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What can homonationalism tell us about sexuality in South Africa?: Exploring the relationships between biopolitics, necropolitics, sexual exceptionalism and homonormativity

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ABSTRACT

There are important opportunities to further consider how the framework presented by homonationalism can apply beyond relationships connected to the US or the Middle East where it is traditionally applied. From a southern perspective and focusing on post-apartheid South Africa, this article examines how homonationalism's framings may help us understand the subjectification of diverse sexualities in the country through their connection to national and regional politics. It begins by exploring the historical connections between biopolitics and necropolitics in South Africa's HIV/AIDS epidemic, to highlight how different contemporary sexual subjectivities are imbricated with different types of biopolitical population regulation. It then argues that such differences are reflected through and furthered by the way South Africa has projected ideas of its sexual exceptionalism within the wider region, a process that itself relies on South African-specific homonormativity.

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Introduction

The concept of homonationalism has gained significant purchase since its introduction by Jasbir Puar in *Terrorist Assemblages: Homonationalism in Queer Times* (2007). Primarily as it relates to United States' engagements in the Middle East, it has offered unique and highly important ways of conceptualizing how sexuality can become implicated in wider nationalist renderings of difference and subjectification (Hartal & Sasson-Levy, 2017; Hubbard & Wilkinson, 2015; Morgensen, 2010; Murray, 2014; Peake, 2013; Ritchie, 2015; Zanghellini, 2012). At the same time, as scholars interested in the generation of southern theory have described, there is a need to consider the degree to which concepts and terms deployed initially in the global North (including those about groups elsewhere in the world) may translate, become reconfigured, and still have efficacy in locations away from such centres of privilege (Connell, 2007; Parnell & Pieterse, 2016). Here we can consider further what homonationalism can help elucidate in post-colonial contexts, and how it can be adapted and reconfigured to speak to different localized political and social post-colonial histories.

This article considers what the concept of homonationalism can help us understand about the focus placed on, and types of regulation experienced by, particular sexualized subjects in the post-colonial South African context. It does this by paying particular attention to the way the concept highlights connections between the biopolitical regulation of populations, the necropolitical abilities of states, the projection of forms of supposedly liberal sexual exceptionalism by states onto others, and the links these have to homonormative subjectivities and forms of exclusion.

Ultimately, as Puar (2013) has gone on to highlight, homonationalism can be deployed to consider why nations may want to be considered 'gay friendly' to begin with, and also how sexuality becomes connected to, and complicit with, wider forms of control and in some circumstances violence against others. This article examines how there are in key ways similarities between the schema set out by Puar regarding the US and the current situation in South Africa in terms of sexuality and inequality. This is not to suggest that the South African state is engaged in (or has the capacity or desire to become involved in) military and ideological interventions abroad as the US has been. It is however to suggest that both the US and South Africa have made directed attempts to frame themselves as having liberal and accepting views regarding sexuality to others, and have done so in ways that are connected to biopolitical and necropolitical relationships, that also draw on and are implicated with classed (and raced) forms of homonormative subjectivities and exclusions. This article therefore hopefully opens up key avenues through which sexuality and post-colonial scholars may wish to further engage with the concept of homonationalism in places in the global South.

The next section of this article explores in further detail how Puar's work on homonationalism relates to biopolitics, necropolitics, sexual exceptionalism and homonormativity in the United States to help situate in later sections how such relationships continue to have purchase beyond framings largely tethered to the global North. This section describes how Puar's work enables us to understand how certain key relationships result in forms of exclusions and increasing regulation of forms of sexuality within the US, and forms of violence against what came to be seen as sexually and racially perverse subjects in the Middle East. Such outcomes are in part enabled by the projection of the country's sexual exceptionalism in relation to other countries, which itself is aligned with the biopolitical folding of certain homonormative sexual subjects into the wider population regulation of the state. The following sections then examine how the relationships outlined in Puar's analysis relate to post-apartheid South Africa by first considering the history of the HIV/AIDS epidemic in the country, and the ways in which this history exemplifies biopolitical and necropolitical relationships. As a starting point of analysis, this relationship between biopolitics and necropolitics therefore presents a different configuration to the situation found in the United States, where necropolitical violence against abject bodies outside of the state is a key outcome. The article then explores in a South African context how subjects are brought to light by the epidemiological category 'MSM' (Men who have Sex with Men), which despite the category's focus initially on behaviours rather than identities, can nonetheless be seen to have enabled forms of subjectification and biopolitical regulation. Here the article also interrogates why contemporary South Africa, despite its reputation internationally as a country that is very accepting towards diverse sexualities, would now require significant international donor funds to address sexuality-based stigma and discrimination facing MSM subjects at high risk of HIV infection. It then argues that we can appreciate why by considering how there is a bifurcation in types of sexual subjects in South Africa who are each imbricated with different types of biopolitical regulation. This bifurcation is a result both of the way the country has, on the one hand, attempted to position itself internationally as sexually exceptional (which itself is related to forms of homonationalism) and, on the other hand, as a result of the country's history of biopolitics and necropolitics in relation to HIV/AIDS.

