CHAPTER FOUR

THE “TOTAL/REAL” MAN AND THE “PROPER” WOMAN: SAFER SEX, RISK AND GENDER IN *THE LAST PLAGUE*

INTRODUCTION

One particular emphasis in *The Last Plague* is the dramatisation of how ideas of sex – and consequently understandings of sexual risk and safer sex – are embedded in complex systems of socio-economic and cultural beliefs, values and ideals. These ideas are in turn deeply tied up with the understanding of gender and sexuality. A man only becomes a “real man” by conforming to certain types of behaviour associated with masculinity – like sexual prowess; a woman becomes a “proper woman” in relation to her adherence to particular cultural norms that demand subservience to men. As this chapter seeks to argue, people draw upon a complex set of culturally perceived notions of femininity and masculinity that circulate in their society when calculating the risk factor involved in sexual and intimate relationships.

In deciding to engage in safer sex or not, people take into account (although not always) the possible losses and benefits they may incur and accordingly they have to think about the risk factor involved in this undertaking. Some of the risks that may be involved for men for instance include fear of losing the identity of a ‘real’ man. As a result, the idea of calculating risk for men in Crossroads is tied to masculinity and its retention and sustenance. For women on the other hand, there is fear of embarrassment, stigma, ridicule, loss of status as a ‘proper’ woman, desertion by husbands/lovers, emotional and/or economic sanctions and outright physical violence in response to attempts to calculate risk and negotiate safer sex.

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The underlying argument in this chapter is that the socio-economic and cultural environments in which sexual relationships occur determine how risk taking, risk calculation and risk reduction are negotiated and played out in relation to safer sex. The chapter examines how Meja Mwangi engages with this set of ideas in *The Last Plague*. It begins by looking at risk and how individuals conceptualise risk. It then proceeds to look at how notions of “real/total” men and “proper” women are constructed in the text and the different implications such constructions have for both men and women in their aim to practise safer sex. Consequently, I look at how Mwangi reassesses traditional beliefs and practices that put individuals at risk of infection with HIV/AIDS.

**CULTURAL CONSTRUCTIONS OF GENDER, SAFER SEX AND RISK**

*The Last Plague* examines the enigma of HIV/AIDS. Set in a fictitious community called Crossroads, the novel captures the desolation occasioned by the HIV/AIDS pandemic with its community members dying daily. The text focuses on the efforts of one woman, Janet, to combat the spread of HIV/AIDS in the community, although her efforts are tempered by resistance from men and suspicion from women. The plot of *The Last Plague* is built around Janet’s efforts to sensitise her community to the debilitating effects of HIV/AIDS by advocating safer sex and avoidance of risky sexual behaviour. She distributes condoms to men and birth control pills to women in the community. In this undertaking, she has to withstand the rebuke; threats and open intimidation from the men in the community led by the local representative of the government, the Chief. Little attention is paid to Janet by the members of the community when she gives out free condoms to the villagers until Broker, her runaway husband, comes back home ailing from AIDS. Broker cashes in on the dire
situation in Crossroads and starts selling the condoms that Janet had been distributing freely before. Broker’s approach yields immediate results as men and women, young and old alike are curious to know more about the condoms. Broker finally dies leaving a question on everybody's mind: will this plague wipe out Crossroads? Janet’s efforts to get women to use birth control pills, negotiate safer sex with their husbands and to get the men to use condoms are undermined by the existing “traditional” notions of sex, sexuality and gender held by the people of Crossroads; notions about how a “real” man and a “proper” woman should live out their sexuality and gender.

In discussing issues of safer sex and risk reduction, there is need to take into account the way in which high risk sexual behaviour is embedded in systems of socio-cultural, economic and political exchange particularly those systems of exchange which typify gendered power relations between men and women. Indeed, a number of complex cultural constraints regarding sex, sexuality and gender may serve as overwhelming barriers to an individual’s capacity to engage in consistent risk reduction (see Michael Clatts 1995). There is therefore a need to examine the factors that influence people’s understanding of gender and sexuality and how they live it.

In The Last Plague, Broker tells readers about the different factors that hinder a successful practise of safer sex in Crossroads:

He told the journalist of the poverty of the people, the conditions that rendered the community incapable of affording the most basic hygiene and medicine, let alone latex condoms. He talked of the ignorance that shackled the people to the earth like beasts of burden and the illiteracy that made it impossible for the community to understand Aids, and its potential for annihilation. And, of course, there were not just the economic and the literacy factors to consider.
There were also the cultural and the social dimensions as well. The many men who foolishly argued that wearing a condom to have sex was like wearing gumboots to bed, or taking a bath while fully dressed, and insisted that there was no joy in it at all. For Janet, a woman in a land full of men who prided themselves in being the most virile and the most total men in the world, to face them and tell them they were wrong needed a lot more than mere dedication to duty. (375; emphasis added).

Janet has to try and make people in Crossroads change their perception about these social and cultural constructions of gender and sexuality in order to control the spread of HIV/AIDS in the community. Various scholars in Africa have recognised the need to contextualise studies of the pandemic in order to grasp the veracity of different claims made from such studies. Some sociologists, anthropologists and psychologists have argued that since individuals are not free agents, risks can best be understood as social constructs within particular historical and cultural contexts. The underlying claim by these scholars is that the study of risks – their perceptions, interpretations, assessment, management and reduction – should not be treated independently and separately from the intricate socio-cultural, economic and political environments in which people experience them. This is because the context in which people find themselves largely determines the constraints or successes that they face in trying to avoid risk.¹

Within medical discourses, it has been suggested that the understanding of sexual practises that are “risky” and individual practice of safer sex or risk reduction behaviour is the primary avenue for prevention of HIV/AIDS and other STDs that put

people at risk of HIV infection. As a result, several behaviour change models have been suggested to help in HIV/AIDS prevention (see Yates 1992). Among these models is the AIDS Risk Reduction Model (ARRM) that Yates argues was designed to provide a framework for explaining and predicting the behaviour change of individuals specifically in relationship to the sexual transmission of HIV/AIDS. A three-stage model, ARRM suggests that in order to change behaviour, an individual must first label the behaviour as risky, then make a commitment to reduce the behaviour, and finally take action to perform the desired change. Factors influencing movement between these stages include fear/anxiety, alcohol and drug use and social norms. Although this model is argued to be among the most commonly used in HIV prevention to hypothesise how behaviour change occurs, the model fails to take into consideration the socio-cultural factors that influence, and may limit, an individual’s behaviour choices and ability to take action. The model therefore seems to build on the assumption of the rational actor; that once an individual is well informed of the causes and effects of HIV/AIDS, behaviour change would occur to avoid risk of infection.

