

Body literacy and Family Planning in a Cape Town day hospital

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De auteur hanteert een antropologie van het lichaam in haar onderzoek naar de verschillende betekenissen van anticonceptiemethoden bij vrouwen die een Family Planning kliniek bezoeken in Zuid Afrika. Het lichaam en reproductieve gezondheid worden geplaatst in de bredere sociale en culturele context van Zuid Afrika. Het artikel laat zien dat de pil geassocieerd wordt met vergeten, zwangerschap en mannelijke controle terwijl de 'prikpil' als een veilige bescherming tegen zwangerschap en mannelijke dominantie wordt gezien.

[anticonceptiepil, prikpil, Depo Provera, lichaam, vrouwen, Zuid Afrika]

In order to address the diverse literacy practices of medical practitioners and patients within the medical milieu, the concept of literacy can be extended to include practices or techniques of inscription on the human body.¹ The body and its parts is decipherable, and viewed as a writing surface, upon which social messages, meanings, and values are inscribed. This notion that the human body is a terrain to be “read” and “written” in diverse ways is theoretically supported by the works of Foucault (1979) and Kapitzke (1995).² However, reading the body is a practice that is not limited to experts. Persons in states of illness and disease also engage in interpreting and translating their own bodies.

This article examines culturally mediated literacy practices in relation to medical texts and contraceptive choices amongst patients attending the Hout Bay Day hospital.³ I will explore how patients engaged with the discourses of medicine, as represented by medical texts, technologies, symbols and artifacts, and through patients' constructions of identity and agency. The central ethnographic focus of this article will be on the women attending the family planning clinic, which forms an integral part of the day hospital. I argue that these women do not only utilize their reading and writing skills, but draw more on other cultural tools that enable their reappropriation of the medicalized body in order to address extra-medical issues posed by cultural norms from their social context. They deploy certain medical technologies and practices, more specifically the contraceptive injection Depo Provera, to negotiate sexual relationships, reproductive issues and relations of gender power in sites beyond the clinic. I suggest that the women have positioned their own bodies in order to make necessary choices in accordance with their local social context and gender relations.

Social and historical background to the Hout Bay harbour community

The Hout Bay harbour community, locally referred to as the “fishing village”, is a residential “Coloured” enclave situated within the greater Hout Bay area. The total population recorded in 1997 was 13,000. The history of the harbour community is linked to the development and expansion of the fishing industry in the 1940’s and the need to provide housing for workers in close proximity to the harbour and fishing factories.

The area around the harbour, designated the “Coloured” section, is unique, for despite the Group Areas Act of 1950,⁴ residents were able to maintain a sense of cohesion. Rather than being moved to geographically distant residential areas created under apartheid, which was the usual practice, they were moved to the nearby harbour from other areas of Hout Bay. The majority of working adults are currently employed in the fishing industry. Many of the women are “casual” or seasonal workers in the fishing factories. Most of the women that I interviewed in the Family Planning and Baby clinics were unemployed, unmarried mothers. Many of these single mothers, were supported by their kin and occasionally received financial support from the fathers of their children.

The Day Hospital in which the research was undertaken, is divided into two sections, the medical section, under the auspices of the Cape Provincial Administration, and the Regional Health Services which is responsible for facilitating the Family Planning and Mother and Child Clinic. The Day Hospital, where family planning services and supplies are provided free of charge, is easily accessible to most people living in the community and is a social nexus for many people residing within the community. Patients frequently refer to the day hospital as part of their “family and home”. The relative insularity of the community is epitomized by a nurse who attributes the high incidence of epilepsy and psychiatric problems to intermarriage within the community. In this instance the nurse is pathologizing the community with an ad hoc epidemiology and hence attributing various social and medical problems to intermarriage and kinship. Residents frequently refer to incidents of intermarriage within the community but within a different context. Intermarriage occurs as people tend not to travel outside the immediate environs of Hout Bay. A resident comments: “they, that is outsiders, say *ons bly onder die klippe*”, which he translated as “living behind the mountains”⁵ and rarely venture forth from behind these mountains.

