

# MISSING MEN AGAIN? GENDER, AIDS AND MIGRATION IN SOUTHERN AFRICA

Summary of IGS/CCCRW Commemorative Lecture for Audrey Richards  
Bridget O'Laughlin  
7 May 2008

The rapidity of the spread of HIV, high rates of HIV prevalence and the stubbornness of the epidemic together suggest that there are some distinctive commonalities underlying the severity of AIDS in the southern African region. This lecture considers the proposition that these commonalities reflect the historical boundaries of 'Africa of the labour-reserves', a region defined by the gendered system of circular migration that drew men from the countryside to mines, plantations and urban areas, divided families and made rural livelihoods dependent on income from migrant labour. The idea that there should be some relation between migration and AIDS is not a new nor counter-intuitive one, but precisely what that relation might be and how or whether it matters in any immediate practical sense for dealing with AIDS are both matters of debate. It is a debate in which many assumptions about the sexual behaviour of men and women in southern Africa figure, but from which the analytical meaning of gender is often absent.

## *Conflicting approaches to the relation between migration and AIDS*

One approach has attempted to read directly from the situation of the migrant to what are thought to be corresponding forms of 'risky' sexual behaviour (*cf.* Caldwell, Anarfi *et al.*, 1997). From this point of view, migration facilitates the spread of an infectious disease because it brings more people into contact with each other, moves migrants away from their usual sexual partners and liberates them from the social controls of their home areas to urban areas where no one feels responsible for their actions. Migrant men and women create their own urban subculture which is more sex-oriented than the village and then infect people in villages when they return, HIV positive, with their money, urban allure and sexual ways.

The limitations of this approach have been clear for some time, both on the basis of ethnographic studies and survey research. Already in the mid 1990s, Caraël (1995; 1997) suggested that global survey research showed much less disparity in patterns of sexual behaviour between rural and urban areas than expected. Recent work from South Africa by Lurie (Lurie 2004) on HIV discordance between sexual partners showed that in a third of the cases the woman was the infected partner. This finding challenges the idea that the direction of the spread of the epidemic is determined by returning migrant men, suggesting that women in rural areas also become infected from outside their primary sexual relationships. As far as the policy implications of such an approach are concerned, Fassin (2007) suggests that when the prevalence rates reach their current level in South Africa, variation in patterns of sexual behaviour cease to matter; everyone is at risk. There are no 'target risk-groups' such as migrants nor clearly targetable activities such as 'transactional sex').

An alternative way to link AIDS and migration has been to treat the AIDS epidemic as the historical precipitate of the migrant labour system, not something that has to do just with the sexual behaviour of the migrant and his/her sexual partners. In the 1980s, before AIDS was endemic in southern Africa but killing people in the Congo

and eastern Africa, Hunt (1989, p. 353) suggested that the basic cause of the high prevalence of AIDS lay in the movement of labour between reserves and concentrations of industry. He also observed that previous epidemics of STDs occurred in eastern, central and southern Africa resulting from the same set of factors embedded in the migrant labour system: long absences, increased family breakdown and increased numbers of sexual partners.

An even broader version of this argument is contained in Nancy Scheper-Hughes' (2003) critique of Helen Epstein's (2003a; 2007) analysis of the weaknesses of AIDS prevention programmes in South Africa. Epstein indicted the main HIV/AIDS social-marketing based prevention programme, loveLife, for its focus on individual self-interest, arguing that more discussions of common collective interests were required to effect a cultural revolution needed to break 'the code of silence about AIDS' among black South Africans. In an emotional letter to the *NY Review of Books*, Scheper-Hughes accused Epstein of still missing the larger picture that informed why people act and think they way they do. She argued that the root causes of the South African epidemic lay in the genocidal social engineering of *apartheid*:

Out of this crucible of forced migration, family disruption, inhumane living conditions, and general human misery was born an environment ripe for a sexually transmitted epidemic.

Scheper-Hughes also rejected Epstein's emphasis on collective suasion as a prevention strategy:

Frank talk about sex, death, and human suffering in the time of AIDS is a good thing, but it won't 'cure' the epidemic. By the time most people anywhere in the world realize what AIDS is doing to them—i.e., when those close to them start dying—the damage with respect to transmission is already done.

Epstein's (2003b) response to Scheper-Hughes is a bemused rejection of the premises of the critique:

I am not sure what she means. Is not sexual intercourse, whatever its "root causes," a behavior carried out by individuals? In any case, the primary difference between the approach I advocate and loveLife's is that while loveLife aims to persuade young people that avoiding HIV is in their own individual self-interest, the approach I advocate aims to encourage greater communication about the reality of AIDS among groups of people, and even entire communities.

