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Romance, love and gender in times of crisis: HIV/AIDS in Kenyan popular fiction

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CHAPTER ONE

INTRODUCTION

Kenyan popular literature has concerned itself with a whole range of themes including urbanisation, unemployment, prostitution, love, marriage, crime and violence, the neglect of the rural population by the ruling elite, the corruption of political leaders, and the relationship between Europe and Africa among others.[1] Most of this literature is informed by immediate socio-economic, political and cultural changes in Kenyan society. However, and in spite of the appearance of HIV/AIDS in Kenya in the early 1980s, fiction writers have been slow in reacting to the devastating effect of the epidemic. Some writers including David Maillu in *Benni Kamba 009 in Operation DXT* (1986), Karanja wa Kang'ethe in *Mission to Gehenna* (1989), Yusuf Dawood in *Water Under the Bridge* (1991) and Margaret Ogola in *The River and the Source* (1994) have alluded to HIV/AIDS in their texts. Some of these writers briefly refer to or mention HIV/AIDS.

Karanja wa Kang'ethe's *Mission to Gehenna* (1989) is an allegory that looks at various socio-economic, cultural and political issues affecting modern Kenya. In the text, two friends, Kimuri and Keega, are mysteriously transported to Gehenna, the kingdom of Satan, a place that bears much resemblance to contemporary Kenya. Lucifer is a dictator who will do anything in his power to destroy those who antagonise him. His kingdom is wrought with corruption and cheating. Religion is corrupt, political leaders are greedy, all

[1] See Roger Kurtz (1998); Jacqueline Bardolph (1998).

issues commonplace to present-day Kenya. In addition, there are epidemic diseases, including AIDS.

David Maillu also alludes to HIV/AIDS in *Benni Kamba 009 in Operation DXT* (1986). Maillu has written several texts covering a wide range of themes in Kenya. Roger Kurtz (1998) describes him as one of the most productive, innovative and controversial of contemporary Kenyan writers (96). In *Operation DXT* Maillu constructs a thriller in which Benny Kamba – the protagonist – protects his people from contamination by an AIDS-like virus engineered by foreigners. In a spirit of nationalism, Benni Kamba guards his society from "foreign" invasion. AIDS in this instance is seen as one of the evils of modernity. Maillu has also revised *My Dear Bottle* (first published in 1973) to address the changing socio-cultural environment in Kenya with particular reference to the appearance of HIV/AIDS.[2] The protagonist in *My Dear Bottle* acknowledges the existence of HIV/AIDS and worries about it when he sleeps with a prostitute. One thing that is prominent in this text, as opposed to the earlier version, is that the author clearly acknowledges the effect that HIVAIDS has had on the society's health and welfare, and the forming of intimate relationships. Of course one can argue that what Maillu is doing in this revised version of a once popular text is to pick on widely circulating templates, images and discourses within contemporary Kenyan society and to recast them. But it could also be argued that Maillu is simply doing what other Kenyan writers have been doing; conscientising people about the reality of HIV/AIDS and also warning them about the dangers of sexual promiscuity at a time when HIV/AIDS looms large.

[2] The revised copy is unpublished.

In the earlier version of *My Dear Bottle*, the protagonist finds himself caught up in the complex social and economic conditions of postcolonial Kenya. He finds neither peace nor fulfillment at home and at work. To run away from facing the reality of his problems, he turns to alcohol and extra marital sex as palliatives for his problems. However, his indulgence in alcohol and extra marital sex does not save his problems as he is worried about facing his wife having spent all his money on alcohol, and his boss for failing to report to work. In the revised version, although the protagonist still worries about the wife, it is the idea of the possibility that he might have contracted HIV from his extra marital affair that disturbs him most. In the novel, Maillu dramatises the inner conflicts and psychological turmoil which people may suffer after engaging in extramarital sex or promiscuous sexual behaviour fearing that they may be risking infection with the AIDS virus. He shows that with the advent of HIV/AIDS, sex and romance acquire a new characteristic as "risky": they are conceived as perilous behaviour which pose the potential for infection with HIV, a consequent development of AIDS and even death. Maillu shows that casual sex can no longer be used as an escape from dysfunctional marriages and seems to caution against sexual promiscuity. He employs the love story in the novel to underline the problematic of a postcolonial urban moral economy that has been further complicated by the appearance of HIV/AIDS.[3]

In *The River and the Source* (1994) Ogola writes a narrative of a family history across three generations of women. In the novel, she interrogates Kenya's historiography with reference to how it treats women. She privileges women within this narrative with the

[3] I have quoted Maillu at length here because he is depicted by critics as the master of Kenyan popular literature that deals with love, romance and sex.

aim of offering a counter-narrative to recent history: a woman writer's view on Kenyan history as opposed to that told by men like Ngugi wa Thiong'o or Meja Mwangi.[4] In the text, Ogola discusses several themes including infidelity, prostitution, marriage and courtship, intertribal marriages and religion. One of the characters in the novel, Becky, runs away from home in order to escape from her father's control and to gain the freedom that she has been craving all her life. Her main goal in life is to get rich by every possible means. She yearns to be an airhostess and moves to Nairobi where she gets a job as an airhostess and meets a Canadian Pilot who eventually marries her. However, Becky's infidelity and promiscuity lead to the break up of her marriage. She later contracts HIV and dies of AIDS related illnesses.

Yusuf Dawood has published several novels dealing with racism, prejudice, promiscuity, unfaithfulness, the status of women in a transforming society and multiculturalism among other issues. In *Water under the Bridge*, he traces the history of three families: one Asian, one African and one European, through postcolonial Kenya. In the novel, Dawood makes reference to AIDS as a new disease that is emerging in Nairobi. One of the characters in the novel, Hugh, dies from HIV/AIDS as a result of his promiscuity.

These writers, therefore, have in one way or another attempted to contextualise HIV/AIDS within the various thematic concerns that they deal with in their works and especially themes of infidelity, nationalism, prostitution, promiscuity, poverty, and

[4] See Tom Odhiambo (2001) – "Interrogating History and Restoring Agency to Women in the *River and the Source* by Margaret Ogola" – for an extended discussion of the novel.

urbanisation. This is also true of the works of the five writers – of what I have called HIV/AIDS fiction – that I study in this thesis.

Of the five writers, Meja Mwangi and Marjorie Oludhe Macgoye are the best known both within and outside Kenya. Mwangi has published several works – including children's books and short stories – that exhibit a concentration of diverse themes and employ a range of genres. Due to experimentation with diverse genres, Mwangi's work has put him at the heart of the raging critical debate in the Kenyan literary establishment (Roger Kurtz 1989; Jacqueline Bardolph 1998). It is not an easy task to categorise Mwangi's work but critics see it as falling within three divisions: his national narratives or the Mau Mau novels, the thrillers and the urban/city novels (Kurtz 1989; Bardolph 1998). Mwangi's writing draws inspiration from different events in the world, Africa and Kenyan society. It is no wonder then that the HIV/AIDS pandemic captures his interest in *The Last Plague*.

