on this earth I abhor it is a dance by almost nude savages. One can sit through a good ballet with wonderful equanimity ... (which) has such an air of unreality about it, that we are composed, and do not remark on the predominance of legs and the scantiness of the skirts. But in savage Africa it is different. ... There are no skin tights or glittering dresses, and everything speaks of a condition little removed from the brutish (Fabian 2000:79).

AIDS opens up ideas about sexual politics because it is deeply connected to meanings, practices, stereotypes and perceptions of sex and sexuality.

A great deal of contemporary developmentalist discourse is framed by paternalistic notions inherent in some strands of nineteenth century liberalism. Assumptions about reason and historical progress stand central to these ideologies, and caused many colonisers to come to understand the different cultures they came into contact with as backward, infantile and in need of change (Mehta 1999). The historian Fred Cooper calls this "the colonizer's conceit that some people should be taught how to live" (Cooper, in Cooper & Packard, 1997). This phenomenon helped shape, and articulated with, discourses regarding

African sexuality, according to which Africans could not control their sexual urges due to some sort of innate African promiscuity.

Missionaries, agents of Empire and others involved in the 'colonisation of consciousness' set forth to discourage the practice of polygamy and to replace it with monogamy, and to change sexual mores and practices so that they resonated with Victorian values.

After the Second World War, colonial empires began to crumble, and erstwhile colonies came to be known as less developed countries, the third world or the global south. The idea of development stood central to processes of re-imagining and re-inscribing this geo-political landscape. Unlike colonial thinking, the development idea laid no claims to cultural superiority and a civilising mission. Based on the notion that poverty alleviation could be achieved by concerted programmes of intervention by national governments of both poor and wealthy countries, it appealed in equal amounts to leaders of so-called underdeveloped countries and members of developed nations.

Despite this apparent break with colonial thinking, the development idea resembled it in some significant ways.

Development thinking, like colonial thinking, relied on interventionist programmes to justify modernising projects. What is more, development may be likened to colonialism in that it can be seen as a logical extension of the same project, started during the Enlightenment, of extending the European knowledge-power regime into all corners of the world.

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Since the advent of the AIDS epidemic, public health and development workers have construed Africa "as the margin of economic/cultural 'development' and as the 'heart' of the AIDS epidemic."

of economic/cultural 'development' and as the 'heart' of the AIDS epidemic." This undergirds a "Euro-American fascination with a 'different' African sexuality" and serves to "rewrite local experience to conform to the internationally adopted narrative" (Patton, in Parker 1992:218-225).

An influential early piece by Caldwell and Caldwell et al. (1989) paints a picture of an African sexuality that is uninhibited and free of moral value. The Caldwells link this to characteristics of an African social system, the main features of which they identify as an inheritance system where property remains within lineages or clans and in which the basic economic unit is a woman and her children. They advance the thesis that colonial penetration had not succeeded in fundamentally changing this system, but that the AIDS epidemic was likely to do so.

Many Africans came to perceive AIDS as a weapon in the arsenal of Afro-pessimists, and AIDS discourse as a slight on African masculinity and a continuation of a centuries-old medical discourse that pathologised Africans. Suspicion surrounding medicine and politics, whites and westerners infiltrated the AIDS debate, and the intellectual landscape became increasingly polarised. According to one position, AIDS had a viral aetiology, and questioning how medical knowledge was produced was to be in denial of that position. According to the other view, AIDS was a continuation of colonial discourse – an ideological weapon wielded by racists, and a tool with which big pharmaceutical companies enriched themselves (Fassin 2007).

The ways in which these contesting views have articulated with one another have had profound effects on the shape of efforts at preventing the spread of HIV. Despite protestations by some social scientists,¹ the triumph of the orthodox, biomedical position has seen the rollout of mass circumcision campaigns, supported by national governments and international organisations such as the World Health Organisation and UNAIDS, as well as support for mass HIV testing drives, and attempts to limit concurrency in the form of multiple and concurrent sexual partners.

Suspicion surrounding medicine and politics, whites and westerners infiltrated the AIDS debate, and the intellectual landscape became increasingly polarised.

The story of AIDS as racist develops a perspective of opposition to AIDS, which can be understood as racist or ethnocentric through an emphasis on Africa, black sexuality, drug users and homosexuals as ‘causal’ of AIDS. In an earlier formulation Gilman (1994:2) described illness as “a real loss of control that results in our becoming the Other whom we have feared, whom we have projected onto the world”. The images of disease, whether in art or literature, are not in flux, even though they represent collapse. They are solid, fixed images that remain constantly external to our sense of self. Thus an inherent tension exists between the world of art representing disorder, disease and madness, and the source of our anxiety about self-control (*Ibid*). Thus, how we see the diseased, the mad and the polluting is a reflex of our own sense of control and the limits inherent in that sense of control.

Accordingly, Gilman tracks the construction of the image of AIDS (and PLHIV) from the initial appearance of the disease in the United States in the early 1980s. Gilman chronicles how from the beginning, the PLHIV was seen as a male homosexual suffering a sexually transmitted disease, and thus AIDS was categorised not as a viral disease but as one that is transmitted sexually. Racial exploitation in this sense indicates how meanings ascribed to AIDS often emerge from received notions about race, class,

sexuality, identity and indeed gender. Central here is the idea that the constructions of AIDS can either perpetuate or challenge the view of PLHIV as passive victims, but also reinforce a strict separation between the diseased and the healthy, encouraging the uninfected to see those infected as essentially 'other'.

trends and the unfolding effects of the epidemic), policy-makers (through appropriate policies to prioritise solutions), programmatic leadership (to find programmatic solutions) and civil society (to keep all in check in the broader envisaged solutions).

AIDS as a practical problem

The story of AIDS as primarily a practical problem, as opposed to a political or academic problem, points importantly to the widening pragmatic impact of AIDS and leads to the provision of safer sex manuals, legal advice, etc. The point here is the emphasis on the word 'practical'.

Over and above the varied meanings implied by AIDS, the disease poses practical problems that are fundamentally directed toward curbing, reducing and eradicating the spread of the virus. We have increasingly seen that this challenge is now not merely in the hands of medical doctors (in terms of administering medical solutions) and nurses (in administering patient care), but also in the hands of researchers (to find solutions to further questions), social scientists (to better understand the social dimensions), demographers and epidemiologists (to understand population

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WORDS MATTER

The 'imagined community' of the new post-apartheid South Africa directs us to the renegotiation of citizenship in the context of factors which divide us, such as race, ethnicity, language, class, location, gender and sexual orientation. This form of identification is informed by the participation of all citizens in the context of rights and obligations that accrue from the Constitution. Citizenship, therefore, becomes an important marker in a relationship that is engendered between the individual and the state.

The relationship includes fundamental notions of who 'belongs' and who is to be excluded (Anthias & Yuval-Davis 1993, Gilroy 1987).

Belonging and exclusion are factors that retard or facilitate the negotiation of identities in the nation-building effort in relation to citizenship. 'Belonging' is the dimension of citizenship that resonates with the emotional – a feeling of belonging transcends issues of membership, rights and duties. This involves a sense of the emotions that such membership evokes, carrying along with them prospects for negotiation, kinship, solidarity and vulnerability to the kinds of psychological impacts which involve identification and security (or, conversely, alienation and

misery). "Belonging" is a construction that "only becomes visible when threatened" (van Zyl, in Gouws 2005:145). While we might have a progressive constitution, rights, belonging and inclusion do not automatically accrue as these require constant struggle and negotiation.

The complexities of reproductive norms, conventions on marriage, and religious and legal approaches to what constitutes legitimate sexual practice (so that, for example, 'sex' between an adult and a child is illegitimate in most cultures, although what defines a 'child' is, of course, contestable) weave a relationship between citizenship and sexualities that is all-encompassing.

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And within this social and political vision, much like race, sexuality is a marker of fundamental differences that shape our material lives and experience. Feminism's critique of patriarchy, developments in the liberation of gay and lesbian persons, and the impact of HIV and AIDS have all contributed to an understanding of sexuality as less of a social and moral 'given' than a continuously debated source of meaning. The struggles over sexuality in the context of AIDS (focused on issues of acceptance, tolerance, diversity

and inclusion, for example) confirm that the meanings of sexuality are often shaped by what is perceived to be good or bad.

Sexuality, especially as we have come to understand it in the twenty-first century, appears to be punctuated by sexual panics over ‘moral rearmament’ in a range of issues from abortion, contraception and marital disharmony to frigidity, homosexuality and AIDS (McLaren 1999). Indeed, South Africans formed the Moral Regeneration Movement (MRM) precisely to address the perception that as a society we were moving away from shared and traditional values into something hedonistic and uncaring.

The MRM is a civil-society driven, government-supported networking platform mandated to facilitate, encourage and coordinate programmes in society that work towards restoring the moral fibre of South Africa (Straton 2011). The MRM is based on the Charter of Positive Values and at the adoption of the Charter it was emphasised that:

In a world of moral degeneration, adult role models are critical. Showing our children the right direction and a proper way of living begins with adults and the elders doing the right things (Mlambo-Ngcuka 2008).

The essentialist-constructionist debate introduced the ‘gender turn’ into our culture by problematising the meaning of sexuality.

Implicit in the MRM was the belief that HIV infection was linked to a decline in values. Mlambo-Ngcuka (2008) called on South Africans to “work to halve the spread of HIV/AIDS in our localities ... let us work together to restore the moral foundations that make us the winning nation we are in our families, schools, church and throughout South Africa”.

The essentialist-constructionist debate (as two dominant theoretical perspectives) introduced the ‘gender turn’ into our culture by problematising the meaning of sexuality.

By and large, where the essentialist model conceived of sexuality as a permanent, fixed and immutable ontological essence, the constructionist perspective has taught us that culture constructs our sexual identities, so that socialisation within this culture determines, for example, our identities as

male/female, heterosexual/homosexual. These binaries persist and continue to be the source of much oppression and discrimination, despite the developments in sexuality in the last century which demonstrated a growing liberalisation of attitudes toward sex, greater stratification and diversity of sex, and the increasing secularisation of sex (Weeks 1993).

Sexuality is, of course, about sex – but it is also about access to pensions, custody of children, tenancy rights and security

of employment (Marks & Clapham 2005:327). This is because like many other categories of human identification and interaction, sexuality names a domain of power relations. Social goods and opportunities are differentially distributed, according to a 'sex-gender system' in which some forms of relationship, activity and identity are privileged, while others are disfavoured and disciplined (*Ibid*).

Sex, sexuality and gender are interrelated but not coterminous terms and concepts. To understand society we need to understand sexuality (Weeks *et al.* 2003). There has been a revolution in our understanding of sexualities in society and how it informs how we understand sex and gender. The word 'sex' comes from the 14th century Latin word *sexus* (meaning 'to compare'). In its modern and contemporary usage, 'sex' is closely aligned to the anatomy of males and females (including identifiable physical sexual attributes such as the sexual organs). In males the usual defining physical attribute is the penis, in women, the vagina (and breasts). The defining feature of sex (as a *noun*) is that it points to biological differentiation (chromosomal and anatomical differences). Sex could therefore be broadly defined as a biological category that distinguishes us as male or female.

However, at a basic level gender relates more to psychological, social and cultural differences between our constructed categories of men and women. In this sense 'sex' is different from 'gender'. The latter is the subject of much research and debate in scholarship and activism (Cranny-Francis 2003). Traceable to 14th century French (*gendre*), with the etymology further connected to the Latin word *genus* (kind), gender entered academic and activist discourse as a result of feminist activism from the 1960s, but more specifically since the 1970s in the way sex and gender were reconceptualised in relation to the advances of feminism.

Sex, sexuality and gender are interrelated but not coterminous terms and concepts. To understand society we need to understand sexuality.

The primary purpose of feminism(s) is to change the social relations of power embedded within gender. Earlier strands of feminism sought to understand changes,

development and the transformation of women's sexuality. Sex, and not just the biological differences in men and women's bodies, was a central topic in early consciousness-raising groups on sexuality in the West, and has become particularly dominant in Africa in the last twenty years or so, highlighting the fact that discussion of the significance of sexuality in non-Western societies still carries with it problematic assumptions about what sexuality is, which were born deep in the heartlands of colonising Western powers. Dominance is also related to literature of the

symbolic weight of AIDS and homosexuality (Amadiume 1987).

To understand sexual cultures one has to distinguish between the erotic possibilities of the body, which are fairly constant across cultures, and the importance given, for example, to reproduction, interpersonal relationships, or the relationships between men and women. To understand sexuality today we need to understand the diverse contexts in which meanings are attributed to intimacy and eroticism, and the complex social interactions which shape the erotic cultures of different societies (Weeks *et al.* 2003:6).

Within first-wave feminism (and subsequent second-wave feminism) heterosexual women began to demand more of their male sexual partners, so that the myth of vaginal orgasm was challenged, as well as the notion that penetrative sex provided the ultimate sexual pleasure for women. Sex became therefore not merely a biological issue but a feminist and gendered practice.

Gender is therefore closely associated with *patriarchy* (a system of social and cultural organisation that invests men with authority and dominance over women and their siblings).

The conjunction of HIV infection and women provides information for gender theory and practice on how women are perceived, represented and most importantly, treated in our culture at large (Roth & Hogan 1998:xvi). We need to understand the relationship between existing racially and gender-inflected societal structures and the meanings that have been made of AIDS.

Conceptually gender is the central explanatory and organising category of feminist accounts of the unequal distribution of power between men and women. When we talk about gender we refer to what we acquire as a social role from a social script (environment, influences, social conditioning and socialisation) that shapes and constructs our personality, behaviour, gender roles and identities.

Despite reconceptualisation of 'sex' in the face of feminism, our understanding of sexuality is often limited. Broader than 'sex', sexuality refers to an essential human quality, experience and facet of life. It is related to identity, socialisation, culture, politics, the law, economics and the notion of disease (we shall return to this point in more depth later). Our sexuality refers generally to our behaviour and sexual practice, largely based on constructs of gender identity, perceptions, attitudes, cultural beliefs and stereotypes.

To understand sexuality today we need to understand the diverse contexts in which meanings are attributed to intimacy and eroticism, and the complex social interactions which shape the erotic cultures of different societies.

Our sexuality touches upon many aspects of human life: *inter alia* procreation, relationships, love, marriage and political identity.

Therefore, sexuality may be broadly defined as a series of socio-cultural and political processes which produce, organise and structure our expression of desire. Consequently, it can be said that sexuality is also shaped by two important concerns: subjectivity (*who* and *what* we are); and our place within society. That said, both sex and *sexuality* are also intimately tied up with gender (taking into account the issues of motherhood, rape, pornography, sex work, sex tourism, sex trafficking, HIV, etc).

But, more importantly, why is it necessary to see that *sexuality* challenges *gender*?

Some basic assumptions may be pointed out: sex plays a role in the lives of many individuals. In the last fifty years or so feminism has shown that sex is the site of women's differences from men, and the basis on which men's social control over women is built. In many countries a host of sanctions and constraints surround women's sexualities: legal, social, cultural, ideological. Women's experience of sexuality changed dramatically in the last century, beginning with the suffragette movement that saw women in some countries given the right to vote. Victorian society and its morality emphasised

the repression of sex, considered a sin by the Victorians, an attribute still internalised by many today.

In the Judeo-Christian, Hindu, Islamic and African traditions sex is often seen as designed primarily for procreation (reproduction) and less for pleasure. Meanings about sexuality have equally changed in this respect. The dominant trend in sexuality in the late 20th and early 21st centuries has been to separate sexual pleasure from conception. In sex, women's satisfaction has been described as a unique response to men's competent, skilled and virtuoso performance; otherwise women do not enjoy sex (Richardson 1996).

In other words, sexuality from a feminist perspective is viewed as the primary social sphere of male power, which has had its effects on issues such as homosexuality, bisexuality, and the power relations between the sexes.

Feminism has also questioned the naturalness of gender roles, including heterosexuality. The construction of heterosexuality through the binary oppositions of gender help to produce hierarchies which systematically organise the oppression of women in what Rich (1980:638) described as *compulsory heterosexuality*. Rich's claim that men enforce not just inequality, but also heterosexuality, is articulated in terms of a range of practices that underpin such a system:

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bride price, arranged and child marriages, purdah, veiling, clitoridectomies and female infanticide. Linked to this, women, children, gays and lesbians (especially in the African continent) continue to be at the receiving end of blatant, violent oppression.

While the feminist agenda has operated to try and highlight and challenge the social, political, economic and sexual position of women there has been increasing interest in how men create and inhabit their masculinity. There are different forms of masculinity – making it difficult to place individual men in separate seemingly discrete categories. Theories of masculinities are important in that they provide opportunities for understanding the social legitimisation, among both males and females, of the unequal treatment of women (Ampofo & Boateng, in Tamale 2011:420).

Some men are indeed important alliance partners (or ‘cultural insiders’) in the struggles for gender equality. In South Africa Sisonke Justice is committed to creating a new view of men and how they interact with women. Such a view corroborates (and expands) the view of sexual politics to understand the circuits of power informing identity issues in relation to sexuality.

The term masculinity is often employed to talk about a specific identity, belonging to a specific male person. Ratele quotes Morrell as follows:

While this gender identity is acquired in social contexts and circumstances, it is ‘owned’ by an individual. It bears the marks and characteristics of the history which formed it ... masculinity viewed in this particular way can be understood as something which can be deployed or used. Individuals can choose to respond to a particular situation in one or another way ... It also promotes the examination of micro aspects of masculinity, particularly of the body – that major bearer of masculine value and symbolism (Morrell 2007, cited in Ratele 2001:414).

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The hegemonic form of masculinity tends to occupy a ruling position in a society or group, while other masculinities occupy complicit or subordinate positions.

Non-hegemonic forms are categorised as marginalised, subordinate or complicit (Ratele 2011:414).

Hetero-normativity, an understanding of heterosexuality as the norm, the standard by which all other sexual orientations are viewed, assessed and judged, usually in terms of morality and religion, suggests that the essence of sexuality is reproduction.

Giddens (1992) talked about the transformation of intimacy, and the HIV and AIDS epidemics are tools we can

use to transform not only intimacy and how we think about and practise sex, but also about how we shape and construct feminine and masculine identities and practices. Giddens suggests that the biological justification for heterosexuality as normal has possibly fallen apart. What used to be called perversions are merely ways in which sexuality can be expressed legitimately and self-identity defined. Recognition of diverse sexual proclivities corresponds to acceptance of a plurality of possible life-styles, which is a political gesture (Giddens 1992:178).

In South Africa, we increasingly witness the impact of HIV and AIDS on how we negotiate our sexualities and indeed, our sexual activity. HIV and AIDS are colloquially referred to as a disease, but in actual fact refer to a combination of diseases. The

word *disease* derives from a Middle English word, *disease*, which means “uneasiness, inconvenience, annoyance” and refers to “a condition of a the body tthat is damaged and disturbed and is also applied living animal or plant body” (*The Shorter Oxford English Dictionary* 1978:565). The main point here is that our perception of AIDS encourages the resurgence of biomedical approaches to sexuality through the repeated associations of sexuality with disease.

The medicalisation of sexuality is intensifying. The public turns to medical authorities for sexual information and advice. Thus medicine’s interest in sexuality is expanding to new areas beyond the specialities to which it was traditionally confined: sexually transmitted diseases, obstetrics, gynaecology and psychiatry. These issues are taken up by Vance (1991) in her critical discussion of sexuality in the context of AIDS. It seems that any thinking about sex, sexuality and disease in the context of AIDS should compel us to consider the gendered sexual subject itself.

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BODY PARTS

We all came into this world naked, the rest of it is all drag (RuPaul).

Existing theoretical frameworks such as Michel Foucault's conceptualisation of sexuality in terms of power relations, Judith Butler's implicit theory of hetero-normativity and her views on the subversive potential in gender performativity, and Gayle Rubin's concept of sexual hierarchy can be very helpful when analysing sexualities (Tamale 2011:26).

Sexuality and gender go hand in hand; both are creatures of culture and society, and both play a central and crucial role in maintaining power relations in our societies. Sexuality is deeply embedded in the meanings and interpretations of gender systems. Connell (1995:77) talks about hegemonic masculinity, which is the configuration of gender practice that embodies the currently accepted answer to the problem of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordinate position of women.

Sexuality and gender go hand in hand; both are creatures of culture and society, and both play a central and crucial role in maintaining power relations in our societies.

If sexuality is linked to power, to hierarchy or to hetero-normativity, how can we understand the ways in which these definitions and categories lock us into ways of being that oppress or ways of understanding that serve to reinforce the status quo? How do we get to understand the borders of our sexuality and how we might better be able to understand how to challenge these socially determined constructs? If, in modern society we are created sexual subjects, how can we become active sexual agents of change?

Sexuality is an area of human behaviour, emotion and understanding which is often thought of as 'natural' and 'private', even when it is simultaneously an arena of constant surveillance and control (Altman 2001:2). Such surveillance or 'policing' is essential if sexuality is to be regulated and controlled. It is the site at which 'deviance' and 'experimentation' is monitored – the way in which the compliant sexual and gender subject is formed and the way that conformity comes to be perceived as both desired and essential. It very subtly positions the dominant hetero-normativity, and locates all other forms of sexuality and identity as the Other and as problematic.

What is understood as ‘natural’ varies considerably across cultures and is policed by a large range of religious, medical, legal and social institutions. Societies regulate sex through religious and cultural prohibitions, ceremonies and rules, and through legal, scientific, hygiene and policies: what Rubin calls the sex/gender system (Altman 2001:3). The sex/gender system is the set of arrangements by which a society transforms biological sexuality into products of human activity, and in which such transformed sexual needs are satisfied. Rubin’s work focuses on historical social mechanisms through which gender and compulsory heterosexuality are produced and women consigned to a secondary position in human relations. Gender is a socially imposed division of the sexes. Rubin introduced the idea of the “charmed circle” of sexuality (Dempsey 2009:40), in which sexuality that was privileged by society was inside the circle, while all other sexuality was outside of it, and in opposition to it. The critical question for HIV and AIDS work and for sexuality – and indeed for this *Review* – is: who polices the borders of the charmed circle and ensures its boundaries are not porous? How is order established and maintained?