I agree with Scheper-Hughes, that the causes for the AIDS epidemic, and of the difficulties evident in dealing with it, both in South Africa and in the southern Africa region as a whole, must be understood historically as a legacy of *apartheid* (cf, O'Laughlin 2006). Yet I also feel some sympathy for Epstein's bemusement. The social engineers of *apartheid*, or at least the corporations that housed and supported them, are no longer concerned with assuring adequate supplies of cheap migrant labour. As unemployment undercuts rural as well as urban livelihoods, migrants flow unsolicited into South Africa searching for work. If one must first deconstruct the migrant labour system, purge its impacts from livelihoods and from the collective psyche, and bridge the wide gulf between rural and urban health facilities across the region, then it will be a very long time before we can do much about AIDS. Epstein is correct to argue, as indeed Campbell (2003) and others have done, that it is both

necessary and possible for people to change the ways they organize their sexual lives. But in southern Africa the reasons they have not done so certainly no longer include the failure to hear people talking about AIDS – the problem is what is being said.

### ***Missing gender - the pathologising of masculinity***

To understand this conundrum, there is one further problem in Epstein's approach that needs discussion and which cannot go unrecognized in this place, the Institute of Gender Studies. Feminist gender analysis insists not only that sex is an historically variable social relation; it also destabilizes the boundary between private and public. Epstein's work assumes that what is meant by 'the reality of AIDS' is transparent. The AIDS prevention programmes she endorses, like those she criticizes, focus on sexual behaviour. Epstein maintains a boundary between family, sex and desire on the one hand (which is what prevention programmes focus on when they address AIDS) and the rest of social life on the other. That is precisely what feminist gender analysis has made us question. Talking about AIDS includes relating sexual behaviour to the gendered politics and economics of everyday life.

The absence of critical gender analysis is flagrant in most donor-funded NGO AIDS prevention programmes in southern Africa. They pathologize masculinity and essentialise women, treating them both as victims of men's uncontrollable sexual predations and as towers of strength (Baylies 2002), bearing the burdens of care. The realities are more complex. This complexity is important to document, for it is fact the basis for recognizing the contingency of that which is supposedly fixed, for admitting the possibilities of change.

Take, for example, the issue of the gendered division of labour in care. Montgomery, Hosegood et al. (2006), have noted that in rural kwaZulu-Natal men do take on caring for children and nursing the ill in the absence of women, but the fact that they do so is difficult to admit and hard for researchers to observe. They found that female respondents did not expect that men cared for children, did domestic chores or provided emotional support and that research assistants did not recognise men doing these things, even when it was recorded in field-notes.

Similarly many AIDS prevention programmes pathologize masculinity. They assume that it is somehow inevitable that men deceive or force women to have unprotected sex; it does not need to be explained. If men are immovable, then women's autonomy is the only solution – hence the fondness for micro-credit schemes that are supposed to give women the autonomy needed to say no. This recalls the paradox Karen Booth (2004) identified in Kenya where nurses charged with implementing a partner-treatment programme were convinced that it could not work because women could not change 'African men's' sexual or health-seeking behaviour. There is a high level of alienation here. It is difficult to encourage change if you do not think that it possible.

What has been missing in the AIDS prevention literature are serious accounts of men's lives, or more precisely a gendered analysis of masculinity. This lacuna is beginning to be addressed in South Africa in new biographies of men (McGregor 2005, Steinberg 2008) and in anthropological work such as Fassin's (2007). Not surprisingly these accounts present very complex, ambiguous and variable accounts of relations between men and women. They also show how difficult it is to separate a

sphere of sexual intimacy from the questions of employment, everyday violence, generational conflicts over property, or the availability of resources.

### ***Back to the political economy of migrant labour***

But of course just recognising that masculinity is gendered does not really get us very far. Given the instability of the analytical boundary between sexuality, desire and everyday life, we are potentially back at the problem that confronts all social scientists – what determines the boundaries of analysis? What is it that would not be included in ‘Talking about AIDS’? This is where the political economy of migrant labour should enter our understanding of AIDS. We cannot read AIDS directly off the situation of migrancy, but understanding how gender relations have been shaped by the institutions of the migrant labour system should help us to understand the causes of AIDS, its consequences and the reasons why it has spread so rapidly and with such persistence in southern Africa.