Biopolitics, necropolitics, sexual exceptionalism and homonormativity in Puar's homonationalism

Jasbir Puar's (2007) work on homonationalism describes the ways in which the United States is able to deploy and frame sexualized and racialized subjects and populations. For Puar, a key mechanism by which this becomes possible is the biopolitical interventions occurring within the United States, and their relationship to forms of necropolitics. Puar here draws initially on Foucault's (1978) theorizing regarding the way contemporary state power can be marshalled in relation to the population. As the often-quoted phrase by Foucault makes clear, a shift in governing strategy in

the 19th century meant a move away from the 'letting live and making die' marked by juridico-discursive power, towards a 'making live and letting die' marked by biopolitics.

However, as the theme of this special issue makes clear, biopolitical framings on their own may not be sufficient to explore and explain the techniques by which power is deployed to enact on subjects and populations in the contemporary period (see also Davies, Isakjee, & Dhesi, 2017; Debrix, 2017; Haritaworn, Kuntsman, & Posocco, 2014). Agamben (1998) has highlighted, for example, that 'taking life' and 'letting die' have become increasingly indistinguishable. Hence, the regulation of bodies and populations should not simply be considered in relation to life being governed, but also in relation to the techniques and strategies by which death and dying become sanctioned (Davies et al., 2017). Mbembe (2003) looked to the concept of necropolitics to also draw attention to the ways race needs to be more directly connected to the work of theorists such as Agamben and Foucault. This is put forward in Puar's analysis most forcibly in relation to the 'performative reiteration of the pathologized perverse (homo- and hetero-) sexuality of racial others, specifically Muslim others' (Puar, 2015, p. 321) who are seen in the most explicit sense to exist in opposition to contemporary 'acceptable' and normative US gay rights discourses. Here the United States is able to legitimate the undertaking of military actions and forms of violence against sexualized and racialized bodies and populations abroad while promoting the idea of liberal sexual acceptance at home.

For Puar, the supposed acceptance of certain renderings of sexual subjects at home is in part the result of the way these subjects in the US have moved away from being represented as sites of death (primarily around HIV/AIDS, due to the development of ARV medications), to sites of reproductive life (particularly around same-sex marriage). This shift allows a partial folding into broader biopolitical discourses of these sexual subjects imbricated with the wider population, which concerns itself with the management of life. Biopolitics and necropolitics are therefore not antithetical, but often conceptually and operationally directly linked (see also McIntyre & Nast, 2011). Yet as Puar points out, the realities of wider sexuality-based socio-political exclusions at home, especially along raced, classed and gendered axis, remain unacknowledged. This is in part due to the focus in the US on homonormative representations of sexuality, whereby the promotion of identities and identity politics which do not contest wider heteronormative power are focused upon and most valued (Duggan, 2002; Podmore, 2013; Warner, 1999). These de-politized gay cultures that align with, rather than contest, heteronormative power are seen to represent the pinacol of US sexual liberation. A focus here on middle class consumption and domesticity however excludes large numbers of sexual subjects for whom de-politized commodified celebration remains at odds with their day-to-day struggles against regressive and violent forms of heteronormative power (Nast, 2002; Puar, 2006). Here an apparent blindness to racialized, classed and gendered differences legitimates a form of acceptance only for white, middle-class (and mainly male) groups. As Puar (2013) describes in relation to the US, sexual subjects that are transitioned away from discussions over disease and death and instead aligned to ideas of life and productivity are condoned and brought more clearly into focus in relation to other subjects which are not afforded such privileges.