Butler, along with other theorists, questions the belief that certain gendered behaviours are natural. In her view, gender does not exist as an objective natural thing. Gender

is not tied to material bodily facts, but is solely and completely a social construction – a fiction – and is as a consequence open to change and contestation.

Scholars like Butler (1990) motivate the idea that our gendered and sexual identities are cultural fictions, or the performative effects of reiterative acts. We learn our performance of gendered behaviour – gendered behaviour is an act, a performance that is imposed on us by normative heterosexuality. In such a view there is neither a lack of understanding of the social, nor an attempt to minimise agency, but rather there is an emphasis on the *value of questioning genders and sexualities*. It is useful to question hetero-normativity, to understand how oppressive it is and how it locks people into a particular identity: how it creates the borders of our sexual lives and sexuality.

The notions of performance and performativity are integral to an understanding of gender. As Butler (1999) has it, gender reality is performative, which means, quite simply, that one’s gender is real only to the extent that it is performed.

Butler’s theories of gender have been widely criticised for overreaching with her term ‘performative’, which she claims many readers have misinterpreted. In 1993

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she elaborated on these differences: "Gender is performative insofar as it is the *effect* of a regulatory regime of gender differences in which genders are divided and hierarchised *under constraint*. Social constraints, taboos, prohibitions, threats of punishment operate in the ritualised repetition of norms, and this repetition constitutes the temporalised scene of gender construction and destabilisation. There is no subject who precedes or enacts this repetition of norms" (Butler 1993a:21). It is this constraint that makes it difficult for people to move between gender identities and to migrate from one sexual preference to another, or indeed to inhabit multiple sexual personalities and experience fluidity in sexuality.

She explains: "Performativity, then, is to be read not as self-expression or self-presentation, but as the unanticipated resignifiability of highly invested terms" (*Ibid*:28). For her, "performativity is a matter of reiterating or repeating the norms by which one is constituted: it is not a radical fabrication of a gendered self. It is a compulsory repetition of prior and subjectivating norms, ones which cannot be thrown off at will, but which work, animate, and constrain the gendered subject, and which are also the resources from which resistance, subversion, displacement are to be forged" (*Ibid*:22).

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In *Bodies that Matter*, (1993) Butler wrote:

To claim that all gender is like drag, or is drag, is to suggest that 'imitation' is at the heart of the heterosexual project and its gender binarism, that drag is not a secondary imitation that presupposes a prior and original gender, but that hegemonic *heterosexuality* is itself a constant and repeated effort to imitate its own idealizations ... [this] suggests that heterosexual performativity is beset by an *anxiety that it can never fully overcome* [emphasis added] ... that its effort to become its own idealisations can never be finally or fully achieved and that it is *constantly haunted by that domain of sexual possibility that must be excluded for heterosexualized gender to produce itself* [emphasis added] (artsites Film:165).

And finally, 'performance' for Butler (1993a:24) means: "In no one sense can it be concluded that the part of gender that is performed is the truth of gender;

performance as a bounded 'act' is distinguished from performativity insofar as the latter consists in a reiteration of norms which precede, constrain, and exceed the performer and in that sense cannot be taken as the fabrication of the performer's 'will' or 'choice' ... The reduction of performativity to performance would be a mistake."

Butler's (1999:33) view is that gender is not a state of *being*, but instead, a process of *doing*, and it exists in various

manifestations: "There is no gender identity behind the expressions of gender; that identity is performatively constituted by the very 'expressions' that are said to be its results" (Butler, 1999:25). For Butler (1999:141), there seems to be no pre-existing identity, and any attempts to suggest a true gender identity should be revealed as 'regulatory fiction(s)'.

The term 'performativity' has gained considerable currency in contemporary discourses of gender, sexuality and critical writing. Yet its bearings and potential are still highly ambiguous. Seeming to carry the authority of different discourses, that of theatrical performance on the one hand, and of speech-act theory and deconstruction on the other, the term nonetheless provides both meanings. The span between theatrical and deconstructive meanings of 'performative' seems to stretch the polarities of, at either extreme, the *extroversion* of the actor versus the *introversion* of the signifier (see Aston & Savona 1991; Elam 1980; Pavis 1992).

If for Butler the act, or activity, of gender is both intentional and performative, where performative suggests a dramatic and contingent construction of meaning, gender performance, in contrast, involves public, repetitive actions of movement, gesture, dress, interaction with objects, and the manipulation of space (Butler 1999).

In understanding HIV and AIDS and how people think about their sexual identities and behaviour, the advantage of questioning and more importantly, challenging how genders and sexualities are constructed, and how gender and sexual subjects are created, is that doing so assists in better understanding the transformation of the social world (especially concerning gender, sexual oppression, and indeed also AIDS). The transformation of the social world that arises through questioning (and agency) may facilitate an understanding of what it means to be human,

and to experience, inhabit and embrace many different sexualities, sexual expression and sexual identities – where all forms of sexuality are accepted and none of excluded or vilified or punished.

It also would allow for people to challenge patriarchy and the forms of sexual oppression that contribute to the spread

of HIV – if people are able to challenge their own 'sexual performativity' and see how it locks them into gender stereotypes of control and oppression (men) and subservience and acceptance (women), then it is possible to begin to understand and debate how different social and sexual relations of integrity, equality and intimacy could be created.

In respect of AIDS, such questioning is essential insofar as AIDS calls into question a range of symbolic meanings

The term 'performativity' has gained considerable currency in contemporary discourses of gender, sexuality and critical writing. Yet its bearings and potential are still highly ambiguous.

in relation to the sexual act, sexual desire, identity, behaviour – all of which coalesce around the meaning of sexuality, and how this is created and maintained in societies.

Even the designation ‘sexualities’ begs the question of what constitutes sexuality. It is a broad, dynamic and fluid notion that generates many meanings. For many, sexuality implies heterosexuality. There is no longer a shortage of texts or a lack of debate on the subject of sexuality produced in the West (see, for example, Jackson & Scott 1996, Lancaster & Leonardo 1997, Lebacqz & Sinacore-Guinn 2000, Nye 1999, Phillips & Reay 2002, Williams & Stein 2000). For many, sexuality is innate, biologically determined and to some extent pre-cultural (see Hamer & Copeland 1995).

Such a view has been entrenched by most medical models, early sexological studies and culture-based models of sexuality. The danger of such models is that they view sexuality as derivative from physiology, and as a universal functioning of the body (see Vance 1991).

For others sexuality is a construct, anything but ‘natural’ or ‘normal’, and always political and contested (see, for example, Caplan 1987, Gagnon & Simon 1973, Halperin 1990, Kitzinger 1993, Simon 1996). To some, sexuality, like gender, resists construction. De-essentialising it makes it

possible to see how identity norms are engaged and subject positions assumed. The point is that if it is assumed that categories such as gender and sexuality are originating activities, it is also possible to subvert, disrupt and resist those activities (Butler 1999).

Sexuality, we are increasingly told, is affected by and reflects the larger changes of globalisation (Altman 2001). In this sense the ‘global’ is to be viewed via local relationships, discourses and subjectivities (see Ong 1999, Sassen 1998). Recently, Arnfred (2004:7) has suggested that

re-thinking sexualities in Africa entails “a double move of de-construction and re-construction” beyond the “conceptual structure of colonial and even post-colonial European imaginations”.

Even the designation ‘sexualities’ begs the question of what constitutes sexuality. It is a broad, dynamic and fluid notion that generates many meanings.

The meanings of sexuality have much to tell us about its discursive aspects. By ‘discursive’ is meant how the play of power constructs our understanding of sexuality. Re-thinking, following Rubin’s argument (1984), cannot eliminate the possibilities of *agency*. For Rubin, it is when sexuality, as an abstract concept, moves towards tangible expression (sexual acts, sexual behaviours and sexual choices) that social construction becomes a convincing approach to sexuality. Re-thinking sexuality in Rubin’s (1984:267) terms entails reconceptualising the battles and contestations fought over sexuality: “The realm of

sexuality also has its own internal politics ... They are imbued with conflicts of interest and political manoeuvring, both deliberate and incidental. In that sense, sex is always political”.

Indeed, discourses of sexuality are in fact spaces of agency that demonstrate ‘conflicts of interest’. Spaces of agency are related to a focus on the subject of sexuality, both as an object of intellectual inquiry, as well as a metaphor through which we may understand the many and varied interests that inform sexuality; and similarly how these interests, in turn, shape, reflect and demonstrate resistance in relation to factors that inform our sexualities as a contested sexual practice. In other words, how we inhabit the sexual spaces we are enclosed in or how we push out of the borders and migrate to other identities is a critical component of spaces of agency.

It seems that sexuality in South Africa (for example) is defined, delineated and circumscribed by a number of factors and events that represent sexuality as a changing construct of ideas, ideologies and beliefs. One hypothesis is that sexuality (and to a lesser extent sex) seems to be associated with pain, suffering, mourning and death (in the context of HIV/AIDS and sexual violence). Unlike in the West, where material conditions seem to support sexuality as an aspect to be associated with pleasure, desire

and sensuality (and indeed freedom), the dominant images of sexuality in the South (African) region suggest otherwise. However, this does not assume that the technology of pleasure for women (or men) in the West is immune from criticism (see Maines 1999, Margolis 2004).

This view does not assume that there is a lack of desire, pleasure, sensuality and freedom in Africa; it simply underscores the material fact that sexuality for most people is a facet closely aligned to social control, legal restrictions, cultural proscriptions, sexual violence, and to a large extent

also, disease. Emotions such as anxiety, fear, and denial represent sexuality as a problem, a negative phenomenon. Sexuality becomes something to be contained, curtailed, regulated, and ultimately repressed, except for those who have the power to access it. In

another sense, sexuality also serves as a metaphor for deep-seated political conflicts over identity, bodily integrity and morality.

If sexuality could be mapped in terms of the broad material space of the continent, it could be delineated in respect of some of the following themes that circumscribe its contestation: the relationship between the ‘local’ and ‘global’ (East-West, North-South, South-South) dialogues in respect of sexuality; sexuality and violence (issues such as rape, human trafficking, female and male circumcision,

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pornography, prostitution); culture and sexuality (homosexuality, circumcision); desire, intimacy and pleasure; sexuality, masculinity and femininity; sexuality, illness and disease; sexuality, the law and sexual rights; reproductive health and rights; sexuality and political economy (through references to wealth distribution, access to justice and welfare policies); and sexuality, childhood and youth.

As Tamale (2011:25) argues, it is very important not to use uncritically theories of sexuality that are constructed in the global North to explain African societies. But theories developed in the North are important because many of the contemporary codes of sexual morality and most of the laws pertaining to sex contained in the statute books of post-colonial societies are rooted in the history and tradition of the former colonising

European nations. Moreover, Tamale writes:

as Bibi Bakare-Yusuf usefully reminds us, for millennia, Africa has been part of Europe, as Europe has been part of Africa, and out of this relation, a whole series of borrowed traditions from both sides has been and continues to be brewed and fermented. To deny this intercultural exchange and reject all the theoretical imports from Europe is to violate the order of knowledge and simultaneously disregard the (continued) contribution of various Africans to European cultural and intellectual history and vice-versa (Tamale 2011:25).

It is very important not to use uncritically theories of sexuality that are constructed in the global North to explain African societies

In terms of these themes sexuality is far from homogenous, and compels us to appreciate the varied discursive interests that constitute thinking about sexuality, especially in its mediation by historical, cultural and political factors.

Sexuality can be assessed empirically (through facts, experiences, observations and perceptions) and also studied intellectually through a variety of interdisciplinary approaches (through the lens of sociology and anthropology (Leclerc-Madlala 1999), law (De Vos 1999), philosophy, cultural studies, literary studies (Stobie 2006), history, political science, gender studies (Reddy 2004), medicine, education, development, public health and psychology (see, for example, Potgieter 1997, Ratele 2001, Shefer 1999, Shefer & Potgieter 2006), and increasingly in relation to HIV and AIDS, sexuality and rights (Aggleton & Parker 2010).

Today the major approach to studying sexuality focuses on the sociobiological (largely addressing differences between men and women), on social construction (the view that sexuality is not pre-given at birth, but is rather socially constructed), and to a lesser extent, on public health (which downplays the place and space of the sexual). But where are we in understanding current issues about sexuality if we do not revisit the alignment of the body in relation to sex?



BODY WATCH

[I]n order to understand reality, and hence eventually have the power to change it, we must be prepared to abandon our certainties and to accept the [temporary] pain of an increased uncertainty about the world. Having the courage to confront the unknown is a precondition for imagination, and the capacity to imagine another world is an essential element in ... progress (Delphy 1993).

Being in pain causes us to be least human because we are least able to express ourselves and share ourselves with others. Inflicting pain is an illegitimate and unjust way of gaining power over other human beings because in essence we obliterate their ability to be human (Scarry, in Smith 2006:224).

Understanding the body is central to understanding HIV and AIDS and the powerful ways in which the body has come to carry a host of meanings. Writing about HIV testing, Lupton *et al.* (1995) suggest that understanding the body in terms of vulnerability and permeability of body boundaries is essential. Citing Douglas and Calvez, they say that there are four popular abstract attitudes to the risk of infection from HIV: (1) the body as porous,

completely open to every dangerous invasion, including that of the virus, and, therefore, unprotectable; (2) the body as strong, possessing an effective immune system to protect against the entry of viruses such as HIV and, therefore not requiring any special precautions or behaviour change; (3) the body as possessing two protective layers, the skin and (more importantly) the community, serving to regulate boundaries; and (4) the

body as a machine with its own protective envelope, requiring precautions such as condom use to prevent destruction of the integrity of body boundaries (Lupton *et al.* 1995).

The body can be used as a metaphor to describe a nation, its territory and its political structures and hierarchies: the body politic.

We can no longer view the body simply as a natural object. The body is to some extent a cultural representation, constructed through various media and is both material (a physical organism) and immaterial (a body of beliefs or myths). The body can be used as a metaphor to describe a nation, its territory and its political structures and hierarchies: the body politic. The material body may be viewed as a form of beauty, but also staged as a type of performance in a racialised sense.

As Connell (2000:26) tells us, “the relationship of bodies to social processes is difficult to analyse”, largely because a logically complex pattern of practice is involved – where bodies are both agents and objects of practice.

About the body

A number of issues surface about AIDS in relation to the body. The following observations seem relevant to understanding the body:²

- The human body is not simply a biologically given fact but a social construction (that is, the body is produced by social practices). We shape, construct and socialise our bodies through a range of factors: the role of consumerism such as fashion (e.g. clothing and make-up), physical appearance (e.g. diet cultures), culture, religion, media, sport and leisure (e.g. attending gym).
- Western and African feminism continue to question how in our societies certain types of bodies are privileged over others. As a result of patriarchy men’s bodies have been privileged over women’s. Feminism has questioned, for example, the relegation of women’s role

to that of motherhood and nurturance.

- Queer studies has also questioned society’s privileging of heterosexual bodies over homosexual bodies, i.e. hetero-normativity. Gay liberation has equally challenged heterosexuality as a normative, accepted and standard form of sexuality. In this sense the sexuality of bodies is also questioned and challenged.
- Disease (especially HIV/AIDS and cancer) has had an important impact on how society perceives the body.
- One important aspect about the physical body (material body) and the immaterial body (beliefs about the body) is that they are integrally connected to building a sense of identity, and identity has a lot to do with how we perceive our own and other people’s bodies. The body and its relationship to sex, sexuality, gender, disease and identity are never innocent; the relationship is political.
- The subject lives within a body. The body is a site where power and representation converge. To represent the body is to acknowledge the history and power that is inscribed on the body. It is also essential to recognise that bodies are always actively in play in terms

of sexuality and sexual identity – not as some pre-social body with a social capacities awaiting social inscription, as hetero-normative discourse would have us believe.

Since the late nineteenth century sex has been a major preoccupation of law, medicine and science, creating new categories and assumptions through surveillance. As part of these developments the body moved from the religious sphere and became increasingly controlled by science (Altman 2001).

Surveillance of the body has been entrenched in modern society. HIV and AIDS have cemented the need to monitor and control the body both in terms of behaviour and in terms of objects. AIDS embodies 'surveillance medicine' (Armstrong 1995), where a fundamental remapping of the space of illness takes place, which includes the problematisation of normality; the redrawing of the relationship between symptom, sign and illness; and the location of illness outside of the corporal space of the body. The blurring of the distinction between health and illness, between the normal and the pathological, means that health care intervention can no longer focus exclusively

Surveillance of the body has been entrenched in modern society. HIV and AIDS have cemented the need to monitor and control the body both in terms of behaviour and in terms of objects.

on the body of the patient in the hospital or home bed. Surveillance has to leave the hospital and penetrate into the wider population (Armstrong 1995:398).

Cultural studies of the body often focus on language or discourse, influenced by the work of Foucault (Connell 2002:37). Foucault, Connell writes, shows how modern systems of knowledge sort people into categories, and how these categories are interwoven with techniques of social discipline that police their bodies. A key role, he says, is

played by professions such as medicine, psychology and criminology that apply these techniques. Bodies have been watched and controlled in finer and finer detail. The professions that apply social discipline become larger and more numerous, and the institutions in which it operates extend their grip (*Ibid*).

Armstrong (1995:400-401) continues that ... whereas symptoms, signs and diseases were located in the body, the risk factor encompasses any state or event from which a probability of illness can be calculated. This means that surveillance medicine turns increasingly to an extra-corporal space – often represented by the notion of 'lifestyle' – to identify the precursors of future illness.

This is precisely what happened with the advent of HIV and AIDS. The lifestyles of groups of people – of different

bodies – came under scrutiny or surveillance, and whole segments of society were placed ‘at risk’. Their bodies inhabited dangerous spaces (such as sites where intravenous drugs were used, bathhouses and brothels), their bodies were contaminated (by drugs and infection) and their bodies were diseased and defiled (by signs of illness and death).

Not only were these bodies at risk, but they were dangerous bodies – hence the growing need to treat all bodies as suspicious, dangerous and possible sites of contagion and death. In contrast there were bodies that were not at risk – the bodies of those who were abstinent, faithful, or who used condoms consistently and correctly. As Scarry pointed out above, the distinction between good and bad bodies, between clean and defiled bodies, between

health and sick bodies inflicted pain as an illegitimate and unjust way of gaining power over other human beings, because in essence it obliterated their ability to be human. Could bodies that were stigmatised and described in these ways have sex, be desirable, embody interesting sexualities, have children and be complete sexual beings?

Lupton (2006:12-13), quoting Douglas, speaks of a cultural/symbolic perspective, which has its origins in earlier work on

notions of purity and contamination. Lupton explains that Douglas argues for seeing these notions as serving to construct cultural boundaries – between individual bodies, between social groups within a community, and between communities. What is understood to be contaminating or polluting, and, therefore, as dangerous is the threat it poses for social order. Such notions are culturally specific, and work to establish and maintain ideas about self and other. Risk becomes a means of maintaining boundaries, and establishes a *locus* of blame in which ‘risky’ groups or institutions are singled out as dangerous.

In this analysis a ‘risky’ Other may pose a threat to one’s own personal body, or the symbolic body of the community or society to which one belongs.

Both bodies and communities have borders and boundaries and protection from

threats issuing from outside and both must be provided through policing. Ideas of risk about, and perceptions of, bodies of non-hetero-normative sexualities function to protect symbolic boundaries and manage threats to the social order (such as HIV and AIDS or of diverse sexualities themselves). What are selected by the community or by faith-based groups or politicians to be labelled as ‘risky’ are phenomena that in some way threaten moral principles (Lupton 2006:13). Those individuals or social groups who are identified as posing a threat – homosexual men,

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men who have sex with men, gay people, lesbians, bisexual people, transgendered people, single women, drug users and those with other sexual practices and beliefs – are deemed to be responsible and therefore subject to opprobrium and demands for restitution (*Ibid*:14). This goes some way to explain the calls to criminalise HIV transmission; hate crimes against gay, homosexual and lesbian people; and support for legislation to make any form of homosexual union or behaviour unlawful.

Ideas of risk are always moral and ethical as well as political. In HIV and AIDS the notion of risk has led to calls for responsible sexual behaviour and for self-regulation – to behave as good citizens. Risk avoidance has become a moral exercise relating particularly in sexuality to self-control, self-knowledge and self-improvement. As Lupton (2006:14) explains:

It is deemed people's own responsibility to take note on risk warnings and act on them accordingly. Those people who fail to engage in such behaviours may thus find themselves stigmatized and subject to moral judgments.

To rework Rubin's idea of the charmed circle for HIV risk behaviour, those inside are the good citizens who take note of and act on risk: the hetero-normative population, those who abstain, those who are faithful and those who use condoms, while those on the outside are those who

have multiple partners, those who do not use condoms, and citizens whose sexual orientations and sexualities are perceived to threaten the stability of those within.

Risk is a political concept as it is used to attribute responsibility and blame for ill events – such as using blame in response to HIV and AIDS and calling for 'responsible sexuality'.

The body, therefore, is a key but often misunderstood

concept when thinking about AIDS as the physical manifestation of the illness. It is evident that the body, whether it concerns negative abuse such as rape, corrective rape, polygamy or virginity testing, or positive intimate and sensual pleasure, is ultimately subject to some form of intrusion and violation. And in the context of disease, the body,

as the result of intrusion, is ultimately marked by the symptoms of illness. AIDS itself displays visceral markings: lesions and an emaciated body being effects often seen in the terminal stage. Kruger (1996) claims that gendered and sexualised discourses of AIDS shape narrative understandings, so much so that AIDS is constructed as an invariably fatal weakening of an individual's bodily defences – as an account of personal illness, decline and death.

