The (Un)healthy Body in Southern Africa: multi-disciplinary approaches to corporeal dimensions of health

Wits Reproductive Health and HIV Institute, Johannesburg, South Africa
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Participants
Petros Andreadis (University of Edinburgh)
Dr Sinead Delany-Moretlwe (WRHI)
Thembani Dube (University of Witwatersrand)
Dr Joost Fontein (University of Edinburgh)
Sandalia Genus (University of Edinburgh)
Dr Ian Harper (University of Edinburgh)
Zaheera Jinnah (ACMS)
Lucy Lowe (University of Edinburgh)
Goitse Manthata (WRHI)
Godfrey Maringira (RASH and UWC)
Dr Gerald Mazarire (University of Stellenbosch)
Dr Lorena Nunez (ACMS)
Tinashe Nyamunda (University of Zimbabwe)
Elsa Oliveira (ACMS)
Marlise Richter (ACMS and Ghent University)
Dr Jonathan Stadler (WRHI)
Prof Robert Thornton (University of Witwatersrand)
Dr Emilie Venables (WRHI)
Dr Jo Vearey (ACMS)
Dr Matthew Wilhelm-Solomon (ACMS)
Laura Winterton (UCT)

Summary
The workshop, the first of a series of British Academy funded workshops addressing issues of violence, health and migration in Southern Africa, took place between April 2\textsuperscript{nd} and 4\textsuperscript{th} 2012 at Wits Reproductive Health and HIV Institute (WRHI) in Johannesburg and involved over 20 participants from the Southern African region and the University of Edinburgh. Participants were from a range of institutions – the University of the Witwatersrand (including WRHI, the African Centre for Migration & Society, ACMS and the department of Social Anthropology), the University of Edinburgh, University of the Western Cape, University of Cape Town and the University of Stellenbosch.
Day 1
Joost introduced the background to the British Academy award and the workshop themes, highlighting the flexible approach that had been taken when considering the geographical area of ‘Southern’ Africa. As Emilie noted in her overview, participants were presenting research conducted in South Africa, Lesotho, Zimbabwe, Tanzania and Kenya whilst also drawing on the experiences of migrants from Somalia as well as other countries in the region.

The differing disciplinary backgrounds of the participants, including social anthropology, public health, demography, African studies, history and clinical medicine are reflected in the methodological approaches used in the papers. Participant observation, archival research, interviews and literature reviews were some of the most commonly used methods throughout the papers but other participants drew on visual methodologies and survey data.

In her introduction, Emilie stated that the workshop aimed to create a network of people who work on the complex relationship between bodies, health and sickness in Southern Africa. In originally thinking about the theme of the workshop - the structural effects of violence and migration - choice of and access to health care as well as vulnerability to disease and diseases that affect human bodies and flows of human forms and substances were all considered. Her overview raised questions about how ‘the body’, or ‘bodies’ could be conceptualised, as well as noting the different health issues that would be discussed. HIV/AIDS was a very prominent theme within the initial abstracts submitted to the workshops, and several of the papers had a TB focus. Other presentations discussed leprosy, fertility and sexual and reproductive health, pregnancy and childbirth as well as Human Papilloma Virus (HPV) and cervical cancer. Health, violence, prevention and treatment, cultural factors impacting on ‘the body’ as well as ideas around the body and (re)production were all noted as important themes to consider throughout the workshop. Gerald Mazarire noted that institutions – places of health and sickness – should be included, and the idea of place is something that was revisited in many of the presentations during the course of the workshop.

The workshop began with presentations from Sinead Delany-Moretlwe and Ian Harper, both of whom are clinicians with clinical trial and social research experience. Sinead used three stories to demonstrate the way in which different disciplines can work together within the field of health. She drew upon clinical trials, a sex-worker intervention project in Hillbrow, and more recent qualitative
work on young people and health to discuss the trajectories that her own research has followed and the challenges that working across multiple disciplines can create. Sinead’s presentation was followed by a paper from Ian Harper entitled ‘Courts and the control of TB: Quarantine, travel and the question of adherence’ in which he drew on his work in TB control, from the perspective of a practitioner and an anthropologist. Ian used media case studies about TB and travel, discussing the relationship between the movement of people and global epidemics of communicable diseases.