In regard to the observations made above, the popular ABC rule (Abstinence, Be Faithful and Condomise) of safer sex, which is also based on the idea of the rational actor, appears problematic. As researchers such as Mary Douglas & Aaron Wildavsky 1982, Mary Douglas 1992, Michael Clatts 1995 and Janet Bujra & Carolyn Baylies 2000 have shown, there are various socio-cultural and economic factors that determine how individuals and communities understand risk. Within intimate/sexual relationships these factors also determine how individuals rationalise risk and calculate risk. As I argue in this chapter, one significant aspect of intimate or even
social relationships is the fact that they are tempered by social and cultural practices that at times condition individuals to make particular sexual and intimate choices that put them at high risk of infection from HIV/AIDS. Various forms of security, assurance and/or insurance arrangements in social and intimate relations determine how men and women calculate risk and engage in high or low risk behaviour. If risk is taken in a broader sense to mean what Yates calls “the possibility of loss” (1992: 4), then it means that there could be many losses involved in considering taking a risk. Subsequently, the worth of a risk will depend on these other loses, depending on whether they can be tolerated or not. Yates writes:

In risk taking situations, risk is one – but only one – significant aspect of the available options. Accordingly, from the decision maker’s perspective, the worth of such an alternative can be characterized as:

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\text{Worth} = f(\text{Risk, other considerations}),
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where the chance of an option being selected increases with its ‘worth’. If risk is intrinsically repugnant, the reason an alternative that contains risk is not rejected out of hand is that ‘Other considerations’ must include attractive benefits, as well as perhaps additional negative features. (3)

What Yates implies is that the challenge of making a successful decision when calculating risk is a complex process that involves taking various factors into consideration. Carl Kendall (1995) similarly remarks that risks do not occur in isolation from other risks and shows that in assessing the construction and prevention of risks in HIV/AIDS control programmes, a hierarchy of risks and the social context in which they occur needs to be presented (257). In *The Last Plague* Mwangi attempts to show how socio-cultural definitions of masculinity and femininity impact on the practice of sex and sexuality and therefore individual’s choice to practise safer sex.
In the novel, sex and sexuality play a large part in discussions of men and masculinity, women and femininity. Existing scholarship on gender studies claims that dominant ideologies of masculinity and masculine sexuality are fundamental in structuring men’s sexual practices, sexual subjectivities and sociosexual relations (Ogden 1996; Wilton 1997; Baylies and Bujra 2000). These ideologies include the construction of sexual control and knowledge as male, the privileging of male sexual pleasure and intercourse as defining principles of heterosex, the notion of an uncontrollable “male sex drive”, an association between masculinity and risk-taking and the allocation of responsibility for sexual health to women. On the other hand, female sexuality is constructed as passive and controlled, sometimes even as non-existent.

The construction of myths around masculinity and femininity and its attendant ramification for HIV/AIDS prevention is the situation that Janet faces in The Last Plague. In the text the idea of “total” and/or “real” man encompasses the notion of masculinity. Being a “total” man in the language of Crossroads’ men entails not using condoms as this reduces the sexual pleasure – what Wilton (1997) calls the “culturally agreed pleasure [of] unmediated penis/vagina contact” (34). It also entails being polygamous and having multiple sex partners as a sign/proof of virility and of course

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2 The physical performance of male sexuality has been identified as one of the markers of masculine identity. Michael Flood (1995) says that “We can find evidence for this in heterosexual men’s accounts of their experience of sex with women, and in the significance for men of failure at appropriate masculine sexual performance. In regard to the former, Hite’s (1981) surveys disclose the experience of penis-vagina intercourse as verifying male identity. Failure at masculine performance (loss of erection or lack of erection in particular) is experienced by men in deeply gendered terms, as threatening the loss of their manhood, and induces in many men humiliation and despair [Tiefer: 168]” (http://www.xyonline.net/Heteromensexuality.shtml). Segal (1997) also observes that men often experience anxiety about sexual performance, feelings of shame and embarrassment at the thought of sexual incompetence and humiliation at the prospect of appearing unmanly. Segal’s and Flood’s observations reveal that men attach their masculine identity to physical sexual performance.
being wealthy. In addition, a “total” man does not negotiate with a woman (or women) about sex because the hegemonic construction of masculinity dictates that the man has sexual knowledge and control and because of this control, no woman can/should resist his sexual advances. Studies from different parts of Africa have also confirmed the existence of notions of “real” men and further discussed how this construction of masculinity impacts on the practice of safer sex through condom use. In a study done in Lushoto in Tanzania, Janet Bujra (2002) found that men organised masculinity similarly to the situation represented in The Last Plague. Her study revealed that

Men spontaneously rehearsed a view of themselves as men in relation to sex. They were the initiators of sexual activity, the decision-makers as to when and how sex took place; strong men did not ‘negotiate’ with women. They might refer to their ‘uncontrollable sexual urges’ that mark them out as ‘real men’ making it difficult for men to plan safer sexual encounters and that certainly exclude the possibility of abstention. (220)

Many episodes in The Last Plague reveal the existence of the idea of “real” men. When discussing the sale of condoms that were initially free, Broker confirms the existence of the idea of “total/real” men amongst Crossroads men to Janet and tells her how this understanding may impact negatively on her work:

You know, you have a tough job here…. It is not easy to convince men that a condom does not affect their native virility; especially such pig-headed total men as you have here. I should know, I was one of them…. Just sell the condoms, it is that simple. Stop giving them out free and sell them…. I know for certain that no one will buy condoms to throw away. So I’m certain that they will use them (242 – 243; emphasis added).
Other instances in the text confirm this metaphor of a “total man”. When Janet sues Kata Kataa for wanting to “inherit” his late brother’s wife – the brother having died of AIDS – Kata Kataa \(^3\) declares, “I am a total man…. Everyone knows that” (82). He therefore believes that he has to inherit his brother’s wife, Monika, and he will not use condoms as a safeguard against HIV/AIDS since, as he says, “I am a man [and] I am not afraid of anything” (76). Grandmother tells Janet to leave Kata Kataa to face his fate as a man (59). As a result, risk-taking becomes a feature of masculine identity and to care about safer sex means emasculating oneself. As Tamsin Wilton (1997) notes: “if we consider condoms, it becomes obvious that for a man to use a condom while having sex with a woman is ideologically risky. He is putting his masculinity at risk by doing so, because condom use is feminizing” (33-34). This is because, Wilton continues to argue, the man “accepts or takes responsibility for his partner’s and his own sexual safety. Risk-taking is generally constructed as masculine and hence feminizing, while to be concerned for/about safety, especially during heterosex is constructed as feminine” (34). Therefore, to enact and embody masculinity means continually to prove one’s difference from stigmatised and disembodied femininity,\(^4\) a situation that impacts in clear and direct ways on the practice of safer sex.

The need to prove his masculinity is especially urgent for Kata Kataa who is seen as the keeper of traditions in Crossroads. He is described as “the all-knowing and all-powerful custodian of Crossroads traditions” (58). The narrator says that “Kata Kataa

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\(^3\)The Swahili name Kata Kataa translates into English literally as ‘to refuse completely’ and literally as ‘the stubborn one’. Therefore Kata Kataa’s name testifies to his stubbornness or rather his refusal to embrace change with regard to sexuality and marriage and circumcision customs as dictated by the presence of HIV/AIDS in the community.

\(^4\)See Michael Kimell (2001) who argues that masculinity can be taken as an escape from femininity.
was the village herbalist, diviner, fortune teller, witch-doctor and chief circumciser. The community held him in great awe. He was feared by everyone, including those who claimed to have found salvation and been liberated from traditional beliefs and anxieties” (32). Kata Kataa therefore represents the “traditional” aspect of Crossroads and has to strive to protect these traditions. He tells Janet that “one must carry his brother’s burden…. It is our custom” (76). This view is also supported by the elders in Crossroads. After Janet sues Kata Kataa seeking help to stop him from inheriting Monika whose husband had died from AIDS, Chief Chupa and the elders support Kata Kataa saying that he must inherit his brother’s wife and have children with her because “it is his right and privilege” (87).

Kata Kataa’s wife, Julia, has internalised this notion of the “real” man and therefore finds nothing wrong in her husband inheriting his late brother’s wife. She is very offended when Janet tells her to stop him:

“Is that the important thing you wanted to talk to me about?”
“It’s more important than you think,” Janet told her. “Solomon died from Aids.” The silence that followed this revelation was as cold and as deep as the old Black River. Julia considered several angry things, among them giving back the cup of tea and never again coming to visit her sister.
“My husband must care for his brother’s family,” she said finally. “You know that too; it’s our custom”. (55)

Julia further tells Janet that she cannot stop Kata Kataa from taking his late brother’s wife or ask him to use condoms because he is a “traditional” man (56): in other words, a “real/total” man who does not take any advice from a woman. She fears that people in the community will think of her as not being a “proper” woman if she tries
to talk her husband out of inheriting Monika since tradition stipulates that he must do so and that she, as his wife must understand and accept this. Julia’s conversation with Janet, quoted above, shows how women themselves come to embrace certain traditional practices that in the context of the HIV/AIDS epidemic may endanger their lives because of culturally determined conceptions of what it means to be a man or a woman. When Janet tells Julia to use all means available to stop Kata Kataa from inheriting Monika, including threatening to leave him, Grandmother is shocked and exclaims “Hauui!” What are you telling your sister now? You know she cannot leave her husband. Where would she go? ... Do you want her to be alone and helpless like you?”(56-57). Grandmother’s argument is that Julia belongs to her husband because she was “bought and paid for completely” (57). She therefore has to submit to his sexual desires. The proposition that Julia can refuse to have sex with her husband as Janet suggests is the most “unwomanly”, insane and insulting advice that one could give to a sister according to Grandmother.

Another concern for grandmother is that Julia needs Kata Kataa to provide for her materially and therefore if she leaves him, she will be helpless. For Julia, efforts at self-protection are limited by dependency on her husband for material support. Income has been cited as a major and significant predictor of HIV status in women around the world with lack of economic autonomy appearing to be the major impediment restricting the ability of women to control their own sexual decision-making, regardless of their HIV status and sometimes that of their partners/clients (Baylies & Bujra 2000; Wilton 1997; Nnaemeka 1997). For example since Janet is economically independent of both her family and friends, she can afford to defy culturally imposed sanctions that force women to depend on men and stay in abusive
and/or unsatisfying relationships. Janet refuses sexual advances from men after her husband deserts her and when Broker finally returns home, she refuses to take him back into her life because he is ailing from AIDS and because he deserted her and the children. However, Julia needs her husband for security, both emotional and material. Consequently, her sexual decisions are circumscribed by this understanding. Elisa Sobo (1998) suggests that for some women,

Sexual decisions... are based largely on cultural ideals for heterosexual relations and gender roles that leave most women emotionally and socially dependent on relationships with men, and affect their perceptions of risk such that unsafe sex seems a safe bet. (205)

For these women their response to HIV/AIDS affliction is tied to the continuous search and struggle for security, a situation that can be read as what Susan Whyte (1997) terms being “actively and intelligently engaged in creating a degree of insurance despite the lack of assurance” (18). Therefore, Julia cannot leave her husband because without him she has no place as a “proper” woman in society and because she depends on him for material support. Infuriated with Janet’s insistence on Kata Kataa leaving Monika, she tells Janet, “I am a married woman.... I’m not like you who has no one to tell you what you must do.... We [Julia and Monika] depend on our men. We are not prostitutes” (56-57). To avoid being labelled a prostitute, Julia must stay with her husband and allow him to inherit Monika despite the danger this poses to her health and well-being. It is only within the confines of a stable, long-lasting relationship with a man, however unhappy one may be in such a relationship, that a woman can earn respect as a “proper” woman without incurring the label of “prostitute”. The woman in such a relationship has to be submissive to the man to further retain this respect from society.
In her discussion of the social construction of the “proper” woman in Kampala, Jessica Ogden (1996) notes the prevalence of this attitude among both men and women. In almost a similar study but one that focused on the struggles of women for socio-economic independence in urban and rural areas of Uganda and western Kenya, Christine Obbo (1980) notes that in an attempt to confine women within patriarchal ideology, women were always reminded that “the pride of a ‘proper’ woman is a husband, with the warning that they may miss out on this blessing or fulfilment through insufficient submissiveness” (8). The blessing in this case is societal acceptance as a “proper” woman.