Although most patients attending the day hospital were able to read and write, I sensed a disjuncture and dissonance in the manner in which patients related to medical texts and in situations where the textual practices of the medical institution were most directly enacted and experienced. These dissonances were evidenced in the fact that on the one hand patients were alphabetically and numerically literate, yet they were not engaging with the texts in the form of posters displayed on the walls, pamphlets, instructions on medicine bottles and clinic cards. What I was yet to uncover was that patients, particularly women, were more concerned with their own vernacular interpretation of medical practices than with the signing and writing practices of the hospital which they did not always relate to as being addressed to them.

Contraception and Family Planning: Gendered and spatial polarities

At the Family Planning Clinic women position themselves either in the main waiting room or directly outside the nurse's consulting room. Procedures are clearly structured by means of rows, queues, cards and folders which not only simplifies matters for the nursing staff but gives clients the security that they can rely on the system and will be seen in an ordered fashion. This allows them to wander off outside to smoke, sit in the sun or converse with friends. They inform me that they will not lose their place in the queue as friends will locate them should their name be called in their absence. A client places the green clinic cards in numerical order, the nurse thanks her for her help. A simple procedure is followed; the women are first weighed, their blood pressure is recorded followed by the contraceptive injection, Depo Provera which is administered intramuscularly.⁶

The delivery of the contraceptive injection is, in fact, the most pervasive practice in the clinic. To conceptualize the meaning of this contraceptive technology I return to Kapitzke's (1995) depiction of literacy as a set of social practices using a technology of inscription. The action of the contraceptive injection can be viewed as a powerful signifier of medical technology, it is a form of corporeal inscription on the female body and marks the body as sealed and closed. I initially conceptualized the contraceptive injection as a "technology of power" (Foucault) over the minds and bodies of women, but came to realize that the process of inscription was more complex. The manner in which power is inscribed on the female body through the processes and mechanisms of self-regulation, supervision and social control is fragmented and diverse.

The female body is on the one hand subordinated, monitored and regulated and on the other hand is in process and invested with human agency. Women adopt multiple and often differing positions within the family planning milieu. On the one hand, women relinquish their bodies to reproductive technologies, yet on another level, their bodies become sites for reproductive autonomy and struggle. The contraceptive injection, Depo Provera as a medical icon is re-contextualized and re-transcribed by the women attending the clinic as having both symbolic and material possibilities. Firstly, Depo Provera is imbued with almost mythological properties. Secondly, in real material terms, it affords a degree of personal autonomy over their bodies and in their daily lives, and thirdly, it also reflects the power of medical technology and discourse which is both racial and gendered in its origins.

At the clinic, there is little verbal communication between staff and clients. They are not informed of their blood pressure or weight nor do they ask. A common side effect of Depo Provera is weight gain, yet none of the women seem to comment on this phenomenon, with the exception of one woman who states: "I don't worry if I gain weight. It's better to be safe". Dialogue outside the consulting room is noisy and animated, the women continue to chat loudly and laugh, especially when I inquire about their method of contraception. A few of the older women prompt the younger women. They state in unison: "*Depo iets*" (Depo something) "*jy weet mos dis die drie maande*" (you know it's the three monthly).

Events at the Family Planning clinic are transformed into communal practice. Women with their toddlers and babies frequently accompany each other to the clinic where they are likely to meet friends, kin and acquaintances. The nursing staff recognize many of the clients and communicate with them in their own vernacular. Women entrust their bodies to the nurses' skill the corporeal and visible practice on their bodies provides a particular and powerful performative moment.

The contraceptive injection as medical technology, has been incorporated into the local vernacular, *drie maande* (three monthly), *Depo iets* (Depo something), *die inspuiting* (the injection), and has taken on its own cultural meanings often with extra-medical ramifications. There is a certain communicative genre centered around the injection and a socialization of medical technology into everyday speech and rhetoric.