Macgoye on the other hand has been concerned with narratives about the Kenyan nation, the family and urbanisation; narratives that detail how ordinary people manage to survive and live in Nairobi. She has written extensively about women and especially how they are implicated in narratives of the formation of the Kenyan nation-state and their struggles to overcome patriarchal barriers to personal advancement and progress. The theme of female emancipation and the creation of a nation-state as reflected in the interplay between individual and national growth is clearly brought out in Macgoye's

novel *Coming to Birth*.[5] Although in *Chira* Macgoye raises familiar issues, especially about survival by ordinary people in Nairobi and the building of a community based on familiar interests, her main concern in this novel is with the HIV/AIDS phenomenon and how it is interpreted from both medical and socio-cultural perspectives in Kenya. These writers relate the writing on HIV/AIDS to issues that they have dealt with in their works, issues concerning sex, sexuality, love, romance, gender, prostitution and Sexually Transmitted Diseases (STDs) among others.[6] It is for this reason that I examine how these writers represent romance, sex, sexuality and gender in the HIV/AIDS fiction.

This thesis, therefore, is a consideration of how popular discourses about romance, sexuality, and gender have been appropriated and rearticulated by popular fiction within the context of HIV/AIDS pandemic in Kenya. The thesis interrogates and demonstrates how the writers under study represent the impact of the HIV/AIDS phenomenon on romance, gender relations and sexuality. It also examines how the representation of romance, gender and sexuality has impacted on the conceptualisation and understanding of HIV/AIDS in Kenyan society. The thesis also attempts to understand how Kenyan popular literature deals with the dynamics of transformed gender relations and roles, changed perceptions on sexuality and the shifts in the understanding of love and romantic contracts between Kenyans caused by the impact of HIV/AIDS in their lives. The literature under study puts discourses on romance and sexuality to diverse uses to address

[5] See Valerie Kibera (1991) for a discussion of *Coming to Birth* and Marie Kruger (1995) for an analysis of the themes of narrating the nation in Kenya through women's voices.

[6] On the issue of STDs, Meja Mwangi has written about how society, men especially, understand these diseases within intimate relationships. However, other Kenyan popular writers including Charles Mangua, Mwangi Ruheni and Mwangi Gicheru have also written on STDs in their novels. See chapter two of this thesis for an analysis of the representation of STDs in these novels.

various issues around HIV/AIDS. The five writers that I study show that gender roles and relations change with the advent of HIV/AIDS, that traditional beliefs and practices to do with sex and gender are transformed or reconstructed during the HIV/AIDS crisis and that discourses or stereotypes which were/are basically directed at women, such as the identification of prostitution and diseases with women, are reworked in the context of HIV/AIDS in Kenya.

My main interest is in Kenyan popular literature that deals with the HIV/AIDS phenomenon. Primarily I deal with five texts namely *Nice People* (Geteria Wamugunda, 1992); *Confessions of an AIDS Victim* (Carolyne Adalla, 1993); *Chira* (Marjorie Oludhe Macgoye, 1997); *The Last Plague* (Meja Mwangi, 2000) and a short story, "Reversed Dreams" (Macharia Mwangi, 1996). All these texts, in one form or another, dramatise the effects of HIV/AIDS in the lives of Kenyans: they bring to life the reality of the scourge, how nefarious and malignant it is while at the same time opening up new possibilities of thinking about human sexuality and understanding the society in general. The texts therefore raise several questions about human relationships ranging from sex, gender, sexuality, marriage, commercial sex/prostitution, widowhood, single parenthood, love and romance, orphanage, to morality. However, the issues which I am most concerned with in this thesis are sex, sexuality, romance, gender and HIV/AIDS.

I have placed the study within the realm of popular literature in Kenya because of its concern with a very immediate subject in society. HIV/AIDS can to be termed popular in the sense of its global nature. Because of its wide spread all over the world, HIV/AIDS

has been studied from a variety of disciplinary approaches with most studies showing a lot of borrowing from different disciplines. This thesis therefore draws its theoretical framework from various fields of knowledge. I have used ideas generated from studies in anthropology, sociology, feminist studies and gender studies in some sections of the thesis. Mainly, I have used studies that seek to address research on popular literature in Africa showing how this sub-genre captures the lived daily realities in society. Hence, the ideas of scholars such as Karin Barber, Stephanie Newell, Roger Kurtz and Jane Bryce, among other scholars whose work deal with African societies, have provided important insights for this study. More importantly, I draw on theories of romance that present the genre as flexible and presenting writers with the possibility to address a variety of issues in their societies. On the whole, the study privileges the romance genre, or rather romantic discourses, in the analysis of the issues that emerge from the HIV/AIDS fiction – discourses that are deeply implicated in the popular and hence the need to draw on theories of popular literature.

Without delving into the politics of defining what popular literature is, I concur with Newell's (2000) claim that popular texts have some of their characteristics determined and defined by the subject matter that they address, their reflexivity and adaptability, heterogeneity and ability to generate debates among readers on moral and behavioural issues (154). Following Newell's arguments, Tom Odhiambo (2004) surmises that

> Popular fiction is that kind of literature that borrows its subject matter from the public on issues of contemporary importance to that public in particular contexts. Popular fiction also organizes these themes into particular kinds of genres or texts

> – romance, thriller, adventure story, mystery story, and rumours – and rebroadcasts them within the same audiences with the intention to entertain, educate, inform or instruct, performing these multiple roles as it seeks, at the same time, to be of immediate relevance to people's worries, questions, experiences and lives. (33)

In addition to the uses that Odhiambo ascribes to popular fiction, popular fiction also interrogates and revises some of the subject matter that it borrows from the public. This is what the authors studied here do. They borrow their subject matter on popular discourses on HIV/AIDS circulating in society and rework and represent them. This study therefore draws from theories of popular literature that posit that popular literature always strives to capture immediate or contemporary concerns in the society (Newell 2000, 2002; Barber 1987, 1997 and Priebe 1988). Popular literature in most cases reacts to social forces and dynamics and seeks either to amplify those forces or to find solutions to those problems, should they be destructive, like HIV/AIDS.

KENYAN POPULAR LITERATURE AND THE ACADEMY

Although Kenyan popular literature is starting to gain the attention of scholars, it remains largely unstudied compared to the so-called "serious" literature. This has been amplified by the fact that those who established the literary ground before and after independence dealt with themes about nationalism and tended to interrogate the political and economic establishment of the ruling class (Bardolph, 1984: 40). Earlier novels by writers like Ngugi wa Thiong'o were about "narrating the nation" and were committed to shaping the political, economic and socio-cultural aspects of the newly formed nation-state of Kenya. However, when popular writers like Charles Mangua, Mwangi Ruheni, Mwangi Gicheru

and David Maillu started writing, they broke away from the established themes about nationalism and engaged in "narrating the nation" by dealing with issues ranging from prostitution, sex, sexuality, urbanisation to alcoholism. Because of this deviation from what was considered to be mainstream themes, Kenyan popular literature was at one time said to have no utilitarian value (Wanjala 1980). Such a conclusion probably explains the inadequate attention that it has been given in literary studies for a long time.