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This type of narrative construct not only encourages the view of PLHIV as passive victims, but also reinforces a strict separation between the 'diseased' and the 'healthy', encouraging the uninfected to see those who are infected as essentially 'other', and as dangerous and as undesirable, i.e. a site of 'risk'.

Foucault (1990) views the body as being directly involved in a political field; the body is forced to perform ceremonies and emit signs. Signs of power relations converge upon and through the body. The body is trained, tortured and ritualistically bound up, in accordance with complex, reciprocal relations. The body is caught up in a system of subjugation and becomes a useful force, only if it is both a productive body and a subjugated body.

Bodies cannot be understood as just the objects of social process, whether symbolic or disciplinary. They are active participants in the social process.

Bodies cannot be understood as just the objects of social process, whether symbolic or disciplinary. They are active participants in the social process. They participate through their capacities, development and needs, through the friction of their recalcitrance and through the direction set by their pleasure and skills (Connell 2002:40). Bodies must be seen as sharing social agency, in generating and shaping courses of social conduct – it seems that we need a different way of thinking about bodies (*Ibid*). This new way of thinking about bodies is essential if we are going to

break down the borders that we have erected around bodies and what they may or may not do, pleasures they may or may not experience, identities they may or may not be allowed to hold and share.

For her part, Butler (1993), in her extended argument on the body, considers how, in a culture, certain bodies come to *matter* more than others. In the argument so far, it becomes apparent that women's bodies and those bodies which inhabit different sexualities matter less in our cultural context. Butler's theory of materialisation

views the material category of sex as a site of permanent contestation, meaning that the body is a site of vulnerability, of longing, of suffering, disease, reproduction (sometimes), dying, death and abjection.³





ABJECTION

Wherever there is power there will be resistance
(Foucault 1978:94).

While the dominant perspective of sexuality in most societies is hetero-normativity, there are many people whose identity and sexualities fall outside such categorisation. In the early days of the HIV and AIDS epidemics people falling outside of the dominant sexual discourse were regarded as being the ones who put 'us all' at risk – gay men, men who have sex with men, bisexual people, intravenous drug users – and rather than embracing difference and celebrating sexual diversity and understanding it, societies closed borders around perceived deviance and transgression from socially accepted sexual norms.

However, as Butler argues, this belief in the natural behaviour is really the result of both subtle and blatant coercions. One effect of such coercions is also the creation of abject bodies. By underlining the artificial, proscribed and performative nature of gender identity, Butler seeks to trouble the definition of gender, challenging the status quo in order to create the space to fight for the rights

of marginalised identities – especially gay, lesbian, homosexual, bisexual and transgendered identities.

Abjection redefines the body as an active agent rather than as a passive receptacle for the regulatory norms of hetero-normative society. It is a political category in that it belongs to the workings of symbolic power that structures the borders of identity.

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Hetero-normativity is sustained through the reiteration of regulatory norms, which is a form of normative violence. What the notion of abjection allows is the understanding of how culturally unintelligible bodies are able to use their identities to

contest the normative violence that seeks to deny them legitimacy and existence. Butler was influenced by Kristeva (Lloyd 2007:74), who utilises abjection to refer to the process of jettisoning or radically excluding that which is unclean, repulsive or improper in order for the dominant culture to exist. Culture is founded on the exclusion of the impure – especially with regard to sexual identity and sexualities – but crucially what has been barred by the dominant world-view remains to haunt and destabilise

the security and stability of the symbolic order. The abject remains part of culture and subjectivity threatening it with potential dissolution (*Ibid*).

Abjection identifies those bodies in the population that are currently denied subject status – it is those members of society who are living under the sign of the ‘unliveable’. It describes the process whereby certain persons are excluded from particular normative ideals of belonging. Alongside those bodies that can lay claim to legitimacy, there are those that do not have that automatic claim. These are the abject bodies that fail to qualify as normative subjects.

In hetero-normative societies, it is heterosexual bodies that count as real or legitimate because they are seen to be natural and intelligible. Homosexual, gay and lesbian bodies fail to count in the same way because society perceives them and describes them as unintelligible or unnatural.

Therefore for HIV and AIDS and sexuality it is essential to understand how some bodies are constructed as normative and legitimate, and why and how other bodies are not constructed as normative or legitimate.

According to Butler (Lloyd 2007:75), it is necessary to politicise abjection. In aiming to extend the field of possibility

for bodily life it is necessary to politically challenge the inadmissibility of certain bodies – those that do not conform to the regulatory norms of society. In HIV and AIDS work we need to ask about which bodies qualify as bodies that matter, ways of living seen as ‘life’, lives worth protecting, lives worth saving, and lives worth grieving. Because homosexual and gay lives were defined as being outside of the normative ways of living there was a public reluctance to mourn deaths within the gay community, exemplified particularly during the 1980s and 1990s by

the failure to acknowledge deaths from AIDS – hetero-normative culture through normative violence cannot admit the demise of homosexual lives to be losses (Lloyd 2007:87).

As Randall Jarell (1969) writes (in Monette 1994:306)⁴

When we died on the wrong page of the almanac ...
When we died they said, ‘our casualties were low’

This then, is the test that the abject poses to the dominant order and where the potential for radically altering dominant norms resides.

Of course, abject bodies are not invisible and they do make their presence felt in policy and politics – none more so than gay activism in the HIV and AIDS epidemic – but all

Abjection identifies those bodies in the population that are currently denied subject status – it is those members of society who are living under the sign of the ‘unliveable’.

too often the abject life is a shadowy one that has yet to fully qualify as legitimate and thinkable, so Butler's notion of abjection is offered as a path for revamped sexual and identity politics. The abject body needs to be politically subversive.

Two important texts that more formally announce and inaugurate the theoretical field of abjection are *Gender trouble: Feminism and the subversion of identity* (Butler 1999) and *Epistemology of the closet* (Sedgwick 1994).⁵ In *Gender trouble* Butler calls into the question the category of the subject in a genealogical critique (following the model proposed by Foucault) that demonstrates the subject's emergence within discourse. In an important sense, this text is a genealogy of the discursive construction of identities and bodies.

Butler demonstrates the exclusion of identities within what she terms the heterosexual matrix, which, in some ways similar to the apartheid project not only marginalised racial identities, but attempted to preserve its own stability and coherence (white, male, heterosexual) at the expense of 'other' identities. Butler's reading is extended in her second book, *Bodies that matter: On the discursive limits of 'sex'* (1993a), in which she considers how certain bodies come to *matter* more than others.

Rubin (1992) wrote that the oppression of individuals with different sexual practices is much like that of racism. This oppression gives power to the dominant group by eliminating common rights that are seen as not applicable to other groups (Vance 1991:267-293).

Butler reiterates how the excluded body, the abject body in particular (and by extension the homosexual body or the body of colour), is viewed as potentially disruptive to the symbolic order of viable bodies motivated by the heterosexual matrix. In these two foundational texts, Butler (1999:xi)

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heterosexual relations.*

also confirms a queer theoretical focus that asks "how non-normative sexual practices call into question the stability of gender as a category of analysis"? Crucial to this theoretical question for Butler is not the view that "forms of

sexual practice produce certain genders, but only that under certain conditions of normative heterosexuality, policing gender is sometimes used as a way of securing homosexuality".

Most crucially for Butler (1999:xii) it is not "heterosexual normativity that produces and consolidates gender" but the "gender *hierarchy* that is said to underwrite heterosexual relations" [my emphasis]. The hierarchy in question is principally informed by the way in which identities and subjectivity are formed within power structures.

In other words, subjecthood, be it sexual or racial, is not pre-given, but is rather something that is in the process of becoming. To explain this, Butler turns to the notion of performativity as a possible improvement on social construction theory, to suggest that gender is more than culturally specific meanings that are inscribed on an already sexed body.⁶ In her view the act or activity of gender is both intentional and performative, where the latter entails public, repetitive actions of movement, gesture, posture, dress, labour, production, interaction with objects, and the manipulation of space. The 'performative' in the Butlerian project has less to do with 'performance' than it has to do with 'the effect of a regulatory regime of gender difference in which genders are divided and hierarchised *under constraint* (Butler 1993b:21). Butler (interviewed in Reddy 2004b:116) reasserts what 'performativity' is not:

[I]dentities are *not* made in a single moment in time. They are made again and again. This does not mean identities are made radically new every time they are made, but only that it takes some time for identities to be brought out ... This is not just a question of a private struggle with the self, but of the social terms by which identities are supported and articulated. In this sense, it is always in the context of a certain constellation of social power that I am able to pose the question of my own becoming differently ... My view is that there are norms into which we are born – gendered, racial, national – that decide what kind of subject

we can be, but in being those subjects ... in incorporating and performing them, we make use of local options to rearticulate them in order to revise their power. Norms cannot be embodied without an action of a specific kind.

This passage represents some of the important parameters of Butler's thinking that inform the theoretical basis of this *Review*, which engages the relationship between sexuality and AIDS. Among the parameters are the interrogation of the ontology of language and discourse; the relationship between politics and language and the critique of identity; and the subversive nature of identities as configured within (and by) the heterosexual matrix.

Underpinning the above passage, and a recurring theme within Butler's (1999:xxii) project, is the question of what it is to be human in processes that determine our identities, given also the fact that often AIDS is assumed to limit and minimise the idea of identity:

What continues to concern me most is the following kinds of questions: what will and will not constitute an intelligible life, and how do presumptions about normative gender and sexuality determine in advance what will qualify as the 'human' and the 'livable'.

The 'human' and the 'livable' are central to any conception of identities (whether one is a child, woman, man, a

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homosexual or a person living with AIDS). In asking the above questions Butler does not abandon experience in favour of verbal politics, but is crucially concerned with assessing how we mobilise meanings around identities. Butler's subject is a linguistic structure that is always in the process of formation. In this way, we could interpret that a subject derives identity through an endless process of becoming. By this I mean that ideas about experience and identity accrue in conceiving identity in the context of AIDS within discourses of power and performativity in marked contrast to the reductivity in interpreting identities as fixed and immutable essences within hetero-normative models.

Hall considered alternative politics of identity, emphasising difference over homogeneity (Procter 2004:117). Hall wanted to be a part of a more radical attempt to think beyond the structures associated with identity politics:

[The] recognition ... of the impossibility of 'identity' in its fully unified meaning, does of course, transform our sense of what identity politics is about. It transforms the nature of political commitment ... looking at new conceptions of identity requires us also to look at redefinitions of the forms of politics which follow that – the politics of difference, the politics of self-reflexivity, a politics that is open to contingency but still able to act (Hall, in Procter 2004:119).

The 'closet' may be read as a site and space that reveals much about the oppression of the homosexual within hetero-normativity.

Difference, self-reflexivity and contingency are central to understanding Hall's alternative politics of identity.

If Butler's 'heterosexual matrix' is understood in terms of the cultural assumptions that shape, construct and configure the homosexual, then Sedgwick's 'epistemology of the closet' likewise reinforces the transitivity of sexual identities that imply identities are formed in relation to specific contexts. Sedgwick (1994:1) proposes that major nodes of thought and knowledge in the twentieth century have been framed, structured and fractured by what

she terms the homo/heterosexual binary as a site of much contestation.

Sedgwick's (1994:2) view is applicable to this *Review*, insofar as she claims that institutionalised taxonomic discourses (such as

the medical, legal, literary and psychological discourses) structure same-sex desire, and these discourses, she suggests, are marked by inequality and contest. For Sedgwick, the 'closet' as a defining structure of gay oppression in the 'privacy' (and thus secrecy) it imposes on homosexuals can be read as opposite to 'coming out' (into the visible and into the public) as a 'private' secret is disclosed. The 'closet' may be read as a site and space that reveals much about the oppression of the homosexual within hetero-normativity. The notion of an 'epistemology of the closet' is a key analytical tool for Sedgwick (1994:19) which derives, in part,

from the notion of “homosexual panic”. The latter for Sedgwick (1994:19-20) constitutes an artificial and “individualizing assumption” to pathologise homosexuals in a type of “socially sanctioned prejudice”. This type of panic is not a new occurrence. It mirrors similar ‘moral panics’ such as that which characterised syphilis in the nineteenth century and AIDS in the early days of the epidemic, when AIDS was labelled GRID (gay-related immunodeficiency).

The notion of a panic refers to public anxiety about an issue that is perceived as a problem, such as homosexuality. Myth, popular assumption and religion are influences central to this panic (Watney 1987). Panics give rise to bitter cultural and political battles over sexuality, which construct certain groups and individuals (such as sex workers, for example) as outlaws by labelling them immoral.

The discourse of a moral panic that underpins ‘attacks’ also reveals that moral codes are often based on face-value assumptions about highly complex areas of debate. The *naturalness* and *normalcy* of marginal sexualities are highly contested. These terms are inherently subjective and difficult to quantify. In addition, disciplines that [suggest] that homosexual desire is merely learned, and therefore curable by enforced unlearning [...] share a normative, taken-for-granted assumption that the central cultural and social subject of

their enquiries is exclusively heterosexual (Watney 1987:56-7).

Young (2004:3) offers a useful methodological formulation that conceives history “not as a single overarching narrative, but in terms of networks of discrete, multitudinous histories that are uncontainable” within a single schema.

If, as Felman and Laub (1992:115) observe, discourses exist in a state of referential debt, of “constant obligation” to the “woes of history”, then reading history in this way also reinforces an understanding of the structure of our society, and the operation of its various institutions (notably culture) that mobilise violence against those with AIDS.

This marginalisation and relegation to a space outside the established order which is propagated by ‘moral panics’ and the anxiety and stigma they create can have an effect on the performativity of gender and indeed disease identities (and on the process of ‘becoming’).

Baumann, writing in *Liquid love* (2003:54), says:

The true point of contention is the extent to which various types of sexual proclivities/preferences/identities are flexible, alterable, and dependent on the subject’s choice. It does not matter so much

The naturalness and normalcy of marginal sexualities are highly contested. These terms are inherently subjective and difficult to quantify.

whether sexual predilections (articulated as 'sexual identity') are 'endowments of nature' or 'cultural constructs'. What does matter is whether it is up to *homo sexualis* to determine (discover or invent) which one (or more) of the multitude of sexual identities fits him or her best.

The bottom line, Baumann writes, still remains the 'alterability', transience, non-finality of any assumed sexual identities (*ibid*:55). The journey never ends, the itinerary is re-composed at each station and the final destination remains unknown throughout.



NEW VOICES ARE SINGING

Epstein and Sears (1999:1) write:

Many kinds of knowledge are dangerous: dangerous because they destabilize established common-sense world views; dangerous because they pull the veil away from oppression, discrimination and suffering, making for uncomfortable confrontation with these issues; dangerous because knowledge is, as Foucault has established, a form of power.

They go on to suggest that one of the dangerous kinds of knowledge is knowing about sexuality. Not only does knowledge of sexuality denote loss of innocence within the Judeo-Christian-Muslim tradition, but it also gives rise to fears about the corruption of the young, and anxiety about possible challenges to seemingly safe knowledge or dominant common-sense held in place within hegemonic regimes of truth in relation to gender and sexuality.

The HIV and AIDS epidemics have made it essential to interrogate sexuality, culture and identity. This is the only way in which we can understand the complex relationship between desire, identities, histories, social networks, ideology, opportunity, change, fear, stigma, pleasure, discrimination, power and love, that together with a host of other

contingencies shape and constantly reshape the domain of the erotic – and determine the degree of risk we have to negotiate as best we can (Weeks, in Epstein & Sears 1999:2).

The sexual is a mobile, changeable, culturally sensitive part of us and a dimension of our culture that is difficult to pin down. People or bodies absorb, or reject, messages, wherever they come from, and then do what they can, in the circumstances they find themselves, calculating gain against loss, pleasure versus pain, risk alongside opportunity, to create themselves as sexual subjects (Weeks, in Epstein & Sears, 1999:12).

This is why despite the proliferation of discourses, the explosion of different voices and the normalisation of sexual explicitness, sexuality remains 'dangerous'. It is threatening because it is always subservient to the diversity of individual needs and desires, the complexity of social relations, the pluralism of cultural lives and the various possible ways of being human, sexual and gendered (Weeks, in Epstein & Sears, 1980:12).

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The idea that sex is printed indelibly on the body is tenaciously maintained by social and medical science theorists, as well as by a high proportion of feminist scholars.

In *Gender trouble* (1990), Butler offers a critique of feminism by relaying to the reader that there is a whole field of possibility for gender other than the somewhat strict and constricting system now in place. According to Butler (1990:128), “categories of true sex, discrete gender, and specific sexuality have constituted the stable point of reference for a great deal of feminist theory and politics”.

Butler goes on to show that the way we understand gender now is based on equally habitual presumptions. Butler talks specifically about the category of ‘women’, and how that idea is no longer stable because there is little agreement about what does or should constitute the category of women. She demonstrates how important the ‘subject’ is within politics owing to the dual function of power. Butler shows the necessity of a feminist critique because the very powerful institutions from which emancipation is sought dictate definition of the category of ‘women’. In doing this, she looks at the arguments of de Beauvoir (women are the negative of men), Irigaray (the feminine sex as a linguistic absence) and Wittig (the category of sex is always feminine, hence the masculine remains unmarked and universal).

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In *Gender trouble* (1990), Butler radically departs from the commonly held view of the body as a passive medium and recipient of sex; indeed, gender is viewed by Butler (1990:136) as a ‘fabrication’:

If the inner truth of gender is a fabrication and if true gender is a fantasy instituted and inscribed on the surface of bodies, then it seems that genders can be neither true nor false, but are only produced as the truth effects of a discourse of primary and stable identity.

Weeks (1999:13), writing earlier in the epidemic, but describing a phenomenon still very applicable today, spoke of fabrications in writing about sexual myths and fictions. He wrote that we can “make a distinction between sexual myths, which elaborate an assumed neutralness, eternity and fixedness about the body and its erotic possibilities and those ‘fictions’ (stories, narratives, discourses) which, when embraced by those who want, or have, to be subversive of the status quo, reminds us that nature actually had very little to do with what we call sexuality”.

The radical oppositional identities, such as lesbian, gay, bisexual, transgendered and ‘queer’, that have flourished since the 1960s, can be seen as equivalent to fictions: elaborate narrative forms which give shape and meaning to individual lives and links to a larger story which tells of

oppression, survival, resistance, transgression and claims for full citizenship (Weeks 1999:14). Moreover, Weeks asserts, they are not just fictions; they are necessary fictions.

Genders are produced and bodies become sexed within a heterosexist discourse which is invested with the idea of natural or essential sex. Gender unity, according to Butler, arises from the effect of a "regulatory practice that seeks to render gender identity uniform through a compulsory heterosexuality" (1990:31). The regulatory practice works through "an exclusionary apparatus of production" (Butler, 1990:31). Heterosexism is ideologically invested and presents itself as normal and natural. However, instead of naturalising same-sex desire, the "usual strategy" of gay and lesbian movements (Jagose, 1996: 84), Butler challenges the truth of gender as a category. Butler underscores a specific link between gender and sexuality (1999:xii):

I do not mean to claim that forms of sexual practice produce certain genders, but only that under conditions of normative heterosexuality, policing gender is sometimes used as a way of securing heterosexuality.

As indicated earlier, central to Butler's (1990:33) scholarship is the refiguring of gender as a cultural fiction, a performative effect of reiterative acts:

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Gender is the repeated stylization of the body, a set of repeated acts within a highly rigid regulatory frame that congeal over time to produce the appearance of substance, of a natural sort of being.

The importance of gender as performative is emphasised by Butler (1990:xv), who illustrates that the commonly understood notion of an internal essence of gender is actually manufactured "through a sustained set of acts, posited through the gendered stylization of the body". A central tenet of Butler is that gender is not a state of *being*, but

instead, it should be conceived of as a process of *doing*, and it only truly exists in its various manifestations (1990:25):

There is no gender identity behind the expressions of gender; that identity is performatively constituted by the very 'expressions' that are said to be its results.

Butler draws heavily on the work of Foucault in order to suggest a method to deal with the epistemological and political difficulties arising from traditional notions of 'male' and 'female' bodies. The suggestion taken from Foucault is that the body gains meaning within discourse "only in the context of power relations" (1990:92). Butler uses discourse not just as a reference to 'speaking' and 'conversation', but as a specific allusion to the formulations of discourse as "large groups of statements" (1990: 94) which govern the way we speak about and perceive

a specific historical moment, or a set of moments. Gender norms sediment into cultural expressions of 'natural sex', 'real woman', or into any other "compelling social fictions" (1990:140).

Corporeal styles are thus produced over time and they are comprehended as "the natural configuration of bodies into sexes existing in a binary relationship to one another" (1990:140). For Butler, there is no pre-existing identity, and any attempts to suggest a true gender identity should be revealed as "regulatory fiction[s]" (1990:141). Regulatory fictions are the ways in which over and over in our lives gender roles are established and reinforced. The 'roles' of women and the 'roles' of men are played and replayed so that we assume the belief that they are normal and natural. The ways in which women are expected to assume housekeeping roles and men earning and protective roles remain very powerful – as do the sexual roles that are projected. Women as thin, dainty, pretty and submissive (and abstinent and faithful) and men as strong sexual protectors with sexual experience, and who are allowed to sow their 'wild oats' before 'settling down'. Women who are perceived to be sowing wild oats (other than in sewing samplers) are very harshly judged in these regulatory fictions.

Regulatory fictions are the ways in which over and over in our lives gender roles are established and reinforced.