After numerous informal interviews with the women sitting outside the nurse's consulting room general trends were noted. I locate my ideas in the narratives recounted in response to discussions concerning contraceptive choices, health, motherhood and the family. All women⁷ (with the exception of one woman who was new to the area and who sat to one side) were receiving the contraceptive injection, Depo Provera. The responses to why women had not chosen the contraceptive pill was fairly consistent in linking forgetfulness to conception and hence pregnancy.

We hate the pill. We forget and then we are pregnant.

I just have to look at the pill and then the next day I am pregnant.

I am too forgetful. I can't remember to take the pill everyday.

If I take the pill today then tomorrow I am pregnant.

I always forget the pills. No thank you, I do not want any more children.

Another woman stated: I am on the three monthly, Depo. I like the injection. I don't like pills. I am not scared of the injection because I don't want any more children, *maar ek wil ook nie dat hulle my laat toe maak nie* ('but I also do not want them to close me up', a reference to sterilization).

For these women, there is a causal relationship between pregnancy and the contraceptive pill. The women claimed that they were forgetful, which is the reason why they preferred the injection to the pill. In contrast to forgetfulness associated with the pill, the precision with which they observe their medical appointments for the injection is reflected in the fact that women return timeously for appointments, their adherence to the queue structure, exemplified by one woman's eagerness to facilitate the process by placing the clinic cards in numerical order, and finally, the overwhelming preference for Depo Provera as a form of contraception. This compliance to the temporality of the clinic was also discernible in the mother's observance of immunization schedules in the baby clinic. The compliance to injection schedules indicate that while temporal adherence to clinic schedules is a form of institutionalization, women may find a level of empowerment and agency in this process in so far as the clinic schedules remove them from the "forgetfulness" that metaphorises the female body as biological fate, somatic vulnerability and lack of agency.

The notions of safety and surety associated with the injection in contrast to the pill's unreliability is symbolized by the utterances of a young woman of twenty:

I only have to look at the pill and then I am pregnant. Once I see that injection coming then I ask no questions. It is only every three months so I don't mind. That injection doesn't really hurt it goes in fast. It's over quick. I'm used to injections I've been having it already so many times. My friend who was on the needle started growing all kinds of hair – but for me the needle is fine because *ek will nie my laat doen nie* – (i.e. to be done is the colloquial for sterilization.) So, no thank you, I do not like the pill. You see this baby here, that is what the story of the pill is about. I just can't remember to take the pill everyday. How must I remember? There are so many other jobs in the house that one must do, like taking the children to school, cleaning, shopping and cooking.

The notion of forgetfulness voiced by many of the women takes on multiple meanings and can be connected to the loss of female agency within the domestic space. Forgetfulness in the domestic space may be linked to the exhaustion and time demands of *domestic labour typified as household duties* (cooking and cleaning) and child care. Thus forgetfulness, as in forgetting to take the pill everyday, leads to pregnancy which in turn produces further body labour in the form of pregnancy, birthing and child-care. Dependence on the pill is thus linked to the risk of pregnancy, *all these realities signify* loss of control over one's body. The experience of such loss of control in the domestic space forges the assessment of both domestic and reproductive labour as the loss of personal agency.

In contrast, the technological allure of the injection combined with the clinic's own enforced schedule of appointments relieve women from the burden of remembering how and why they need to reclaim their bodies back from the social conditions of the domestic space and the loss of bodily control associated with domestic labour and human reproduction. Pregnancy, giving birth and child rearing (*domestic labour*) all serve to tie women to the domestic space and to subordination of male hierarchies.

The discontinuity and paradoxes that emerge around specific notions of the injection as against the pill or other forms of contraception, such as sterilization and condoms, reflects the multiple and contradictory ways in which medical and gender ideology works and reflects different hierarchies of power (husbands, male partners and public health discourse).

The key questions then were:

- Why was there such an aversion to the pill?
- Why was the injection so important in their daily lives?