Some critics of Kenyan popular literature have argued that it is derivative of and mimics Western styles of writing and rather reflects individualistic Western ideals. In Kenya for instance Maillu has been criticised for writing pornographic or immoral literature that is insensitive to the truth in society and rather aims to replicate Euro-American lifestyles (Wanjala 1980). Elizabeth Knight (1979) also castigates writers of popular literature in East Africa for imitating a Western mode of writing which, in her view, aims at mass-production and profits. Knight is especially critical of romance fiction in East Africa arguing that it presents us with "elements of a western-style romance literature of the women's magazine type…and [that] writers of romance fiction are agents of cultural imperialism. They are putting forward a way of life, a concept of beauty and of love that is essentially western" (Cited in Bryce, 1997: 184). Knight's perception of popular literature and romance fiction in particular is misleading. First of all, Knight makes general remarks based on her reading of male-authored novels only, without studying, for comparative reasons, what their female counter-parts have written. In addition, not all the novels fit into the traditional Western romance formula that knight claims writers of popular (romance) fiction imitate. Most importantly, she fails to contextualise her study,

and ignores the fact that the texts are syncretic forms with "underlying cultural dispositions" (Barber 1987: 41).

Kenyan romance fiction has therefore been branded and dismissed by the likes of Knight as escapist and frivolous. It is not regarded as serious because to these critics it does not deal with real life problems. However commentators such as Kim Clancy (1992) and Janice Radway (1984) argue that a critical analysis of this genre shows that it does reflect social problems; a case that can be argued for Kenyan romance writing. These critics further assert that romance fiction argues for a change in the way society is organised, for instance from being male-oriented to female-oriented. To these scholars, romance fiction addresses the desires, wishes and needs of women and seeks to empower them within a patriarchally dominated society. Stephanie Newell (1997) argues that women writers have re-appropriated the romance genre and used it to respond to what has been considered a male dominated process by transcribing women's domestic experiences and comments into published narratives, experiences that were previously unwritten (397). Christopher Pawling (1984) notes that popular literature has an important place in literary studies and advises that "once we begin to examine [popular] literature as a 'communicative practice' with social and historical roots," (2) we will then come to understand that popular literature intervenes in the life of society by organising and interpreting experiences. Pawling emphasises that popular literature should be understood as a form of cultural production and meaning creation that circulates in specific social, cultural and historical contexts, rather than seeing such txts as reworkings of "archetypal" structures (2). This is the case I make for the writers studied here: they use discourses on

romance to re-imagine social and sexual behaviour as a means to control and contain the spread of HIV/AIDS.[7]

Wanjala and Knight fail to recognise that although writers of Kenyan popular fiction borrow style and form from the West, there are complex processes that involve borrowing that these texts undergo to meet local demands. Newell (2000) and Barber (1997) note that popular texts are appropriated and re-used to suit the writers' purposes and needs. Therefore in the study of popular literature, there is need to pay attention to the specific economic, socio-cultural, historical and political conditions that govern the production of this literature (see Priebe 1988). Popular literature addresses itself to contemporary issues in society by adopting popular modes like the romance and adventure to write about sensitive issues in the micro-politics of ordinary daily occurrences that may be thought trivial but which imply larger socio-political issues. In his study of the Kenyan urban novel, Kurtz (1998) has noted that the study of popular literature "offers imaginative descriptions of social reality and prescriptions for the ills they present…. Furthermore, fiction contains truths that often have no other outlet and Kenyan writers have been able to say things about the city that social scientists have not" (8). Popular fiction is able to present the hidden realities that individuals face daily in a way that other media cannot. This is the case I make for HIV/AIDS fiction. HIV/AIDS fiction gives readers a better understanding of the effects of the disease on society through the stories that different characters tell in the novels. These stories also play an important role in the creation of social meaning with regard to HIV/AIDS.

[7] See also Virginia Coulon (1987), Jane Bryce and Kari Darko (1993) and Jane Bryce (1994) for a discussion of the many uses that the romance genre can be put to.

Popular literature is highly adaptable to changing conditions in society and seeks to address these changes by adopting different genres. Dominic Strinati (1995) sees popular texts as highly syncretic due to the eclecticism in their narrative features. Instead of imitating western forms such as the romance, popular texts stretch the boundaries of literary expression and dissolve many of the features of conventional genres, effectively making them acquire new characteristics. For this reason, scholars no longer consider genres as permanent and unchanging. Rather, one realises that "authors constantly experiment with and adapt formal conventions and that material, economic, and social factors play a major role in these revisions, adaptations and innovations" (Gallagher 2002, 16).

Consequently, the flexibility and adaptability of popular forms, especially the romance, is one of the theoretical stances that guide this research. The study borrows from theories of romance that see the romance as a far more "politicized, capable, complex and 'uprising'" genre (Newell 2000: 151), rather than a mimicry of a Western mass-produced formulaic genre that is produced primarily by women for women readers, and one that aims to entertain.[8] Instead I follow after Newell and argue that the five writers under study are "putting romantic discourses to diverse new uses" (144) by breaking away from

[8] Barber (1997) notes that in the Western context, the romance is mainly written and read by women. Romantic fiction has always been both marginalised and enormously successful in terms of sales. It has been marginalised within the literary canon because it is seen as dealing with less 'serious' issues but successful in terms of sales for readers argue that it provides an happy ending and therefore an ideal of how marriage should be (See Radway 1984), Reardon 1991). The Western romance story is usually formulaic. The outline of the stories is as follows: a handsome youth and a beautiful girl meet by chance and fall in love, but unexpected obstacles obstruct their union. However, they remain faithful to each other and eventually are reunited and live happily ever after.

the conventions of the Western romance in certain very significant aspects. Bryce (1997) says:

> African romantic fiction, like most African popular writing, has an underlying didactic purpose. Where western romance is largely written to and defined by a formula, so that both writers' names … and publishers … act as signifiers of absolutely specific and predictable products, in the African context, romantic fiction is part of a self-conscious process of self-definition. (122)

Although African romance texts conform to some of the requirements of the romantic formula they deviate from it in very significant ways (Barber 1997; Newell 2000). For instance the African stories do not end at the altar after declarations of love, but we get into the married life of the couple. African romance fiction does not deal with matters of the heart only, instead other kinds of family relations such as sibling relationships or parent-child relations alongside the main story may be explored more fully. In many instances such as in the case of Meja Mwangi, romance themes are intertwined with those of parenting, homelessness, single-motherhood, orphanage or gender power relations. I therefore disagree with Elizabeth Knight's assertions that African romance portrays "elements of a Western-style romance literature" and that such texts act as "agents of a kind of cultural imperialism" (1979: 184). Romance writers re-appropriate a popular genre and use it to comment on current issues in society. Romance fiction in Kenya is therefore not a formulaic form that aims to entertain or provide escapist fantasy to its readers: it is used by both male and female writers to interrogate women's and men's relationships with each other both in social and intimate relations and thereby to redefine

these realities. For instance we find some of the women in the novels discussed in this thesis having a privileged and dominating position in sexual matters and in marriage.

