CHAPTER SEVEN

REPRESENTATION AND INTERPRETATION OF DISEASE IN FICTION

INTRODUCTION

The rise of HIV/AIDS literature in different parts of the world can be attributed to different sets of circumstances with these circumstances sometimes being specific to particular localities. Factors like economic difficulties, misinformation, political (un)willingness to deal with the disease, the spread of HIV/AIDS as well as specific social and cultural circumstances are some of the factors that have influenced the writing of the texts dealing with HIV/AIDS and their reception by the public.

In the western world for instance where HIV/AIDS was thought of as a homosexual disease in the past, most of the literature – especially early fiction – dealing with HIV/AIDS was written by gay and lesbian artists. In Africa where the epidemiology of HIV/AIDS has mainly been through heterosexual contact, a different set of forces led to the production of this literature. For example, most writers are interested in displaying various economic, cultural, social, and political issues that fan the spread of the disease. Women writers, especially, are keen on interrogating those socio-cultural ideologies that put women at risk of infection with HIV/AIDS while at the same time they retain an

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2 For example, Violet Kala’s novel Waste Not Your Tears (1993) represents cultural attitudes towards sexuality and gender in Zimbabwe that engender the spread of HIV/AIDS. Kala depicts a situation where dominant patriarchal ideologies of the “African” man – ideologies that see men as actively sexual beings and hence allowing them to have multiple sexual partners while presenting women as sexually passive and docile – and the “African” woman, in this case defined by motherhood, endanger both men and women.
interest in debunking different myths that surround HIV/AIDS and sexuality in their societies.

Kenyan literature dealing with HIV/AIDS, like early Kenyan popular fiction, came into existence as a result of and response to the emergent socio-cultural, political and economic dynamics in the Kenyan society. HIV/AIDS literature relates to the early Kenyan popular literature as it also responds to a particular historical occurrence. In addition it talks to themes of love, romance, sex, sexuality and gender that the popular fiction of the 1970s and 1980s largely deals with. Besides engaging with other texts, this literature is also in dialogue with other competing discourses on HIV/AIDS circulating in Kenya, and globally, through institutions such as the church, the media, the medical community and the state. The texts analysed in this thesis contribute to the construction of cultural meaning through their interdependence with other forms of cultural production in the society. It is, therefore, part of the ongoing redefinition of the Kenyan private and public spaces through literature.

I suggest that this literature should be read as having a “personality” of its own, which is interwoven with the prevailing social and cultural circumstances in the history of literature in Kenya. Furthermore, it has a particular historical place and significance, and consequently has to be read in connection with social and cultural history in Kenya. I

(See Maurice Vambe (2003) for a discussion of these themes in Waste Not Your Tears). In The Invisible Weevil, Mary Karooro Okurut also looks at the problems that women face in Uganda under patriarchy; a society that believes that women should not strive to excel in areas such as education and politics that are thought to be a male domain. Okurut shows that such discrimination against women contributes to their infection with HIV/AIDS because men feel they have the right to have unprotected sex with them even when the men have been involved in risky sexual relations.
therefore read HIV/AIDS fiction as a body of work that is also trying to map itself as a cultural and literary artefact that specifically deals with important themes of illness and health in contemporary Kenya.

REPRESENTING HEALTH AND DISEASE

Fiction on HIV/AIDS in Kenya makes its mark as a cultural product that (re)presents, (re)interprets and (re)imagines HIV/AIDS in its various manifestations. Most of the HIV/AIDS narratives largely depend on already existing cultural and social narratives and as a result they help shape a broader cultural understanding of the complex and conflicted phenomenon of HIV/AIDS. These narratives have a role to play in helping people understand the epidemic just like other disciplinary discourses particularly within the academy have done. The severe nature of HIV/AIDS has necessitated and brought into the limelight the importance of a multisectoral and multidisciplinary approach in dealing with health and illness. Many scholars have shown that HIV/AIDS goes beyond being a medical condition and has greater social, economic, political and cultural implications for societies all over the world. Their stance is based on the argument that the understanding and representation of HIV/AIDS, and even intervention practices to curb its spread, are embedded in deeply rooted socio-cultural scripts and narratives. Such a premise shows that there is reciprocity between medicine and specific social and cultural contexts. Since the practice of medicine occurs within a larger social framework, concepts which originate in the medical field inevitably come to be (re)interpreted in that larger context. After all as Tamsin Wilton (1997) reminds us, “Notions of ‘sickness’ and ‘health’ are always already political notions” (55) deployed for a range of reasons.
Therefore, there is no way of knowing disease (HIV/AIDS) outside of its representation within a cultural universe and equally through an understanding of the meanings people give diseases to deal with the reality of living and dealing with it.