Bodily gestures and movements mundanely constitute the "illusion of an abiding gendered self" (Butler 1990:140). There are gendered ways in which women and men are expected to walk, talk, sit and dress. 'Loud' women are discouraged – as are effeminate men. What it means to 'be and be seen to be a women' and to 'be and be seen to be a man' are illusions created by the dominant status quo and policed and maintained in a number of ways. Social surveillance is a very powerful conforming tool. Butler posits that gender categories, as well as other typical descriptive labels pertaining to race or sexual orientation, are discursive practices which are ongoing and which are "open to invention and re-signification" (*Ibid*:53).

Hall, in writing about holding a 'black' identity, believes that:

What is at issue here is the recognition of the extraordinary diversity of subjective position, social experiences and cultural identities which compose the category 'black': that is, the recognition that 'black' is essentially a politically and culturally *constructed* category which cannot be grounded in a set of fixed trans-cultural or transcendental categories and which therefore has no guarantees in nature (Procter 2004:123).

Hall here argues against a unitary notion of blackness that precludes elucidation of 'internal differences' and diversity. The desire to 'correct' the omissions of the past has led

to a one-sided fixation with race or ethnicity as something that belongs to the 'Other' alone (Julien & Mercer, in Morley and Chen 1996:455). Thus white identity is seldom under question and retains its 'centered' position. More to the point, the white subject remains the central reference point in the power-plays in multicultural policy. The burden of representation falls on the Other because "to ignore white ethnicity is to redouble its hegemony by naturalising it" (*Ibid*).

So too, the lack of understanding of the hetero-normative construction of heterosexuality places the burden of representation on the other sexualities because to ignore heterosexuality is to redouble its hegemony by naturalising it.

We are all ethically, racially or sexually located, but the cultural specificity of white ethnicity or race and of heteronormativity has been rendered 'invisible' by the systemic violence that has, historically, disavowed difference in cultural discourse.

Given the notion that the body only gains meaning through power relations between men and women (and through racial and ethnic constructs), and that these power relations are created and maintained through cultural norms and practices, it follows that culture can

be a vehicle through which meanings are ascribed to the body.

Performative identities are critical in our understanding of HIV and AIDS work. These gender identities are some of the key issues that need to be addressed – the perceptions and beliefs that are held about how men and how women should behave sexually. Women are at risk not only biologically but also because of the ritualised ways in which their gendered identity plays out in sexual encounters, the ways in which society views and judges these perform-

ative identities, and the rewards, sanctions and reinforcement that comes from these repeated behaviours. However, what is seldom addressed is the duplicitous and even dishonest ways in which these identities are inhabited – the public identity

that belies the private actions.

This is a particular trait of hetero-normative behaviour – the ways in which performative identities are adhered to in theory, yet such identities are often broken, accompanied by denial and self-deception. Men who insist that society is based on fidelity and integrity but who have multiple sexual partners other than their wives, men and women who have sex with under-age partners, and young girls who claim virginity in the face of sexual activity are some examples. Such behaviours mock the norm while announcing it.

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This is not to suggest that bodies inhabiting non-hetero-normative sexual identities don't also engage in action and denial – but given that their behaviour is already subversive to the hetero-normative society, such action, while duplicitous, is not trying to affirm the dominant social and sexual patterns of behaviour.

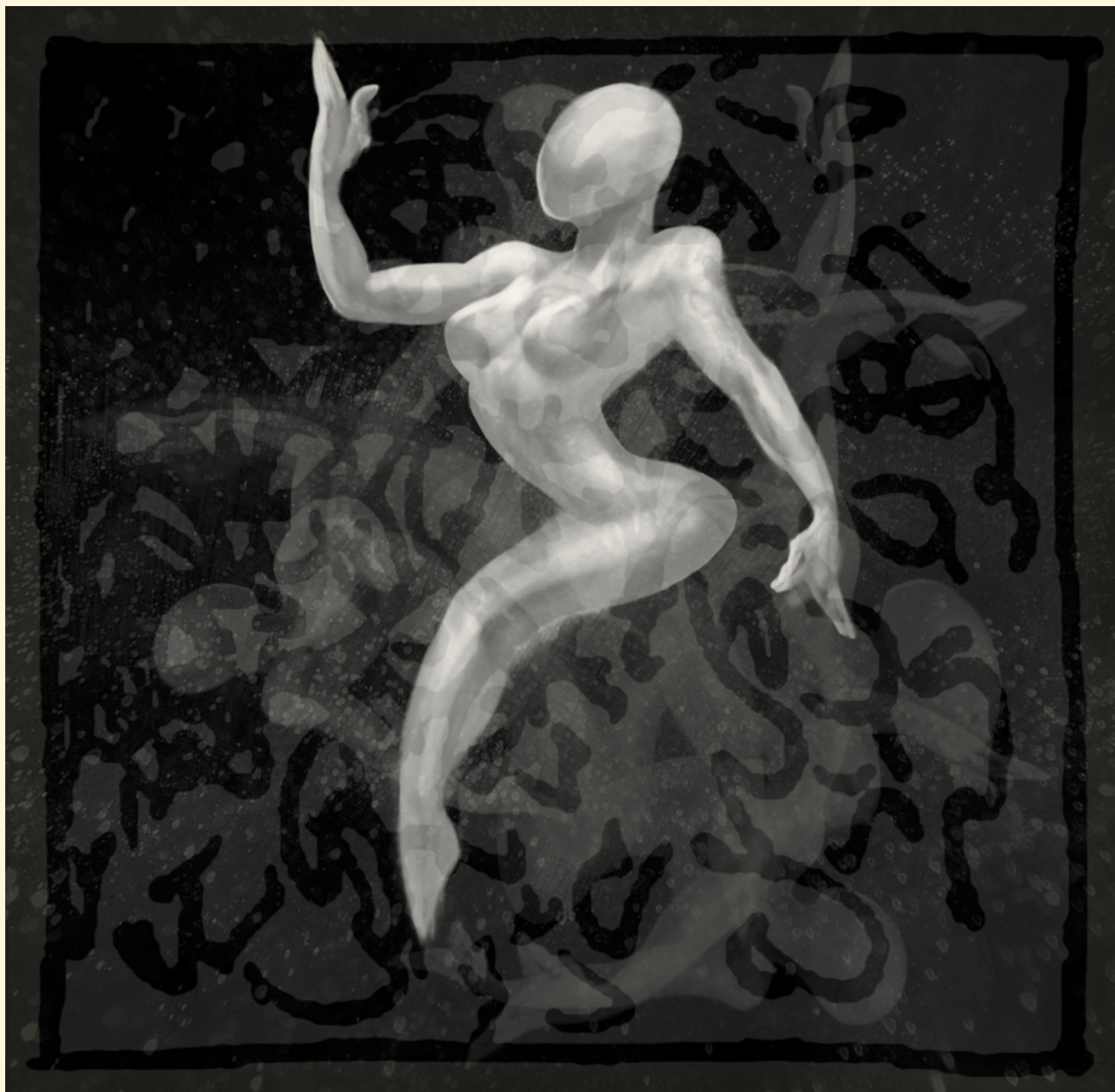
Racial performative identities also need to be understood, as are the ways in which behaviour and risk is attached to bodies of different races and ethnicities. This is highlighted in the ways in which AIDS is presented as a 'black disease', and sexual behaviour or constraint is attributed to different racial groups. These performative racial and sexual identities serve to place borders around our ability to understand social and sexual behaviour. They lock people into categories and groups through regulatory fictions, making it very difficult to cross the borders and migrate to different groups, explanations, patterns of understanding and a transformed society.

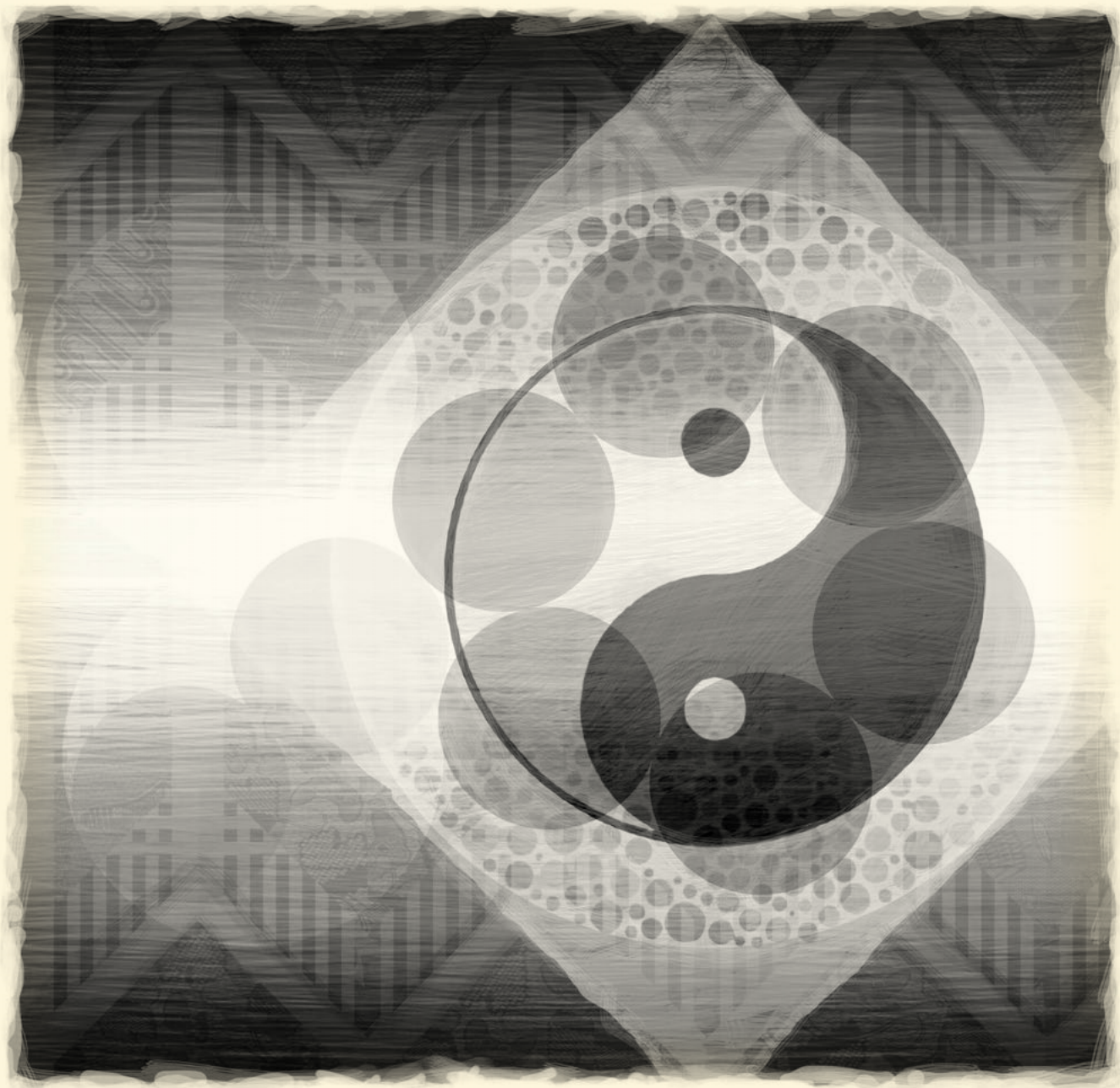
Society desires heterosexual conformity because it is safe and secure, and built over many centuries. But even within heterosexuality there is a range of sexual experience that the dominant groups would wish to silence and ignore. Sex work, for instance, holds an ambivalent place

in society – fulfilling the sexual needs of men (and women) but at the same time being blamed for HIV infection and for the breakdown in family life and values. Extra-marital sex is commonplace, but it still evokes retribution and judgement. Certainly sexual encounters between young men and women take place before marriage and yet this is only carelessly recognised in debates in the dominant culture. In curious ways these acts of 'defiance' from within are taken in and normalised even with regret and concern. The bottom line is that the rigidity of hetero-normativity does not help to understand how or why societies have

such fascinating and compelling HIV and AIDS epidemics. Until we understand the many ways in which sex and sexuality are understood and practised we will have inadequate responses to the epidemic and inadequate citizenship for our citizens.

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BORDERS AND BOUNDARIES

This *Review* aims to open up the debates about how gender, sexuality, sexual identity and sexual practices are constructed, controlled and encased in particular patterns of meaning and understanding. The HIV and AIDS epidemics are sexual – the major route of infection is through sexual activity and so an understanding of how gender roles are developed and how these influence sexual roles, acts and identity is crucial.

Much of the HIV and AIDS response and, indeed, almost all of the prevention work has operated off simplistic binaries: heterosexual/homosexual, disease/health, safe/unsafe, moral/immoral and right/wrong. In doing this, rigid categories of belonging have been created and hence categories of what society will accept, tolerate and accommodate. This is a fascinating and complex terrain. Although we have been tackling the HIV and AIDS epidemics for close on three decades we have not yet come to a full understanding of how sexuality, gender and identity are shaped, and how these influence the way in which people understand who and what they are, why they behave in ways that they do, and how they understand and receive messages.

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This terrain is also overlaid with the social and political constructs of race and racialised or ethnic identity, and by the economic constructs of class.

Anna Marie Smith (1998:155) writes that Butler's argument for a constructivist approach to gender and the promotion of gender conformity is profoundly marked by race and class. She adds that racist disciplining can take the form of

brutal de-gendering. For example, during slavery African women were reduced to mere commodities and subjected to torturous conditions that destroyed their kinship relations and personhood (*Ibid*).

Sexuality operates as the nodal point in gender disciplining. Benn (1993), quoted

in Smith (1998), contends that the abjection of same-sex desire is often at work wherever distinctions between 'gender conformists' and 'gender non-conformists' are made. By virtue of their dissident sexuality, lesbians, gays, bisexuals, transvestites and transsexuals are subjected to extreme forms of pathologisation as 'gender non-conformists' (Smith 1998).

What these socially constructed conforming hetero-normative identities mean is that men in a sexist society, or whites in a racist formation, or middle-class professionals who expect upward mobility but are faced with down-sizing, are constantly confronted with the sense that their actual capacities fall far short of the omnipotence that was promised to them (Smith 1998:156). Some individuals may react to this with self-reflection that may lead them to question the way society operates but others may respond with violent rage towards the figures of 'otherness' – such as 'castrating females', invading immigrants, single mothers or perverse homosexuals (Smith 1998:156).

What this allows for and creates are spaces for normative gender violence and reaction.

The relations between sexuality and the personal, political, social, class, gender and power cannot be overstated (see Reddy 2004). In conceptualising sexuality from a perspective that offers insight into HIV and AIDS the following questions could be posed to help understand its complex landscape and texture: What stories constitute sexualities? How are these shaped, constructed, resisted and possibly reconfigured? Is there a coherent and homogenous story about what constitutes sexualities? How is sexuality played out, performed, constituted, interrogated and configured? How does this lead to normative violence and oppression? To what extent

is an HIV epidemic embedded in these gender and sexual oppressions? We can only begin to suggest possible answers to these questions in this *Review*.

The empirical context of sexuality is almost inadvertently shaped by what sociologist Stanley Cohen (1972) described as 'moral panics'. The point about moral panics is that they can develop into 'sex panics' in relation to sexuality. Gaining momentum from public anxiety about social problems arising from sexual actions, such as HIV, such panics usually close the public eye to the real problems of sexual oppres-

sion by creating fear and anxiety through the identification of Other bodies. Such panics crystallise certain fears and displace these onto socially and sexually marginalised groups. All of these are deeply connected to historical anxieties reinforced by stereotypes, misper-

ceptions and myths. In relation to sexuality, moral panic and AIDS, Sontag (1991:111) notes that "the sexual transmission of this illness, considered by most people as a calamity one brings on oneself, is judged more harshly than other means – especially since AIDS is understood as a disease not only of sexual excess but of perversity". Such panics are not new. They may target prostitution, homosexuality, pornography, use of contraception, sexual consent (restrictions on child and adolescent sexuality) or HIV/AIDS.

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NORMATIVE VIOLENCE

It is impossible to ignore in any discussion of sexuality, HIV and AIDS and gender the prevalence of violence against women and how this positions men and masculinities in a hetero-normative society. Violence against women seeks to abuse, humiliate and damage, through the use of force which is called sexual because the tools deployed involve the parts of the body conventionally thought of as sexual, and which carry powerful meanings around sexuality (Bennet, in Tamale 2011:93). This is violence perpetuated by people gendered as men. Though many men would not dream of using such violence, it remains the case that masculinities tend to tolerate the potential for such violence (Bennet 2011:3).

The ethnic and political conflict a few years ago in the Darfur region of Sudan (recently split politically) demonstrated the relationship between sexuality, violence and indeed identity. The region is home to millions of people, some claiming to be Africans and others claiming to be Arabs. They are separated not so much by religion, as is often reported, but by ethnic identities and political interests. The conflict between nomadic shepherds known as Jangaweed militia (ethnic Arabs), and the ethnic African Sudanese gave rise to organised rape camps, where a pattern of rape became a tool of

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dispersal, and where the distinct possibility of HIV/AIDS and STDs lurks (see Garrett 2004, Joffe-Walt 2004a, 2004b).

The Jangaweed have killed, rampaged against and brutalised women and children, apparently with the tacit support of the Sudanese government. It seems that the intention was to beat African Sudanese into submission, based on the belief that fear brings about respect. In fact, the opposite has been true, as the brutality has engendered resistance by the African Sudanese. The women and children of Darfur, whose lives have been frayed and fractured by

a violent civil war, remind us about the gendered impact of war, and especially sexual violence and the possible ways in which sexual power can be used as a medium of oppression and of resistance.

A few years ago, in the town of Manzini, Swaziland, an 18-year-old woman was

brutally sexually assaulted by a group of young men who worked at a taxi depot. The woman was ostensibly raped as a lesson to her for wearing a miniskirt (see Timburg 2004). This can be related back to Butler (1990) yet again, insofar as gender and its performed roles are a process of doing, not a process of being. It was the reaction of these men to the act of wearing a miniskirt that led this violent sexual attack. This gendered performance is culturally determined, and in this case there was obviously some cultural trigger for the violent reaction of the attackers.

Rape is just one of the violent effects of the impact of culture on performativity of gender and sexuality. Indeed, no discussion of sexuality can avoid a discussion of violence against women or its interface with the violation of human rights and public health (see UNIFEM 2008). The same is applicable to violence against children who remain vulnerable in the face of the power of older, resourced men (see Berry & Guthrie 2003, Richter *et al.* 2004).

The Democratic Republic of the Congo has also been the site for a shockingly high prevalence of rape as women and girls have been brutalised in one of the worst conflicts since World War II. Statistics from Human Rights Watch and others offer a chilling reminder that in spite of growing progressive international law on this issue, rape remains a weapon of war in many conflicts (HRW 2010). By extension, rape (an intrusive act of sexual power) also has implications for the meaning of HIV and AIDS because such an act of violent and brutal power introduces sexual and health risks for women and children.

These events of normative gender violence draw attention to sexuality not just as a dynamic of the inequality between the genders, but also to the fact that sexual difference is a function of the sexual domination that exists cross-

culturally, but expressed locally in particular forms. This picture suggests that sexuality is in large measure often shaped by violence and that this violence is in turn shaped in large part by *complicit* cultural values. More so, when it comes to thinking about the way in which sexualities are lived and experienced, it is clear that dynamics of violence or exploitation can be part and parcel of sexual activity. Gender norms tend to impact heavily on these dynamics, and thus the connection between sexuality and citizenship becomes one of discrimination.

Rape is just one of the violent effects of the impact of culture on performativity of gender and sexuality.

In addition, because heterosexuality is such a deeply rooted cultural norm, those who are not heterosexual may experience gross levels of alienation from citizenship: legal, social, cultural, and religious (and indeed, as a result of sexual violence, at times they are more vulnerable to HIV). Those identified as not heterosexual are denied legitimacy in active and dramatically discriminatory ways within contexts that are defined according to 'culture' and 'tradition'. The experiences of black lesbians interrogate South Africa's politics of citizenship in a way which demands attention.

BEYOND CORRECTIVE RAPE – AN ‘INVISIBLE MINORITY’

Society as a whole has been intolerant of these kind of activities, and they keep getting reported, so I think in partnership with the community at large police will win [the fight against] this ‘corrective rape’ scourge (Jimmy Manyi, SAPA, 10 November 2011).

[Common] humanity means human rights for LGBT people – equal to everyone, no more no less ... and that is why gay rights are human rights and human rights are gay rights (Hilary Clinton, HRW, 12 December 2011).

In 1996, South Africa’s new constitution became the first in the world to include provisions of non-discrimination based on sexual orientation. This protection was enshrined in the ‘equality clause’ of the Bill of Rights. At the time the demands for equality and non-discrimination by lesbian, gay, bisexual, and transgender (LGBT) and sexual rights activists resonated with the political claims of other constituencies and groups. Jacklyn Cock wrote that “the discourse of diversity, the celebration of difference and, especially, the right to freedom of sexual orientation were defended as part of the challenge of building a diverse, pluralist society” (HRW 2011:2).

Sexual difference and a stated preference for sexual orientation and practices other than those legitimated by hetero-normativity are deeply threatening to heterosexual society.

Nevertheless, there is a wide gap between the ideals of the Constitution and the reality of people’s beliefs and prejudices, attitudes and ability to embrace difference. Negative public attitudes towards any form of sexual expression or orientation that is not heterosexual go hand in hand with a broader pattern of discrimination, violence, hatred and extreme prejudice against people known to be lesbian, gay or transgendered or those who violate the heterosexual gender and sexual norms (HRW 2011:2). Despite Cabinet assurances given by Manyi that the Cabinet con-

demns ‘corrective rape’ (SAPA 2011), the constitutional protections are greatly weakened by the South African state’s failure to enforce them adequately.

Sexual difference and a stated preference for sexual orientation and practices other than those legitimated by hetero-norma-

tivity are deeply threatening to heterosexual society – particularly to many men who have so internalised the performativity required of masculine behaviour that they believe that they have the ‘right’ to intervene to correct these abject sexualities.

