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Everyday violence, mobility and access to antenatal care

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I met Libby on a cold winter morning at the clinic. She was a short woman with a strong voice and slow walk. Libby was 35 years old and taken by surprise at being pregnant again. She had one child, a son who was already 17 and whose presence filled the two hour conversation as Libby returned to stories of him. I walked with her to my car to get my flask of tea for us to share. I got the flask and we decided to stay outside to talk in the fresh air despite my concern for the quality of the audio recording. We sipped tea while she described how she had prepared to come to the clinic for her appointment on August 6th 2015. The sun only rose after 7:30 that winter day. She had left her house at 5:30am to get to the clinic, and had walked nearly two kilometres from her home in Lavender Hill (an area notorious in Cape Town for gang violence) to Retreat MOU in the dark. It took about twenty minutes.

The time I woke up it was half past four so I told myself 'just another few minutes' and then the alarm went off quarter to five, put on the kettle, wash my face, wash my private parts, finish breakfast cornflakes on the stoep[1], see what people is walking around, brush my hair, brush my teeth, then I came here twenty past five, half past went out of the house and came here... When I looked up it was quarter to six... my sister actually asked if she can walk me, and I said no it's fine, I will just pray. And when I came here by the corner, I said 'jirra dankie, god thank you' ... because I was walking alone, there were two ladies coming, and one guy he was still looking at me and the other one was there by the shop, and there was the other dirrrty one, jirra[2] man, my heart is pump for him because he must grab you, very scared of him... and when I came here I said god thank you for bringing me safe here and as I entered I threw my card in and went to sit and I see I'm number two, I always want to be number one or two that is my aim when I come to this clinic because I want to be out early because I have stuff to do...

Libby also explained that she had to remind herself not to walk fast or do anything too strenuous because "when I walked from Lavender hill till

here, if I walk fast I get pains here (pointing at her belly), then I must walk slowly...”

Libby’s aim to be first in the queue for the day is common among people dealing with public services in South Africa. To be in the first 100 in the queue, people need to arrive at the buildings between 6am and 8am. Later than that and one would be likely to spend the whole day waiting. Libby walked rather than spending money on taxi fare as she was recently unemployed. Walking was free, but caused bodily fear and stress as her heart ‘pumped’ in fear for her safety. Her experience offers insight into the relationship between bodies, space, violence and structural inequality. Pregnant women felt afraid of being targeted in armed muggings and sexual assaults, as women, pregnant women, and women with children are perceived by the women and clinic staff I spoke to as “weaker targets”. Navigating gendered spaces shaped by violence in turn shapes access and timing to antenatal care.

This is the fifth instalment of the series from The University of Cape Town’s [First Thousand Days of Life](#) Research Group, led by Prof. Fiona Ross. My research explores the intersection of public health and state recommendations and regulations for “early” antenatal booking and attendance in public health facilities in South Africa. Research indicates 40.2% of pregnant women arrive at the clinic after the recommended gestational age of 12 weeks for their first ante-natal care booking (Day and Gray, 2012/2013: 241; Masuku, et al., 2012). My research seeks to explore the ways that violence and precarity shape when, how and whether women adhere to state guidelines for maternal care.

For the state, “early” booking is a critical intervention in reducing maternal and infant morbidity and mortality. The importance of the “early” check-up is emphasized in South African health care guidelines, policies and strategies such as in the Department of Health’s *Basic Guidelines for Antenatal Care* (2007), as well as in international policies and public health strategies and initiatives. The female body and experience in the political framework of state governance and biomedicalisation is centred within modes of self-surveillance of their sexual and reproductive lives. The political recommendations are premised on the assumption that women have modes of access to resources and clinics; assumptions that neglect the everyday experiences of women navigating South Africa’s tense public spaces and complex public transport systems. Lack of access and lack of transportation have been cited as “reasons” for lateness (Abrahams and Jewkes, 1998). The details of everyday life where violence and precarity are shaping factors in forms of life, and in turn shaping factors to antenatal care access, go unexplored within the above findings. My ethnographic fieldwork was situated in a state Midwife Obstetrics Unit and Antenatal Care Unit that serves the Southern Peninsula of Cape