Institutions related to the media, medicine, politics and religion dispute the meaning and representational strategies that emerge from the HIV/AIDS epidemic. It is in this sense that I see writers of fiction in Kenya attempting to make meaning out of the multiple and oftentimes conflicting messages about the disease in circulation both inside and outside their societies. Dennis Altman (2001) argues that “there is no one AIDS epidemic, but rather a patchwork which has very different epidemiological patterns and consequences depending on the economic and political [and socio-cultural] resources available” (84). The fictional texts from Kenya therefore serve as significant sites in the history of the epidemic because they are places where the epidemic is “played out”: it is where biomedical messages about disease become reinterpreted and incorporated into the ordinary language and lives/experiences of people; the readers. Fiction provides a repertoire of means to communicate what science cannot by providing a prism which puts medical issues on HIV/AIDS – such as its means of transmission, its manifestations as a disease, how to prevent infection through safer sex for instance or how to care for those infected – in sharper focus. This fiction tells the reader much about the anxieties and uncertainties that HIV/AIDS has wrought on individuals and into society in a way that a purely scientific discourse cannot. HIV/AIDS fiction is not only in engagement with the epidemic by recording it, but also by imagining the possibility of humanity overcoming it; it represents an attempt to find meaning, indeed to give meaning to the suffering and
death caused by this disease when it resorts to techniques such as shock and fear and melodrama to communicate with readers.

The writers of HIV/AIDS fiction show how individuals infected with HIV/AIDS negotiate for social space within their communities. “Narratives of sickness and health enter the social field and take on both personal and cultural meanings” (Vrettos, 1995: 10) through literary imagination. Taking after Fredric Jameson who argues in The Political Unconscious that both literary and non-literary narratives constitute cultural narratives that can be read as socially symbolic acts in response to particular historical dilemmas, Vrettos discusses the use of illness narratives in Victorian writing and notes that

Narratives of illness could be employed under specific circumstances for conflicting ideological purposes and [show] how conceptions of illness could simultaneously reinforce and disrupt particular and changing uses of somatic fictions in shaping the relationships among cultural, class and gender identities. (8)

As I have argued before, the writing of novels dealing with HIV/AIDS in Kenya is influenced by specific discourses in circulation in the society and as this thesis attempts to show, this writing also engages with, complements, questions, rewrites and subverts the same discourses upon which it depends in many ways. The writers especially intervene by rewriting those structures and discourses that marginalise people infected with HIV/AIDS and the negative meanings linked with it. This revision is done by
employing romantic discourses because of their ability to encompass a range of social and cultural issues that individuals face daily.

**DISAVOWING ROMANCE?**

This thesis has also focused on how romance is used to interrogate a number of issues that arise from HIV/AIDS fiction in Kenya. The romance story is not presented as the main focus of the writers. It is represented as a silent feature in “another” main story. For example, in *Confessions of an AIDS Victim*, the writer focuses on those cultural practices and ideologies that engender the marginalisation of women while also striving to educate her readers on what HIV/AIDS stands for: its meaning, causes, symptoms and how the HIV virus has evolved which explains the abundance of sociological material on HIV/AIDS in the novel. Adalla attempts to correct the misrepresentations and misconceptions surrounding the epidemic in Kenya. Romance is used to emphasise issues of gender inequality in the text by showing how women’s sexuality is constrained and curtailed by dominant cultural scripts that prevent them from making their own choices with regard to forming romantic unions and also in making personal sexual choices.

There is ambivalence towards romance in Adalla’s novella as she depicts it as likely to lead to heartbreak because some of the social, cultural, political, economic and biomedical realities in contemporary Kenya do not favour this kind of heterosexual intimacy. Adalla for instance seems to suggest that the current HIV/AIDS epidemic coupled with factors such as the lack of economic power among women, cultural ideologies that subjugate women and familial problems which include lack of parental
advice on sex or opposition to intertribal marriage do not favour romantic involvement. In *Nice People*, Wamugunda’s main concern is with the medical and socio-sexual factors that contribute to the spread of STDs in Kenya and which, as a result, are linked to the spread of HIV/AIDS. The romance narrative in the novel is used to explore themes of morality, sex and sexuality, and race. In addition, romance is used as a trope to explore the political health of the nation and also to mark people’s economic and gender status.