Taking a lead from Agamben's (1998) notion of the 'state of exception' (whereby states operate as sovereign in defiance of their own laws), Puar is then able to deploy the concept of 'exceptionalism' in two connected ways (see also Jameson, Robinson, & Hui, 2010). One way is closely aligned to Agamben's theorization regarding the way the US is able to enact its sovereignty. The second way, which is of key importance to this discussion, refers to the US's ability to project an image of its own supposedly liberal position with regard to sexuality as exceptional in relation to other states. This second way of conceptualizing exceptionalism is then directly furthered by the US's ability to fold various sexualities into the biopolitical management of life, to help legitimate discriminatory forms of sexual and racial regulation and oppression overseas. Yet this form of sexual exceptionalism is immediately compromised and partial, since it ignores also the homonormative contours around race, class and gender which limit who is and who is not considered worthy of being part of the nation. Crucially, however, sexual exceptionalism is necessary both to help legitimate military activity and forms of abjection overseas and make complicit homonormative subjects with those actions.

As a conceptual mechanism to help explain the connections between the US's promotion of its supposedly liberal attitudes towards certain historically marginalized sexual subjects (although by no means all of them) and the horrific realities associated with the US's internment and killing of racialized and perversely sexualized subjects abroad, homonationalism clearly has tremendous analytical power. However, we may also want to consider how the constellation of ideas present in Puar's schema may translate to other contexts that have not up until now been considered as places that have supported or furthered homonationalism. Especially in a country such as South Africa, where the ultimate aim may not be to advance, enable and legitimate military actions and forms of abjection of subjects primarily abroad, but still has attempted to present itself as sexually exceptional, there may be pertinent ways in which relationships outlined in Puar's schema have applicability. Understanding these relationships can help us appreciate some of the ways in which sexuality, tied to a country's own racial history and relationships beyond its borders, is conceptualized and regulated in post-colonial contexts. To appreciate how Puar's schema may be applicable in this endeavour, we must first look in detail at South Africa's history regarding HIV/AIDS.

The biopolitics and necropolitics of HIV/AIDS in South Africa

The story of HIV/AIDS in South Africa can be read as a clear example of the close connection between biopolitics and necropolitics, especially in relation to the inadequacies of the South African state's response during the Mbeki government years (from 1999 to 2008), the president's 'AIDS denialism,' and the refusal to make life-saving ARV drugs available. As Comaroff (2007) points out, the South African AIDS story can be framed as biopolitics at the most literal level, and must also be read in relation to past histories of colonial violence. Drawing initially on Kistner (2003), Comaroff connects South African AIDS policies and AIDS denialism (that argues HIV does not cause AIDS) to histories of racism in the country to explore how during the period of President Mbeki's government questions of biomedical authority in relation to HIV/AIDS ended up becoming critical affairs of state and indeed also the sovereignty of the nation. While medical scientists had shown repeatedly that the HI virus compromised the immune system until the body succumbed to opportunistic infections and AIDS, for Mbeki AIDS and its treatments could not be de-linked from the country's colonial past and subsequent poverty and racial inequality (see also Butler, 2005; Hoad, 2005; Mbali, 2004). A search for solutions to the AIDS crisis therefore meant first acknowledging how the disease's progression within the nation was itself connected to the country's history of colonial and racist violence. Paying for ARV drugs, designed by pharmaceutical companies in the global North, therefore would only continue colonial dependency by the South African state and not address issues of poverty and inequality, which are also seen to accentuate health vulnerability (Fassin and Schneider, 2003; Wang, 2007).

As Decoteau (2013) has gone on to describe, the story of the South African AIDS epidemic can also be viewed as one concerned with necropolitics through consideration of the state's rationalization and effectiveness at denying life-saving medications to an HIV-infected population. Furthering Agamben's (1998) point that a continuity exists between 'letting die' and wilfully 'taking life,' Decoteau suggests that Mbeki's government wilfully disallowed life-saving medications to the population, due in part to wider neo-liberal macroeconomic policy meaning the state was unable or unwilling to pay for the necessary drugs. As Decoteau explores, Mbeki's questioning of a link between HIV and AIDS needs therefore to be read against a disturbing cost-benefit analysis: Those who were ill would have to die, if the wider population was ultimately to benefit economically. While the macroeconomic argument to explain Mbeki's actions has also been contested (see for example Natrass (2007) for a counter take) the broader point still stands. The South African government entered into biomedical discourses in ways designed to shape how its sovereignty over, and regulative abilities regarding, the population could itself be defined in the face of international pharmaceutical companies and colonial racist histories. It put forward an approach that scientific knowledge stated would lead to the deaths of hundreds of thousands of its own citizens, and then

did it anyway (Geffen, 2009). This was not an incitement to life, but rather a state engaging in actions that, irrespective of Mbeki's ultimate motives, resulted in the very effective killing of its own population. Estimates suggest that these policies resulted in the deaths of up to 340,000 South Africans from AIDS (Nattrass, 2008).