As Butler (1993b:125) noted earlier:

[this] suggests that heterosexual performativity is beset by an *anxiety that it can never fully overcome* [emphasis added] ... that its effort to become its own idealisations can never be finally or fully

achieved and that it is *constantly haunted by that domain of sexual possibility that must be excluded for heterosexualized gender to produce itself* [emphasis added].

As seen above, normative gender values, when performed, can have drastic and violent effects, which can also be compounded by the threat of exposure to HIV/AIDS. Some of these violent performances are specifically directed against homosexuals in order to instil hetero-normative values or 'fix' something that is 'broken'. This is particularly evident where black lesbians in South Africa are concerned. Sexual violence against lesbian and bisexual women, especially the phenomenon of so-called 'corrective rape' of black lesbians, is a frequent and shocking practice in South Africa. In addition to identity, sense of self and safety that this discriminatory violence effectively undermines, it could also serve to compound HIV transmission among lesbians (Reddy *et al.* 2007, Mkhize *et al.* 2010).

The personal trauma occasioned by these diverse forms of physical and sexual violation is compounded by the political trauma of living in a country where the right to live without experiencing daily and egregious discrimination is tantamount to assault. This is expressed by Fikile Vilakazi (Mkhize *et al.* 2010:34-35) as coming from a point

of frustration and anger:

It's about the fact that I am not allowed to make decisions about how I want to use my body and how I want to express my sexuality, and I need to be violated on the basis of that and I'm very, very angry [...] Something needs to happen and I think we are talking about people's lives here. People are dying, people are being assaulted on a daily basis [...] it is about bodies and I think that is where the struggle is. We need to begin to talk about the fact that we have right over our bodies in our sexuality. Is this the freedom we were fighting for? Is this the country we want to live in?

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In addition to anger at the attack on her personal freedom, Vilakazi also expresses anger at the way that researchers and organisations are constantly discussing these problems but not taking any action about them, and not taking measures to emphasise lesbians' rights over their own bodies. Access to sexual (and human) rights is being denied, and seemingly nobody is doing anything about it.

An established activist, Funeka Soldaat, provides another dimension to this violent reality:

It happens in Khayelitsha, but most of the lesbians in Khayelitsha they never survived. In 2001 a woman [...] was raped by a cousin, brother in her room. That was in 2001 and in 2005 she passed away because of HIV and AIDS. She was also the executive of Siyazenzela [an organisation made up of queer

individuals who felt racially or sexually discriminated against] and it was then we decided then we have to form the Women in Action [...] [T]hen in February 2006 ... people are aware [of] the issue of Zoliswa Nkonyana [...] one thing that was so frustrating to me is that the people who also drove that woman to that edge, they were the same people who were on TV, the family that was saying that Zoliswa is the woman that they love so much. She was sexually abused in the house for a long time and the mother has to protect what happens, but when you saw them on TV when they were talking and I couldn't believe. It was so as a painful thing, but she died [...] in October the woman who was travelling with Zoliswa, she's also a lesbian; she was stabbed at the back, also in the neck [...] And also on the 25th of November, [a] woman in the location called Nganene, also in Cape Town, she was stabbed with a girlfriend in the house and she have to leave the area where she's staying, but now she's staying with her parents and then really it shows exactly what's really, really happening and it's just the physical things that happen (Mkhize et al. 2010:47-48).

Soldaat is reflecting upon the individual acts of unthinkable violence toward black lesbians, such as corrective rape and murder that happen in her "little township" (*Ibid*:48). Zoliswa Nkonyana, referred to by Soldaat, was beaten to death by a group of male youths in her township because

she was a lesbian. Others were raped and murdered for the same reason.

An important issue is that the term 'curative or corrective rape' is wholly inappropriate and misleading, and deeply offensive in its meaning. The term has emerged in recent years as a way of describing the phenomenon of rape from the perspective of the perpetrators. This new coinage offers insight not into the act of rape, but into its particular meaning under special circumstances. The special circumstances here point to a targeted act by men against

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lesbians who are deemed by such men as inadequate, incomplete women. It is a performance that intends to uphold (and indeed enforce) hetero-normativity and to render a uniform gender identity.

The meaning implies that the act of rape is justifiable, that it supposedly offers a corrective to something that is missing, deficient and wrong. Rape cannot be justifiable, defended and offered any moral protection. To 'cure' means to find a solution to a problem. In this sense, the term is only relevant from the perspective of the perpetrator (the rapist) and not that of the rape survivor. It is also interesting to examine this term from the perspective of AIDS pathology, whereby the 'curative' action in many cases infects an individual with an incurable disease.



NORMATIVE CULTURAL PRACTICES

Virginity testing – virgins on the front lines (George 2008:1447).

The resurgence of virginity testing in parts of South Africa (Leclerc-Madlala 2003) has also challenged understanding of sexuality in terms of rights to bodily integrity versus the 'authenticity' of customs and traditions. This aspect opens up concerns about the relationship between the *performative* and the *performance* of race and gender, inscription of the body, the production of gender, voice, identity, visibility and the politics of desire. As Butler (1999) has it, gender reality is performative which means, quite simply, that it is real only to the extent that it is performed. Noted above, for Butler, gender is not a state of *being*, but instead, a process of *doing*, and it exists in various manifestations: "There is no gender identity behind the expressions of gender; that identity is performatively constituted by the very 'expressions' that are said to be its results" (Butler, 1999:25). For Butler (1999:141) there seems to be no pre-existing identity, and any attempts to suggest a true gender identity should be revealed as 'regulatory fiction(s)'. Seen from this perspective, virginity testing is a way of enforcing the performance of the chaste and virtuous.

Many believe that virginity is one of the "country's defense[s]" against the spread of HIV and AIDS.

In the last fifteen years, virginity testing has grown as a cultural practice in KwaZulu-Natal, although it is not restricted to this province. The practice is undertaken in rural settings, in townships, in religious institutions and in the workplace. The reasons given for this practice include: (1) a return to the Zulu (African) culture and tradition; (2) prevention of the further spread of HIV; (3) prevention of teenage pregnancy; (4) promotion of morality; (5) detection of cases of child sexual abuse and incest; and (6) preservation of virginity before marriage.

Traditional virginity 'testers' examine South African girl children at community festivals, to ensure that they have remained virgins. Many believe that virginity is one of the "country's defense[s]" against the spread of HIV and AIDS (George 2008:1447). Virginity testing and the legislation to prohibit its practice exposes the persistent theoretical and practical tensions between human rights universalism and cultural relativism (*Ibid*), but it also becomes the bearer of added symbolism – promoting a return to traditional culture as a preventative public health measure to combat a modern illness.

What is particularly interesting about virginity testing is the role that older women play in the practice. Some suggest that virginity is an important culture rite and not in conflict with human rights, and others say that virginity testing

is demeaning and humiliating, given the public nature of the test and that by highlighting the value of being a virgin it puts a border around young girls' sexual rights and expression. If young girls move out of this space then all sorts of cultural sanctions can apply. Given the lack of precision of this test (the hymen can be broken for many reasons other than penetrative sex) many young girls may find themselves judged negatively, whereas in fact they conform to the virgin status.

Many rural women, who are among the most marginalised of South Africa's population, see virginity testing as the *only* way to re-instill what they view as the lost cultural values of chastity (George 2008:1457) – the traditional return to the moral regeneration movement. It is also a means of restoring their power and prestige and control in a world where they have limited sexual or social agency, yet the women who strive to uphold this gendered tradition are reinforcing the performance of normative values of a patriarchal society.

However, it is explained, at the most basic understanding virginity testing is a form of gender and sexuality control. Of course, being and remaining a virgin is protective against HIV infection, but the question needs to be asked in the context of HIV: preserving their virginity for what or for whom? A concurrent cultural move came with the

belief that a man living with HIV could have sex with a virgin and cure himself of HIV. This places those young girls publicly identified as virgins in a very precarious position. More especially, as virginity testing was set in opposition to condom use – as one teacher in KwaZulu/Natal who had participated in virginity testing rituals said: We are against the use of condoms. We think condoms promote lust for sex ... I don't think we should teach children about such things (George 2008:1459).

Virginity testing is a violation of sexual autonomy and bodily integrity, and is a serious violation of young women's pri-

Virginity testing is a violation of sexual autonomy and bodily integrity, and is a serious violation of young women's privacy.

vac. The Commission for Gender Equality has called for the criminalisation of harmful social, cultural and religious practices, which includes female genital mutilation and virginity testing (CGE media release 2007).

Importantly, the practice of virginity testing reinforces the fact that bodies and ideas about sex are gendered. Scorgie (2002:65) highlights it as another aspect of sexual double standards reinforced by the practice of virginity testing which usually girls, and not boys, have to undergo:

Where sexual responsibility for sexual abstinence is placed so unambiguously on the shoulders of young girls, the implication that they are therefore also responsible for the spread of the disease is only a short step away.

The gendered aspect of bodies in respect of virginity testing relates to an aspect of the body – in this case, the intact hymen and what cultural values are ascribed to virginity. Apart from the religious and theological meanings of purity and cleanliness, virginity is highly prioritised in the heterosexual hierarchy of sexual activity. To be a virgin is culturally prized by men and women in most hetero-normative societies. Even more so, a virgin is often almost inadvertently viewed as an ideal marriage partner for a man.

If for Butler the act, or activity, of gender is both intentional and performative, where performative suggests a dramatic and contingent construction of meaning, performance, in contrast, involves public, repetitive actions of movement, gesture, dress, interaction with objects and the manipulation of space (Butler 1999). In this sense, virginity testing dramatises how gender and sexuality are not simply regulated, but come to be defined through a series of performances that simultaneously confirm how cultural constructions of sexuality signify meanings.

One of the major criticisms of virginity testing, apart from the gender issue, is that it violates fundamental human rights, especially the dignity and privacy of the girl child because it is practised in open fields and in community halls. LaShawn Jefferson, acting executive director of the Women's

Rights Division of Human Rights Watch states in the report, *A matter of power: State control of women's virginity in Turkey* (1994):

These exams violate women's bodily integrity and involve pain, humiliation, and intimidation. Also, such tests discriminate against women and girls. Male students do not face similar treatment.

This practice has evolved over time to adapt to changing discourses surrounding the control of sexuality and virginity in patriarchal societies, most notably by being performed

in public rather than behind closed doors. Placing such public value on the product of virginity is akin to Butler's (1990) notion of ascribing gender roles as a regulatory practice, which seeks to create a uniform identity. These roles are fluid as the discourse surrounding gender changes, just as the practice of virginity testing has changed over time in

response to changing value ascribed to virginity and the pressures on women to conform to this ritual violence.

These social practices, reinforced by 'tradition' and culture, underscore the idea that sexuality is integrally interwoven in cultural practice where abuse (such as the case of abduction *ukuthwala*) is often constructed under the guise of culture. More so, the guise of culture could well be interpreted as an excuse to oppress, marginalise and exclude. Perhaps central to the performance of testing in the

Apart from the religious and theological meanings of purity and cleanliness, virginity is highly prioritised in the heterosexual hierarchy of sexual activity.

Butlerian sense is the idea not only of the connection between performativity and the material body, whereby the body and sexuality become the objects of inquiry, but also simply the act of description – of assigning a category of ‘virgin’ to the body.

In an interesting gender/cultural comment Nomagugu Ngobese said:

Not a single person has died because of virginity testing. In the Xhosa tradition, boys die while undergoing initiation to manhood but no law has been passed to stop this Xhosa tradition. We have been doing this for years and no one is going to stop us (IOL news 9 September 2008).

CIRCUMCISION AS A NORMATIVE CULTURAL PRACTICE

How is it possible to understand the continuing cultural and sexual practice of male circumcision, given, as Nomagugu Ngobese said, “boys die while undergoing initiation to manhood” (IOL news 9 September 2008)? This is not the place to debate the research trials that led to the claim that circumcision is a protective factor for men in terms of the risk of acquiring HIV sexually. Following these trials there were calls for a massive roll-out of male circumcision despite the many misgivings that were expressed about the nature of the trials and the reliability of their findings.

Circumcision has come under the spotlight because it has controversially been recommended as a procedure that will lower men’s risk of sexually acquired HIV infection. Condom use has always been problematic in HIV prevention programmes. Men feel disinclined to use them, citing a reduction in pleasure and condoms being ill-fitting. Women are all too often unable to insist on their use and indeed can suffer abuse when they do insist. What the circumcision research showed was that condom use after male circumcision use is essential for HIV prevention – what

then is the purpose of male circumcision, if condom use is still needed to prevent sexual transmission of HIV?

Although women are often powerless to insist on condoms there was an expectation that if women knew that circumcision was beneficial they would insist on their part-

ners being circumcised – leaving aside the fact that even so circumcised men would need to use condoms. How do women argue against pressure from men not to use condoms if they are circumcised? Equally problematic in the promotion of circumcision is its heterosexual and racial positioning. Male circumcision is not effective in preventing HIV transmission among men who have sex with men, as the US epidemiological evidence clearly demonstrates (see Boyle & Hill JLM 316-334). The assumption of heterosexuality is problematic in the African context, particularly

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given the moves in many African states against men who have sex with men or bisexual men. In addition, circumcision was seen as applicable to African (i.e. black) men, with very little attention given to men in other racial and ethnic groups.

Circumcision itself carries the possibility of HIV infection and has ethical implications – risks include skin-piercing instruments that are not sterile and the failure in health settings to use clean needles. Sexual activity before circumcision wounds have healed adequately is also a route of sexual infection. Finally, circumcision has not been shown to reduce the risk of infection of women.

Again, there is a tension between modern medicalised interventions such as circumcision to reduce HIV infection and traditional circumcisions to confer the right of passage to manhood. Concern is expressed at the high numbers of young men undergoing traditional circumcision who develop penile infections, who have to have their penises amputated, who acquire HIV or who die. There have been moves to make traditional circumcision more medically controlled, in which case it would lose much of its cultural significance. However, circumcision for traditional reasons and for disease control has become conflated. This is a good example of medical discourse appropriating a cultural rite of passage

and trying to coerce men into having the procedure for cultural reasons as well as for public health. How this positions men in relation to the powerful medical discourse and how women are positioned in both the medical and the cultural debates is fascinating.

The push for neonatal circumcision also poses interesting gender and rights questions. Is it ethical to perform a painful procedure on the assumption that a young man might at some point in his future life have risky sexual encounters?

The Royal Dutch Medical Association has adopted an official standpoint that circumcision of a boy too young to consent constitutes a violation of his human rights to autonomy and bodily integrity (Fox & Thomson 2011:799).

Why is it considered 'normal' to circumcise men in African settings where the procedure "does not reduce transmission from men to women or between men" (Piot, in Fox & Thomson 2011:799)? The intervention reduces bodies to objects and reduces the agency of men and women to decide what they wish to do and how they wish to look.

There is a tension between modern medicalised interventions such as circumcision to reduce HIV infection and traditional circumcisions to confer the right of passage to manhood.



STATUS QUO/NEW ORDER(S)

The all-too-brief discussion about gender violence, virginity testing and male circumcision highlights the complex interplay of sexuality, race, racism and culture. In addition the status quo/oppositional binary becomes a stark reminder of how powerful the political, racial, cultural status quo is when one attempts to challenge these acts as both degrading to the bodies they are inflicted upon, and to a society that absorbs them without critique and debate.

One of the meanings ascribed to HIV and AIDS is living on the boundary, which Sontag describes as being something ingenious, un-

predictable and novel, in other words, something for which there is no useful model for how to behave, since it is not only new but constantly changing. Thus the meaning of living with HIV and AIDS may constantly be in flux in much the same way as the symptoms of immunodeficiency vary from person to person, time to time, place to place (Sontag 1978).

While Sontag talks about HIV in the context of a PLHIV, what is of equal importance is how a society, a region and a continent live with HIV and AIDS – for indeed there is no useful model for this. We need to think not only about

the people who acquire and transmit the virus, and those who don't do so, but also about the ways in which whole societies have to live with HIV and AIDS, and the flux of meanings about HIV and AIDS.

Living in a society with HIV and AIDS means also understanding that there is no useful model for how sexuality is understood and no single model for how people should

behave. The easy categories of right and wrong of hetero-normative society do not help us to understand the diverse sexualities that people develop and how in response

to HIV and AIDS sexualities may be adapted and transformed as the imperatives of HIV and AIDS come to shape new sexual and personal identities. Sexualities, identities, and sexual acts and preferences are constantly in flux. New sexualities emerge to challenge and replace the old ones.

It is futile to try to maintain the status quo by creating sexual borders to define how bodies should and should not behave. An alternative response to the sexual transmission of HIV is to understand, respect and celebrate sexual difference in the same way that racial and cultural differences should be respected and understood. Racial

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and cultural categories, much like sexual categories, are socially constructed and develop from long established patterns of power, oppression and control. Like racial and cultural identities and belonging, sexuality is constantly evolving and in a state of flux. Just as sexualities should be fluid and allow for change and the breaking down of borders and barriers, so too should this apply to race and culture.

The 'culture' of a group or class is the peculiar and distinctive 'way of life' which realises or *objectifies* group life in meaningful shape and form. The "culture of a group or class, the meanings, values and ideas embodied in institutions, in social relations, in systems of beliefs, in mores and customs in the uses of objects and material life ... Culture is the way the social relations of a group are structured and shaped: but it is also the way those shapes are experienced, understood and interpreted" (Clarke *et al.* 1976, Spakes in Morley & Chen 1996).

Bennet (in Tamale 2001:92) argues that it is difficult to define culture without foregrounding the link between gender processes and their implications for how sexualities are shaped. What is critical, she writes, "is that the dominant discourses on African cultures have a tendency to describe engagements with gender and sexuality in negative terms,

and in terms that relegate the notion of transforming genders through engagement with sexual potential and ideologies, to a timeless zone called 'tradition' ".

Schoepf (2004) poses a question about the different ways in which culture has been useful, and to whom. To a large extent (and this is something we see in South Africa), culture has been employed as a means to exercise power, whereby culturally defined risk groups are identified, surveyed, regulated and to some extent derided. Culture is used increasingly as a way of maintaining difference and enforcing inequalities.

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There is still a perception that HIV is a black disease (and not simply because the majority of the population is black). Attitudes to black sexualities operate within a broad-

er economy of meaning. Far from being de-pathologised, the sexualities of black men (and women) continue to be inflected with pathological signifiers, and the colonial residues still abound in the context of HIV (see Frederickson 1987, Gilman 1985, Hooks 1992, Hunter 2003, McClintock 1995, Stoler 1996). The ritualised return of Sarah Baartman, a Khoi woman transported to Europe during the colonial period and displayed to a paying public because of the size of her body parts (breasts, lips, buttocks, sexual organs), is a prime reminder of the imperial project.

Abrahams (2000) has shown how the imperial project both fetishised and disavowed Sarah Baartman, in human, racial and gender terms, and primarily in relation to the performance of her body parts. The case of Sarah Baartman's exploitation is connected to perceptions of black sexuality as deviant, corrupt, 'savage' and in these terms therefore 'othered' (see also Ratele 2001). From the vantage point of raciology (following Gilroy 2001), the complex structures of identity and polity in relation to bio-power and biopolitics emphasise the underlying connection between sexuality and race on the African continent. In this sense, sexuality has much to do with disease, as it has to do with race, class, ethnicity, masculinity and desire.

HIV has strengthened the attempts to create borders and barriers around certain types of behaviours and understandings, in the same way that cattle were placed into laagers to keep them safe from wild animals or cattle thieves. We have created sexual laagers, trying to place people and their bodies in them to keep them safe from the virus as well as from other bodies that may threaten their identities.

But, as Sontag reminds us, HIV is in a constant state of flux and so these laagered bodies are not protected. Reducing the sexual transmission of HIV is only really possible when we accept and fully understand how sexualities are

constructed and how these constructions can and must be challenged. The status quo will not protect us from infection because it shuts down challenges to its certainty. We are protected when there is debate and challenge and a radical uncertainty about what is right and wrong and, more to the point, about who creates it. For in the end, we need to focus on sexual integrity and understanding about bodily integrity. We need to foreground social, political, cultural and racial integrity and honesty, and be able to open borders and boundaries, rather than closing them down and locking out people.

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Ben Okri (1997:100) said:
We are on the threshold of a new era. The greatest responsibility of our age rests not only with the big nation powers of the modern world, but also with the host of small nations ... The responsibilities of the unvalued, the unheard, the silent, are greater than ever.

And the weight of responsibility rests on one thing: we are struggling for the humanity of the world. We are struggling to liberate the world into a greater density. We are struggling for balance and justice.



CONCLUSION: (B)ORDER(S)

Oh my body, make of me a [wo]man who always asks questions (Fanon 1967:232).

Underpinning the argument of this *Review* is the idea that HIV and AIDS is not simply about received notions of sexuality, or merely a problem with bodies that are considered abject. Indeed bodies, identities, sexual practices and their meanings are assigned significance as products of history, society and indeed culture. Culture has been associated with many views that compound the problems of AIDS. Cul-ture (from the Latin word *cultura*, which means cultivation) is a complex term with so many inter-related meanings that it is very difficult to pin down its meaning in any particular context. The term is used to explain differences with regards to human behaviour, civilisation, attitudes, belief systems, shared practices and values that characterise a group.

The HIV and AIDS epidemics continue to challenge the ways we think about culture, sexuality and sexual pleasure. On the African continent, sexuality has often been problematised via its potential for devastation, from over-population to

AIDS-related mortalities. Repeated associations of sexuality with disease result in isolation and loneliness. Such negative consequences frequently disclose a range of meanings for women and for HIV/AIDS, especially ideas surrounding the negotiation of sexuality; the use of condoms, the role of men in relationships and indeed men's complicity in respect of HIV and AIDS (see Laurence 2004).