Clearly, Julia is caught up in the throes of traditional beliefs about “appropriate” female behaviour and is willing to risk infection with HIV/AIDS to uphold the label of a “proper” woman and in order to retain the love of her husband. It is significant that although women like Julia may appear as if they are merely passive and “pinned” down by their men’s power, adopting such seemingly passive behaviour of passivity could also be women’s strategy of survival as some feminist critics have argued. In her reading of Grace Ogot’s novels and short stories, Florence Stratton (1994) recognises that there are various ways that women use to subvert patriarchy and that one of them could be to conform to social norms and customs, however restrictive they may be. Christine Obbo (1980) also notes that in certain parts of Uganda and Kenya, women conformed to culturally prescribed forms of behaviour – like those of motherhood and wifehood – as a strategy for survival and also to maintain peace in their marriages (101 -103). Referring to another context, Elisa Sobo (1998) observes that women may also choose to practise unsafe sex albeit with full knowledge of the

5 See also Margaret Jean Hay and Sharon Stitcher (1995).
dangers involved as a psycho-social strategy to sustain their marriages and therefore portray a positive picture of themselves:

Women actively use unsafe sex as part of a psycho-social strategy for building and preserving an image of themselves as having attracted a good partner and having achieved the conjugal ideal. It is often noted that, in addition to indicating social distance, using condoms announces that partners are not sexually exclusive and signals a lack of mutual trust. Accordingly, condom use denotes failure in a relationship. Conversely, because of the trust and closeness that it connotes, unsafe sex signals the perfect union. (208)

Sobo’s idea of the conjugal ideal is quite interesting because it points to some of the reasons why women tolerate their husband’s or lover’s unfaithfulness and also why they may have unprotected sex. The reason is that women want to paint a picture of having attained the conjugal ideal, meaning that they are in a healthy relationship that involves a healthy, disease-free partner – a partner who need not bother with condoms; a partner who, because he is monogamous, carries no germs (136). Like the conjugal ideal that women use to portray a respectable image of themselves, Lindy Wilbraham (1999) also discusses a similar process at work in the construction of adultery. Using Michel Foucault’s (1986) analysis of monogamy and power, Wilbraham discusses how adultery is culturally constructed to favour men while putting the blame on women: 6 “A husband’s adultery is perceived as a harmless indiscretion of weakness, and if such an indiscretion becomes publicly known, the

6 Scholars have also noted that within HIV/AIDS discourse, women have been represented as “promiscuous transmitters of HIV to hapless male partners or as innocent victims of morally degenerate men” (Wilbraham 1999: 154). Square (1993) also remarks that “discourse on AIDS – medical and social policy writing, political rhetoric, media representations and public talk about HIV/AIDS – tends to ignore, sideline or pathologize women” (Cited in Wilton 1997: 3). What I find most interesting in The Last Plague is that Mwangi seems to blame men more for the spread of the epidemic. Since, as I have noted women are blamed more for the spread of the epidemic, Mwangi could be shifting the gaze of blame to men also.
woman risks her subjective status as a wife and as a partner capable of monopolizing his sexual pleasure” (175). Because of this understanding, Wilbraham voices the concern raised by Foucault that a wife is obliged to forgive or tolerate her husband’s indiscretions because this saves her sexual and social honour as a “proper” woman and good wife who proves her continuing love and affection for the man (175). This creates a situation where specific sexual behaviour changes cannot be addressed in isolation from gender roles and expectations, social obligations and the high value that particular individuals place on intimate relationships within or outside of marriage.

The failure to use condoms has also been associated with how the use of condoms has been presented to society, and with how this presentation impacts on intimate relationships in the context of HIV/AIDS. The failure or refusal to use condoms in intimate relationships lies in the social and cultural constructions of love and trust and similarly in the ways condom use has been socially constructed and advertised (see Moore, Hall and Rosenthal (1992). Condom use has been advertised as a means to protect against STDs and especially HIV/AIDS and it is for this reason associated with sexual promiscuity or “queer” sexual practices, and disease. Regarding love, they note that love is socially constructed using words like intimacy, faithfulness, trust and care. As a result, in sexual relationships, trust and fidelity become almost synonymous with protection.7

7 Still, concepts of faithfulness and trust cannot be taken for granted for they are strongly linked to gender inequality. Practices of faithfulness and trust are culturally constructed with women expected to be more faithful and trusting while men are allowed to be sexually adventurous (Lorraine, Hankins and Bennet 1996; Bond et al 1997 and Baylies 2000). These factors play a crucial role when individuals try to avoid or decide to take risk by engaging or not engaging in safer sex.
Condom use tends to go against this concept of love because the prevailing socio-sexual scripts do not associate safer sex (condom use) with love and trust. Carolyn Baylies (2000) notes that “women’s ability to negotiate [for safer sex] may be greater in casual encounters or in more straightforwardly commercial transactions than within ‘trust’ relationships and particularly in marriage” (8). To suggest condom use with a partner implies that one or the other has previously engaged in promiscuous sex and this can cause serious damage to a relationship and especially marriage. Such a situation implies that certain choices have to be made when calculating risk: that one has to weigh the options (and their benefits and losses) of taking or not taking a risk and the consequences of this. It is no wonder then that Julia would rather let her husband inherit his late brother’s wife than lose his love and trust in her, although she knows the full implications of this act of inheritance as Janet has explained it to her. However, women suffer more in intimate relationships because the social and cultural scripts that govern such relations demand more trust and commitment from women while men are not held down by these ideals. Beth Maina Ahlberg (1991), in discussing the politics of sexuality in Kenya that lead to women’s subjugation by men, urges researchers to see “love and sex as an integral part of the contradictory processes which are oppressive to women” (40). Therefore, romantic discourses are important in analysing some of the factors that contribute to the spread of HIV/AIDS.