In *The Last Plague*, Meja Mwangi, like the other writers, investigates some of the cultural, social, economic and political factors that seem to fuel the spread of HIV/AIDS in Kenya. Like Wamugunda, Mwangi uses romance to offer possibilities of imagining a social order that is based on health. Such a presentation is seen through the [silent] romantic union between Janet and Frank who are free from infection. Romance is also used to redefine gender relations. In the novel, men no longer have intimate relations with women by virtue of their ability to use “male power” to lure or coerce them. Even if Broker at one time in the past controlled Janet by beating her, this has changed because his HIV/AIDS body does not give him the physical or even the moral power to do so. Men who harbor “good” masculinities and who are allowed to form romantic relationships with women are those who are ready to change their sexual behaviour (embedded in “dangerous masculinities”) because of the prevalence of HIV/AIDS in the community.

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3 Dangerous masculinity is taken to mean those practices and ideas that inhibit men, and even their wives/lovers from practising safer sex. For instance, polygamous men who refuse to use condoms believing they are “total/real” men exhibit dangerous masculinities.
The underlying message in the Kenyan HIV/AIDS fiction examined in this dissertation seems to be that the reality of living in a time of a pervasive and undiscriminating medical condition such as that posed by HIV/AIDS militates against romance, although several characters in these texts still indulge in romantic relationships, predictably with dire consequences. However, the apparent apprehension towards romance does not imply a negation of love, as platonic love is offered in at least three texts – *The Confessions of an AIDS Victim* (the relationship between Catherine and Maina), *Nice People* (the relationship between Dr. Munguti and Sister Irene) and *The Last Plague* (the relationship between Janet and Frank) – as examples of desirable relationships between men and women as opposed to romance, which is generally painted as leading to sexual involvement. Macharia’s short story is a love story that looks at the difficulties of communicating one’s HIV status to a loved one and family and cautions against the dangers of letting emotions control sexual intimacy. All the writers studied raise questions about how romance and love stories implicate desire and sexuality in gender, nationhood, and disease. Romance, gender, disease and cultural identity interact dynamically in the romance genre’s contemporary appearance in Kenya. The fiction

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4 I have argued that these same characters are involved in romantic relationships. These people are presented as having feelings for each other that go beyond romantic feelings. Their relationship is built on a friendship based on mutual respect. For instance in *Confessions*, although Catherine and Maina kiss and write each other love letters, there is a mutual respect between them and sex is not even mentioned by either of them. When Catherine contracts the AIDS virus, she recalls this relationship with Maina and offers it as a prototype of relationships that young people should have with each other if they are to avoid infection. In *Nice People*, the friendship between Dr. Munguti and Sister Irene does not hint at any likelihood of the two getting romantically involved until at the end of the novel. They love and support one another when faced with problems. Dr. Munguti claims Sister Irene was like a sister to him and often would take her out and later look for other women to fulfill his sexual desires. Janet and Frank in *The Last Plague* have a similar relationship and their friendship is based on the work they do; of educating the community on HIV/AIDS and on sex/reproductive health. Although Frank’s feelings for Janet are shown at different times, they have mutual respect for each other and it is only when they know their HIV status that they publicly show romantic feelings towards each other.
demonstrates that the portrayal of love and romance shifts and reshapes itself within different historical contexts.

Yet even with the ambiguous representation of romance in the HIV/AIDS literature, it has been a very popular theme in the popular fiction of the 1970s and 1980s in Kenya. Writers like David Maillu, Meja Mwangi, Mwangi Ruheni, Charles Mangua, and Charles Githae, among others, had extensively incorporated romantic narratives in their novels before the emergence of HIV/AIDS fiction. Adalla, Meja Mwangi, Macgoye, Wamugunda and Macharia Mwangi are also deliberately appropriating and reworking a theme that had earlier proved popular among Kenyan readers before. Stephanie Newell (2002) has argued that writers do revise popular themes for various reasons and one of them is that these themes are easily recognisable by the readers and therefore, those readers are able to identify with the characters and themes that are dealt with in the texts. Writers borrow their subject matter, such as popular discourses on HIV/AIDS, from the public which they then recast within the same public after rewriting and reinterpreting.