Town. It includes working class areas such as Lavender Hill, Lotus River, Parkwood, Sea Winds, Vrgrond, Ottery, Pelican Park, Grassy Park, Capricorn Park and Pollsmoor Prison, some of which are overwhelmed by gang and other violence. In examining women's narratives about when they have come to book for ante-natal care, I draw on Elizabeth Povinelli's (2011) ideas of "quasi-events" to consider the details of everyday life in spaces of violence and precarity that shape mobility, access, and timing to antenatal care.

The historical geography of Cape Town, being radically segregated along "racial" divisions, is still a part of the city's segregated make-up (Group Areas Act, 1950; Pinnock, 1989; Ross, 2010). Areas such as those in the Southern Peninsula, within it the locally termed "Cape Flats", had been separated from the mountain suburbs by empty land and a freeway (Pinnock, 1989). Isolation is quite literally built into the "township" and "Cape Flats" with buffer zones of segregation (Pinnock, 1989). The spatial histories of inequality and forced removals of complex communities afforded opportunities for the rise of gangs and drug trade within the Cape Flats, and the massive incarceration of working class men (Pinnock, 2016). The historical, spatial and ideological isolation form the backdrop of the experiences of my pregnant participants, as they continually spoke of the "hopelessness" of "escaping" such areas... *"Everywhere you go it's the same thing, no escape..."* Their everyday world is made and unmade by spatial, temporal, and affective dimensions of the constant threat or fear of violence: *"You can't walk anywhere because too many gangsterism going on ...no matter where you go you'll find it".* *"WHEREVER you walk, you walk into a gang".*

Mersell, one of the young women whom I met in the long clinic queue, had followed it with a tired *"I want to move – but everywhere is the same... "it works on me... on my stomach and head... especially when they shoot children..."* Her description of the violence working on her stomach and head, is a reference to the common Afrikaans term *senuweeagtig* ("working on one's nerves") (Ross, 2010:6).

Capturing the dimensions of life, Jemima described her experience of the areas:

"I don't really feel safe. They shoot here, especially drug dealers. I had a friend drug dealer, 18 years old, got shot in a shop buying cigarettes... I saw the body after... in the shop...even in Lavender Hill, they shoot a small boy there, I just had to cry... for the mother... shooting is death here..."

There were episodes of revenge attacks between rival gangs (the

Mongrels and the Euro cats) over the course of 2015. The attacks were a part of the long-standing battle for territory in the suburb of Ottery. Despite the gang violence being episodic, the effect was such that people were constantly afraid and alert. They perceived an environment that was constantly threatening. The pregnant women I met recounted stories of daily shootings in their neighbourhoods. They explained that they feared walking around because they did not know when there would be shooting. The fear and threat of a continual presence of shooting (despite it actually being episodic) placed my participants' experiences and affective responses (fear, loss of hope) within a present continuous, where violence and its affective responses had a durative aspect. For Veena Das (1997; 2007), the idea of *duration* focuses attention to the everyday slow rhythms of death in the wake of aftermaths of eventful violence. I find her idea useful to consider how suffering in certain instances moves beyond linear chronology, to that of duration. Povinelli (2011) suggests that endurance might be one way to conceptualise the experience of such duratives. In taking these women's experiences of time and subjectivity as enclosed in a durative present, because of violence, drug trade, and poverty, the actual (present) and eventual (future) included forms of life where the potential of violence was constantly imagined. Women's tiredness was captured in the expressions of wanting to move but knowing that "everywhere is the same", where the gang violence continually "works on" bodies and lives.