Whereas women may practise unsafe sex with the hope of earning the love of their husbands/lovers, men will practise unsafe sex in order to prove their virility. Sexual virility becomes yet another way that men in Crossroads prove they are “real” men. In the novel, the myth of male virility is linked to the ability to sire children who will

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carry a man’s name when he is dead. This could be the reason why men in Crossroads are opposed to using condoms and their wives using contraceptive pills. Resistance to condom use, and other contraceptive methods, is also linked to the high value placed on fertility. Caroline Bledsoe’s (1990) study of resistance to condom use in Africa and particularly in Kenya reveals that resistance to condom use “takes root in the high value placed on fertility in many African cultures including many cultures in Kenya” (cited in Celeste Fraser Delgado, 1997: 133). She further says that many women have difficulty convincing male partners to use condoms “because fertility is expected, even demanded, of a viable relationship…. Denying a man children risks a number of things, among them, that he will stop supporting her and find another woman” (ibid). ⁹ Therefore, it is not just having sexual vigour that is at issue in proving a man’s masculinity; the need to see the result of one’s work is also paramount. For instance, for Crossroads men, to impregnate their women is not just to ensure that one has children but it is also a way of putting them under one’s control.

Most men in Crossroads despise Janet because she forces them to confront the dangerous sexual habits and practices they construe to be markers of their masculinity but which predispose them to risk of HIV/AIDS infection. Men as well as women in Crossroads are opposed to Janet’s actions because, as Susan Whyte (1998) observes in another context, “trying to bring about change in gender relations constitutes a cultural offensive”. ¹⁰ At the same time, Janet preaches against the culturally

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⁹ Many studies from around the world have documented the fact that women are sometimes forced to bear children despite the fact that they or their husbands may be HIV positive. This is due to the value that men place on children and also due to the cultural expectations that a successful marriage is defined by the woman’s ability to bear children (see Baylies and Bujra 2000).

¹⁰ Quoted in Bujra (2002: 213). Indeed Grandmother constantly reminds Janet that what she is doing, telling men to use condoms and asking women to use contraceptive pills and therefore not have children, is unheard of and culturally wrong.
constructed forms of feminine compliance and conformity that put women at risk of infection with HIV/AIDS. She makes men realise and face up to their failures as men, as husbands and lovers by telling them that in spite of the claim to being “total/real” men they have failed and their masculinity is their damnation. It is no wonder that the men have propagated myths about her being an “old eunuch from Mombasa, a neutered creature with empty scrotum sacks as large as elephant udders, masquerading as a woman” (68). These men use masculine terms to describe Janet because she challenges the very root of manhood through claiming control over her sexuality and also by “inciting” other women to do so. Mzee Musa for instance believes that what Janet needs to make her “feminine” – a “proper” woman – is “a man, to beat her and make her pregnant” (68). Making women pregnant therefore is seen as a means of controlling their sexuality and therefore of taming them. In Crossroads, masculinity is seen as what Wilton (1997) terms “that-which-fucks-women [into submission]” (34).  

The Last Plague therefore presents masculine sexuality as intimately linked to male gender identity. As a result, the successful physical appearance and therefore physical performance of masculine sexuality is essential for the confirmation of men’s masculinity. The concept of male virility in the text further finds expression in the metaphor of the bull. In this metaphor, men are seen as having insatiable sexual appetites such that they would not even let their women rest. Even Grandmother who at certain times believes in the idea of “total” men finds this image of men as

11 In The Politics of the Womb: Women, Reproduction and the State in Kenya (2003), Lynn Thomas writes about oral traditions that indicate that the local social order emerged from the taming of reproductive and sexual order. She argues that stories from Central Kenya and Meru “link social turmoil to unruly women and aberrant sexual acts, suggesting that people in these communities have
“sexually charged” unpleasant to women’s experiences. She tells Big Youth: “You go to school….You will end up as useless as your uncles…. The goat thieves who call themselves men…. The oxen who will not let women sleep at night” (46-47). A parent in the text mourns that his son died of AIDS because “The rogue had no wife or children. He lived alone, all alone, like a rampant bull, in the city” (12). In the text, HIV/AIDS is also compared to a bull. Uncle Mark tells Broker that the “Plague hit us like a mad bull from hell” (196). The image of the bull is associated with strength, virility, with insatiable and uncontrollable/uncontrolled sexual appetites. Indeed Hanna Habari laments that her husband “will not let me sleep at night and the last child is still suckling” (37). According to Uncle Mark, Janet does not approve of such men, and “Crossroads was full of such men – rampant, lecherous bulls” (67; emphasis added).

The metaphor of the bull evokes not only images of raw strength, of virility, of power, but also of brutality and destruction. Meja Mwangi uses this metaphor to show the sexual perversity of men in Crossroads and how these untamed sexual energies will lead to their destruction. Even old men like Uncle Mark and Mzee Musa at times refer to themselves or call each other “old bull” (1, 15, 52). One reads that when Mzee Musa dreams about Janet, he would begin breathing like an old bull engaged in mortal combat. By using the analogy of the rampant bull and the sexuality of Crossroads’ men, Mwangi satirises senseless and excessive sexual desires and exploits in men. The author for instance presents Chief Chupa in a derisive light. Chief Chupa is caught between commitment to his duty as a representative of the government – and the fact that he should be urging people to listen to Janet and use condoms – and the

long associated social harmony and success with a patriarchal order that can effectively manage
myth of being a “real” man. He tells Janet about his sexual conquests and experiences with women and when she asks him to set a good example by using condoms he says, “I can’t use kodom…. I am the chief” (82). For Chupa, being the chief means that he is a “real” man and to prove this, he has multiple sexual relationships with women. He even tries to woo Janet who is admired by most men in Crossroads and who is most difficult to conquer, to further prove his masculinity. He tells her that he would use condoms if she accepted his sexual advances and when this line of argument fails, he reminds her about his wealth and promises to care for her and save her from the “foolish” job of trading condoms and contraceptive pills. He is therefore very angered by her refusal to submit to his demands to marry him because “in all the years he had been chief, he had never been so blatantly and persistently resisted by a woman. But he knew that one day he would catch up with her. He would not rest until he had conquered her. What for was he the chief if he could not have her as well?” (82). Realising that Janet is serious in rejecting his proposal, chief Chupa threatens her: “then you are finished…. You cannot defy me like that. I am your Chief. I will not allow it. You will see” (83).