The romance genre, as employed in these novels, shows how the HIV/AIDS crisis has impacted directly upon cultural and aesthetic forms in contemporary Kenya. The writers studied in this thesis make an important contribution to cultural production in Kenya because their works comment on, and more importantly, offer possibilities of (re)imagining and (re)creating new forms and practices of social behaviour in Kenyan society. Ogundipe-Leslie (1994) argues that literature cannot be said to mirror society in a mechanistic way. She points out that writers are involved in a creative intervention into
the world rather than a mere reflection of it (5). HIV/AIDS writers are not simply interested in showing the effect the disease has had on Kenyans or mirroring a certain reality out there. I argue that these writers are instead making an artistic intervention by proffering views on how to curb the spread of the HIV/AIDS phenomenon. For instance, the emergence of HIV/AIDS has led to a reorientation in how love relationships are initiated (Adalla, Wamugunda and Mwangi); marriage contracts have been redefined (Macgoye, Wamugunda and Mwangi); social responsibility such as the care of orphans is devolved (Mwangi) among many other issues of social and cultural significance in present day Kenya. Therefore, this literature opens up opportunities and possibilities of making inroads into understanding the social and cultural matrices operating in Kenyan society in a time of a pervasively destructive\(^5\) medical phenomenon.

The choice of the theme of sex in the fiction by the writers studied here is multifaceted. One could argue that, once again, the writers are picking on a popular theme that they suppose could appeal to many Kenyans as they struggle to understand discourses around sexuality at a time when different messages on the epidemic are communicated to the public each day. Sex in this writing assumes a complex character and becomes a channel through which writers comment on the wider complex interrelationships involving socio-economic, cultural and political realities in their societies. It is used as a theme that captures or shares similarity with people’s everyday experiences in their multifariousness. These writers therefore actualise micro-narratives on romance as

\(^5\) In a speech given on November 25 1999, the then Kenyan President, Daniel arap Moi, declared HIV/AIDS a national disaster. See [http://www.eastandard.net/eahome/story18022002001.htm](http://www.eastandard.net/eahome/story18022002001.htm), 2/18/02 and [http://www.nationaudio.com/News/DailyNation/To…/News47.htm](http://www.nationaudio.com/News/DailyNation/To…/News47.htm), 5/30/02.
implicated in the HIV/AIDS epidemic in ways that other discourses, for instance as represented by medical and media institutions, are not able to. Such discourses may be thought banal in the mainstream imagination and therefore ignored and consequently not find space in other media such as newspapers and the radio. Because of the ability to represent these micro-narratives, the fictional texts on HIV/AIDS become important sites for the articulation of hidden realities which are critical in the epidemiology and understanding of the pandemic in Kenya. This fiction can therefore be read as a sociological archive recording, (re)interpreting and (re)intervening in how men and women, the young and the old, the rich and the poor, the educated and the uneducated, the rural and the urban are responding to and tackling the complex phenomenon of HIV/AIDS. Writing on popular texts, Bodil Fredriksen (1991) argues that the popular text can enter into dialogue and possibly complement knowledge of the society gained through sociological and ethnographical research. She says:

Fictional literature written by persons closely involved in the process of social change constitutes a different kind of data, dealing with the subjective dimension of social situations …. Analysis and interpretation of this type of text may enter into dialogue with, and perhaps supplement, insights obtained from sociological and ethnographical material. (228)

Nici Nelson (2002) articulates similar sentiments in using the novel to read the representation of women and men in town and the city in Kenya. Similarly although in a different context Lisa Lindsay and Stephan Miescher, in their introduction to Men and Masculinities in Modern Africa (2003), use novels such as Chinua Achebe’s Things Fall Apart, Buchi Emecheta’s The Joys of Motherhood, T.M Aluko’s One Man One Wife,
Ellen Kuzwayo’s *Call Me Woman* and Sembene Ousmane’s *Xala* to show how major transformations in African history have profoundly affected male and female status and opportunities as well as relationships between men and women, men and men and women and women (1).