In *The Last Plague*, Janet refuses to be controlled by men and remains single and dedicated to her family after her husband deserts her. Broker, her husband, returns to Crossroads ailing from HIV/AIDS but believing that Janet will welcome him with open arms, since he "conquered" her as a girl and because he has become wealthier. However, Janet refuses to be intimidated by Broker and rebukes him by saying that she is no longer the young girl he used to beat and order about as before whenever he wished. Janet remains single and the head of her family. In Janet's character, one witnesses a change in gender roles which in her case is prompted by the existence of HIV/AIDS. Instead of welcoming (Broker as Newell suggests female characters in Ghanaian romance fiction would do[9]), Janet opts to remain single rather than accept her husband back and probably contract HIV/AIDS. In *Chira*, Helen is careful about getting intimately involved with Otieno and when she does, she is quite assertive and does not allow Otieno to make any decisions for her. In addition, she is very reserved in her affection for him.

[9] *In Ghanaian Popular Fiction: 'Thrilling Discoveries in Conjugal Life' & Other Stories* (2000) Stephanie Newell discusses Gyamfuaa-Fofie's romance writing: how she employs and deploys this genre to comment on the position of women in contemporary Ghanaian society. Newell observes that in the process of resolving the issues that Gyamfuaa-Fofie raises in her texts about love and romance, infidelity and unfaithfulness, the narratives are plotted in such a way that at the end, the fickle romantic heroes are transformed into ideal marriage partners and the "unfaithful men are shown to become repentant and monogamous, returning at last to the outstretched arms of faithful heroines" (148). This is also true of some writers in Kenya. In *What a Husband*, the male protagonist separates from his wife Rita and lives with another woman. However after some time, he realises that the woman he is living with is not as loving as he initially thought. He returns repentant to his wife who forgives him and accepts him back.

The romance genre in Kenyan writing defies singular definition and different writers, both male and female, use it in their writing to serve different purposes. Diane Elam (1992) makes an important observation regarding the multifaceted nature of the romance genre; a remark that aids my use of romantic discourses in this thesis. She says:

> The generic function of romance is a complexity that belies … singular definition. Romance, as an aesthetic term, uses and abuses conventional categories of genre. By this I mean that if we were to collect together the various conceptions of what the romance genre would form, we find that they cover a wide range of often widely divergent materials which simply do not seem to fit one generic category very comfortably. From high to low culture … from concerns with periodicity to concerns with thematic content, romance roams the range of aesthetic considerations. (4)

Therefore, in this study, I aim not to be restricted to conventional definitions of romance but rather make use of its flexible nature to address issues around gender, sex and sexuality within changing social, economic, political and cultural environments in Kenya, partially determined by HIV/AIDS. The term romance is used in this thesis in a very broad and loose sense to encompass both what can be read as "ideal" cases of the romantic formula, cases where the story breaks with this conventional definition of romance and also, in cases where there is a sexual/intimate relationship.

SEXUALITY AND OTHER CRITICAL DISCOURSES AROUND HIV/AIDS

One cannot talk about discourses on romance without reference to sexuality. In addition, the subject of sexuality will also encompass ideas on gender. HIV/AIDS has given an added urgency to issues of gender inequality as women find themselves at greater risk of

infection because of culturally produced gender regimes that lead to their domination by men. Consequently, unequal gender relations have deep implications for how women, and men also, experience romance and their sexuality. As a result, this thesis also uses theories on sexuality to analyse how the writers studied represent both gender and sexuality in their works in a time of epidemic. I am using the term sexuality to suggest both physiology and desire. Joseph Bristow (1997) problematises the notion of sexuality and indicates that sexuality refers both to sexual desire and pleasure and physicality. He says: "Sexuality is surely connected to sex …. [S]ex refers not only to sexual activity (*to have sex*), it also marks the distinction between male and female anatomy (*to have a sex*)" (1). To further highlight the double sidedness nature of the term, Bristow poses this question: "Is sexuality supposed to designate sexual desire? Or does it refer instead to one's sexed being?" and remarks,

> If we find ourselves answering yes to both enquiries, then sexuality would appear to embrace ideas about pleasure *and* physiology, fantasy *and* anatomy. On reflection then, sexuality emerges as a term that points to both internal and external phenomena, to both the realm of the psyche and the material world. Given the equivocal meaning of sex, one might suggest that sexuality occupies a place where sexed bodies (in all their shapes and sizes) and sexual desires (in all their multifariousness) intersect only to separate. Looked at from this dual perspective, there are many different kinds of sexed body and sexual desire inhabiting sexuality. (1)

Since sexual desire is an element of sexuality, it means that sexuality is not a fixed term as sexual desire may be determined by a multiplicity of factors like gender, age, locality, religion, society's implicit and explicit rules governing sexuality, health and disease.

Because of its close association with sexuality and hence issues of intimacy, HIV/AIDS has had a significant impact on desire and hence on how people understand and practice sex and romance. The study of HIV/AIDS as represented in this literature thus helps shed light on the understanding of the mechanisms through which sexuality is organised and produced; and, importantly, offers the potential to discover interesting revelations about the dynamics of sexuality and power in society.

From Bristow's comments on sexuality, it becomes clear that sexuality is not a given but is produced through various discursive practices and through different institutions. Michel Foucault's ideas on sexuality and power, and propositions by other scholars like William Simon and John Gagnon (1999), Richard Parker (1999) and Jeffrey Weeks (2000), on the social construction of sexuality are helpful in discussing how the writers I have selected to study represent sexuality in the novels and especially in showing how HIV/AIDS has shaped people's understanding of sexuality in Kenya. In *The History of Sexuality* volume one, Foucault discusses how sexuality has been produced through discourse and shows how power effects the shifts in our understanding of sex and sexuality within different times and periods. Power relations are formed in all associations where differences exist and therefore are, for Foucault, central to an analysis of any society and this is especially true for sexuality. Foucault shows how heavily earlier understandings of sexuality by psychoanalysts and Marxists depended on what he terms "the repressive hypothesis" that aimed to silence sexuality. Noting that he is far from claiming that "sex has not been prohibited or barred or masked or misapprehended since the classical age" (12), Foucault is more struck by the proliferation of modern discourses

of sexuality than by their suppression. He names "the institutions which prompt people to speak about [sexuality] and which store and distribute the things that are said" (11). These institutions include law and especially religion (both founded on protocols of confession), psychiatry, psychoanalysis, demography, medicine and education (17-35). These institutions, which Foucault sees as historically distinctive contexts and structures that now count as knowledge, in one way or another aim to discipline the body and its sexual desires. Since disciplinary power generated from these establishments produces knowledge of the body, Foucault shows that there is a "power-knowledge-pleasure [relationship] that sustains the discourse on human sexuality" (11).