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Key is not to challenge people's cultures and identities but rather to raise their awareness of practising the safe exchange of body fluids (Tamale 2011:22). Tamale suggests that studies have shown that cultures and identities are flexible enough to adapt to new threats

such as those posed by HIV. Furthermore, raising public awareness about gender and human rights aspects of sexuality and HIV would yield better results in addressing HIV risk than the 'social vaccine' approach that emphasises behaviour change (Tamale 2011:22).

Stella Nyanzi wrote in *The Lancet* that "preventative interventions against HIV/AIDS reignited the overt medicalisation of sexuality, such that the sexual self became restricted by intricate ties to the body, to bodily functions of coitus

and reproduction, to illness and health ... sexual health programmes focussed on disease, pregnancy and death" (Nyanzi 2006, in Tamale 2011:47). Biomedicine maintains hegemony over what knowledge is valued and thereby implemented as policy and practice (Caceres, in Parker 2000:241).

Rather than conceptualising sexuality merely as situated in the body and in bodily functions, it is critical to consider the range of meanings that individuals and groups attach to it. Such nuanced definitions should embrace, among others, desire, the erotic, emotions, sensuality, fantasy, intimacy, commitment, power, relationships, negotiation, exploration, exploitation, expression, trust, personhood, belonging, identity, pleasure, entertainment, consumption, obligation, transaction, dependence, work, income, resistance, abuse, masculine entitlement, feminine propriety, respectability, spirituality, custom and ritual. All of these touch on gender, race, class, citizenship, community and religion (Nyanzi 2006).

These issues have all evolved with HIV and AIDS in the context of broader global social change, at a time when many boundaries between the so-called developed and developing worlds have broken down, or been blurred (Parker *et al.* 2000:3). There is growing exchange between

the North and the South about the social organisation of sexual experience and the social imagination of the sexual subject – a sexual subject that is both the subject-matter for politically committed investigation and the subject-agent of conscious struggles for social and sexual change (*Ibid*).

Sexuality also elaborates national and nationalist concerns, which Anderson (1998) describes as the political modalities that distinguish between nations, citizens, revolutionaries,

workers and intellectuals in relation to the power exercised by the state, and in many examples in Africa, by traditional leaders. The tension between the state, traditional authorities and individuals usually generates complexities in material life, for example the way in which the state regulates sexuality in terms of the law. In Africa such

complexities may involve the denial of citizenship rights to people such as homosexuals. In challenging and resisting interests that configure sexuality, it is also important to consider the meaning of the body, both in its relation to sexuality and to AIDS.

Contemporary international AIDS activism operates at the interface between the 'discursive' and 'material' levels. The 'discursive' level focuses on the meanings of HIV in relation to political and economic factors, for example,

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generating profits for pharmaceutical companies. The 'material' level directs attention to the experiences and needs of PLHIV. In a country such as South Africa there are limited financial resources available for the care of the sick and dying. In this regard there is debate about sexuality, in its connection to disease (in this case HIV), in part due to the scarcity of financial resources for improving the health status of PLHIV, and for the promotion of safer sex practices amongst youth.

A major challenge to understanding sexuality and sexual health is poor access to information and informed public health images that promote a positive awareness of sexuality, sexual choices and representative images. (See for example, Campbell (2003) for an excellent understanding of sexuality and the failure of HIV intervention programmes in Southern Africa. Baylies and Bujra (2000) focus on similar failures in Tanzania and Zambia.)

The issues engaged with so far suggest a way of understanding the meanings ascribed to sexuality in our shifting context. The International World Conferences of Women (Mexico in 1975, Copenhagen in 1980, Nairobi in 1985, Beijing in 1995 and New York in 2005) have centred primarily on strengthening the rights of women. Women's control over

sexuality, including the scope of sexual relations, intimacy, violence, reproductive health and family planning, are all to be inextricably seen as rights. The 49th Session of the Commission on the Status of Women (CSW), held in New York in 2005 with the key themes of 'development' and 'peace', raised the issue of how much progress had been made in achieving gender equality. Significant as such meetings have been in highlighting specific issues about women and their position in many societies, we need to have similar debates about men, their role in creating these

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realities and perpetuating them through patriarchy, culture and race, as well as the ways in which societies place, identify and construct men and masculinities.

There is an urgent need for scholars and activists to engage in an internal critique that challenges some of the

foundational assumptions of activist agendas, which persist in overwriting women's marginalisation in essentialist terms. Feminism(s) should transcend being merely reactive and we should repudiate the exclusionary social polarities of simplistic binaries. In many instances, women are active agents, in fact co-conspirators, in promoting cultural practices that perpetuate gender imbalances, and thus their own oppression. For example, despite the criticisms of female circumcision and infibulation (Walker & Parmar 1993), research has shown that women are often willing and

active agents in the promotion of cultural practices such as female circumcision and, as noted previously, virginity testing (see Abusharaf 2001, Boyle 2002, Hernlund & Shell-Duncan 2000).

Perhaps another way of conceptualising issues of sexuality – apart from in purely cultural, social and economic terms – is to reconfigure what Mamdani (1996) has cogently characterised as the divide between citizens and subjects. Mamdani explains that the challenge in attempting to bridge the division between citizens and subjects is to address the gap between urban ‘civil’ society and the rural realm of the ‘customary’. Sexuality may be defined in relation to the tension between the ‘urban’ and the ‘customary’ (at least in the current context where, for example, homosexuality and virginity testing are fiercely contested). The contestation is formulated within heteronormative terms, which underscores the importance of material and political resources.

The aspiration to citizenship becomes an important marker in post-apartheid constitutional law in South Africa, and suggests that citizenship, following Weeks (1995:117), invokes a sense that “membership and involvement ... brings entitlements and duties”. Citizenship implies a position with civic rights and privileges that enfranchise and entitle the

homosexual citizen to full protection in the exercise of these rights, providing they do not infringe on the rights of others. As espoused by scholars such as Richardson (2000), citizenship has an uncanny relationship to the nation-state, and because it is often linked to sexual hierarchies or indeed to marriage, and to sexual exclusion or inclusion it is often sexualised. Citizenship rights may accrue or be withdrawn depending on particular legal and political formulations, and it is in this sense that identities are systematically constructed and constituted. Claims to citizenship are

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not new and have been a major element of sexual politics since the 1970s, reinforced within the feminist project in terms of a discourse of rights in the broader struggle for emancipation of women from a heteropatriarchal system (see Gouws 2005, Millet 2000). Similarly, the emancipatory project of homosexuals in South Africa is integrally

linked to how rights (products of social relations and historical circumstances) accrue.

Our sexualities need not be symptomatic of suffering, pain, mourning and despair. For sexuality to be recognised and sustained we have to evolve, as Weeks (1995) has cogently claimed, an ethics of love, care, responsibility, respect and knowledge. Such values are achievable if there is a sustained critical and political commitment to full equality.

HIV and AIDS are one way of reading, interpreting and understanding the conditions of possibility that shape our sexualities within the HIV and AIDS epidemics and the meanings attached to them, since HIV and AIDS are concerned with interrogating the future. Our sexualities require normalising within the context of HIV and AIDS. Although progress is evident, we need more change. While identity seems for most to be an important component of self-definition, we can conclude that sexualities are tied to our identities, which are fundamentally changing, discursive representations that reflect the tensions between the personal and the repressive power of social structures (Butler 1999).

*Our sexualities require
normalising within the
context of HIV and AIDS.*

Sexual identities are often lost in our thinking about HIV and AIDS, inasmuch as I have claimed discussions about sex and sexuality are erased. Our identities, whether or not we are infected with HIV, are therefore intimately connected to the disease and its ascribed assumptions and stigmas. This is because identities seem to be in some sense hybrids and irreducibly discursive formations that acquire a political inflection in relation to the contexts within which they emerge. More so, they are fluid entities that inform our experiences, our beliefs, our personal histories, our cultural assumptions and our values. Our identities could be conceived of as our sense of ourselves as individual and social beings constructed through structural processes, subjected to the play of history, culture

and power, rather than being innate or pre-given. The boundaries between sexuality, identity and HIV/AIDS are non-existent, and they should not and cannot be conceptualised as separate if we are to fully come to terms with the disease.

As indicated earlier, Weeks (1985:46), in linking HIV and certain sexual practices, emphasises the need to eliminate assumptions and the perceived barriers that they evoke:

AIDS is a metaphor that has 'come to symbolize ... the identity between contagion and a kind of desire'. In the fear and loathing that AIDS evokes there is a resulting conflation between two plausible, if unproven theories – that there is an elective affinity between disease and certain sexual practices, and that certain sexual practices cause disease – and a third, that certain types of sex are diseases.

In the climate produced by such assumptions rational thought is very near impossible.

BODIES MATTER

While there are many bodies that 'do not matter' in dominant discourse, a brief examination of the changes that have been possible gives agency for change for all the others which have been excluded or defined negatively. Turning to bodies that do *not* matter (in Butler's terms), such as homosexuals, we note that history has brought

about change. The complex relationship between societal definition, whether through medicine, the law, religion or various informal processes on the one hand, and the formation of subjectivities or identities – self-definition – on the other, has been the key focus of writing about homosexuality since the mid-1970s (Weeks 1999:16). These writings have always reflected a tension between sociological determinism – you are what society dictates – and extreme voluntarism – you can be anything you want. However, neither is true – reality is more complex than either of these two positions.

Identities are made in history and not in nature, and often in highly politicised contexts. They are as much contingent as predetermined.

Plummer (in Weeks 1999:17) writes:

In scarcely a quarter of a century, same sex experiences in the western world have been ruptured from the simplified, unified, distorting, often medical, frequently criminal, always devalued categories of the past. Instead, they have increasingly become a diverse array of relational, gendered, erotic, political, social and spiritual experiences, difficult to tame and capture with restrictive and divisive labels. Criss-crossing their way through class, gender, and ethnicity, a stream of emerging identities, new experiences, political practices, and ways of living together have been firmly placed on the political agendas of the future.

Identities are made in history and not in nature, and often in highly politicised contexts. They are as much contingent as predetermined.

Seventeen years of democracy and constitutionality in South Africa have secured legal rights for gays and lesbians, although this has not been replicated in other parts of Africa. Yet even in South Africa many African gay men and lesbian women of colour, both in rural areas and in townships, still experience homophobia (Reid & Dirsuweit 2002). Homophobic violence is directly related to sexuality because the sexual orientation of the homosexual is most often despised and denigrated by a normative heterosexuality. However, in South Africa, litigation has successfully

challenged the common-law definition of marriage, and the right of same-sex couples to marry (as has also been the case in Brazil and parts of Mexico).

In many parts of Africa, homosexuality is aligned along a simplistic hetero-patriarchal binary, which views homosexuality as acts

rather than as an identity. This perception locates homosexuality simply as a perverse desire associated with pathology, and signals a return to a biomedical and non-cultural understanding of human sexuality.

In South Africa we have moved away from an apartheid state riddled with forced divisions that saw homosexuality through a lens of illness and pathology, deterred by legal sanctions. The post-apartheid landscape brought the promise of freedom under broad constitutional reforms

enshrined in a bill of rights and facilitated the protection of rights.

Perhaps the most profound element of the post-apartheid project is the equality clause.⁷ With the adoption of the South African Constitution in 1996, there emerged a strategic space, quite unprecedented in the country's history, in which homosexual identities took on a public identity.⁸ This process, flowing from the Constitution, led to the secularisation of sex, i.e. a constitution not tied to the religious doctrine of any faith, but integrally linked to a bill of rights.

With the emergence of the democratic state in 1994, South African decriminalisation campaigns (induced in large measure by the activism of the National Coalition for Gay and Lesbian Equality in the 1990s)

have focused strategically on challenging the unconstitutionality of same-sex conduct within a discourse of rights (see Reddy 2006, 2009). In 2006 the South African Parliament passed legislation that legally endorsed same-sex unions (see Reddy 1998, 2002, 2006).

As has been indicated elsewhere (Reddy *et al.* 2009) where apartheid policed, politicised and criminalised the 'sexual acts' of homosexuals, post-apartheid, in turn, sexualised lesbian and gay identities, thereby via recourse to the law

and to a key facet of democracy (namely citizenship) freeing homosexuality from the clutches of a pathological discourse.

Anglo-American law studies have demonstrated how sexuality, especially homosexuality, has come to be configured as an object of identity via the law. This implies that the law cannot be understood as neutral or objective, but rather as discursive, in Butler's terms, especially where homosexual identity formation is formulated through processes of repudiation. The point, in this instance, is the extent to

which intellectual models have problematised and challenged the homosexual in terms of the insider/outsider sexual binary, especially with regard to exclusion and belonging in sexual politics, social change and citizenship.⁹

The fact that the law may be a medium through which the social, political and ethical aspects of life are fashioned and lived, suggests an important effect of Foucault's notion of juridical-discursive power and holds much promise for legal reform in post-1994 South Africa. Butler (1999:134-135) suggests, via a reading of Foucault's model of inscription, that "[the] law is not literally internalised, but incorporated, with the consequence that bodies are produced which signify that law on and through the body". Such thinking also reinforces Moran's (1996:9) conception of the law as a

With the adoption of the South African Constitution in 1996, there emerged a strategic space, quite unprecedented in the country's history, in which homosexual identities took on a public identity.

site of struggle through which social relations are produced. This, in effect, confirms that the law politically constitutes gay and lesbian identities as a set of effects and practices. A performative constitution suggests the body “has no ontological status apart from the various acts which constitute its reality” (Butler 1999:136). When we think about violence against lesbians, it is notably that the *bodies* of such women are subject to extreme acts of intrusion by men, indicating that bodies generate complex meanings about what is acceptable and what is not through their performative realities.

As indicated earlier, activism and legal reform in the post-apartheid context have been mobilised by processes of decriminalisation in relation to same-sex conduct. The uses of the law also simultaneously ascribe meanings to the position of the homosexual in the post-apartheid project. Legal victories confirm the assertion and affirmation of identity as political in the context of its contested nature with regard to public discourses.

In all of this it is assumed that in South Africa up until now we worked with a model of sexual rights. My assertion is that we did not – instead we worked solely from a human rights model. But that is now changing. Initially our claims about sexuality were aligned to the meanings of human rights as something we should aspire to

achieving because they did not exist during apartheid. The gendered effects of violence (notably gender-based violence) have played a large part in bringing some of us closer in the last few years to rethinking sexuality in terms of sexual rights.

The case for rights was more dominant in the second half of the twentieth century, and focused on mobilisation and resistance to oppression in many countries (expressed, for example, in the UN declaring apartheid to be a crime against humanity). Likewise sexual orientation in South Africa was

framed in relation to human rights that focused on the rights of sexual minorities within a universalist conception, often overlooking the historical specifications of regions and nations. But the overarching philosophy of human rights is premised

on promoting human rights by developing solidarity with individuals and organisations whose own rights are jeopardised. This is in part an effect of the global anti-apartheid effort, which secured a peaceful resolution to the apartheid crisis.

Human rights for homosexuals, in the context of South African politics and legal jurisprudence, would be *performative*. The effect of rights on the private and public lives of homosexuals serves to expand and reinforce their life opportunities. (For an expanded discussion of

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human rights from a variety of disciplinary perspectives, see Savić 1999.) In the specific case of homosexuality in Africa, legitimisation of attack and abuse is constructed as a message that deviation from traditional constructions of masculinity and femininity aligned with African patriarchy is not acceptable (see Dunton & Palmberg 1996, Reddy 2001b).

Whereas activism in the 1990s secured reforms for lesbian, gay, bisexual and transgendered people in terms of human rights, we are now witnessing particularly emerging activism related to violence against black lesbians premised on a model of sexual rights. As such, emerging sexual rights then place a premium on intersecting factors of race, class, gender and sexuality. Sexual rights claims in this model respond to an ending of violence, discrimination and prejudice. Indeed such an approach also alerts us to the possibility that sexual rights are not simply about intersecting discriminations but fundamentally also about the ability to live in freedom, one in which the values and meanings of pleasure and desire are recognised. Black lesbian activism in this country is increasingly demonstrating that an intersectional understanding of rights is to be viewed as transformative.

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Debates, discussion and information about HIV and AIDS have not significantly given attention to the critical intersection of sex and sexuality in our understanding of the epidemic. HIV and AIDS have brought to the fore the relevance of sex and sexuality in respect of *how* to make sense of the epidemic, and our sexualities (and diverse meanings about sex and sexuality) play a role. But perhaps the greatest challenge lies in the idea and possibility that our sexualities are to some extent fluid, always dynamic, in a state of flux and changing.

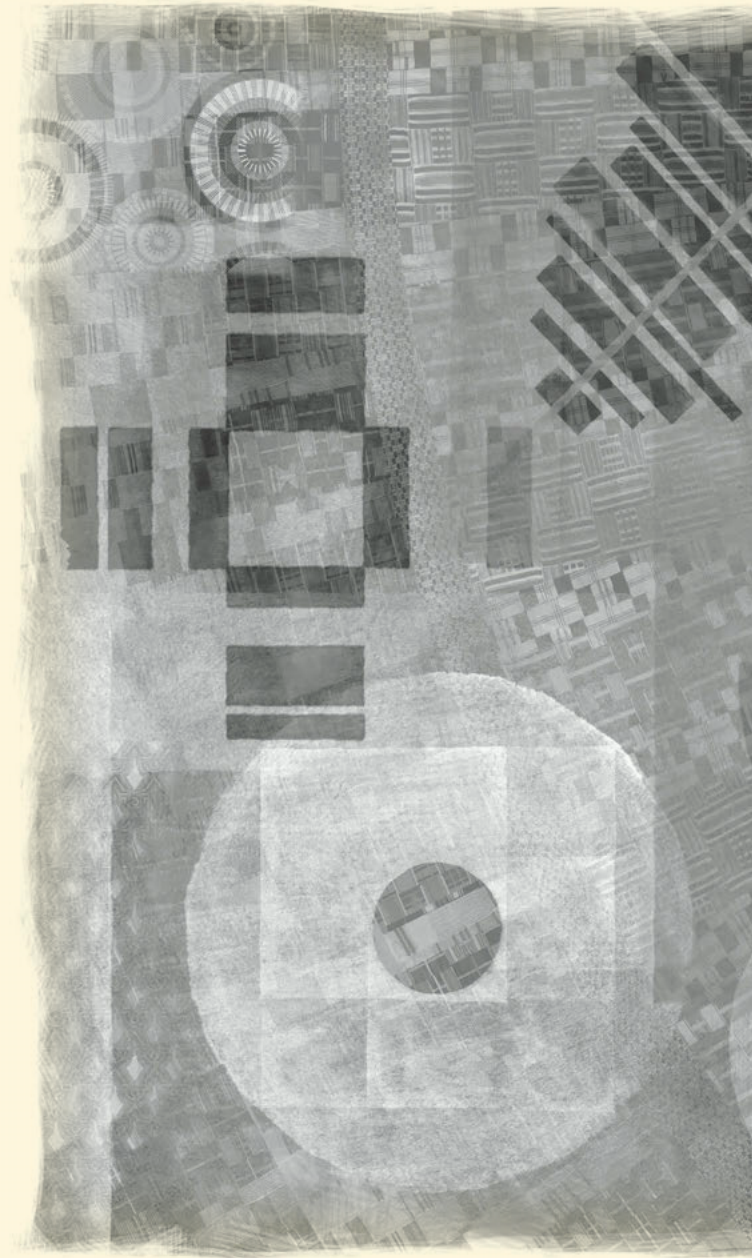
The road ahead remains a challenging one. If we return to the idea that we need a sustained rethinking about sexuality within HIV and AIDS, we must simultaneously recognise that we cannot eliminate the possibility of agency. The capacity to make change with respect to entrenched cultural and political regulatory practices, and the capacity to dissolve the boundaries between the biomedical, the cultural and the sexual aspects of AIDS in order to come to a holistic understanding, is therefore always present, as Lupton (2003) cogently argued in her classic study on medicine and its cultural connections. In that text she demonstrated that medicine is characterised by many paradoxes, shaped in large part by struggles and contestations over power, emotion and socio-cultural responses. Similarly, AIDS is discursive, in that our interpretations of the disease

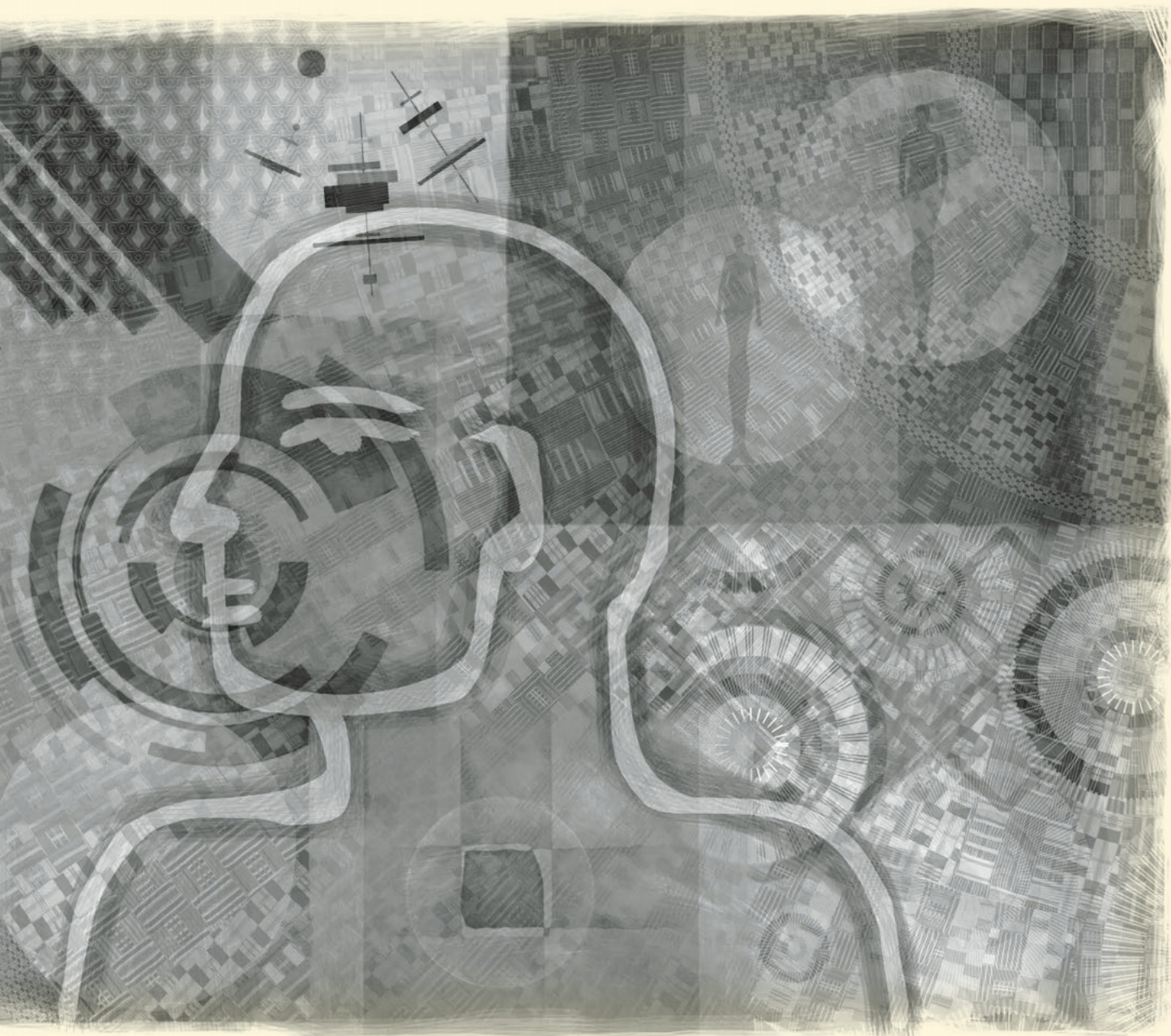
are shaped by multiple factors through a process of regulation and political and social change. If we can alter this discourse to acknowledge the interconnectedness of sexuality and AIDS, and come to understand how this connection is manifest and how it could be resisted, there is a promise of change in the future.