Through fiction, writers capture the complex medico-moral economy surrounding sex and sexuality in Kenya in the age of a deadly pandemic and display how contemporary HIV/AIDS discourse is used to (re)construct sexual behaviour. Writers like Macgoye show that sexual cultures and sexual meanings are constructed through a range of discursive practices across social institutions and that they change over time. Human sexuality and sexual behaviour is too complex to be analysed only in terms of morality or gender. Thus in *Chira*, Macgoye probes different moralities that can account for sexuality in the Luo/Kenyan society at a time when traditional narratives of explaining sexual behaviour – and disease and health – are threatened by emerging forces. Macgoye discusses the socio-sexual dynamics surrounding HIV/AIDS in Kenya and the making of everyday sexual history. She seems to suggest that sexuality is not a given but is constructed by men and women in their daily interaction with different social forces including disease, religion, culture, politics and economic forces. Fiction offers possibilities of imagining new ways of conducting sexual behaviour in Kenya, hence my argument that sexual cultures and sexual meanings are constructed and reconstructed through a range of discursive practices across social institutions.
This fiction also dramatises the tension between sexual pleasure and danger/disease on the one hand, and sexual excess and danger/disease on the other. This dramatisation shows how histories of local sexualities continue to shape and be shaped by discourses of pleasure and danger. Although some of the well-known writers of popular fiction in Kenya such as Mangua, Maillu and Ruheni have written about the dangers of sexual overindulgence before, fiction on HIV/AIDS makes these issues of immediate concern and gives them great attention by showing a correlation between sexual pleasure/excess and danger. With the emergence of HIV/AIDS, there is need for a change in perceptions and behaviour concerning the erotic. Sexual intimacy and sexual pleasure in romantic relationships could be sources of greater pain, disease and at the worst death. One can therefore read a linear progression in the representation of disease within the Kenyan popular fiction of the 1970s and the 1980s to the narration of HIV/AIDS in the 1990s. However, the narration of STDs or sexual danger in this case becomes more horrific in the imagery of HIV/AIDS and the writers highlight the dangerous connection between love and death in the present time. With the emergence of HIV/AIDS, sexuality becomes a domain of danger. The idea of pleasure and danger is used in this writing to shock imagined readers into grasping the reality of HIV/AIDS and subsequently police and produce appropriate sexual behaviour thereby suggesting the need to shape sexuality.

In *The History of Sexuality*, Foucault discusses the complex set of relationships among knowledge, power and pleasure and shows how these relationships are negotiated and contested at different periods in different circumstances. He shows that sexuality is produced in discourse and that the concept of discourse itself embraces a diffuse network
of power relations that shapes human lives. A question that has concerned this thesis has been how the body is implicated in accounts of sexual pleasure and the extent to which sexual pleasure accounts for body image. I have attempted to show that pleasure, implicated in romance and sex, is used to control bodies of people. Through an analysis of the primary texts, the thesis has shown that it is those people who are healthy who are allowed to form romantic unions and who will subsequently engage in sexual intimacy. Romantic unions are used to imagine a “healthy” society. Sexual excess for people like Catherine (Confessions), Nduku and Mumbi (Nice People) and Broker (The Last Plague) can only lead to infection with STDs and/or HIV/AIDS and even death. Getting infected with HIV/AIDS symbolises having engaged in sexual excess or in promiscuous behaviour and leads to society rejecting or alienating such a body as it is seen to stand for a dangerous sexuality that has negative implications for the well-being of the society. Society therefore tends to silence those who are HIV positive by eliminating them from the social equation of romance. With time, the HIV/AIDS body becomes an estranged body.

However, this view of the HIV/AIDS body is (re)constructed and revised in Confessions and The Last Plague. Catherine refuses to be silenced and forgotten. Like Broker in The Last Plague who immerses himself in the community’s fight against HIV/AIDS in order to inscribe his physical and social identity in a cultural space that threatens to silence and exclude him, Catherine sees writing as the only way of finding inclusion in this society because writing gives her agency to articulate her embodied experience of being HIV positive. She presents herself as a confessant and a victim in order to articulate her
concern about HIV/AIDS and other factors that she supposes increase its transmission in Kenya. She therefore constructs herself as someone to be remembered and her friend Marylyn as the one to do the remembering; the one to ensure that she is remembered by making the letter public: “I have good reason to think that if this letter were to be made public after you have gone through it, it would help transform the sexual behaviour of a section of our Kenyan society. I know I will bear the scorn and the stigma but it is the only sane thing to do” (83). The letter is supposed to act as an archive of her memories and experiences, which she sees as representative of the experiences of many others in the country infected with the AIDS virus. Writing enables Catherine to represent what would otherwise not be verbalised. Catherine cannot confess publicly for fear of being ostracised, but writing affords her anonymity of authorship, it gives her power/authority to initiate and direct public discussion or debates on HIV/AIDS. Her text is not just a confession: it is also an agenda-setting document that provokes and invites Kenyans to reflect on the reality of HIV/AIDS. Her personal narrative is representative of the untold tales of many fellow HIV/AIDS sufferers. The ability to write privileges her and makes some kind of spokesperson for the majority of “silenced” sufferers.