Foucault's linking of sexuality to broader considerations of power and the variety of social forces that shape and govern how society understands and experiences sexuality relate to Jeffrey Weeks' (1985, 2000) and Dennis Altman's (2001) view of sexuality as being produced and articulated within economic, socio-cultural and political structures. Unlike Foucault's works which have been criticised for their supposed failure to ground their analysis in traditional categories of class, gender and race (Bristow, 1997: 170),[10] Weeks' and Altman's works show that there is a relationship between sexuality and power with regard to class divisions, age, race, religion and specific geographic localities. In *Global Sex* (2001) Dennis Altman discusses the extent to which sexuality is influenced

[10] Feminist critics especially have been critical of Foucault's insensitivity to issues of gender and sexual difference in his discussion of sexuality and power. Sandra Bartky (1998) – referring also to Foucault's *Discipline and Punish* – for instance argues that "Foucault treats the body throughout as if it were one, as if the bodily experiences of men and women did not differ and as if men and women bore the same relationship to the characteristic institutions of modern life…. To overlook the forms of subjection that engender the feminine body is to perpetuate the silence and powerlessness of those upon whom the disciplines have been imposed" (63-64). Also see Bristow (1997: 198-197).

by factors not "natural" and links these to globalisation and the spread of HIV/AIDS.[11] He notes that global factors – economic, political, social and cultural – have enormously influenced sexuality: the ways in which it is understood, experienced and regulated (1). Although Altman's study is illuminating in the way it argues the extent to which discourses on sexuality "travel", his view of the extent to which the globalisation of discourses on HIV/AIDS are transforming local discourses on sexuality everywhere overlooks how local agency, especially how socio-cultural systems engage with the global discourses.

HIV/AIDS, like sexuality, is embedded in the distinctive attitudes, beliefs, experiences, and expectations of the many different people that participate in its discourses. Discourses around sexuality, and subsequently HIV/AIDS, become sites for the re-negotiation of power and difference. One of the ways in which race and class are refigured in the post colonial era is through discourses of HIV/AIDS; how they intersect with and are shaped by institutions of power. These institutions of power include the state, the church, pharmaceutical companies and various humanist movements and NGOs. HIV/AIDS policies have been successfully or unsuccessfully exercised in relation to the extent to which these bodies agree/disagree. For instance, the grief caused by the pandemic has raised an outcry from humanist movements and religious institutions to pharmaceutical

[11] For example he argues that it is probable that the virus spread beyond its original home through urbanisation and population shifts, and that its rapid dispersion across the world is closely related to the nature of a global economy. HIV followed the huge population movements of the contemporary world, whether these were truck drivers, women taking up sex work as a means of survival, men seeking work in the minefields of South Africa and Zimbabwe, or tourists, refugees and soldiers moving across national boundaries. Therefore, AIDS is both a product and cause of globalisation, linking the least developed and the most developed regions of the world. Altman also states that AIDS fits the common understanding of "globalization" in a number of ways, including the epidemiology, mobilisation against its spread and the dominance of certain discourses in the understanding of the epidemic.

companies to lower the price of drugs. This lobbying for affordable drugs has led to ethical arguments among politicians, religious institutions, activist groups among others to question whether pharmaceutical companies should be made to incur loses in order to provide an apparent end to the pandemic. They also argue that the government should provide free or cheap medical care to people living with HIV/AIDS. For example, the Treatment Action Campaign (TAC) in South Africa is well known for its campaigns for access to treatments in the public sector and for improved affordability and quality health care access for all, especially the under privileged. TAC can be seen as "linked to an assortment of actors emerging in opposition to the government's macro-economic policies of fiscal restraint and privatization" (Schneider 2002: 18). These struggles are linked to power and domination in the community and play a key role in producing and reproducing relations of power and control. These relations of power go beyond the institutional bodies to include power relations between men and women in the most private activities regarding sex and romance.

Although Foucault does not extensively discuss gender in his work, I use his ideas on knowledge, sexuality and power in analysing the issues presented in the primary texts. These ideas are also linked to feminist thoughts about gendered power relations in society and especially with regard to sex and sexuality, occasioned by HIV/AIDS. A primary reading of *Chira, Confessions of an AIDS Victim, The Last Plague* and *Nice People* reveals that these writers, to a large extent, suggest that gendered power relations in Kenyan society define issues surrounding discourses on HIV/AIDS, its spread and control. It is therefore implied in this fiction that in order to curb the spread of HIV/AIDS

infection and deaths in Kenya the society has to rethink existing gender relations in terms of romance, love, sex, sexuality and marriage. In most cases, it is women who are implicated as victims in the tensions that attend these relations.

Because of the gendered nature of knowledge production and use, critics such as Ifi Amadiume (1987), Florence Stratton (1994), Molara Ogundipe-Leslie (1994), Chikwenye Okonjo Ogunyemi (1996), Obioma Nnaemeka (1997) and Christine Obbo (1980), among others, have argued for the need to re-examine and re-define the realities that women face in Africa. These scholars argue that there are multiple barriers to women's empowerment in the wider socio-economic, political and cultural field, due to sexually defined gender relations. Since this study partially touches on gender issues that prevail in Kenyan (African) society, I take note of Mohanty's (1991) and Johnson-Odim's (1991) comment that studies of women should take into account their specific geographical, cultural and historical locations. As Tamsin Wilton (1997) notes on a similar subject, studies of gender and power should avoid the danger of over-simplifying the day-to-day realities of men's power over women or of overstating the degree of powerlessness that women have in the initiation and negotiation of sexual relationships (14).

Feminist studies that aim to show how women are implicated in the HIV/AIDS discourse posit that the effectiveness of the interventions to understand and contain the HIV/AIDS pandemic in society has to take into consideration the complex fabric of other difficulties that amplify the AIDS epidemic, other than the single-stranded medical focus. Research

in Africa and elsewhere confirms that unequal gender relations often make it impossible for women to insist on condom use or to determine when and how sexual activity occurs (Wilton 1997, Long 1996, Baylies and Bujra 2000). Since, as research has shown, most cases of HIV/AIDS infection occur through heterosexual relationships (Baylies and Bujra 2000; Sargent and Bretell 1996; O'Neil 2001 and Mcfadden 1992), feminist work in the context of HIV/AIDS has privileged the relations between men and women as important sites for imagining ways of containing the epidemic. They observe that gendered power relations and the political economy of sexual relations reveal that the problems women face in intimate relationships on the subject of protecting themselves against HIV/AIDS are mainly due to "gender biases, which form a critical element of [their] existence" (McFadden 1992: 157) and to the "economic dependence that frequently characterises heterosexual relations" (Nnaemeka 1997: 133). Carolyn Baylies (2000) – emphasises as do the other writers cited above that if interventions around HIV/AIDS are to be effective, they must address the factors which drive the epidemic because such factors are deep-seated and intransigent, embedded in the very power relations which define male and female roles and positions, both in intimate relations and the wider society (1). Lori Heise and Christopher Elias (1995) similarly argue that women often have too little power within intimate relationships to insist on condom use and they have too little power outside of these relationships to abandon partnerships that put them at risk. Although Heise and Elias generalise the extent of women's powerlessness in intimate and social relationships, their comment is important in that it shows the intricate relationship between men's and women's lives both in intimate relationships and the public sphere

and how these converge to shape women's desire to protect themselves (and their partners) against HIV/AIDS.