The hidden practice of the injection

The women attending the family planning clinic saw a direct causal relationship between the pill and pregnancy. Both the pill and injection are imbued with magical qualities reflected in such comments as : "I only have to look at the pill and then I'm pregnant" and "if I take the pill today, then tomorrow I'm pregnant". The causal logic by simply looking at, or being in spatial and visual proximity to the pill is per-

ceived to occur through the metaphor of sympathetic magic. The rapidity with which conception occurs further amplifies loss of agency and control identified with the domestic space. The final proof of the pills' unreliability is voiced by an informant: "you see this baby here, that is what the story of the pill is about". This reference to the baby is tangible proof of the pill's inefficiency. The injection as concealed practice is transformed into a closed signifier where there are no babies to be seen nor pills to be hidden. The injection becomes not only invisible but invincible.

The pill's stigmatizing visibility is conveyed in the following narrative recounted by a young mother. She further emphasizes loss of memory associated with taking the pill.

Often our husbands want us to have more children. I say no thank you, not me. You see, I had this friend she was on the pill she had to hide it from her husband so she hid it in the kitchen and then her husband found it and he was angry and threw them away but then I told her just tell him these pills are to make you, you know, your periods regular and such. Another friend she hid her pills but then she would forget where they were hidden, you see this system is no good. The injection it is better all round. You know these men they want us to have more children but it is very costly to bring up children, but these men don't think about that. The injection is safe. My time is too busy to remember to take a pill everyday.

The pill is kept in the home, visible and thus potentially subject to the male gaze. The injection is hidden from their husbands, it occurs in a clinic beyond local male control and beyond their gaze. In hiding the pill and hence concealing the action, resistance and defiance is directed towards male domination in the home.⁸

In this context of hiding, the clinic embodies feminized space, it is beyond the male gaze associated with the domestic sphere. The injection, like other medical practices, is a relative unseen and another power which organizes women's bodies. It detaches them from male control in the domestic and community sphere.

The valorization of the injection in the context of both medical treatment and cure and contraception is reflected in the following vignette.

It is a warm sunny day, a group of women surrounded by babies and toddlers are sitting outside on the steps. I join a woman who is sitting to one side. She informs me that she is attending the Family Planning Clinic, but has also come to get *pille* (pills) for her shoulder blade. I inquire as to what happened. She informs me that a wardrobe fell against her shoulder blade.

That must have been very painful. Did it fall over? (ethnographer) I notice that she has a large bruise around her left eye. She replies: It just fell against my shoulder. Maybe my husband tried to move it against me. Maybe he had too much to drink last night. She then changed the subject. I get the three monthly. No thank you Miss, I don't want no more children. I have this nerve problem as well. I take pills for the nerves. Before I was on the injection for *senuwees* (nerves) but the doctor said I should now try the tablets, but all in all injections are more strong and get the nerves calm. I have three children, no more because it is a lot of work and also all the troubles of having a baby. You only realize

this afterwards. You see, "*dis* (it's) *in soos 'n piesang en uit soos 'n pynappel*" ('in like a banana and out like a pineapple').

The symbolism in the above statement refers to the opposition smooth-rough corresponding to a pleasure-pain dichotomy as experienced in sex and childbirth. Women claim that the injection "goes in quickly", "it does not really hurt" and if it does cause brief discomfort they "do not mind because they are "used to it" as "it is only every three months." Thus the injection permits sexual relations whilst also preventing pain associated with childbirth.⁹

In the domestic space women appear to have no language or vocabulary for discussing their subordinate position and the social disorder that they endure. They have adopted a medical vocabulary as an available language and have translated the combination of physical and emotional violence into bodily imagery, symbolic metaphors and complaints. This is signified through the power of medical technology, as in the power of the injection that is a definitive guarantee against unwanted pregnancy, the power of the injection that can 'calm' the nerves.¹⁰

Conclusions

The women interviewed have re-embodied their gendered experiences through medicalized vocabularies, technologies and spaces. Based on the symbolism of the open – closed body they have sought a symbolic and pragmatic resolution for their gender related issues in medical procedures and metaphors. One medical technology, the contraceptive pill, exacerbates negative gender dynamics whilst another medical technology, the injection, is turned to for protection and empowerment. Women's appropriation of Depo Provera and their reading of this reproductive technology in contrast to the pill, is an alternative literacy. These women invert the function of the pill through sympathetic magic and fear of loss of agency and control, whereas Depo Provera, is associated with the restoration of female agency.