Both Catherine and Broker reclaim their bodies by turning them into sites of resistance and privilege. During Broker’s burial, Uncle Mark sees the large crowd gathered and then it dawns on him what Broker had wanted all along by immersing his energies and resources in reviving Crossroads: “Broker had not done any of it, not the least of it, for nothing…. The rogue did it to get us here…. To gather Crossroads round this unique grave” (448). Indeed it is a unique grave as Broker’s memory will live forever as attested
by his work in Crossroads. Other than seeing Catherine’s confession as a means of reasserting her self-worth, it can also be read as an important archive of HIV/AIDS literature because it shows how society could read HIV/AIDS bodies: she protests against common readings of HIV/AIDS and people affected by HIV/AIDS: readings that stigmatise and alienate them. Macharia Mwangi similarly calls for a revision of those discourses that demonise HIV/AIDS and alienate those who have it, by refusing to name the illness in the story.

A NEW GENDER MATRIX

In all the texts analysed in this study, there is a tendency to rely on stereotypical representations of gender relations and roles, such as the association of deviant moral behaviour – or prostitution – with women, the “domestication” of women, and the depiction of men as generally mobile, among others. In Confessions it is suggested that Catherine gets infected with HIV because of her promiscuous behaviour. Although the narrator shows that several socio-cultural and economic factors may have forced her to have multiple sexual partners, Catherine is nonetheless depicted as an immoral woman. Her confessions entail disclosing to her friend Marilyn about her implied promiscuity. At some point Catherine behaved like a prostitute herself, having numerous sexual partners within short intervals and selling her body to get money to support herself and her child. It is this kind of promiscuity that the writer warns against. In another instance she writes that those women who choose prostitution – although economic reasons may force them to – as a means of earning their livelihood have “their tickets on the underground train [as] a guarantee” (76).
In *The Last Plague* HIV/AIDS is also associated with immoral sexual behaviour and prostitutes are generally seen as carriers of disease. This is also the case for writers like Margaret Ogola, Yusuf Dawood and David Maillu that I talked about in Chapter One. They portray promiscuity as the major vector of HIV/AIDS. Broker only returns to Crossroads ailing from AIDS after running away with a prostitute to Mombasa where he got immersed in the world of women, sex and corruption. Wondering why Broker sleeps on the floor, Frank tells Janet not to worry about it because Broker “had had more than his share of beds” in “every hotel and boarding house and in every kind of bed ever invented by man; from bunk-beds in sleazy roadside motels to water beds and feather beds in luxurious five star hotels” (361). When Mzee Musa asks to know what “ate” the person in the coffin, the father says he lived like a rampant bull in the city and the rogue had no wife (11-12), insinuating that the son lived a promiscuous life. Another parent tells Mzee Musa, “my Nerita was a good girl… just out of college and not even married… she was not a prostitute or anything like that” (119). People like Head Faru believe that “Harlots and wayward men got their just rewards” (334) whenever they get infected with the virus. Although Mwangi tries to show that HIV/AIDS does not discriminate in choosing its victims, the idea that certain sexual practices like prostitution help spread the disease dominates the novel.

In *Nice People*, Mary Nduku and Mumbi die of AIDS related infections because of their immoral sexual lifestyles. Mary Nduku has a chain of male lovers, one of them a white man she claims to be a homosexual lover to her male servant. Mumbi is a self confessed
prostitute and is based in Mombasa where she entertains men from all over the world, especially sailors and tourists. Maimba is not only unfaithful to his wife, he is also promiscuous. He frequents the Nice People’s Rendezvous with young girls. Kombo also asks for sexual favours from any woman that seeks work in his company. Even in Chira, poor Julia is ready to sell sex to get some basic needs such as body lotion. After Gabriel sleeps with her, he realises that “it was not her first time” (20). Later, she is found by the roadside dying of AIDS.