From such a perspective patriarchy is seen to exert substantial, though inconsistent, control over women in ways that have direct implications for women's protection from HIV infection. Anna Strebel (1997), Christine Obbo (1993), Obioma Nnaemeka (1997), Jenny Kitzinger (1994), and Patricia McFadden (1992), argue that social structures have historically and systematically excluded women from those aspects of society that are responsible for leadership, policy formation, resource allocation and decision-making. The power inequalities associated with such exclusion are reflected and maintained by the "social conditioning of women and men where specific roles, attributes and behaviour are considered not only gender appropriate, but also gender determined" (Travers & Bennet 1996: 64). This exclusion from the power structures precludes women from being active and equal participants in decision-making and may disempower them in a broad social sense that predisposes them to HIV infection. Therefore, from a feminist point of view, in addressing the issue of HIV/AIDS prevention, especially for women, consideration of the nature of culturally prescribed gender relations and lived patterns of interaction is paramount. From such a perspective, one of my interests therefore is the nature of the interventions that the writers I study make in relation to discourses around the phenomenon in circulation in Kenyan society. It is worth noting that the writers are not depicting some mechanical reality in society but that they are part of that society and therefore experience its dynamics and reality. From this position, they are able to construct and reconstruct certain realities within society: make certain choices and

ultimately argue for a rethinking of the publicly held notions of love, romance, sex, sexuality, gender and disease.

Whereas most studies on gender and HIV/AIDS have focused on women, there are those studies that have called for a refocus to include men and especially masculine ideologies that endanger men (Obbo 1993; Heise and Elias 1995). Drawing on works by Obbo, and Helse and Elias, Baylies (2000) concludes that an analysis of gender relations requires the full understanding of the "knowledge, motivation and constraints faced by both men and women because it is the *relationship* between men's volition and women's dependence and restricted agency which is at issue" in HIV/AIDS discourses (9). A close reading of Meja Mwangi's *The Last Plague* for instance reveals that Mwangi is not only concerned about the susceptibility of women to HIV/AIDS due to patriarchy; instead he considers what Baylies calls the "harmful effects of masculinity, which deters men from seeking knowledge and propels them into behaviors that place them at high risk of infection" (13). Mwangi suggests that women do not form a homogenous category of victims or men that of victimisers, for both genders are affected by culturally constructed modes of thinking in diverse ways. Therefore, in this study I try to move away from those orthodox readings of gender and sexual relationships between men and women that put them into oppositional categories of oppressor and oppressed, victim and victimised. I argue that the texts studied here contribute to the important debates raised by researchers on gender and sexuality in Africa generally and Kenya in particular.

In addition to changes in the understanding and practice of sexuality and gender, it is also true that HIV/AIDS has influenced and transformed the ways in which people understand sex and romance, linking them to notions of disease, danger and death. As a result, the HIV/AIDS epidemic has forced society to rethink and re-evaluate issues of romance and sexuality. The fact that HIV/AIDS is largely sexually transmitted causes intimate relationships to be viewed as having the possibility of infection with the disease and even death. Weeks (2000) claims the idea of sexuality itself carries some undertones of danger:

> When we think of sexuality we think of a number of things. We think of reproduction, which has traditionally been seen as the main justification of sexual activity…we think of relationships, of which marriage is the socially sanctioned, but far from being the only, form. We think of erotic activities and of fantasy, of intimacy and warmth, of love and pleasure. We relate it to our sense of self and to our collective belongings, to identity, personal and political. But we also think of *sin and danger, violence and disease*. (163; emphasis added)

Although the tendency to link sex with danger is not new in human thinking, it acquires greater meaning and urgency in this time of HIV/AIDS.[12]

Closely linked to disease and sexuality is the subject of prostitution. Prostitution has become one of the core components of urban life in many societies and it is largely associated with women in many parts of the world. STDs – and to a great extent

[12] Dennis Altman (2001) argues that the "idea of sex as threatening … has probably been the dominant experience of most women through history; only with the advent of relatively safe and effective contraception, and the ability to cure venereal diseases, could sex be decoupled from danger. This was the real meaning of the 'sexual revolution' of the 1960s and the advent of AIDS has undermined it to some extent, if not to the extent that conservatives might hope" (78). For women, factors to do with infertility, unwanted pregnancies and forced sex also add to the link between sex and danger. Rape for instance is a crime committed mainly by men against women.

HIV/AIDS – carry the double stigma of being sexually related as well as being believed to be a "woman's disease" (Setel et al, 1999; Wilton 1997). Numerous examples across/in Africa attest to the widespread belief that women are inherently sexually unclean and that therefore STDs are caused by women.[13] The prostitute is the most obvious scapegoat of such superstitions (McFadden 1992: 159-160), a formulation which, according to Altman (2001: 4) repeats the usual demonisation of the female while ignoring the male client. The prostitute therefore is seen as an identity that poses a threat to public health and morality. Within this discursive category, the prostitute finds herself the target of moralising impulses of dominant groups and this has been worsened by the appearance of HIV/AIDS, which has generated a lot of debate on moral parameters with regard to sex and sexuality. Catherine Waldby (1996) has written about the tendency of sexual epidemics to sharpen certain conflicts over the power relations constructed around certain sexual practices, orientations and difference. She says, "under conditions of sexual epidemic each sex and sexual orientation becomes a threat to the other, exacerbating existing tension between masculinity and femininity, and heterosexuality and homosexuality" (8). It is no wonder then that the prostitute has come under attack because of her supposed sexual "immorality" that is considered a major force in the spread of HIV/AIDS.

[13] The idea that STDs are caused by women is linked to the perception in many societies that women are unclean and that sexual contact with a woman during a period of "uncleanliness" will lead to contamination and hence disease. Liz Walker, Graeme Reid & Morna Cornell (2004) quote traditional healers in Malawi who said that *kanyera* – a name used to refer to AIDS – is transmitted "by sexual intercourse…. A person that sleeps with a woman who is in her monthly period… can get *kanyer*a" (98). The healers also argued that a period of abstinence should be observed after childbirth and that if a man has sex with a woman during this time he will get kanyera as the woman's waters are unclean and dangerous (98). Such explanations for STDS and AIDS are also common in South Africa (see Walker, Reid and Cornell 2004) and Zambia (see Hanne Mogensen 1995).