One must fully consider, however, the effect that this particular period in South Africa's history has had for certain sexual subjects who were also at risk of HIV infection but whose stories have tended to be subsumed within wider discourses of large-scale heterosexual HIV infections and deaths. No data exists on the number of AIDS deaths that have occurred in South Africa among the epidemiological category 'men who have sex with men' (MSM) during the Mbeki era.¹ Nonetheless, it seems a certainty (in light of the high biological risk of contracting HIV through sexual activities such as unprotected penile-anal sex (Patel et al., 2014)) that a significant number of MSM have died of AIDS in South Africa (and today are infected with the virus) as a result of the policies of the Mbeki era. Today, what data is available highlights the very significant HIV prevalence rates among MSM in the country, especially within black African township locations (Lane et al., 2011). Data suggests that 26.8% of MSM in South Africa are HIV positive, while the figure is as high as 48% in urban areas (Avert, 2019; University of California, San Francisco, 2015). Only an estimated 28.1% HIV positive MSM are on ARV medication (Avert, 2019).

In part, these high prevalence and low ARV figures can be connected directly to the actions of the Mbeki government and its particularly skewed and highly damaging approach to managing the health of (and enabling deaths among) the population as a whole. Yet public health research has also highlighted other additional causal factors not as immediately connected to the actions of the Mbeki government's AIDS denialism, which have nonetheless been found to be associated with an increased risk of HIV infection among MSM especially from marginalized township communities. These include severe homophobic stigma and discrimination at public healthcare clinics (Duby, Nkosi, Scheibe, Brown, & Bekker, 2018; Lane, Mogale, Struthers, McIntyre, & Kegeles, 2008) and within the wider community, correlated with high rates of depression and risky sexual practices (Tucker, Liht, de Swardt, McIntyre, & Struthers, 2014).²

As a result, since the end of the Mbeki era and stretching into the current Ramaphosa era, there has been a significant shift in efforts taken to address high HIV prevalence and incidence figures among MSM. Via close collaboration with the South African Department of Health, very significant international donor funds to support these activities have entered the country. As just one example, the budget for the latest USAID call for applications to support MSM health programming with a key focus on addressing stigma and discrimination in South Africa focusing on two urban centres was \$15.5 million dollars (approximately ZAR 220,000,000) over five years (USAID, 2017).³ By way of comparison the proposed South African primary health care services 2018/2019 budget for the *entire* country is ZAR 301,700,000 (South African National Treasury, 2018).

Along another conceptual axis to the story of the Mbeki years, we can appreciate how this renewed focus on addressing HIV/AIDS among MSM in South Africa presents a different way of conceptualizing biopolitics in the country today, but one equally defined by the state's role (and also here outside donors' roles) as implicated in the cultivation and regulation of life. Studies have described, for example, how there is a pressing need to address the health requirements of groups such as MSM in countries across the region so that the wider population will also benefit, in terms of reducing the HIV burden of the general population (Mannava, Geibel, King'ola, Temmerman, & Luchters, 2013; Mukandavire et al., 2018). In terms of current internationally set targets, such as UNAIDS 90-90-90 goals,⁴ there is also a realization that these targets set for an entire population can only be met if specialized interventions are provided to 'high risk' groups such as MSM,⁵ with a particular focus now on these populations in South African national HIV frameworks (SANAC, 2017).

As other scholars have previously suggested, HIV/AIDS programming interventions also highlight a key way of conceptualizing the biopolitical management of life (Rentea, 2017) and also the regulation and medicalization of sexuality (Miami & Perrey, 2012). As scholars such as David Halperin (2016) have described in other contexts, HIV prevention work specifically for groups such

as MSM is characterized by the extension of biopolitical control and procedures into the private sphere, whereby surveillance studies, repeated HIV testing (and self-identification as needing HIV testing to medical professionals), and the 'responsibilisation' of sexual behaviours (as opposed to irresponsible, 'irrational' and 'pathological' behaviours) can all be viewed as forms of sexuality-based regulation (see also Brown, 2006). In the South African MSM context, such concerns also extend into the creation of the category of 'MSM' itself, and the way this creates an impetus for individuals to identify with biomedical and epidemiological terms (to be numerated, compartmentalized, and folded into biomedical interventions), rendering other forms of sexual identity illegible (Tucker, 2019) (see also Dutta, 2013; Young & Meyer, 2005).⁶ Work has also pointed out in a South African context how interfacing with HIV support can require of MSM subjects to undertake techniques of self-regulation and confession, helping define the boundaries by which subjects are brought into being by a medical gaze, and deemed worthy of intervention, services and support (Hassan et al., 2018; Taylor, 2016).