These institutions include the hostel system, but they go far beyond it: the constitution of land-starved labour reserves, racialised property regimes, the linking of rural livelihoods to global economic cycles and thus the ever widening impact of urban unemployment in rural areas, the residual place of rural social provisioning and racially based exclusion from the rights of liberal citizenship under systems of chieftaincy. To consider all of these would be impossible with the time available for this lecture (not to mention the analysis I have not done), but I would like to give an example of what it means to locate AIDS analytically within this wider context.

Let us return to the inflammatory phrase in Scheper-Hughes’ critique of Epstein - ‘apartheid’s genocidal project’. This is a phrase that one hears often in southern Africa. It is a particular way of understanding the violence of apartheid’s history. It underlies a series of representations that relate to the ways in which programmes of AIDS prevention and treatment are received: that whites are promoting condom use in order to check the growth of the black population; or that the toxic effects of anti-retroviral therapy mimic the experimental drug trials carried out on black people by white scientists in the *apartheid* era. Historically, the duty to oppose the genocidal project of *apartheid* by ensuring the reproduction of the nation served as a justification for sexual violence against women by young men – the ‘comrades’ - within township movements of resistance to *apartheid* (Niehaus 2000).

The point about the phrase ‘genocidal project’ is that it captures much that was real about life under *apartheid*, but that it is also a misrepresentation. The objective of *apartheid* was not to destroy the people of southern Africa, but to exploit them. Violence was systematically exercised to suppress resistance to exploitation and oppression, not to eradicate the African nation. The political forms through which this was organized, clearly described in Mamdani’s (1996) *Citizen and Subject*, defined politics as racial communities, inevitably construing violence as conflicts between black and white nations. To talk about the reality of AIDS today thus requires a political confrontation with this history and a deconstruction of the metaphor of the genocidal project, a confrontation that we cannot really expect to be organized through institutions based on the political and social communities. Chieftaincy has been reinforced or given renewed legitimacy in various countries of

the region, including South Africa, in the 1990s. It does not constitute a good political base from which to address critically ‘the realities of AIDS’.

***AIDS, gender and migration***

So, yes, there is a relation between the spread and tenacity of AIDS and the history of the migrant labour system in southern Africa, but the connections cannot be reduced to the immediate context of migration – the links between sexual behaviour and missing men, divided families and the hostel. The mediation of the foundational political institutions of the migrant labour system is an important part of the realities of AIDS –embedded not only in ideological representations like those just discussed, but also in questions such as why access to health care continues to be so polarized across the southern African region.

Confronting AIDS politically requires challenging the analytical gaps in current policy accounts that treat men’s sexual behaviour as naturally pathological; masculinity as well as femininity must be understood as historically grounded and thus changeable constructions. That may not be so diff But there must also be ways of talking about AIDS that confront, interpret and explain misrepresentations of the relation of AIDS to the legacies of *apartheid*. That will not be easy. Concepts such as false consciousness or misrepresentation have lost their legitimacy in a postmodern age, but the political realities with which they are concerned are nonetheless present.