What this review has demonstrated is that:

Borders are set up to define the places that are safe and unsafe, to distinguish *us* from *them*. A border is a dividing line, a narrow strip along a steep edge. A borderland is a vague and undetermined place created by the emotional residue of an unnatural boundary. It is in a constant state of transition. The prohibited and the forbidden are its inhabitants. *Los atravesados* live here: the squint eyed, the perverse, the queer, the troublesome, the mongrel, the mulato, the half breed, the half dead: in short those who cross over, pass over, or go through the confines of the 'normal' (Anzaldua, in Grossberg *et al.* 1987:564).

This uncertain, in-between space will always be the arena for a new formation of identity. We can create another narrative of identity, another resistance – one that knows the border and crosses the line.





ENDNOTES

- 1 See, for instance, Dowsett, G. & Couch (2007). Male circumcision and HIV prevention: Is there really enough of the right kind of evidence? *In Reproductive Health Matters* 15(29): 33-44.
- 2 There is an extensive critical literature on the body. I do not list all of the texts except to highlight the relevance of conceptions of the body which have been drawn in summary from the following sources. See for example Connell (1994, 1995); Whitehead (2002) focuses on key themes and new directions in the area of masculinity and the body; see also Warwick and Cavallaro (1998); Scott (1993); Synott (1993); Weiss (1999); and Welton (1999).
- 3 Butler (interviewed in Reddy 2004:117) clarifies the position more cogently: "To understand any of these profoundly human dimensions of bodily experience, we have to consider the body as something that not only occupied specific sites and places, but something that is also in time, temporalised. It is impinged upon, for instance, by social norms, but it also enters into extended ways of living, modes of appropriating and re-enacting social norms, ways of giving material substance to norms that can be described as processes in time".
- 4 Jarrell was writing about Vietnam, but the comment is equally cogent in the context of AIDS.
- 5 References to the texts by Butler (1999) and Sedgwick (1994) refer to later editions: in the case of Butler (1999), the second edition; in the case of Sedgwick, a later reprint.
- 6 Butler develops her ideas on performativity, in part based on the work of Sedgwick (see for example, Parker & Sedgwick 1995).
- 7 According to Section 9, Act 108 of the Constitution of the Republic of South Africa, no one may: unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.
- 8 Signed into law on 10 December 1996 by President Nelson Mandela at Sharpeville (the scene of a bloody massacre by the apartheid state of protestors in 1960).
- 9 Fuss (1991) focuses to a limited extent on the law. These studies have as a common purpose the interrogation of sexuality, queer politics and citizenship, some of which directly address the law. Discussion of citizenship is not a new phenomenon in relation to the law and, in particular, to sexuality. The question of gender and sexuality has, for the most part, been absent from much scholarship on citizenship until the early 1990s.

REFERENCES

- Abrahams, Y. 2000. Colonialism, disjuncture and dysfunction: The historiography of Sarah Baartman. Unpublished PhD thesis. Cape Town: University of Cape Town.
- Abusharaf, R.M. 2001. Virtuous cuts: Female genital circumcision in an African ontology. *Differences*, 12(1):112-140.
- Adams, V. & Pigg S.L. (eds). 2005. *Sex in development: Science, sexuality and morality in global perspective*. Durham: Duke University Press.
- Aggelton, P. et al. (eds). 1989. *AIDS: Social representations, social practices*. Lewes, East Sussex: Falmer Press.
- Aggleton, P. (ed). 1996. *Bisexualities and AIDS: International perspectives*. Taylor and Francis.
- Aggleton, P. (ed). 1999. *Men who sell sex: International perspectives on male prostitution and HIV/AIDS*. London: University College of London Press.
- Aggleton, P.; Davies G. & Hart G (eds). 1999. *Families and communities responding to AIDS*. London: University College of London Press.
- Aggleton, P. & Parker, R. (eds). 2010. *Routledge handbook of sexuality, health and rights*. New York and London: Routledge.
- Altman, D. 1986. *AIDS in the Mind of America*. New York: Anchor Press/Doubleday.
- Altman, D. 1994. *Power and community: Organisational and cultural responses to AIDS*. London: Taylor and Francis.
- Altman, D. 2001. *Global sex*. Chicago: University of Chicago Press.
- Amadiume, I. 1987. *Male daughters, female husbands: Gender and sex in an African society*. London: Atlantic Highlands.
- Amadiume, I. 1997. *Reinventing Africa: Matriarchy, religion and culture*. London: Zed Books.
- Amadiume, I. 2000. *Daughters of the goddess, daughters of imperialism: African women's struggle for culture, power and democracy*. London: Zed Books.
- Anthias, F. & Yuval-Davis, N. 1993. *Racialised boundaries: Race, nation, gender, colour, class and the anti-racist struggle*. London: Routledge.
- Armstrong, D. 1995. The rise of surveillance medicine. *Sociology of Health and Illness*, 17(3):393-404.
- Arnfred, S. (ed). 2004. *Rethinking sexualities in Africa*. Uppsala: Nordiska Afrikainstitutet.
- Aston, E. & Savona, G. 1991. *Theatre as sign-system: A semiotics of text and performance*. London and New York: Routledge.
- Barnett, T. & Whiteside, A. 2002. *AIDS in the twenty-first century: Disease and globalization*. New York: Palgrave Macmillan.
- Baumann, Z. 2003. *Liquid Love*. Polity:Cambridge.
- Baylies, C.; Bujra, J. & The Gender AIDS Group. 2000. *AIDS, sexuality and gender in Africa: Collective strategies and struggles in Tanzania and Zambia*. London and New York: Routledge.
- Berry, L. & Guthrie, T. 2003. *Rapid assessment: The situation of children in South Africa*. Cape Town: Child Poverty Programme, Children's Institute.
- Boyle, E.H. 2002. *Female genital cutting: Cultural conflict in the global community*. Baltimore, MD: Johns Hopkins University Press.

Boyle, G. J. and Hill, G. 2012. *Circumcision-generated emotions bias medical literature*. BJU International, 109: E11. doi: 10.1111/j.1464-410X.2012.10917.x

Butler, J. 1993a. Critically queer. *GLQ*, 1(1):17-32.

Butler, J. 1993b. *Bodies that matter: On the discursive limits of 'sex'*. New York and London: Routledge.

Butler, J. 1999[1990]. *Gender trouble: Feminism and the subversion of identity*. New York and London: Routledge.

Caldwell, J.C.; Caldwell, P. et al. 1989. The social context of AIDS in sub-Saharan Africa. *Population and Development Review*, 15(2):185-233.

Cameron, E. 2005. *Witness to AIDS*. Cape Town: Tafelberg.

Campbell, C. 1997. Migrancy, masculine identities and AIDS: The psychosocial context of HIV transmission on the South African gold mines. *Social Science and Medicine*, 45(2):273-281.

Campbell, C. 2003. *'Letting them die': Why HIV/AIDS intervention programmes fail*. Oxford: James Currey; Bloomington and Indianapolis: Indiana University Press; Cape Town: Double Storey.

Caplan, P. (ed) 1987. *The cultural construction of sexuality*. London and New York: Tavistock.

Cohen, S. 1972. *Folk devils and moral panics*. London: MacGibbon & Kee.

Commission on Gender Equality. 2007. *Media statement: virginity testing discriminates on the grounds of gender equality*. Johannesburg.

Connell, R.W. 1987. *Gender and power: Society, the person and sexual politics*. Cambridge: Polity Press.

Connell, R.W. 1994. Bodies and genders, *Agenda*, 23:7-18.

Connell, R.W. 1995. *Masculinities*. Cambridge: Polity Press.

Connell, R.W. 2000. *The Men and the Boys*. Berkeley, CA: University of California Press.

Connell, R.W. 2002. *Gender*. Cambridge: Polity.

Cooper, F. & Packard, R. (eds). 1997. *International development and the social sciences*. Berkeley: University of California Press.

Cranny-Francis, A. et al. 2003. *Gender studies: Terms and debates*. New York: Palgrave Macmillan.

Crimp, D. (ed). 1988. *AIDS: cultural analysis, cultural activism*. London: MIT Press.

Crimp, D. 2004. *Melancholia and moralism: Essays on AIDS and queer politics*. Cambridge, Massachusetts: MIT Press.

Damon, J. 2003. SA's child sex trade. *Daily News*, 19 February 2003:1.

Das, P. 2004. Zackie Achmat – Head of the Treatment Action Campaign. *The Lancet*, 4(July):467-470.

Davis, H. 2004. *Understanding Stuart Hall*. London: SAGE.

Daymond, M.J. (ed). 1996. *South African feminisms: Writing, theory and criticism, 1990-1994*, New York and London: Garland Publishing.

De Vos, P. 1999. Sexual orientation, the right to equality and South Africa's 1996 constitution. Unpublished PhD thesis. Bellville: University of the Western Cape.

Delphy, C. 2010. Cited in *Theorizing the body: Questioning sex and gender*. Available: www.f2010feministtheories.blogspot.com/2010/11/theorizing-body-questioning-sex-and.html

Dempsey, D. & Leonard, W. 2009. *Sex, sexuality and gender: Basic concepts. Facilitators guide*. Melbourne: Advancing Sexuality Studies ARCSHS.

Dunton, C. & Palmberg, M. 1996. *Human rights and homosexuality in southern Africa*. Uppsala: Nordiska Afrikainstitutet.

- Elam, K. 1980. *The semiotics of theatre and drama*. London: Methuen.
- Elder, G. 2003. *Hostels, sexuality, and the apartheid legacy*. Athens, Ohio: Ohio University Press.
- Ellis, E. 2004. Human Trafficking alarm. *Daily News*, 28 January 2004:03.
- Englishbiz. 2009. *Analysing texts: Binary opposition*. Available: www.englishbiz.co.uk
- Epprecht, M. 2004. *Hungochani: The history of a dissident sexuality in southern Africa*. Montreal: McGill-Queen's University Press.
- Epstein, D and Sears, J.T. (Eds). 1999. *A dangerous knowing: Sexuality, pedagogy and popular culture*. Cassel: London & New York.
- Fabian, J. 2000. *Out of our minds: Reason and madness in the exploration of Central Africa*. University of California Press. Berkley.
- Fanon, F. 1967. *Black skin, white masks*. New York: Grove Press.
- Fassin, D. 2007. *When bodies remember: Experiences and politics of AIDS in South Africa*. University of California Press.
- Felman, S. & Laub, D. 1992. *Testimony: Crises of witnessing in literature, psychoanalysis and history*. New York: Routledge.
- Ferguson, R.A. 2003. *Aberrations in black: Toward a queer of color critique*. Minneapolis: University of Minnesota Press.
- Fogarty, S. Binary oppositions. *The literary encyclopedia*. First published 15 February 2005. Available: www.litencyc.com/php/stopics.php?rec=true&UID=122
- Foucault, M. 1978. *The history of sexuality. Volume 1: An introduction*. Random House New York.
- Foucault, M. 1990. *The history of sexuality: An introduction*. Translated by Robert Hurley. Harmondsworth: Penguin.
- Fox, M. and Thomson, M. 2011. *Law, ethics and medicine: Paper: HIV/AIDS and circumcision: lost in translation*. J Med Ethics 2010; 36:12 798 – 801 doi: 10.1136/jme.2010.038695.
- Frederickson, G. 1987. *The black image in the white mind*. Hanover, NH: Wesleyan University Press.
- Fuss, D. 1989. *Essentially speaking: Feminism, nature and difference*. New York and London: Routledge.
- Fuss, D. (ed). 1991. *Inside/out: Lesbian theories, gay theories*. New York and London: Routledge.
- Gagnon J. & Simon W. 1973. *Sexual conduct: The social sources of human sexuality*. Chicago: Aldine.
- Garrett, L. 2004. Fears that disease spread by rape and hunger could worsen plight of Dafur refugees. *The Sunday Independent*, 16 May 2004:15.
- George, E.R. 2008. Virginity testing and South Africa's HIV/AIDS crisis: Beyond rights universalism and cultural relativism toward health capabilities. *California Law Review* 96:1446-1519.
- Gevisser, M. 1999. Homosexuality in Africa: An interpretation. In Appiah, K.A. & Gates, H.L. (eds). *Africana: the encyclopedia of the African and African American experience*. New York: Basic Civitas Books.
- Gevisser, M. & Cameron, E. (eds). 1994. *Defiant desire: Gay and lesbian lives in South Africa*. Braamfontein: Ravan Press.
- Giddens, A. 1992. *The transformation of intimacy*. Stanford Press. Stanford.
- Gilman, S.L. 1985. *Difference and pathology: Stereotypes of sexuality, race, and madness*. Ithaca and London: Cornell University Press.
- Gilman, S.L. 1994. *Disease and representation: Images of illness from madness to AIDS*. Ithaca: Cornell University Press.

Gilroy, P. 1987. *There ain't no black in the Union Jack: The cultural politics of race and nation*. London: Hutchinson.

Gilroy, P. 2001. *Against race: Imagining political culture beyond the color line*. Boston, MA: Harvard University Press.

Gouws, A. (ed). 2005. *(Un)Thinking citizenship: Feminist debates in contemporary South Africa*. Cape Town & Burlington: University of Cape Town Press & Ashgate Publishing Company.

Grossberg, L.; Nelson, C. & Treichler, P. (eds). 1992. *Cultural studies*. New York and London: Routledge.

Guest, E. 2003. *Children of AIDS: Africa's orphan crisis*, 2nd edition, London. Sterling and Virginia: Pluto Press; Pietermaritzburg, S.A.: University of Natal Press.

Gustafson, I. *Judith Butler and performativity for beginners handout FILM 165 A*. Available: www.artsites.ucsc.edu/faculty/gustafson

Hall, S. 2003. The spectacle of the other. In *representation: Cultural representations and signifying practices*. London: SAGE.

Halperin, D.M. 1990. *One hundred years of homosexuality and other essays on Greek love*. New York and London: Routledge.

Hamer, D. & Copeland, P. 1995. *The science of desire: the search for the gay gene and the biology of behaviour*. New York: Touchstone.

Hearn, J. & Morgan, D. 1990. *Men, masculinities and social theory*. London: Unwin Hyman.

Herd, G. (ed). 1997. *Sexual cultures and migration in the era of AIDS: Anthropological and demographic perspectives*. London: Clarendon

Hernlund, Y. & Shell-Duncan, B. (eds). 2000. *Female 'circumcision' in Africa: Culture, controversy, and change*. Boulder: Lynn Reinner.

Hill Collins, P. 2008. *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. London and New York: Routledge.

Hoad, N.; Martin, K. & Reid, G. (eds). 2005. *Sex and politics in South Africa*. Johannesburg: Double Storey.

Hooks, B. 1992. *Black looks: Race and representation*. Boston, MA: South End Press.

Human Rights Watch. 2010. *World report 2010*. New York: HRW.

Hunter, S. 2003. *Who cares? AIDS in Africa*. New York: Palgrave Macmillan.

International Community of Women Living with HIV/AIDS. (ICW). 2004. *Visibility, voices and visions: A call for action from HIV positive women to policy makers*. London: ICW.

IOL News. 2008. *Virginity test ban goes unheeded*, 9 September 2008. IOL News: <http://www.iol.co.za/news/south-africa/virginity-test-ban-goes-unheeded-1.415666?ot=inmsa.ArticlePrintPageLayout.ot>

Jackson, H. 2002. *AIDS Africa: Continent in crisis*. Harare: SAAIDS.

Jackson, S. & Scott, S. (eds). 1996. *Feminism and sexuality: A reader*. New York: Columbia University Press.

Jefferson, L. 1994. *A matter of power: State control of women's virginity in Turkey*. Human Rights Watch. Available: www.hrw.org/hrw/pubweb/Webcat-100.htm#P1496_189637

Joffe-Walt, B. 2004a. Rape camps set up for systematic genocide. *This Day*, 23 June 2004:1.

Joffe-Walt, B. 2004b. Silenced in translation. *This Day*, 23 June 2004:10.

Kalipeni, E.; Cradock, S.; Ghosh, J. & Oppong, J.R. (eds). 2004. *HIV and AIDS in Africa: Beyond epistemology*. Oxford: Blackwell.

Kelly, K. & Ntlabati, P. 2002. Early adolescent sex in South Africa: HIV intervention challenges. *Social Dynamics*, 28(1):42-63.

Kempadoo, K. & Doezema, J. (eds). 1998. *Global sex workers: Rights, resistance, and redefinition*. New York and London: Routledge.

Kitzinger, C. 1987. *The social construction of lesbianism*. London: Sage.

Kitzinger, C. & Wilkinson, S. (eds). 1993. *Heterosexuality: A feminism and psychology reader*. London: Sage.

Kolawole, M.E.M. 1997. *Womanism and African consciousness*. New Jersey: Africa World Press.

Kruger, S.F. 1996. *AIDS narratives: Gender and sexuality, fiction and science*. New York: Garland Publishing, Inc.

Lancaster, R.N. and Leonardo, M. 1997. *The gender/sexuality reader: Culture, history, political economy*. New York: Routledge.

Laurence, J. 2004. Waking men up to a distant threat. *Daily News*, 2 June 2004:9.

Lebacqz, K. and Sinacore-Guinn, D. (Eds.). 1999. *Sexuality: A reader*. Cleveland, OH: Pilgrim Press.

Leclerc-Madlala, S. 1999. Demonizing women in the era of AIDS: An analysis of the gendered contraction of HIV/AIDS in KwaZulu-Natal. Unpublished PhD thesis. Durban: University of Natal.

Leclerc-Madlala, S. 2003. Protecting girlhood? Virginity revivals in the era of AIDS. *Agenda*, 56:16-25.

Lloyd, M. 2007. *Judith Butler: From norms to politics*. Cambridge: Polity.

Lupton, D. 2003. *Medicine as culture*, 2nd edition. London: Sage Publications.

Lupton, D. 2006. The sociology of risk. In Mythen, G. & Walklate, S. (eds). *Beyond the risk society: Critical reflections on risk and human security*. Maidenhead: Open University Press, 11-24.

MacKay, H. (ed). 1997. *Consumption and everyday life*. London, Thousand Oaks and New Delhi: Sage Publications.

Maines, R.P. 1999. *The technology of orgasm: 'Hysteria', the vibrator, and women's sexual satisfaction*. Baltimore, MD: Johns Hopkins University Press.

Mama, A. 1995. *Beyond the masks: Race, gender and subjectivity*. London and New York: Routledge.

Mamdani, M. 1996. *Citizen and subject: Contemporary Africa and the legacy of late colonialism*. Kampala: Fountain Publishers; Cape Town: David Philip; London: James Currey.

Manzini, N. 2001. Sexual initiation and childbearing among adolescent girls in KwaZulu-Natal, South Africa. *Reproductive Health Matters*, 9(17):44-52.

Margolis, J. 2004. *O: The intimate history of orgasm*. New York: Grove Press.

Marks, S. & Clapham, A. 2005. *International human rights lexicon*. Oxford University Press. Oxford.

Marriott, D. 2000. *On black men*. Edinburgh: Edinburgh University.

McClintock, A. 1995. *Imperial leather: Race, gender and sexuality in the colonial contest*. New York and London: Routledge.

McLaren, A. 1999. *Twentieth-century sexuality: A history*. Oxford: Blackwell.

Mehta, U.S. 1999. *Liberalism and empire: A study in nineteenth-century British liberal thought*. University of Chicago Press. Chicago.