More recently, an impetus to address stigma and discrimination also highlights additional mechanisms of sexuality regulation and surveillance. The desire to identify and bring close into biomedicine groups who, due to stigma and discrimination, have remained historically clandestine and outside biomedicine's purview requires the naming of these groups and the potential proliferation of types of pathological subjects defined by their experiences of stigma and discrimination, understood as leading to depression, a lack of self-efficacy and a lack of self-control (Halperin, 2016). In this reading, the drive to address stigma and discrimination experienced by groups such as MSM can be seen not only as an attempt to support the health needs of MSM themselves. It may also be seen as a strategy to help support the wider population's health needs as part of a broader attempt, as Foucault (2003) has described, to protect the reproductive capacities of the wider nation from the threat of unregulated 'debauched, perverted sexuality' (p. 252).

The ways in which biopolitical and necropolitics interface with each other, and the recent biopolitical strategies regarding MSM HIV programming in South Africa, are clearly different to those put forward by Puar. The interface between necropolitics and biopolitics in South Africa, as exemplified during the Mbeki years, did not enable or correlate with a desire to engage with military actions abroad. Instead, it was in part the result of the country coming to terms with its colonial past, whereby connections between histories of race-based inequality and contemporary state sovereignty resulted in actions (and supposed legitimations of such actions) to deny life-saving medications at home. Equally, the high HIV prevalence and low ARV adherence figures within the epidemiological category of MSM mean that HIV/AIDS figures (which can in part be seen to be linked to past histories of AIDS denialism) feature more prominently today in South Africa than in Puar's analysis of the connection between biopolitics and sexuality centred on the US. What both Puar's analysis and the recent examples in relation to HIV/AIDS in South Africa do have in common however is a desire and ability to connect the generative health and wellbeing of the wider heteronormative population to the regulation of other sexualized groups. For Puar, this occurs through a biopolitical folding of certain homonormative groups into the wider management of life. This dynamic is evident in South Africa through the connections made between supporting MSM in relation to HIV to in part help further the wellbeing of the wider population.

The story of HIV/AIDS in South Africa however also requires some additional considerations: Why would largely internationally-funded HIV programmes for MSM in South Africa require a recent targeted focus on addressing stigma and discrimination, in light of South Africa's supposedly liberal and accepting stance regarding sexuality (as detailed in the next section)? And what does this say about how we can come to understand different ways in which sexuality can become imbricated with forms of biopolitical regulation in the country? These questions require appreciating the connections (and discontinuities) that exist between the HIV work that is now taking place in South Africa for MSM, and the relationships that also exist between forms of sexual exceptionalism and homonormativity.

Sexual exceptionalism and the role of homonormativity in South Africa

Today, despite the aforementioned need to address stigma and discrimination in HIV work for MSM in South Africa, popular representations of the country highlight its accepting and liberal stance post-apartheid, with regard to diverse sexualities. Cape Town especially is represented as the 'gay capital' of Africa, with significant efforts focused on branding the city as a key destination for international LGBT tourists (Rink, 2013; Visser, 2003). Such views are also extolled by South African media houses. For example, *Traveller24* (the leisure section of *News24*, South Africa's largest digital publisher) under the heading 'Cape Town represents Africa for great gay travel' (2006) described how the findings of a survey undertaken by the *SCRUFF* gay dating app and *The New York Times* indicated that LGBT tourists predominantly from the global North were now 'discovering' Cape Town, which has been driven very much by the new legal frameworks that exist post-apartheid.

To understand this discontinuity between popular international representation and the needs of especially black African MSM in township locations in more detail, we can look towards the South African desire to define a form of national exceptionalism in terms of its unique developmental trajectory vis-à-vis other nations since apartheid. During apartheid considerable debate focused on how South Africa's path towards the end of minority white rule would not lead to the same development and democracy challenges that had beset other countries in the region post-independence. As Lazarus (2004) describes:

The assumption has been that with *our* particular and particularly irreducible history – which is to say, our history of struggle, our decolonization, when it came, would not prove to be the neocolonization that it had been elsewhere ... [South Africa's nationalism] would nor decompose, as it had elsewhere on the continent, into ethnic chauvinism or class rule; *our* national liberation front would not serve, once it became the party in power after decolonization, to cover over its traces and disavow both its heritage and its historic responsibility ... (p. 611 emphasis in original).