## Bibliography

- Adams, V. and S. L. Pigg (2005). Introduction: the Moral Object of Sex. Sex in development: science, sexuality, and morality in global perspective. V. Adams and S. L. Pigg. Durham, N.C. & London, Duke University Press: 1-38.
- Baylies, C. (2002). "HIV/AIDS and older women in Zambia: concern for self, worry over daughters, towers of strength." Third World Quarterly **23**(2): 351-375.
- Booth, K. M. (2004). Local Women, Global Science: Fighting AIDS in Kenya, Indiana University Press.
- Caldwell, J. C., J. K. Anarfi, et al. (1997). Mobility, Migration, Sex, STDs, and AIDS, An Essay on Sub-Saharan Africa with Other Parallels. Sexual Cultures and Migration in the Era of AIDS: Anthropological and Demographic Perspectives. G. Herdt. Oxford, Clarendon Press: 41-54.
- Campbell, C. (2003). 'Letting Them Die', Why HIV/AIDS Prevention Programmes Fail. Oxford, Bloomington and Indianapolis, James Currey and Indiana University Press.
- Caraël, M. (1995). Sexual Behaviour. Sexual Behaviour and AIDS in the Developing World. London, Taylor and Francis for the WHO: 75-123.
- Caraël, M. (1997). Urban-Rural Differentials in HIV/STDs and Sexual Behaviour. Sexual Cultures and Migration in the Era of AIDS: Anthropological and Demographic Perspectives. H. Gilbert. Oxford, Clarendon Press: 107-126.
- Dodson, B. (2000). women on the move: gender and cross-border migration to South Africa from Lesotho, Mozambique and Zimbabwe. On Borders, Perspectives on International Migration in Southern Africa. D. A. McDonald. Kingston Ontario and New York, Southern Africa Migration Project and St. Martin's Press: 119-150.
- Epstein, H. (2003a). "Aids in South Africa: The Invisible Cure." New York Review of Books 50 (12): 45-49.
- Epstein, H. (2003b) 'Reply', letter to the Editor, New York Review of Books 50 (18), <http://www.nybooks.com/articles/16809>, downloaded 4 April 2008.
- Epstein, H. (2007). The Invisible Cure: Africa, the West, and the Fight Against AIDS, New York: Farrar, Straus and Giroux.
- Fassin, D., Ed. (2004). Afflictions. L'Afrique du Sud, de l'apartheid au sida. Paris, Karthala.
- Fassin, D. (2007). When Bodies Remember, Experiences and Politics of AIDS in South Africa. Berkeley, University of California Press.
- Hosegood, V. and K. Ford (2003). The impact of HIV/AIDS on children's living arrangements and migration in rural South Africa. African Migration in Comparative Perspective, Johannesburg, South Africa.
- Hunt, C. W. (1989). "Migrant Labor and Sexually Transmitted Disease: AIDS in Africa." Journal of Health and Social Behavior **30**(4): 353-373.
- Hunter, M. (2007). "The changing political economy of sex in South Africa: The significance of unemployment and inequalities to the scale of the AIDS pandemic." Social Science & Medicine **64**(3): 689-700.
- Iliffe, J. (2006). The African AIDS epidemic: a history, James Currey.
- Jochelson, K., M. Mothibeli, et al. (1991). "Human immunodeficiency virus and migrant labor in South Africa." Int J Health Serv **21**(1): 157-73.
- Lurie, M. N. (2004). Migration, Sexuality and the Spread OF HIV/AIDS IN Rural South Africa. Migration Policy Series. J. Crush. Cape Town, Southern Africa Migration Project.

- Mamdani, M. (1996). *Citizen and Subject: Contemporary Africa and the Legacy of Late Colonialism*. Oxford, James Currey Publishers.
- McGregor, L. (2005). *Khabzela: The Life and Times of a South African*. Johannesburg, Jacana Media.
- Montgomery, C. M., V. Hosegood, et al. (2006). "Men's Involvement in the South African family: Engendering change in the AIDS era." *Social Science & Medicine* **62**(10): 2411-2419.
- Niehaus, I. (2000). "Towards a Dubious Liberation: Masculinity, Sexuality and Power In South African Lowveld Schools, 1953-1999." *Journal of Southern African Studies* **26**(3): 387-407.
- O'Laughlin, B. (2006). 'AIDS, Freedom and the Moral Community of Citizens in Southern Africa', Institute of Social Studies (ISS) Working Paper.
- Packard, R. M. (1989). *White Plague, Black Labor. Tuberculosis and the Political Economy of Health and Disease in South Africa*. Berkeley and Los Angeles, University of California Press.
- Posel, D. and R. Devey (2006). The demographics of fathers in South Africa: an analysis of survey data, 1993–2002. *Baba: Men and Fatherhood in South Africa*. L. Richter and R. Morrell. Cape Town, HSRC Press.
- Richards, A. (1939). *Land, Labour and Diet: An Economic Study of the Bemba Tribe*, London: Oxford University Press.
- Richards, A. I. (1952). *Economic Development and Tribal Change: A Study of Immigrant Labour in Buganda*, Published for the East African Institute of Social Research by W. Heffer.
- Richards, A. I. (2004). *Hunger and Work in a Savage Tribe: A Functional Study of Nutrition Among the Southern Bantu*, Routledge.
- Scheper-Hughes, Nancy (2003) 'Aids in South Africa: the Invisible Cure', letter to the Editor, *New York Review of Books* 50 (18), <http://www.nybooks.com/articles/16809>, downloaded 4 April 2008.
- Steinberg, J. (2008). *Three-Letter Plague, A young man's journey through a great epidemic*. Johannesburg and Cape Town, Jonathan Ball Publishers.
- Vaughan, M. (1991). Syphilis in colonial East and Central Africa: the social construction of an epidemic. *Epidemics and Ideas. Essays on the historical perception of pestilence*. T. Ranger and P. Slack. Cambridge, Cambridge University Press: 269-302.
- Vaughan, M. (1992). *Curing their ills. Colonial power and African illness*. Stanford, Stanford University Press.
- Wilton, T. (1997). *Engendering AIDS: Deconstructing Sex, Text and Epidemic*, Sage Publications.