To return to the implications of the metaphor of the bull to underline how cultural beliefs are appropriated and deployed to construct masculine identities, I argue that the bullish behaviour implied in this metaphor also points to victimisation that imperils the interests or lives of the victims as Hanna’s example shows. The metaphor of “the bull” therefore supposes not only virility and excess energy, it also presumes impulsive, forceful and risky conduct in the belief that “the bull” has a right to “the cow” or what it seeks from “the cow” – mere sexual gratification without considering sexuality and reproduction” (14-15).
the implications. Bullish behaviour accordingly involves ignoring danger and risk and harm. It implies animal behaviour which is instinctive, irrational and in this case, risky.

In this bullish environment, faithfulness is seen as a woman’s concern while men are permitted by socio-cultural practices and beliefs and personal choices to have as many wives and lovers as possible. Yet the woman has to win the husband’s love and trust by remaining faithful to him even when she knows clearly that he does not reciprocate this faithfulness. Hanna for instance tells Janet that she loves her husband and is faithful to him despite knowing that he is unfaithful to her. Eventually, Hanna confronts her husband about his promiscuity after Janet gives her a book showing bodies infected with AIDS only after which he consents to use condoms. However, he warns her not to tell anyone because if other men knew that he was using condoms they would consider him a coward and a lesser man (356).

A question that one might want to ask from the confrontation between Hanna and her husband, as well as the scene when Julia confronts her husband Kata Kataa and threatens to leave him if he does not agree to her demands to use condoms, is whether these men agree to practise safer sex for the love of their wives and care for their health or because they are scared of dying. Could it also be that the men are

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12 Previously, I noted that Julia did not mind her husband Kata Kataa inheriting Monika his brother’s widow. However, Janet continues to put pressure on Julia, informing her that since Monika’s husband died of AIDS, there was a very high probability that she too may have been infected with the virus and as such, if Kata Kataa inherits her (according to tradition Kata Kataa would have sexual and procreative rights over Monika in order to continue his brother’s name), Julia will be infected with HIV/AIDS. Julia, with influence from Grandmother refuses to listen to Janet until Janet shows her a book containing pictures of diseased AIDS bodies that Broker had bought for her. Terrified, Julia takes the book to Kata Kataaa and shows him the pictures, threatening to leave him if he does not agree to her demands (not to have sex with Monika and to use condoms). But when she finally returns the book to Janet, she tells her that “Kata had been so shocked by the pictures in the book that he had finally talked about those things” [condoms] (386).
worried about their bodies being rendered weak by HIV/AIDS with the possible result of not being able to perform sexually? Do they feel that safer sex challenges their masculinity? Or could it also be that men are uncomfortable with the fact that if they accept to use condoms, women will have control over their sexuality? For example, when Julia tells Kata Kataa that she has to protect herself, he gets very angry and although he later consents to use condoms, he threatens to kill her if she is unfaithful to him: “If I ever catch you with another man…. I will kill you. Do you hear me? I will kill you” (387-388). Kata Kataa’s response to the use of condoms reveals the unease with which men come to accept the need to have safer sex. Even after consenting to use condoms, they still feel the need to reassert their authority and control, a situation that can lead to more control over women’s sexuality by men.\footnote{Wilbraham (1999) discusses how men construct power over women’s sexuality with regard to social perceptions of monogamy. Citing Foucault (1986), Wilbraham says that Foucault “introduces power into monogamy by defining it as “the monopoly on sexual pleasure” (165), with monopoly connoting sole privilege, exclusive control or possession. In particular discourse, it is clear that power inscribes men and women differently in terms of these rights to exclusivity” (161).}

This is because the notion of safer sex is a risky undertaking for men as it makes possible the prospect of a woman taking control of her own sexuality.

Crossroads men are not totally blind to the consequences of the plague. They feel that the new disease threatens not only their sexuality and how they go about conducting their sexual relationships with women, but also their masculinity. It could also be that men are scared about the possibility of their intimate partners infecting them with the virus since they expect to be in control over women’s sexuality and also their own sexuality. The idea that sex with a woman can render their bodies weak is cause for a lot of anxiety. Uncle Mark laments the vulnerability of men due to HIV/AIDS but
also critiques the failure by men to have safer sex in order to survive it. He does this by comparing his old watch to the old times when men were indestructible:

Uncle Mark glanced at his old watch. It was an old Kienzel, heavy and solid with real chrome and real old leather and did not have a piece of plastic in it. He considered it a work of art, created like the men of old, to be tough and indestructible and resistant to adversity. A true symbol of strength and reliability; conceived back when men had time and had the intention to conquer it. Men who made watches that would outlast time itself. There would never be another watch. (17)

Unlike his watch that “survived everything that fate could throw his way”; that like the owner, “had learned to live” (17), men in Crossroads have not evolved any survival strategies against the plague that threatens their survival. For instance, their insistence on unprotected sex and multiple sex partners as markers of masculinity and what it means to be a “real” man can only lead to destruction.

The Last Plague shows that the belief of a “real/total” man in Crossroads revolves around ideas such as having multiple sexual partners, sexual virility, the privileging of male sexual pleasure and intercourse, an association between masculinity and risk-taking, wealth and sexual control. However, Frank Whitehead and Stephen Barrett (2001) warn that “while it is evident that certain behaviours have come to characterize males – sexual and physical assertiveness, competitiveness, aggression – not all men display these traits in the same way” (19). Men’s power is therefore relational as the meanings given to masculinity are structured by other social relations, of race and ethnicity, class, age and sexuality such that even amongst men themselves, masculinity is a shifting term. Masculinities “change over time, over space, and, not least, during the lives of men themselves” (Whitehead and Barrett, 8). Therefore, the
understanding and performance of hegemonic masculinity will vary in different social locations and among different groups of women and men within different times and spaces.