The contraceptive injection, in their view, affords a certain amount of freedom and self autonomy. By choosing the injection as a form of birth control these women have both introjected the medical gaze and re framed it in terms of their own everyday life worlds. They relinquish their bodies to medical technology, yet through these actions they are able to free themselves from forced reproduction. The rescripting of medical discourse thus occurs at the level of resistance, negotiation and mediation. In all these instances "the body imbued with social meaning, becomes not only a signifier of belonging and order but also an active forum for the expression of dissent and loss thus ascribing it individual agency" (Lock 1993: 141). But this notion of individual agency is rendered problematic once one considers the wider political and historical context of Depo Provera as a form of birth control.

Despite the cultural patterns described above one cannot disregard the controversy and negative inferences surrounding Depo Provera and its place in feminist discourse and medical debate. The use of Depo Provera as a contraceptive method advocated,

distributed and popularized in developing countries has associations of curtailing the rights of women over their own reproductive processes and has been used within the framework of coercive family planning programmes (Knowles & Mercer 1992; Sciortino & Hardon 1994; Morsy 1995; Olu Pearce 1995).

This article argues that Depo Provera has been popularized not only by state and public health discourse but by the Hout Bay women themselves. The prior objectives of state family planning policies in South Africa emphasized demographic imperatives in curtailing the birth rate. The conceptual framework of state health policy has undergone major changes in the post apartheid years with current policy encompassing a broader vision of reproductive health care. Yet, the majority of women still prefer the use of injectable contraceptives (Shapiro 1996). One important reason for this preference is its preventative efficacy, especially in the context of many women's social and economic realities. However, my data suggests that the contraceptive injection may be preferred in many communities because it is a "hidden practice" which takes place away from the male gaze in the domestic sphere as against "the pill" a regimen which is visible on a daily basis.

Notes

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1. The New Literacy Studies approach views literacy practices as inextricably linked to cultural and power relations in society and recognizes the variety of cultural practices associated with reading and writing in different contexts (Street 1993: 7). The work of Street 1993, Barton 1994, Baynham 1995, Brice Heath 1983 and Gee 1990 have been formative in this new field.
2. The notion of the body as text is problematic and has been critiqued. See Feldman (1991), Seremetakis (1991) and Stoller (1989). However, within medical spaces this aspect of bodily experience is highlighted and intensified to the extent that may not be applicable to other non medical situations.
3. See also Harries (1996). The relevant research was undertaken during 1995-1996.
4. The Group Areas Act of 1950 was aimed at the total urban spatial segregation of the various racial groups defined under the Population Registration Act. Towns and cities were to be divided into group areas for the exclusive ownership and occupation of a designated racial group. People not of the prescribed racial group were often forcibly relocated to the group area created for them. Those classified as Coloured, were moved out of what were often classified as White areas. The areas created for the Coloureds were situated on the periphery of White urban infrastructure thus further enforcing strict segregation.
5. The direct translation is 'to live under the stones'.

6. Depo Provera, a hormonal contraceptive, is administered as an injection every three months. Common side effects are: irregular bleeding, amenorrhea, weight gain and delayed return to fertility.
7. Thirty women were interviewed, additionally I obtained information from the nurse in charge as to numbers receiving Depo Provera.
8. Many of the households are female headed, yet social practices around child-rearing and domestic labour within the home are connected to gendered expectations and norms.
9. In discussion with another health care practitioner I learned that this expression, like the "*drie maande*" (three monthly's) and "*senuwees*" (nerves), forms part of local discourse around painful childbirth.
10. The references to "nerves" (*senuwees*) might be a folk concept that needs further exploration.

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