Studies of the urban moral economy in postcolonial Africa have addressed themselves to the issue of moralising sexualities and shown that the subject of gender and sexuality is constructed and deconstructed in conditions of rapid social, cultural, economic and political transformations (Altman 2001; O'Neil 2001). Therefore, sexualities are unstable and are produced through men's and women's practical engagement with each other in their daily lives and in shifting social, economic and cultural conditions. In the context of HIV/AIDS, prostitution is seen as an area of sexuality that perpetuates masculine ideologies on sexuality. Prostitution takes place within a set of social, cultural, economic and political relations defined by unequal gender relations. It is the woman who suffers in this gender equation since socio-cultural and economic scripts governing the sexual exchange favour the male. Although men seek the services of the prostitute, she is blamed for the spread of the epidemic and has come to be associated with it. Wilton (1997) comments on the historical position that the prostitute body has held as a symbol of moral contamination and hence a sign of disease: "The body of the prostitute has long been the privileged location for the feminization of STDs and of a disgusted/fascinated medico-moral construct of diseased sexuality" (68). Within the discursive practices of the HIV/AIDS epidemic, prostitution seems to form what Simon Watney (1987) in a different context calls the new "equation of sex with AIDS" (115) in which certain types of sexualities – and hence certain bodies – are seen as sick and contagious**.** This impression is closely associated with the desire to apportion blame and therefore disavow guilt. According to Wilton, such discourses of blame serve to build and reinforce pre-existing prejudices on gender, sex and sexuality. At the same time, these discourses raise interesting insights into the complex set of relationships between gender, power and

sexual pleasure and how these relationships are negotiated and contested in different periods and in different circumstances.

For instance, the association between the [prostitute's] body and disease translates sexual pleasure into taboo, especially sexual pleasure outside of recognised and accepted social and cultural relationships, that is, monogamous heterosexual relations within marriage. The spectacle of HIV/AIDS has led the church, state, medical fraternity and other stakeholders in the campaign against HIV/AIDS to continually call for increased wariness towards the body and its sexual desires. They argue that sexual pleasures are a threat to the body and warn against seeking sexual pleasure from certain bodies. The prostitute's body is of significance in this study because of its construction as the 'other'. It is seen as a diseased body and in almost all the primary texts studied in this thesis, the prostitute's body is associated with HIV/AIDS despite the attempt by the various writers to revise the representation of the prostitute as a diseased self. In the popular imagination, the prostitute's body becomes equivalent to an HIV/AIDS afflicted body. People who have sex with prostitutes almost always get HIV/AIDS in the novels. This body, in the discursive construction of HIV/AIDS, aids in understanding how cultural constructions of difference and otherness are observed on the body.

Michel Foucault has showed how the body has been used in matters to do with sex, pleasure, power and the use of discipline over the body as a locus of control. Contestations over the body underpin struggles over sexuality and tell much about societies, cultures and politics. For instance, it is clear from the several propositions by

feminist theorists that social forces are applied differently to bodies according to their sex and gender and that bodies are interpreted or "read" differently by both individual subjects themselves and others to whom they relate. This reading, also, is determined according to whether one is male or female. Thus many cultures construct the male body as the ultimate body while the female body is seen as inferior to the male. In this context scripts that favour the male body and marginalise the female one in the various socio-cultural, political and economic structures are privileged. The body, as a result, is not just a material existence but also a discursive construct. The concept of imaginary bodies then becomes important as an analytical tool for the study of sexuality, sexual behaviour and bodies infected with HIV/AIDS.

The notion of the imaginary body as I have intimated above, points to the understanding of bodies as socially, culturally and politically, and even literarily, constructed, an understanding that tends to create the privileging and subordination of certain bodies. In the preface to *Imaginary Bodies: Ethics, Power and Corporeality*, Moira Gatens (1996) says:

> I am not concerned with physiological, anatomical or biological understandings of the human body but rather with what will be called imaginary bodies. An imaginary body is not simply a product of subjective imagination, fantasy or folklore. The term 'imaginary' will be used in a loose but nevertheless technical sense to refer to those images, symbols, metaphors and representations which help construct various forms of subjectivity. In this sense, I am concerned with the (often unconscious) imaginaries of a specific culture: those ready-made images and symbols through which we make sense out of social bodies and which

> determine, in part, their value, their status and what will be deemed their appropriate treatment. (viii)

Imaginary bodies are time and culture specific and are imagined for diverse reasons. However, I argue that the HIV/AIDS body is both a physical and an imaginary body. It is an imaginary body created through cultural and bio-medical discourses to serve different purposes while on the other hand it is a "real" physically infected and observable one.

This thesis therefore interrogates the different meanings given to this body and shows the implications that these meanings have for people infected with HIV/AIDS. It examines how the physical body intersects with the imaginary body to give HIV/AIDS meaning. The study shows how the writers studied try to represent the complex phenomenon of HIV/AIDS by applying discourses of gender, sexuality and romance on the body. The representation of HIV/AIDS and the people infected with it has generated a range of metaphors and meanings. From the outset of the HIV/AIDS epidemic, numerous commentators have concerned themselves with issues of representing the disease and those people infected by it as much as with how to stop its spread. The language, words, metaphors, images and ideologies produced in the representation of HIV/AIDS have been cause for debates from scholars in diverse fields. These commentators argue that the way in which HIV/AIDS is represented has serious implications regarding how the disease is perceived and how society treats people who are infected.

One of the most vocal critics against the use of metaphor in representing HIV/AIDS and illness in general has been Susan Sontag whose work *Illness as Metaphor* and *AIDS and*

its Metaphors has aroused a number of critical debates on whether or not it is possible to represent illness without resorting to the use of metaphors. In her work, Sontag observes the importance of metaphors representing illness, with certain illnesses being given a particular moral stigma when related to an activity or a group of people portraying certain "undesirable" characteristics. She argues that, for instance, "TB is often imagined as a disease of poverty and deprivation – of thin garments, thin bodies, unheated rooms, poor hygiene, inadequate food" (15) while observing that "According to the mythology of cancer, it is generally a steady repression of feeling that causes the disease. In the earlier, more optimistic form of this fantasy, the repressed feelings were sexual; now in notable shift, the repression of violent feeling is imagined to cause cancer" (23). With reference to HIV/AIDS, she posits, "The sexual transmission of this illness, considered by most people as a calamity one brings on oneself, is judged more harshly than other means – especially since AIDS is understood as a disease not only of sexual excess but of perversity" (111). Sontag is therefore against the way

> dreaded diseases are envisaged as an alien 'other', as enemies are in war; and the move from the demonization of the illness to the attribution of fault to the patient is an inevitable one, no matter if patients are thought of as victims. Victims suggest innocence. And innocence, by the inexorable logic that governs all relational terms, suggests guilt. (97)[14]

Sontag's arguments stimulate a careful re-evaluation of the place of metaphor in our thinking about disease and illness. However, although she rightly notes that people

[14] Also see Michael Clatts & Kevin Mutchler (1989) who argue that HIV/AIDS "has become associated with entrenched metaphorical complexes involving … cultural fears and fantasies, beliefs and moral and political ideologies concerning not simply disease, but virtue, mental health and sexuality" (13).

infected with HIV/AIDS suffer needlessly because of the social, cultural and even medical meanings attributed to HIV/AIDS, she does not argue convincingly why it is unhealthy/wrong to think metaphorically about illness. Imaginative thinking is inherent to society and can be used with positive results.[15] In addition HIV/AIDS is embedded in a multiplicity of narratives and therefore it is impossible for people not to use metaphorical language when talking about it. Weeks (2000) has attempted to capture the different histories and faces – racial, regional, class and sexual – that have been given to HIV/AIDS:

> The HIV/AIDS epidemic is framed, if not burdened, by many histories. There are histories of past epidemics and diseases, including sexually transmitted diseases; histories of scientific investigation, and of medicine and social hygiene; histories of the various groups affected by HIV and AIDS and homosexuals, of drug users, of the poor and the racially disadvantaged in the urban centres of western nations, and of the poor and exploited in the developing world; and there are histories of social policies, or of their absence, which can help us to understand the various phases of the political and governmental response to HIV and AIDS is already a deeply historicized phenomenon. (142)

From Weeks' characterisation of the HIV/AIDS epidemic, one can argue that there is not one, but many HIV/AIDS epidemics and these may be represented in a multiplicity of ways. HIV/AIDS is known not only through science and biomedicine, but also through the meanings that people outside of these fields give it in their daily contact with the disease.