The fact that scholarship on masculinity has noted the existence of masculinities as opposed to a singular masculinity acknowledges that there are potentially many ways “to be a man”, depending on different localities (Connell 1995, 2000; Messner 2001; Kimmel 2001; Cleaver 2002; Vijayan 2002; Whitehead 2002; Dolan 2002). The execution of masculinity has been affected by HIV/AIDS in the sense that a man who has HIV/AIDS may not be able to perform certain activities that define “appropriate” masculinity. This performance will also depend on the types of behaviour that are associated with masculinity in specific areas. For example in The Last Plague, Broker can only prove he is a “real” man by emphasising certain aspects of masculinity.

Since Broker cannot presently boast of being virile because he has developed full-blown AIDS, he uses his wealth to fill this gap. Broker returns to Crossroads after his exile of over ten years convinced that since he has money, Janet will accept him back into her life. He tells her, “I have money…I have lots and lots and lots of money. More money than you can count. More money than most people ever see in their lives. More money than you ever dreamt of. Yes, I have money. How much of it do you want?” (184). His car is described as “a large, low car, the like which had not been seen in Crossroads for a long time. It was a long and wide monster, black all over, and with trimmings and dark tinted windows” (164); “a car as big as a house” (175). Because of his wealth, Grandmother tells Janet that Broker is a “total” man capable of taking care of her and the children. That even if he deserted her for over
ten years – desertion itself being another prop of masculinity where men can leave their wives and children for months or years and move to towns under the pretext of fending for them – he has come back with a big car and a lot of money (337). Grandmother does not consider the emotional and physical stress that Janet may suffer if she accepts to a reunion with Broker. What matters is that she has a man with her and a wealthy man for that reason.

Because Broker knows that he is past the days of conquering women sexually, he reverts to using his economic position to prove his masculinity. Broker feels stigmatised because of his rejection by Janet and by the way many people treat him. Uncle Mark for example tells him that however hard he tries to revive Crossroads using his own money, they will never thank him or love him for it (284). Thus Broker feels devalued and to prove his worth as a “total/real” man he joins Janet in the condom campaign and tries to revive the economic decline of Crossroads.

Other masculine identities that Broker tries to live are those of a father and a leader. Even if Janet has refused to live with him, Broker tries to be caring to their children. Often he would pick them from school and on one occasion, he takes them to a picnic. However, this act of fatherhood is short-lived as Broker dies before bonding with his children. Regarding leadership, I have noted that it is only after Broker joins Janet in her condom campaign that people start to use condoms. Broker comes up with plans of building an AIDS orphanage and building a condom shop and selling the condoms, plans that yield positive results. He starts erecting a fuel filling station that attracts motorists to Crossroads. At some point in the narrative, although people fear Broker, they often came to seek help from him over different issues:
People who had any business with him sought him there [at the condom shop]; people who thought he had money to give away or that he knew someone in Pwani who might find their only son a job at the harbour; and people who merely needed his reassurance that there was no need to kill themselves now, that Crossroads was about to resurrect and to be again a jolly and glorious place to live in. (298)

These acts by Broker can also be seen as attempts at negotiating and creating a personal space in an environment where there are clear indications of how the society perceives those infected with HIV/AIDS, where infected people are marginalised, avoided and excluded from several social relations. In a context where HIV/AIDS is pandemic, stigmatisation is one of the consequences of being diseased. For a man it means emasculation, which needs to be countered through other ways of registering one’s masculinity in society.

Broker’s involvement in the welfare of the people of Crossroads at the same time shows how individuals and groups which are marginalised – for example those who are HIV positive – by social and cultural discourses of health and sickness find ways to subvert the ideologies of control imposed on them, imagining themselves as worthy and opening up spaces for individual action in ways which amplify their ability to protect themselves against stigma and rejection by society. Identity theory suggests that those who are stigmatised can take action to resist the forces that discriminate against them (Castells 1997; Hall 1990). Those who are marginalised generate “resistance identities” and use them to build new identities that redefine their positions in society and thus seek the transformation of overall social structures. In other words if society’s construction of a “total/real” man is unattainable, individuals
resort to reconstructions of their bodies even if it is in an imaginary sense. Broker is not a “real” father or husband or even leader. But the “imagined” sense of all these attributes allows him to reclaim some social identity.

So far, I have discussed the different social and cultural beliefs, ideals and practices that underlie the understanding of masculinity and femininity in Crossroads and how these impact on the practice of safer sex. The discussion has shown that Mwangi challenges some of these ideas by showing that although the position of power that men occupy confers many benefits on them, it can also endanger their lives and those of their partners. He criticises men who see themselves as “total” men and as custodians of customs and traditions that in the context of HIV/AIDS put both men and women at risk. As a result, he seems to propose the need to abandon these traditions that endanger people’s lives. He suggests that traditions are malleable and should be shaped by the existing socio-cultural situation. His view is echoed by Uncle Mark when he says to the elders:

Many of our customs and traditions are old…. Older than the hills, older than the ageless, black crow and even older than most of us. And, like most old things, they are weary and slow and not very useful in today’s world. Some of them are blunt and rusty; awkward old tools that have outlived their usefulness. But, unlike old hoes and machetes, we cannot abandon our old customs and our traditions and go and buy new ones at the Saturday market in Sokoni. That is neither possible nor desirable. We must, instead, tend to them like the old and cherished family heirlooms that they are; polish them and shine them and repair them, wherever this is possible. We must examine them for their usefulness and needs. And those that we find of no purpose, or too old for their time; those that are disgusting and downright degrading, those ones we must discard without exception. Otherwise they will make us appear depraved, and therefore detestable also, in the eyes of others. (89)
This quotation encapsulates Mwangi’s philosophy in the book. It captures his view on practices such as wife inheritance, group circumcision, multiple sexual partnerships and resistance to condom use. If the term “traditions” is taken to mean those “customary” practices, belief systems and values that are perceived to inhere in a given society, it can be said that Mwangi understands that traditions are flexible and can be refashioned to reflect new concerns in society. More so, traditions are transmitted through time bringing with them elements of the past but also undergoing a process of erasure and layering as they are refashioned in accordance with new concerns (Barber, 1989). Consequently, traditions are constructed and/or invented and reinvented (Hobsbawm and Ranger 1983). The novel shows that contemporary Kenyan society should rethink those traditions that help fuel the spread of HIV/AIDS and embrace those that halt its spread.