A very lively discussion followed, in which questions about male circumcision, the unknown fear and ethical debates attached to clinical trials and vaginal cleansing practices were raised. Tinashe’s comment on medical male circumcision campaigns in Zimbabwe using footballers as ‘defenders’ against HIV began an interesting debate, and Sinead pointed out the need to create both ‘demand’ as well as ‘supply’ when introducing new health interventions. Andrew Black, a WRHI based TB expert, raised the question of the spread of TB in other spaces – airplanes are rich spaces, and in themselves a symbol of inequality – how does Ian’s paper relate to travel in minibus taxis and other forms of public transport? Sinead also mentioned the work of Catherine MacPhail from WRHI on conditional cash transfers as a way of encouraging girls to stay in school and show a reduction in HIV incidence, leading participants to question whether or not healthy behaviours could or should be ‘rewarded’.

The afternoon of the first day began with Joost Fontein facilitating a session on publishing, offering advice in his capacity as a journal editor to those looking to publish their work. He stressed the importance of publishing, but also the need to find a balance between spending time writing conference presentations and journal articles. He recommended getting a sense of similar articles and the submission rates of particular journals before submitting. In terms of advice when responding to reviewers comments, Joost stressed the importance of replying and noting each comment (even if you have chosen not to follow the suggestions!), to ensure that the reviewer stays ‘on side’. Jo Vearey raised the issue of open access publishing, particularly important considering many of the contexts in which workshop participants work in.

The latter part of the afternoon was spent in a ‘writing clinic’, in which participants met in their panels to give feedback to each other and discuss their work with the respondents – papers had been circulated in advance of the workshop to facilitate this process. Questions and discussions were continued over pizza and pinotage at the workshop dinner at Ant Café in Melville.
Day 2
Gerald Mazarire’s keynote presentation examined the fascinating history of leprosy in colonial Zimbabwe through the use of archival data. Treatment for leprosy became a way of ‘showing the triumph of Western medicine’: even if the diagnosis was an ‘African’ one, the solution was seen to need to come from the West, in the form of laboratories, drugs and expertise. Interestingly, the places in which lepers were housed were turned into places of beauty, an environment seen to be conducive to recovery – this contradiction saw famed gardens side by side with slums.

Panel 1
Ian Harper chaired an Edinburgh-centric panel on TB and HPV in Southern Africa, stepping in for Megan Vaughan who was unfortunately unable to attend the workshop. Petros Andreadis (as well as introducing all present to the art of ‘Prezi’ software) began the workshops’ panel presentations with his paper ‘We don’t want to see this in here!’ Corporeal oversight and treatment conflict: the policing of the patient-body in a South African Tuberculosis Hospital’. His presentation echoed many of the themes raised by Gerald in his discussion of medical spaces and institutions, and his map showed the very distinct, separate location of the TB hospital on the outskirts of Barberton in Mpumalanga where his fieldwork took place. His examples show how the decisions of one – in this case, a TB nurse – can affect the health outcomes of others through their role as a cultural broker. Nurses controlled boundaries and negotiated the relationship between different modes of treatment, highlighting the complexities of carrying out TB treatment within a broad therapeutic landscape that includes African Traditional Medicine. This corporeal management and oversight extends beyond the patient body into the policing of notional professional boundaries, enforcing notions of therapeutic legitimacy. Despite this policing, some patients successfully circumvent this biomedical oversight by smuggling traditional medicines in the hospital’s protected space, where it can be clandestinely consumed.

Sandalia Genus is yet to go into the field, but presented her preliminary thoughts on the introduction of the HPV vaccination programme in Tanzania, questioning whether or not the vaccine is a ‘magic bullet’ with her talk on ‘The HPV Vaccine in Tanzania: Immunological Promise in an Unequal World?’. She talked about how the HPV vaccine can be shaped by different actors, including NGOs and pharmaceutical companies, to meet different goals. Sandalia’s fieldwork is going to look at the introduction of the vaccine programme, and will ask questions about how it will be discussed, whether or not it will work in the Tanzanian context, and how will it be funded once the donated doses run out? How can we link what is an important item on the women’s health
agenda with ‘science’? Echoes of this debate – about ‘whose medication’ and ‘whose health system’ were on-going throughout the workshop.