Such a rendering, as Magaziner and Jacobs (2012) point out, was sustained by the timing of the country's liberation movement and political transition to post-apartheid rule, which took place after an international consensus on human rights and non-racialism had taken hold. The country's subsequent successful articulation as a 'rainbow nation' that allowed for political reconciliation also went towards highlighting the country's exceptionalism to support nation building at home (Waldmeir, 1997). This view is furthered and also complicated by a form of nationalism within South Africa that aligns the country's intellectual and cultural frame more with the US and Europe than within other states in the region. Yet such an alignment must also then be harnessed in a way which still allows the country to position itself as supportive of, and generative for, wider African development (Neocosmos, 2008).

The promotion of South African exceptionalism, however, struggles to engage with the realities and material inequalities faced by the country post-apartheid. Most clearly, and to refer back to the discussion on AIDS policy during the Mbeki era, the government's actions during that time were furthered by a desire to place the country on a different and unique path to address the epidemic compared to neighbouring countries and the global North (see especially Hoad, 2005; Mbali, 2004). While these policies were situated, in part, via consideration of poverty, inequality and histories of colonial racist violence, they also clearly had extremely harmful effects on the South African population, especially those of lower socio-economic backgrounds who bore the brunt of racial apartheid and were disproportionately represented in national AIDS deaths (Pillay-van Wyk et al., 2016). More generally, the country's inability to deal with rising levels of inequality post-apartheid also challenges quite how South Africa may be exceptional in relation to other countries in the region (Hart, 2002; Satgar, 2012; Trimikliniotis, Gordon, & Zondo, 2008).

Nevertheless, discourses surrounding South African exceptionalism are also furthered by, and have gone on to support, complementary discourses regarding the country's sexuality-based legal protections since the 1990s. Primarily as a result of the 1996 South Africa Constitution and the inclusion of the term 'sexual orientation' in its Equality Clause, South Africa was able throughout the late 1990s and into the early 2000s to repeal laws against homosexuality (Cock, 2003; Massoud, 2003).⁷ As scholars such as Oswin

(2007) and de Vos (2007) have previously described, this shift was largely supported by middle class (and white) activists⁸ who saw an opportunity to connect the struggles faced by racially discriminated against groups with the struggles of groups persecuted because of their sexuality. The drafting of the new South African Constitution was seen as an opportunity for activists to make their case that future discrimination on the basis of sexuality would be tantamount to discrimination on the basis of race (de Vos, 2007; Oswin, 2007; Tucker, 2009). As Hoad (1999) has pointed out, it would have been problematic for South African sexuality-based activists to deploy the more commonly framed 'minority rights' in the context of South Africa's history of minority white rule (see also Botha & Cameron, 1997). Instead race and sexuality were articulated together through a discursive move that highlighted how the outcomes of racial discrimination and sexuality-based discrimination were both the denial of full citizenship and associated legal rights for oppressed groups during apartheid (Tucker, 2010).⁹ While this articulation can be viewed as problematic and to a certain degree even opportunistic (in light of the historical disavowal of predominantly white lesbian and gay community groups during apartheid to engage with questions of race) (Gevisser, 1995), it nonetheless was effective (Tucker, 2009). Sexuality-based rights become closely aligned with the broader national liberation struggle and nation building attempts to overthrow inequality and exclusion in multiple forms.

Subsequently, the South African government has highlighted its sexual exceptionalism at a range of international forums, which can also be deployed to support the country's own national building attempts post-apartheid. For example, in 2016, during debate regarding the establishment of a global LGBT watching at the UN, South Africa's UN Ambassador Jerry Matjila was reported in the South African *Mail & Guardian* as stating: 'Discrimination has torn South Africa apart for the past 350 years ... We will [therefore] fight discrimination everywhere. We cannot discriminate against people who are LGBTI ... a position disagreed with by many of our colleagues across the continent' (Collison, 2016).¹⁰ South Africa's acknowledgement of its discriminatory past, one defined by a racist political system, was here called upon to legitimate support for measures to address wider international sexuality-based discrimination. South African exceptionalism in relation to its neighbours is defined directly through an articulation of its own histories of sexuality-based and race-based discrimination and current measures to address these.