By using tradition as a theme to argue for change of behaviour to curb the spread of HIV/AIDS, Mwangi is also intervening in the process of re-creating culture by advocating for a rethinking of some of the practices that are held dear in society but which may not be useful as times change. He shows that the usefulness of traditions in society should reflect the existing socio-cultural environment and that leaders should display qualities of leadership in a responsive rather than conservative manner. Mwangi is concerned about the susceptibility of women to HIV/AIDS due to patriarchy that is partly condoned by the society in general. He urges society to question the appropriateness of certain gender and sexual practices previously considered to lie at the heart of defining femininity in Kenyan society. Through Janet he seems to be asking society to empower women to be able to negotiate for safer sex with their partners. Unfortunately, although some women, like Hanna, manage to
speak about safer sex to their husbands, it may be too late. Hanna later learns that she is HIV positive as the husband had been infected with the HIV virus by his second wife. Thus an innocent woman suffers the consequences of her husband’s promiscuity that is implicitly endorsed by culturally entrenched ideologies of masculinity and femininity.

Hanna’s story points to the potential danger that one could be exposed to when involved in a sexual relationship and especially within this supposedly “respectable” polygamous marriage. Mwangi shows that even within marriage, sexual union cannot guarantee safety from HIV infection, especially for women who have to love and trust and be faithful to their partners while knowing that their spouses transgress these same supposed pillars of a good and respectable marriage. He therefore seeks to suggest a revision of certain socio-cultural beliefs and practices in the age of HIV/AIDS. For instance, as I have suggested above, he uses irony to reassess “respectable polygamy” in contemporary Kenya where people are dying of AIDS in circumstances largely attributable to polygamy.

Janet is created as a prototype of assertive and independent women in society and through her the writer seeks to show that women can and should rise above patriarchal attitudes that expose them to the risk of contracting HIV/AIDS; he portrays her as a woman who defeats patriarchy and one who affects, positively, the lives of other women.\textsuperscript{14} Despite all the scorn and abuse from fellow women and endless arguments

\textsuperscript{14} Through the representation of Julia, Hanna and Janet, Mwangi shows that women do not have the same power to negotiate for safer sex with their partners as many factors may influence their choices. I have argued that Julia for example is economically dependent on her husband and therefore is less likely than Janet who is economically independent to control her sexuality. In their study of the women’s movement in Kenya, Wilhelmina Oduol and Wanjiku Kabira (1995) say that one of the challenges they faced was finding common issues of concern from women in different parts of the
with Grandmother, Janet refuses to give up the fight for what she believes is her individual right and in the end chooses the man she wants to be with, Frank. According to tradition – articulated through Grandmother – Janet dare not forsake her husband. But Janet defies tradition and chooses to spend her life with another man, even though Broker has brought back enough money to take care of her and the children. Through Janet, Mwangi challenges traditionally dictated feminine norms of conformity and compliance in marital relationships at a time when the society is threatened by HIV/AIDS, consequently suggesting that these expectations and practices merely put women at risk of infection from HIV/AIDS.

Although Mwangi creates Janet as a model for other women, she is not an unproblematic heroine in the novel. Her ways of doing things are not unequivocally endorsed from an authorial point of view. Janet has her own weaknesses. She is often too “preachy” and lacks strategy when it comes to confronting some of the traditional practices she opposes. She acts rather impetuously, consequently endangering her own life and those of others. For instance she nearly gets Frank killed by Kata Kataa when she compels Frank to confront Kata Kataa about the latter’s decision to marry his brother’s widow (74-79). On another occasion, Janet persuades Frank to stop Kata Kataa from circumcising young boys since he is using one knife to cut all of the foreskins of the boys. Janet fears that if one of them is infected with HIV/AIDS then

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country. They therefore argue for the need to recognise the diversity of women’s experiences in Kenya. They note that “in a social context where tribal, class, educational, and geographical differences make the identification and pursuit of common issues of concern difficult, it seems realistic to highlight this heterogeneity and strategise accordingly rather than operate under an illusion of homogeneity, which, in reality, does not and cannot exist in the Kenyan context” (189). Therefore, even though there are important and occasionally common struggles in which women everywhere engage, different women face different issues daily and writers should take note of this fact. Mwangi also shows that both men and women are affected by culturally constructed modes of thinking and behaviour in diverse ways. He therefore steers clear of orthodox readings of gender and sexual relationships between men and women that put them into oppositional categories of oppressor and oppressed, victim and victimised.

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the rest of the boys will be infected. However, the men become furious with the pair and threaten to circumcise Frank (108-116). It is only when Janet operates in conjunction with the men that the people of Crossroads begin to take her seriously and the condom campaign produces results when men start buying condoms. Therefore Mwangi records and reviews the difficulties and successes of individual activities in educating people about HIV/AIDS and safer sex. Although individuals should take responsibility in alleviating the menace, as the writer suggests, at a collective level both men and women should be brought into the struggle against HIV/AIDS, but in ways which entail a re-examination of gender power relations and stereotypes that are prevalent in Kenyan society.

CONCLUSION

In *The Last Plague*, sexual life is part of culturally produced gender roles: men and women take gender notions of what is proper male and female sexual behaviour seriously and construct their relationships with each other based on this understanding. This in turn has severe implications on the making of decisions to engage in safer sex or not. Using the metaphors of the “real/total” man and “proper” woman, Mwangi attempts to challenge harmful traditions that stop men and women from reducing the risk of getting HIV/AIDS. *The Last Plague*, therefore, can be read as an attempt to intervene in the social, cultural, economic and political infrastructures that in one way or another fuel the spread of the HIV/AIDS pandemic in Kenya.