Their fears were not only for themselves, but also their children. Good parenting meant restricting children from leaving the boundaries of their homes for fear of gang violence. Nevertheless, children still walked to and from schools. Spaces are marked by the boundaries of gangs and their territories; mobility within neighbourhoods is restricted to specific spaces and to daylight hours. Sometimes spaces are renamed by community members. One such is "The Battlefield" in Ottery, a space between blocks of flats: once a part of childhood play, it is now a no-go zone for ordinary residents. Playgrounds, open areas, rivers, and bridges mark the landscape and embodied experiences of navigating space for those I spoke with in the course of research. Veena Das (2007) claims that violence as it descends into the ordinary not only interrupts it, but also changes it. Events of violence are woven into the fabric of everyday life, where space, bodily experiences, naming, orientating, insulating/isolating, and parenting constellate around expectations of everyday violence. Along with gang violence, there were peaks of (commuter) taxi violence that halted all movement in the areas as taxis competing for routes and passengers fired guns and blocked off roads. As a consequence, many pregnant women were unable to come into the clinic for the scheduled appointments.

The vignettes reflect the experiences of many pregnant women. Access to

ante-natal care and indeed even to the space of the clinic is implicated in the wider political economy and the historical production of a geography of violence. As policy, strategy, biomedical and clinical protocols and clinic interactions shape the making of a biomedical subject (Clarke et al., 2003; Davis-Floyd and Sargent, 1997; Jordan, 1997; Inhorn, 2007), what goes uncounted in the statistical capturing of “lateness” in spaces of violence are the ways that local worlds are shaped, including by violence. For pregnant women, arriving “on time” and maintaining clinic schedules are implicated in subjective experiences of layers of violence, in the production of space and in the relation between violence and sociality. What does carrying life and the unfolding of life mean in a space where the everyday is infused with a constant presence of life-threatening violence?

Povinelli’s offers the frames of ‘endurance’ and ‘eventfulness’ (2011), as modes through which to think about the layering of violence in everyday lives. She suggests that everyday ‘quasi-events’, by which she means events that “never quite achieve the status of having occurred or taken place”, do not rise to the surface of what can be seen and accounted for in political evaluations of Aboriginal life. Quasi-events are not aggregated, and thus apprehended, and evaluated – they do not reach a status of eventfulness that is to be grasped as an ethical and political demand in the same way that crises and catastrophes receive response (Povinelli, 2011: 13). I use her ideas to think about how the statistical capturing of “lateness” – those 40.2% of pregnant women who arrive late for antenatal care – misrecognises the composition of the subject who reports for care, as it anticipates that individuals are autonomous and independent of their contexts. For Povinelli, endurance is not a homogenous space, or a singularity: “endurance encloses itself around the durative—the temporality of continuance” (Povinelli, 2011:32). To call attention to the everyday, especially in spaces of violence and inequality, is to call attention to the “quasi-events” that shape life and responses to care, and here antenatal care. The everyday experiences and quasi-events, that are seen as the attenuated background conditions of life that do not enter typical accounts of causality and life-making, can be brought forward by focusing on the present durative (Povinelli, 2011: 153; Das, 1997; 2007). The benefit of critically viewing these events and affects as everyday, enclosed around the durative, allows one to ask as Das (1997:68) asks, what this does to the self, community, and nation.

Nicole Ferreira is a Master’s by Research student in Social Anthropology at the University of Cape Town. Her work is situated within Professor Fiona Ross’ First 1000 Days of Life research project. Her research focuses on experiences of pregnant women accessing antenatal care at a state clinic in the Southern Peninsula of Cape Town. Her research specifically seeks to understand the experiences that contribute to what

the state categorises and castigates as “late” presentation at antenatal clinics. Nicole is interested in how life and access to care are shaped by different ways of knowing, social experiences, and temporal and spatial experiences in spaces of violence and precarity. The research explores the organisation of state management of pregnancy, organisations of power, and questions of ethical conduct.

Notes

[1] Stoep is a small veranda or set of stairs outside of a house.

[2] A colloquial Afrikaans term used as an expletive, and commonly understood as an expression of frustration, and annoyance.

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