Despite the association of HIV/AIDS with promiscuity, some of these stereotypes are extensively interrogated in the HIV/AIDS fiction. HIV/AIDS is presented as a crisis for the whole society. Men and women, old and young, rich and poor are potential victims and potential vectors of the disease. HIV/AIDS obliterates all difference in the deadly sameness of contagion. In fact in some cases, the traditional gender roles are reversed with Janet in The Last Plague being one such (good) example. Women are generally depicted as victims of the pandemic but Mwangi chooses a female figure that he adorns with power and authority to articulate his understanding of HIV/AIDS. Mwangi does apportion blame between the genders for the deteriorating moral standards and, in fact, leans heavily on men whom he depicts as “travelers and collectors” of diseases. Men such as Broker and Frank among many others who are brought home daily in coffins for burial are projected in the text as classic examples of this trait. Men run away from Crossroads fearing death but they only come back to die. It is believed that no one comes back to Crossroads except to die (139). These novels therefore are involved in

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6 Wamugunda shifts part of his narrative to Mombasa which as a coastal town attracts people from all over the country and the rest of the world; people like sailors and tourists that are said to be the greatest carriers of the virus as they travel a lot.
interrogating the cultural context within which the transmission of HIV/AIDS occurs and in envisaging the possibilities for its prevention.

All the writers studied here present gender as an issue that requires critical attention if the fight against HIV/AIDS has to succeed. In Confessions, Catherine blames the society for ignoring the needs of women and hence putting them under the supervision of men. Unequal gender status in intimate relationships and in wider social relationships is blamed for the spread of HIV/AIDS. For instance, patriarchal systems of belief make Catherine in Confessions portray gender as a source of victimhood. For her, gender, and femininity specifically, collides with the idea of victimhood. Being a woman means one is a victim of patriarchy and this victimhood further predisposes one to contracting HIV/AIDS. In The Last Plague, Janet’s main struggle is against culturally entrenched gender stereotypes that encompass notions of “proper” feminine and masculine behaviour. Most of these discourses put women in danger of infection with the deadly virus because they are not able to negotiate with their partners against potential infection.

Culturally defined notions of what it means to be a “real” man or a “proper” woman prevent men and women from practising safer sex and leads to men like Kata Kataa getting involved in traditional practices such as wife inheritance, putting both himself and his wives at risk of infection with HIV/AIDS. Mwangi interrogates “traditional” beliefs of masculinity and femininity showing that these are not fixed categories but can, and do, change in accordance with time and circumstances. The new disease is perceived as a threat to masculinity as well as femininity since neither men nor women can have
multiple sexual partners as they would wish. Mwangi shows this situation as affecting men more since it is men who are more promiscuous. He therefore attempts to redefine the meanings attached to masculinity showing that being responsible for one’s health and that of the partner is itself a sign of acceptable masculinity.

In *Chira*, Macgoye looks at a cultural belief that, though used positively to help people cope with a new phenomenon in their community, is also employed to deny the existence of the disease. Wamugunda’s construction of the notion of “nice people” is particularly captivating. It is an ironical reference to those people who are commonly presumed to be “clean” and healthy and therefore free of disease. These are the people who frequent The Nice People’s Rendezvous, a lover’s paradise in Pangani (97). The place has great significance in Wamugunda’s conceptualisation of STDs and later HIV/AIDS. The Nice People’s Rendezvous is a meeting place for people who can afford to buy sex. Mostly old men bring their young girls while old women bring their young men. The name itself is an ironic reference to people who visit because they want to believe they are “nice people”, in every sense of the word, while their sexual behaviour attests otherwise. They believe they are “nice people” because they are educated and rich. But these are the people (like Mr. Maimba) who get infected with STDs and HIV/AIDS.

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7 Some of the instances reference is made to “nice people” is made include the following: “She [Mary Nduku] was a nice girl who did not have as many lovers”; “major Kombo was a really nice man. Real nice” because he did not ask for any bribes (53). “He… gave jobs mainly to women” (52) after asking for certain bodily favors; Dr. Munguti’s mother wanted him to “grow into a nice man who never mixed with wicked Nairobi women” (59); “I am a nice doctor, I give you a clean bill of health” (71); “I had come to believe that I was a nice man who never moved with prostitutes and only dated nice girls” (89); “White men have no VD…. Mr. Brown is nice, he does not go with prostitutes” (91).