Laura Winterton’s presentation, ‘The Ethics of Responsibility in Treatment Strategies for Tuberculosis’ ended the first panel. Her paper was also based on fieldwork conducted in South Africa, in Khayelitsha, a high-density peri-urban township 30km outside of Cape Town where she considered the treatment of Drug-Resistant TB (DR-TB). She responded well to the comments from her panel, agreeing that the sense of ‘placelessness’ needed to be considered in order to locate her work within a South African context, something made difficult by the strict rules of disclosure regarding her research. South Africa has adopted a de-centralised treatment model, whereby patients access their TB medication within their communities and her paper, considered centralised and de-centralised models of TB care through the experiences of Lungiswa, a patient who had experienced both systems. One point which stood out was how the hospital became ‘invaluable’ because it provided food and shelter, whereas basic needs, including drugs from local clinics, could not be met by those being treated at home. Laura’s paper considered the construction and reshaping of the DR-TB patient’s body by communities and public health officials while they are on treatment as well as thinking about where boundaries and ambiguities of responsibility lie in individual and institutional grounds.

The panel’s papers were linked by ideas on choice, control and boundaries – control about prevention and treatment, but also control over the researcher herself, and what she can and cannot say. The larger power issues of deciding who gets a vaccine, who is allowed to visit a TB facility and what kind of treatment is considered best practice are all linked to controlling disease, but whose choice does it become to achieve and maintain a ‘healthy body’? When do individual bodies become of public concern?

Panel 2
The second panel, chaired by Lorena Nunez at ACMS, explored the links between mobility and health, drawing on research from Lesotho and South Africa. Godfrey’s presentation, ‘Once a soldier, a soldier forever’: Exiled Zimbabwean soldiers (re)claiming the military trained body in South Africa’, drew on very powerful images and stories of Zimbabwean soldiers in exile – his ethnographic examples described how ex-soldiers living in Johannesburg adapted the military training they had received whilst fighting in the DRC to ‘deploy’ themselves in the informal economy of urban South Africa. His paper explored how exiled soldiers represent, refashion, re-appropriate and maintain their military body when outside of a military environment. In arguing that the military body is a reproductive body, it is the only resource left as their ‘capital’ in exile; hence they refashion and maintain it for daily survival. The military body is not a healthy body but a body which is resourceful, and one which endures pain and suffering even in exile.

Whilst Goitse, presenting a literature review conducted before she completes secondary analysis of the Lesotho Demographic and Health Survey (DHS) data, came from a very different disciplinary background to the other participants, the issues of mobility and migration and their link to health were still prominent. ‘Mobility, gender and risky sexual behaviour among young adults in Lesotho’, considered how patterns of movement may be gendered, and she was also pushed to consider the
category of ‘young people’ as a mobile population in more detail. Using quantitative analysis, her work was very different from that of many of the other participants, but the variables that she chose still overlapped with the main themes of the other papers and showed how migration in Southern Africa is an important part of daily life for people in the region.

In ‘The Governance of Migrant Health in South Africa: An Indeterminate Biopolitical Terrain’, Matthew Wilhelm-Solomon made the point that mobility is beyond that of treatment rights and access, but about larger ideas of governance and control as well as how migrants manage their bodies. He explored how the body of foreign migrants in South Africa become objects of governance, and that the healthy-unhealthy body dichotomy becomes a political question, rather than a biological or epidemiological one. Considering how migrants negotiate their relationship with the state, whether emergency health-care providers, churches, or other actors requires thinking about the institution of the clinic not just as an isolated entity, but linked to a broader anthropology of the state in relation to home affairs, policing and housing officials. The individual body becomes part of a larger debate about resources, political influence and the interest of the government, or governments.

Panel 3
WRHI’s Jonathan Stadler acted as respondent for the final two papers of the day. In looking at issues of health and mobility in Zimbabwe, Thembani Dube’s paper, ‘Women, migration and the “disease”: HIV and AIDS disease amongst illegal migrant women from Plumtree in Johannesburg’ also drew on interviews conducted in Johannesburg. Tinashe’s paper, ‘The State and the experiences of the transient artisanal mining community in Chiadzwa, c. 2006-2009’, co-authored by Patience Mukwambo drew on in-depth interviews and primary sources to consider the experiences of the mobile workers and their bodies. The transient community in Chiadzwa emerged to reformulate ideas of society – the harsh environment, state law enforcement and security agents all emitted violence on magweja who were the principal victims of these experiences. Bodies became damaged and worn as Chiadzwa created ‘hardened’ individuals in need of rehabilitation from the external forces of a challenging environment.
Thembani’s paper focussed on women, rather than men, showing how undocumented female migrants from Plumtree experience violence during their migration to Johannesburg, as well as struggling to access health facilities. She considered how HIV and AIDS were discussed and how ‘the disease’ and others perceptions of it transformed women’s bodies over time. Jo pushed her to consider the portrayal of the women in her work in more detail and to go beyond seeing them and their stories as either ‘victims’ or ‘agents’.