Yet such attempts on the part of South Africa to highlight its supposed sexual exceptionalism are also clearly, as with wider South African exceptionalism, reliant on highlighting only a partial reading of the country, and a general sidelining of the persistent inequalities that continue to exist. In the context of sexual exceptionalism this is evident in terms of the way the concept in South Africa is inflected by homonormativity. We can see this clearly by the attention paid to the legal campaign for same-sex marriage campaign in South Africa as the culmination of a decade of legal change (Tucker, 2009). As de Vos (2007) has pointed out, the way South Africa's Constitutional Court went about granting same-sex marriage appeared to focus only on supporting the 'good homosexual' in relationships that mirror neoliberal assumptions about the role of relationships in capitalist systems furthering the privatization of care responsibilities. In terms of South Africa's current raced and classed configuration, this means 'perhaps that the "good homosexual" envisaged by the Constitutional Court will be a middle-class man or women and will perhaps be white' (p. 453). Left undefined has been how such legal change can benefit sexual subjects who are either financially unable to engage in this formation, or unable to marry within their communities because of high levels of stigma and discrimination. Moreover, as Oswin (2007) has also described, the predominantly middle-class activists involved in attempts to enable legal change in South Africa were generally unable to consider the uneven impacts of legal change in terms of race and class. As she points out, despite attempting to link histories of sexuality-based and racial discrimination to further a call for the inclusion of a sexuality clause in the new Constitution, at best these activists created an essentialised version of the 'poor, black gay or lesbian' (p. 666) whose needs could never fully be acknowledged or addressed by the primary focus of activism for legal change. Today therefore, we can see how the benefits of legal change in terms of sexuality, while successfully promoted internationally, have primarily benefitted those with the classed (and raced) privilege to be most

able to enjoy them (Cock, 2003). Spaces such as the gay village in Cape Town that developed after the end of apartheid have, for example, been heavily criticized for enabling the furtherance of middle-class consumption and leisure, excluding other sexual subjects on the basis of race and class (Tucker, 2009; Visser, 2003).

Yet the promotion of sexual exceptionalism does not appear to require concerted consideration of those who are excluded. As Puar pointed out, sexual exceptionalism in the United States is dependent on the folding into wider biopolitical discourses of homonormative subjects to help project an image of the country as exceptional. The fact that such homonormative subjects do not and cannot represent the diversity of sexual subjects in the US does not hinder such attempts. So too can this point be made about South Africa's forms of sexual exceptionalism. South Africa's interests at promoting a form of sexual exceptionalism abroad based primarily on legal changes post-apartheid to help reinforce a sense of exceptionalism and national building at home may be at odds with the realities for many within South Africa. However, this does not ultimately negate the existence of such attempts. What this does mean, however, is that homonormative subjects become those most aligned to attempts to promote the sexual exceptionalism of South Africa, excluding from discussion those who are unable to benefit. We can therefore better understand the disjuncture that exists between popular representations of South Africa as exceptional in terms of sexuality, and the realities on the ground in the country that require significant donor support to address sexuality-based stigma and discrimination in terms of HIV/AIDS programming.

Yet the relationship between homonormativity and South Africa's sexual exceptionalism also requires considering one additional way in which biopolitics plays out in relation to sexuality in South Africa. The (now explainable) distinction between South African sexual exceptionalism and the high rates of stigma and discrimination faced by township MSM also highlights another way in which certain sexual subjects are folded biopolitically into the wider population, here by considering also who is then excluded. As Puar describes in relation to the US, sexual subjects that are transitioned away from discussions over disease and death (especially related to HIV/AIDS) and instead become aligned to ideas of life and productivity (for example around same-sex marriage) are condoned in relation to other subjects which are not afforded such privileges. In South Africa we can therefore see two parallel (and at times, related) ways in which biopolitics today is implicated in terms of sexuality. On the one hand, the biopolitical regulation of certain sexual subjects is now necessitated by their pathology related to HIV/AIDS, which itself in part emerges from earlier biopolitical and necropolitical formations in South Africa. On the other hand, other sexual subjects are more easily aligned with the reproduction and furtherance of the wider population, nation and nation building, which goes to support and is supported by the projection of South African exceptionalism, which itself then also requires a distancing from HIV/AIDS and discussions of death.