Mendel, G.; Byamugisha Rev, G. & Kaleeba, N. 2001. *A broken landscape: HIV & AIDS in Africa*. Auckland Park: M&G Books.

Mikell, G. (ed). 1997. *African feminism: The politics of survival in sub-Saharan Africa*, Pennsylvania: Pennsylvania University Press.

Millet, K. 2000. *Sexual politics*. Urbana and Chicago: University of Illinois Press.

Mkhize, N.; Bennett, J.; Reddy, V. & Moletsaner, L. 2010. *The country we want to live in: Hate crimes and homophobia in the lives of black lesbian South Africans*. Cape Town: HSRC Press.

Mlambo-Ngcuka, P. *Address by Honourable Ms Phumzile Mlambo – Ngcuka, Deputy President of the Republic of South Africa, at the adoption of the Charter of positive values*. Available: www.info.gov.za/speeches/2008/08073010151002.html

Mohanty, CT. 1991. Under western eyes: feminist scholarship and colonial discourses. In Mohanty, C.T.; Russo, A. & Torres, L. (eds). *Third world women and the politics of feminism*. Bloomington and Indianapolis: Indiana University Press.

Mohanty, CT. 2003. *Feminism without borders: decolonizing theory, practicing solidarity*. Durham: Duke University Press.

Monette, P. 1994. *Last watch of the night*. New York: Harcourt Brace.

Moran, L.J. 1996. *The homosexual(ity) of law*. London and New York: Routledge.

Morley, D. & Kuan-Hsing, C. (eds). 1996. *Stuart Hall: Critical dialogues in cultural studies*. London and New York: Routledge.

Morrell, R. (ed). 2001. *Changing men in southern Africa*. Scottsville: University of Natal Press; London: Zed Books.

Murray, S.O. & Roscoe, W. (eds). 1998. *Boy-wives and female husbands: Studies of African homosexualities*. New York: St Martin's Press.

Narayan, U. 1997. *Dislocating cultures: third world feminism and the politics of knowledge*. London and New York: Routledge.

Nye, R.A. (ed.) 1999. *Sexuality*. Oxford: Oxford University Press.

Nzioka, C. 2000. The social meanings of death from HIV/AIDS: An African interpretive view. *Culture, Health & Sexuality*, 2(1):1–14.

Nzioka, C. 2001. Perspectives of adolescent boys on the risks of unwanted pregnancy and sexually transmitted infections: Kenya. *Reproductive Health Matters*, 17:108-117.

Okri, B. 1997. *A way of being free*. London: Phoenix House.

Ong, A. 1999. *Flexible citizenship: The cultural logics of transnationalism*. Durham: Duke University Press.

Oxford English Dictionary. 2011. Oxford University Press. Available: www.oed.com

Oyewumi, O. 1997. *The invention of women: Making an African sense of Western gender discourse*. Minneapolis: University of Minnesota Press.

Parker, A. & Sedgwick, E.K. (eds). 1995. *Performativity and performance*. London and New York: Routledge.

Patton, C. 1992. From nation to family: containing 'African AIDS'. In Parker, A. et al. *Nationalisms and sexualities*. London and New York: Routledge, 218-225.

Pavis, P. 1992. *Theatre at the crossroads of culture*. London and New York: Routledge.

Phillips, K.M. & Reay, B. (eds). 2002. *Sexualities in history: A reader*. New York and London: Routledge.

Potgieter, C. 1997a. From apartheid to Mandela's constitution: Black South African lesbians in the nineties. In Greene, B. (ed). *Ethnic and cultural diversity among lesbians and gay men*. Thousand Oaks: Sage.

Potgieter, C. 1997b. Black South African lesbians: discourses of invisible lives. Unpublished PhD thesis. Bellville: University of the Western Cape.

Potgieter, C. 2003. Black South African lesbians: discourses on motherhood and women's roles. *Journal of Lesbian Studies*, 7(3):135-151.

Potgieter, C. 2004. Sexualities? Hey, this is what black South African lesbians have to say about relationships with men, the family, heterosexual women and culture. In Steyn, M. & van Zyl, M. (eds). *Performing queer: Shaping sexualities 1994-2004*, Vol. 1. Cape Town: Kwela.

Procter, J. 2004. *Routledge critical thinkers: Stuart Hall*. Routledge: London.

Rasebotsa, N.; Samuelson, M. & Thomas K. (eds). 2004. *Nobody ever said AIDS: Stories and poems from Southern Africa*. Kwela: Cape Town.

Ratele, K. 2001. The sexualization of apartheid. Unpublished PhD thesis. Bellville: University of the Western Cape.

Reddy, V. 1998. Negotiating gay masculinities. *Agenda*, 37:65-70.

Reddy, V. 2001. Homophobia, human rights and gay and lesbian equality in Africa. *Agenda*, 50:83-87.

Reddy, V. 2002. Perverts and sodomites: Homophobia as hate speech in Africa. *Southern African Linguistics and Applied Language Studies*, 20(3):163-175.

Reddy, V. 2004. Troubling genders, subverting identities: Interview with Judith Butler. *Agenda*, 62:115-123.

Reddy, V. 2006. Decriminalisation of homosexuality in post-apartheid South Africa: A brief legal case history review from sodomy to marriage. *Agenda*, 67:146-157.

Reddy, V.; Sandfort, T. & Rispel, L. (eds). 2009. *From social silence to social science: Same-sex sexuality, HIV & gender in South Africa*. Cape Town: HSRC Press.

Reddy, V.; Potgieter, C.A. & Mkhize, N. 2007. Cloud over the rainbow nation: 'Corrective rape' and other hate crimes against black lesbians. *HSRC Review*, 5(1):10-11.

Reid, G. & Dirsuweit, T. 2002. Understanding systemic violence: Homophobic attacks in Johannesburg and its surrounds. *Urban Forum*, 13 March:7-9.

Reuters, J. 2001. Virginity tests on comeback trail in South Africa. *JENdA* 1(1):1-3

Rich, A. 1980. Compulsory heterosexuality and lesbian existence. *Signs*, 5(4):Summer.

Richardson, D. 1996. *Theorising heterosexuality*. Buckingham: Open University Press.

Richardson, D. 2000. *Rethinking sexuality*. London, Thousand Oaks and New Delhi: Sage Publications.

Richter, L.; Dawes, A. & Higson-Smith, C. (eds). 2004. *Sexual abuse of young children in southern Africa*. Cape Town: HSRC Press.

Roth, N.L. & Hogan, K. 1998. *Gendered epidemic representations of women in the age of AIDS*. London: Routledge.

Rubin, G. 1975. The traffic in women: notes on the political economy of sex. In Reiter, R. (ed). *Toward an anthropology of women*. New York: Monthly Review Press.

Rubin, G. 1984. Thinking sex: Notes for a radical theory in the politics of sexuality. In Vance, C.S. (ed). *Pleasure and danger: Exploring female sexuality*. New York: Routledge and Kegan Paul.

Rubin, G. 1992. Thinking sex: Notes for a radical theory of the politics of sexuality. In Vance, C.S. (ed). *Pleasure and danger exploring female sexuality pandora*. Available: <http://keywords.fordhamitac.org/wiki2/index.php?title=Thinking>

- Ruel, E. & Campbell, R.T. 2006. Homophobia and HIV/AIDS: Attitude change in the face of an epidemic. *Social Forces*, 84(4):2167–2178.
- SAPA.. 2011. Community to stop *ukuthwala*. *Sunday Times*, 23 March 2011:6.
- Sassen, S. 1998. *Globalization and its discontents*. New York: The New Press.
- Savić, O. (ed). 1999. *The politics of human rights*. London and New York: Verso.
- Schoepf, B.G. 2004. AIDS, history and struggles over meaning. In Kalipeni, E.; Craddock, S.; Oppong, J.R. & Ghosh, J. (eds). *HIV and AIDS in Africa: beyond epidemiology*. London: Blackwell.
- Schoepf, BG. 2001. International AIDS research in anthropology: Taking a critical perspective on the crisis. *Annual Review of Anthropology*, 30:335-361.
- Scorgie, F. 2002. Virginity testing and the politics of sexual responsibility: Implications for AIDS intervention. *African Studies*, 61(1):55-75.
- Scott, S. & Morgan, D. 1993. *Body matters*. London: The Falmer Press.
- Sedgwick, E.K. 1994. *Epistemology of the closet*. Harmondsworth: Penguin.
- Sered, S. 1999. *Women of the sacred groves: Priestesses of Okinawa*. Oxford: Oxford University Press.
- Shefer, T. 1999. Discourses of heterosexual negotiation and relation. Unpublished PhD thesis. Bellville: University of the Western Cape.
- Shefer, T. & Potgieter, C. 2006. Sexualities. In Shefer, T.; Boonzaier, F. & Kiguwa, P. (eds). *The gender of psychology*. Lansdowne: UCT Press.
- Shefer, T. & Ruiters, K. 1998. The masculine construct In heterosex. *Agenda* 37:39-45.
- Simon, W. 1996. *Postmodern sexualities*. London: Routledge.
- Smith, A.M. 1998. *Laclau and Mouffe: The radical democratic imaginary*. London and New York: Routledge.
- Smith, E.I. 2006. "The body in pain": An interview with Elaine Scarry *Concentric: Literary and Cultural Studies*, 32(2):223-37.
- Sontag, S. 1978. *Illness as metaphor*. New York, Farrar, Straus and Giroux.
- Sontag, S. 1991. *Illness as a metaphor and AIDS and its metaphors*. Harmondsworth: Penguin.
- Stobie, C. 2006. Somewhere in the double rainbow: Representations of bisexuality in selected post-apartheid South African novels. Unpublished PhD thesis. Pietermaritzburg: University of KwaZulu-Natal.
- Stoler, A.L. 1996. *Race and the education of desire: Foucault's history of sexuality and the colonial order of things*. Durham and London: Duke University Press.
- Synnott, A. 1993. *The body social*. London and New York: Routledge.
- Tallis, V. 1998. AIDS is a crisis for women. *Agenda* 39:6-14.
- Tamale, S. (ed). 2011). *African sexualities: A reader*. Pambazuka Press.
- Thorbek, S. & Pattanaik, B. (eds). 2002. *Transnational prostitution: Changing global patterns*. London and New York: Zed Books.
- Timburg, C. 2004. Women take to streets after 'miniskirt' rape. *The Sunday Independent*, 10 October 2004:14.
- Treichler, P.A. 1999. *How to have theory in an epidemic: Cultural chronicles of AIDS*. Durham, NC/London: Duke University Press.
- UNAIDS. 2010. *Report on the global AIDS epidemic*. Geneva: UNAIDS.
- UNICEF, UNAIDS & WHO. 2002. *Young people and HIV/AIDS: Opportunities in crisis*. New York: UNICEF, UNAIDS and WHO.

UNIFEM. 2008. *Progress of the world's women*. Geneva: UNIFEM.

Van Zyl, M. 2005. Escaping heteronormative bondage: sexuality in citizenship. In Gouws, A. (ed). *(Un)Thinking citizenship: Feminist debates in contemporary South Africa*. Cape Town & Burlington: University of Cape Town Press and Ashgate Publishing Company.

Vance, C.S. 1991. Anthropology rediscovers sexuality: A theoretical comment. *Social Science Medicine*, 33(8):875-884.

Waldy, C. 1996. *AIDS and the body politic: Biomedicine and sexual difference*. London and New York: Routledge.

Walker, A. & Parmar, P. 1993. *Warrior marks: Female genital mutilation and the sexual blinding of women*. New York: Harcourt Brace.

Walker, L.; Reid, G. & Cornell, M. (eds). 2004. *Waiting to happen: HIV/AIDS in South Africa – the Bigger Picture*. Cape Town: Double Storey.

Warwick, A. & Cavallaro, D. 1998, *Fashioning the frame. Boundaries, dress and the body*. Oxford: Berg.

Watney, S. 1997. *Policing desire: Pornography, AIDS and the media*, Second edition. London: Cassell.

Weeks, J. 1985. *Sexuality and its discontents: Meanings, myths and modern sexualities*. London: Routledge and Kegan.

Weeks, J. 1993. An unfinished revolution: Sexuality in the twentieth century. In Harwood, V.; Oswell, D.; Parkinson, K. & Ward, A. (eds). *Pleasure principles: politics, sexuality and ethics*. London: Lawrence and Wishart.

Weeks, J. 1995. *Invented moralities: Sexual values in an age of uncertainty*. Oxford: Polity Press.

Weeks, J.; Holland, J. & Waites, M. (eds). 2002. *Sexualities and Society: a reader*. Cambridge: Polity Press.

Weiss, G. 1999. *Body images: Embodiment as intercorporeality*. New York: Routledge.

Welton, D. 1999. *The body*. Oxford: Blackwell.

Whitehead, S. 2002. *Men and masculinities: Key themes and new directions*. Cambridge, UK: Polity Press.

Williams, C.L. & Stein, A. (eds). 2002. *Sexuality and gender*. Malden, MA and Oxford: Blackwell.

Wittig, M. 1992. *The straight mind and other essays*. Hemel Hempstead: Harvester Wheatsheaf.

Woolet, N. 2011. HIV-positive youth find it hard to cope with loss. In *Health E News*.

Young, J.C. 2004. *White mythologies, writing history and the West*. Second Edition, London & New York: Routledge.

Zeiger, M.F. 1997. *Beyond consolation: Death, sexuality, and the changing shapes of elegy (Reading women writing)*. Ithaca and London: Cornell University Press.

Zeiten, M.K. 2008. *Polygamy: A cross-cultural analysis*. Oxford: Berg Publishers.

Zita, J.N. 1998. *Body talk: Philosophical reflections on sex and gender*. New York: Columbia University Press.



Centre for the Study of AIDS

The Centre for the Study of AIDS (CSA) is located at the University of Pretoria. It is a 'stand-alone' centre which is responsible for the development and co-ordination of a comprehensive university-wide response to AIDS. The Centre operates in collaboration with the deans of all faculties and through interfaculty committees, to ensure that a professional understanding of the epidemic is developed through curriculum innovation and through extensive research.

Support for students and staff is provided through peer-based education and counselling, through support groups and through training in HIV/AIDS in the workplace. The CSA, in partnership with the Campus Clinic and staff at Pretoria Academic Hospital, offers a full antiretroviral rollout with counselling, testing and treatment. A large number of student volunteers are involved in the various CSA programmes, as are many community groups, ASOs and NGOs.

To create a climate of debate and critique, the CSA publishes widely and hosts AIDS forums and seminars. It has created web and email-based debate and discussion forums

and seeks to find new, innovative, creative and effective ways to address HIV/AIDS in South African society.

Together with the Centre for Human Rights and the Law Faculty at the University of Pretoria, the Centre has created the AIDS and Human Rights Research Unit. This research unit continues to conduct research into the relationship between AIDS and human rights in Southern African Development Community (SADC) countries, is engaged in the development of model legislation, conducts research in AIDS and sexualities and sexual rights, and is involved in the placement of interns in various sub-Saharan parliaments and with parliamentarians, to strengthen the role of parliaments and governance. In collaboration with the Faculty of Education, the Education and AIDS Research Unit has been established.

The *AIDS Review*, published annually since 2000, addresses major aspects of the South African response to the HIV/AIDS epidemic. *Review 2000*, written by Hein Marais and entitled *To the edge*, addressed the complex question of why, despite the comprehensive National AIDS Plan adopted in 1994, South Africa had one of the fastest growing HIV

epidemics in the world. *Review 2001*, written by Tim Trengove Jones and entitled *Who cares?*, dealt with the levels of commitment and care – in the international community, in Africa and in South Africa. *Review 2002*, written by Chantal Kissoon, Mary Caesar and Tashia Jithoo and entitled *Whose right?*, addressed the relationship between AIDS and human rights in eight of the SADC countries and how a rights-based or a policy-based approach has determined the ways in which people living with HIV or AIDS have been treated and the rights of populations affected.

Review 2003, written by Vanessa Barolsky and entitled *(Over) extended*, evaluated age, demographic changes and changing family and community structures. *Review 2004*, written by Kgamadi Kometsi and entitled *(Un) real*, looked at the dominant images of men in society and focused on masculinities in the South African context. *Review 2005*, written by Jimmy Pieterse and Barry van Wyk and entitled *What's cooking?*, focused on the impact of HIV and AIDS on agriculture, and the politics of food access and production. Also in 2005, an extraordinary *Review*, *Buckling*, written by Hein Marais, and dealing with the impact of HIV and AIDS on South Africa, was published. *Review 2006*, written by Jonathan Jansen and

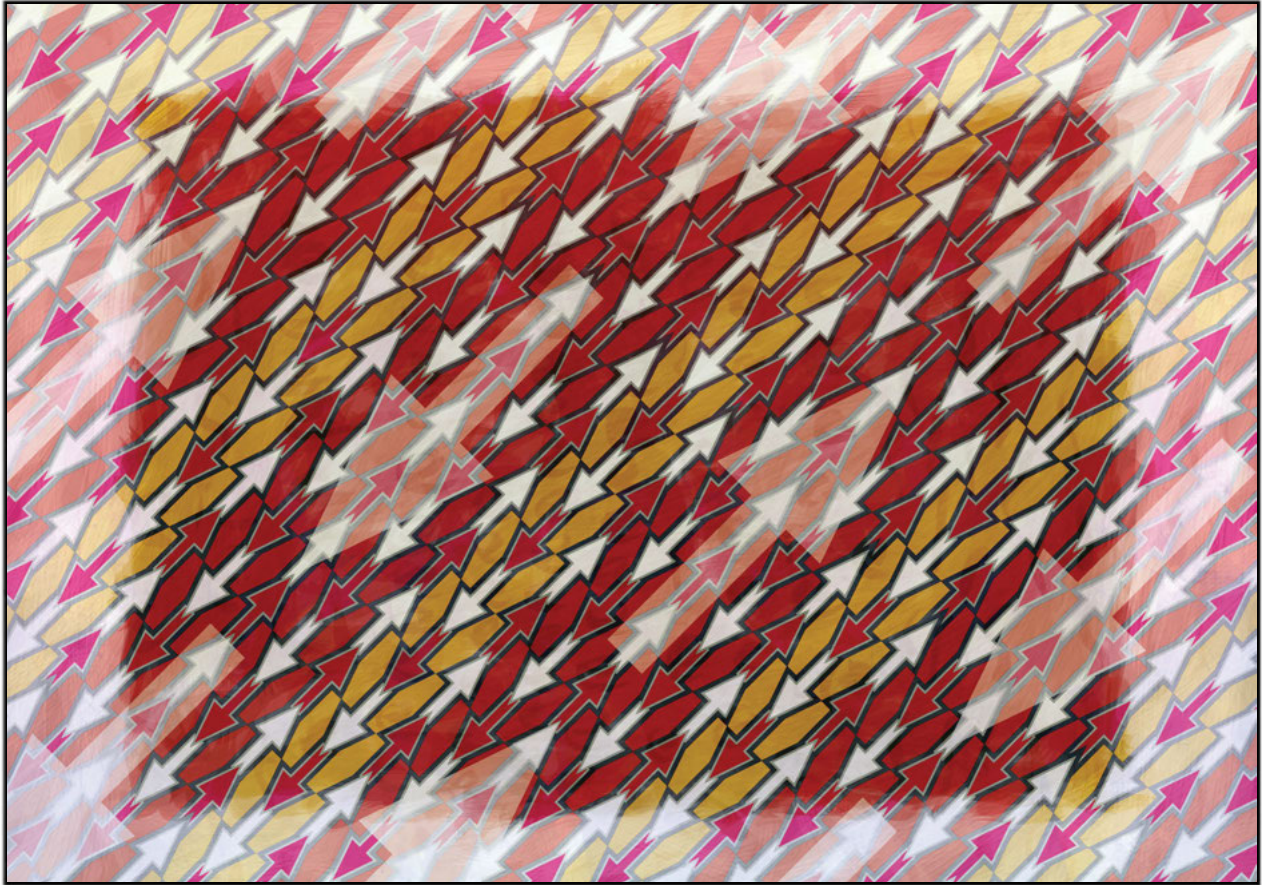
entitled *Bodies count*, looked at HIV and AIDS in the context of education, race and class. *Review 2007*, written by Patrick Eba and entitled *Stigma(ta)*, addressed the background to and impact of AIDS-related stigma. *Review 2008*, written by Carmel Rickard and entitled *Balancing acts*, looked at the ways in which public health and human rights have often been pulled into tension in dealing with HIV and AIDS and other related health issues.

AIDS Review 2009, *Magic*, authored by Isak Niehaus and Fraser McNeill, looks at uptake of ARVs and the forces that come into play which determine how people and communities respond to the 'magic' of treatment – the physical effect on the body, as well as 'supernatural' effects. *AIDS Review 2010* is work in progress.

This latest *AIDS Review*, *(B)order(s)*, written by Vasu Reddy, looks at how sexuality is understood and constructed and the ways in which barriers are erected around people's experience of sexuality and how sexual identity, preference and practices are viewed in the dominant heteronormative society and how this affects HIV and AIDS work. *AIDS Review 2012* will discuss biomedical technologies for HIV prevention with particular reference to microbicide cells in clinical trials.

The CSA operates in consultation with an advisory reference group – TARG – comprised of university staff and students from faculties and service groups, as well as community representation. The CSA has furthermore developed a close partnership with a number of Southern and East African universities through the Future Leaders @ Work Beyond Borders initiative, as well as the Imagined Futures programme to develop university-based responses that address the needs of students and staff living with HIV and AIDS.

Amongst other partners, the CSA works closely with the SADC PF based in Windhoek on model legislation and issues of criminalisation, and has interns placed in other African universities. Through an extensive community-based programme in Hammanskraal paralegal and community-based health and human rights workers are trained and supported. The CSA also has two stigma projects in Hammanskraal, through which it works with magistrates, the police and other agencies on issues of HIV and AIDS-related stigma.



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