Day 3
The final day began with a very well received keynote presentation from Robert Thornton, entitled ‘Magic, Empiricism, and Magical Empiricism in Public Health and Traditional Healing’. A long discussion entailed, with participants raising questions related to their own work and in other contexts including Nigeria and Nepal. Thornton argued that magic and Randomised Controlled Trials (RCTs) present invalid chains of reasoning based on sound empirical observations: ‘magical empiricism’. This is a property of both the ‘evidence-based’ medical systems and interventions deriving from the RCT, and the ‘magical’ medical systems of traditional healing and complementary and alternative medicine. In a medically pluralistic society such as South Africa, this helps to explain the enduring appeal of many different medical practices and beliefs in this complex social environment. Linking back to earlier discussions about Sinead and Ian’s papers, Jonathan asked about the ‘gold standard’ of RCTs and again the discussion turned to the uncertainty of medical trials.

Panel 4
When reviewing the abstracts for Lucy Lowe and Zaheera Jinnah’s papers, it seemed obvious to place together: both had conducted their research on Somali women and sexual health and had parallel experiences and findings from different countries to discuss. Zaheera’s paper discussed Somalis living in Mayfair in Johannesburg whereas Lucy’s research took place in the Eastleigh district of Nairobi. Both presentations, Lucy’s entitled ‘Protecting Fertility, Securing the Future: Reproductive Decisions among Somali Refugees in Nairobi, Kenya’ and Zaheera’s called ‘Entering sacred spaces: understanding the meanings of, and claims sexual and reproductive health rights amongst Somali women in Johannesburg’ explored how migrant Somali women navigated decisions
about their bodies in relation to fertility and sexual health. Marlise Richter from ACMS, having provided detailed written feedback to both presenters beforehand, raised questions about Zaheera’s use of a rights based framework as well as using media images to challenge how Somali women are often represented. Both papers considered Somali women’s bodies as (re)productive and showed the importance of having a fertile, ‘useful’ body particularly when a migrant living far from familiar support structures.

Emilie ended the workshop with a summary of the presentations, and in revisiting the ideas mentioned at the beginning of the workshop, it was clear that there was more than one ‘body’, or ‘bodies’. The varied ways in which presenters thought about the idea of corporeality in their papers, as well as the ways in which they creatively and divergently thought about health issues in the region, highlighted the importance of different disciplinary and theoretical approaches.

Whilst presenters chose to talk about ‘the body’, there were in fact structural factors at the heart of their work and the way they considered bodies, especially considering the resource poor settings in which much of their fieldwork took place where bodies are closely linked to political circumstance. Health in Southern Africa is closely linked to rights: the right to make decisions about one’s own body, health and treatment, but also the right to be treated with dignity and respect when seeking treatment, or indeed once dead. Bodies take on meanings, and these meanings are linked to individual agency as well as wider structural forces which constitute and recognise particular kinds of bodies and bodily forms. Bodies and bodily substances enable and afford action, and can also, in the case of migration, enable mobility and movement.

Bodies can be resourceful and resources – they can be (re)productive as well as useful and used. Bodies can be manipulated – the medical treatment can make the sick and dying body well again, but only if the individual is living within a system that allows them access to the drugs and treatment that they need. A ‘healthy’ body is something that is aspired to, but what are the motivations
behind wanting a healthy body, and whose motivations are they? Healthy bodies can earn money, support households, provide children – in being productive, they are seen to be useful.

Emilie also expressed her thoughts on how writing about bodies involve the researchers own personal experiences, as seen in the papers with a strong ethnographic component. She urged everyone to think about this relationship more in order to bring out the ethnographic elements of the papers in more vivid detail, even if it is difficult when so deeply entrenched in the lives of ones ‘informants’.

The three days provided people with the space to engage with others working in the region, offering the chance to develop networks with other researchers and the space to collaborate on future projects. The WRHI workshop was the first in the series of three workshops, and the themes will continue to develop over the next two years with workshops being held at the University of Edinburgh and ACMS. The three day workshop held in Johannesburg will act as a platform for further network development and growth as participants continue to communicate and collaborate with each other.