Conclusion

This article has suggested key ways in which we can come to understand how sexual subjectivities are conceptualized within the South African state by drawing on theorizations of homonationalism. It has suggested that deploying important parts of Puar's schema regarding the relationships between biopolitics, necropolitics, sexual exceptionalism and homonormativity can help explain why South Africa can simultaneously be seen internationally as a liberal and accepting space for diverse sexualities, while also requiring outside intervention to address stigma and discrimination. It has argued that today this means that different sexual subjects are imbricated in different ways into biopolitical forms of regulation, which must be understood in relation to how each is connected with (or elide) attempts either to support discourses of sexual exceptionalism or attempts to address the country's HIV epidemic.

Yet some important caveats are also needed here. First, this article does not wish to suggest a focus solely on the negative effects of biopolitical regulation, as for example, Jameson et al. (2010) has previously pointed out in relation to Puar. Indeed, it is important to note that while the

biopolitics around HIV/AIDS for MSM may indeed lead to regressive outcomes with regard to identification and pathology, a desire to find ways of addressing high HIV prevalence and low ARV access can also clearly have vital utility. Second, the attention this article has paid to MSM HIV programming and homonormativity should not discount also the challenges faced by other groups framed in terms of their sexual subjectivity. There is indeed a need for future research to further consider in more detail in what ways these other groups engage with and challenge different forms of biopolitics regulation in South Africa (including lesbians and trans* groups), an area of work that already has seen important contributions (Brown, 2012; Lock Swarr, 2012; Müller, 2017).

Despite these caveats, this article has hopefully helped consider in new ways how sexuality is framed and regulated in South Africa and the impact these framings have for different sexual subjects. It has also, to return to a core interest raised by Puar of further connecting the biopolitical to questions of racial subjectification, highlighted how South African histories of past racial violence have impacted in diverse ways these framings of sexuality and the constraints and opportunities for different sexual subjectivities. For example, histories of race and racism help us understand why the Mbeki government implemented the HIV/AIDS policies that it did, how South Africa has been able to project an image of its exceptionalism in contrast to its racist past, how sexuality protections and legal changes were articulated with the need to challenge past forms of racial inequality, and how homonormativity in the country is clearly defined by class and race exclusions.

It is therefore important to consider that in the case of South Africa, an understanding as to how biopolitics and necropolitics have historically coalesced can also help us understand how sexualities become connected to contemporary biopolitical forms of regulation. These forms of regulation are both shaped by and go on to define the contours by which a post-colonial state engages with sexuality, which must be read against the diverse impacts of the country's colonial and racist past. Such considerations hopefully will help expand the ways in which we can apply and appreciate the importance of homonationalism in helping understand discourses of sexuality, sexual subjectifications, and forms of biopolitical regulation and necropolitical violence in different post-colonial settings.

Notes

1. The term 'MSM' emerged from a public health need to focus on behaviours rather than sexual identities. As described later, it is also a term that can potentially reconfigure identities in attempts by biomedicine to compartmentalize and regulate a series of different sexualized subjects (Young & Meyer, 2005).
2. Sexuality-based stigma and discrimination has been widely reported in township spaces against men, women and trans* groups (see for example, Msibi (2012); Lock Swarr (2012)).
3. In contrast to the situation in 2002 when the South African Health Minister refused to disburse US \$72m for ARVS from the Global Fund (Hoad, 2005).
4. For example, 90-90-90 goals specify: 90% of HIV positive individuals knowing their status, 90% of these individuals initiate ARV medication, and 90% of these individuals are virally suppressed and unable to pass on HIV (UNAIDS, 2015).
5. For example, in other contexts, in terms of MSM HIV incidence being connected to infections among heterosexual women (Mannava et al., 2013).
6. A focus on MSM can also reduce programming resources targeted at the needs of other at risk sexual subjects including lesbians and trans* groups (Tucker, 2019).
7. For a more detailed discussion of the sometimes-conflicting rationalities deployed, both by the ANC and by sexual rights activists, see de Vos (2007) and Massoud (2003).
8. Not to discount the key place of activists such as Simon Nkoli and Beverly Ditsie (Gevisser, 1995).
9. As the National Coalition for Gay and Lesbian Equality in South Africa stated in 1995: 'Not only are lesbians and gay people denied rights and visibility, we are also criminalized. Under apartheid, the vast majority of our people faced the same oppression. In the same way as African, coloured and Indian people were excluded from citizenship rights in South Africa, lesbian and gay people are denied citizenship throughout the world' (National Coalition for Lesbian and Gay Equality (NCGLE), 1995).
10. In 2011 South Africa also supported the successful adoption of a UN resolution affirming the rights of LGBT people globally, with Mauritius being the only other African country to vote with South Africa (Nepaul, 2016).

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