8 They include “justices of the peace, permanent secretaries, bankers, house-wives [of rich men of course], personal secretaries, registered nurses, headmasters, pilots, policemen, lawyers, members of parliament. All these people came for morning and afternoon sessions with their lovers. Others for overnight stays which
In *Nice People*, HIV/AIDS is represented as possibly resulting from certain privileges that come with changing times, for instance the ability to buy and/or sell sexual pleasure outside of marriage and intimate relationships. The author tells the story of HIV/AIDS in a linear progression from narrating the occurrence of STDs before the emergence of HIV/AIDS into the AIDS era. Wamugunda shows the rampant existence of STDs particularly in urban Kenya before 1980s when the first cases of HIV/AIDS were diagnosed. He associates the high rates of STDs with various factors including gendered power inequalities, poverty, general promiscuity, lack of proper government policy on containing STDs, cultural attitudes to STDs, lack of ethics among the medical profession on how to deal with people who get STDS and changes in communication and in the economic status of people. He portrays prostitution as a major factor contributing to the rise of STDs in Kenya. Prostitutes and promiscuous people are the ones most in danger of contracting STDs and HIV/AIDS at the end of the novel. One can deduce here that HIV/AIDS is presented as an already existing phenomenon. It is an existing idiom for sexual and moral transgression, but it intensifies a host of social contradictions that preceded it.

The same can also be said of Meja Mwangi. In *The Cockroach Dance*, Mwangi interrogates various factors that lead to infection with STDs and shows them to be cultural, political, social and economic. He later investigates these issues further in *The Last Plague*. In *Chira* too, the idea of moral transgression that is embedded in the notion ended at two or three in the morning so that the patrons returned to their spouses before dawn” (98). For this reason, the owner decided to name it Nice People’s Rendezvous.
of “chira” is later applied to HIV/AIDS in the idea of sinning. Some characters in the novel have joined a revivalist Christian community, where they are guided by the pastor and his wife. They believe that in order to respond progressively to the threat of HIV/AIDS they need a clear sense of right and wrong. In Nice People, The Last Plague and Chira, HIV/AIDS becomes a metaphor and a vehicle for expressing many of the fears and anxieties of postcolonial Kenyan experiences (Kurtz 1998). In The Last Plague, Mwangi likens the diseased HIV/AIDS body to the wasting in society at religious, political and cultural levels. In Chira, Macgoye sees corruption in modern Kenya as an illness that plagues the whole society and spreads from those highest in office to the rest. In Nice People, HIV/AIDS is used to interrogate issues of medical ethics and the commitment of government in dealing with diseases.

CONCLUSION

In conclusion, I would say that Kenyan writers find the language of sex, love and romance a convenient vehicle to articulate and voice a number of the immediate concerns in the Kenyan society. The kinds of popular “creative adventures” that writers such as Charles Mangua, Mwangi Ruheni, David Maillu, Mwangi Gicheru and other Kenyan writers initiated in the 1970s and 1980s brought sex, prostitution and commercialise(d) sex into the public literary space. These efforts can be construed as acts of redefining the social, cultural and moral space in Kenya. I argue that although they are writing in a different historical moment (engendered by HIV/AIDS), Meja Mwangi, Macgoye, Wamugunda, Adalla and Macharia Mwangi are engaged in the same occupation of
redefining the socio-sexual, cultural and moral space in Kenya through the representation of disease in their fiction.

These writers characterise relations of intimacy as being informed by the same economic and cultural prescriptions and notions that govern gender relations and which operate within the larger society. Such an analysis means that even when one talks about the possibilities of negotiation in sexual relationships, the terms of negotiation will vary with the specific socio-economic and cultural circumstances of the sexual actors involved. The writers show that the factors that influence the economies of intimacy are the same ones that determine the spread of STDs and HIV/AIDS. There is, therefore, a similarity in the epidemiology of STDs and HIV/AIDS in Kenya. The two are linked in an intricate system of socio-economic, cultural and political dynamics that, in turn, have several implications for gender, sexuality, sex, romance and love.

It is my argument that the representations of STDs and HIV/AIDS, in the novels, are much more than physical/physiological infections; they are also social and cultural diseases. This suggests that there is need for an analysis of the specific socio-cultural and economic contexts within which risk factors, the formation of intimate relationships, the creation of vulnerable groups and the spread of STDs and HIV/AIDS occur. The writers I have studied contribute to the fictional representation of an important epoch in the history of Kenya. They bring into focus a perception of a complex issue as well as offer possibilities that can help contain an overwhelming problem by reducing it to manageable dimensions. If the spread of HIV/AIDS in Kenya has to be contained, the solution does
not lie within medical interventions only. It is up to individual Kenyans to change their ways and to work together towards reducing the spread of the virus. After all, “A communal problem calls for a communal solution” (*The Last Plague*, 242).