[15] See chapters five and six in this thesis for example for my illustration of how metaphors deployed in the HIV/AIDS discourses have been used by Kenyan writers to problematise social stigma and approaches to control HIV/AIDS.

Tamsin Wilton (1997) also examines the social construction of the HIV/AIDS epidemic and pinpoints the complex social, cultural, political and clinical metaphors that the concept of "AIDS" is encompassed in:

> HIV/AIDS is 'overburdened with proliferating and always contingent meanings, encompassing notions of clinical disease, social dis/ease, contamination, exclusion, discrimination, hostility, economic/material inequalities… political expediency, moralism/morality, sexuality…' (xii).

Because of its many histories, HIV/AIDS can also be understood to be represented in different "languages" and narratives and it is, therefore, almost impossible to speak of HIV/AIDS without recourse to metaphorical language. Following such arguments, Paula Treichler (1999) has termed HIV/AIDS an "epidemic of signification" over which a wide array of discourses fight for symbolic legitimacy (357). Like Treichler, Watney demonstrates how different institutions fight for control of public discourses on HIV/AIDS and the different implications this has for the pandemic. Within these public discourses, various metaphors are generated and the meanings they give to HIV/AIDS go beyond those that are offered by biomedicine and other scientific interpretations. Therefore, the discursive and representational practices on HIV/AIDS intersect with and nuance a range of preexisting "discursive packages" of gender as well as notions of race, class and disease (Wilton 1997). Therefore, the HIV/AIDS body is an epistemologically privileged site in which to explore the racialised, culturalised, gendered and diseased images constructed through discourse and performed by different stakeholders for various social, cultural, economic and political ends. Wilton (1997) notes that:

> Medical, religious and political discourses have all engaged with the body and in particular with the problem of disease. In so doing, they have produced specific intersections of significance among gender, sexuality and disease which, together with all such practices of signification, form and maintain relations of power between men and women, black and white, poor and rich, etc. Notions of 'sickness' and 'health' are always already political notions deployed in the interests of the powerful against the powerless. (55)

Since notions of health and sickness take place on the body, the body becomes an important site in the discursive representations of health and illness especially with regard to HIV/AIDS since HIV/AIDS is understood largely to have physical/visible manifestations. The body is therefore deployed as a useful site to locate certain identities.

Sander Gilman's (1986) case study on the iconography of black and white bodies shows how these are/were thought to represent different sexualities in nineteenth century art, medicine and literature.[16] Gilman's study demonstrates how black male and female bodies are/were constructed by "science" as iconographies of deviant sexuality. In particular, the black female body becomes a visible sign of charged sexuality portraying

[16] Many contemporary and historical issues of social, political and cultural conflict have been centred on bodies and issues of sexuality. For instance, the iconography of black bodies was used in live human exhibitions to engage and describe perceptions of difference between societies. Sarah Bartman, a young South African woman whose body was a main attraction at public spectacles (because of her enlarged buttocks) in both England and France serves as an example. (http://www.emory.edu/ENGLISH/Bahri/Exhibition.html). Her body was used in scientific discourse as a useful site to exploit and locate what was seen as the 'true' identity of the native and to sexualize the society in which the black is found. The sexual organs of the black (woman) were said to be overdeveloped and hence an icon for deviant sexuality in general. This nature, in essence, emerges as the physical, visible sign that is an indicator of hidden disease inside the body (ibid), a conception that served to promote Western colonial domination by configuring non-white cultures as primitive and in need of civilisation. This kind of representation also helps us to understand the complex processes through which sexuality (and gender) are constituted and how these affect women's lives.

tendencies of promiscuity and prostitution among other things. Gilman's work reveals the "scientific" construction of gender and sexuality and how these constructions intersect with racialising the body. In another study, Ann Fausto-Sterling (1995) also examines how the spectacle of the body of Sarah Bartman was used under the rubric of "science" to represent "black" bodies and thereby define differences between white and black bodies and to construct a difference between genders. Gilman's and Fausto-Sterling's studies shed light on how "science" has functioned to create difference and maintain the boundary between "us" and "them". In addition, they help us understand how differences between people are understood in terms of nationality, race, class, sexuality and gender and how the body is inscribed with various meanings in different times and at different places, invariably invoking political and social moralising. Jacqueline Urla and Jennifer Terry (1995) say that notions of "deviant bodies" and the "normal" body have been constructed through modern life sciences, medicine and popular culture and that these constructions are used to encode and enact relations of power: "scientific and popular modes of representing bodies are never innocent but always tie bodies to larger systems of knowledge production and, indeed, to social and material inequality" (3).

The HIV/AIDS body has been packed with connotations of deviance, and therefore to be infected with HIV/AIDS suggests the antithesis of what is thought to be good and morally acceptable (Bolton, 1989: 35). Bolton further notes that research on response to epidemics conducted from a variety of methodological, disciplinary and cultural standpoints has indicated that people dissociate themselves from epidemics and locate them with certain [dangerous] "others" (Bolton 1989: 25). This tendency to blame others

has been the case in the HIV/AIDS epidemic. The epidemiology of HIV/AIDS in Kenya for example suggests that the HIV virus was brought into the country by foreigners. Tourists and truck drivers, people from America, Europe, Uganda, Tanzania, Zaire and Rwanda, along with Kenyans returning from abroad were often cited as the sources of the HIV virus. Prostitutes were singled out as major carriers of the disease (Ocholla-Ayayo 1997: 120). STDs in Kenya as in many other developing countries are associated with certain groups of people: bar maids and prostitutes, taxi and truck drivers, musicians, salesmen, soldiers and sailors and, urban dwellers whose professional or financial status leads them to travel or work away from a traditional family grouping.[17] As I have intimated earlier on, the HIV/AIDS body is associated with deviant sexuality and accordingly viewed as a dangerous "other".[18] Usually this fear is because of the (sexual) moral stigma that has attended HIV/AIDS. The body therefore remains an important site in discourses about HIV/AIDS, and especially in the works I study since the body intersects with notions of gender, sexuality and health to influence how different characters experience sex, sexuality, gender and romance. HIV/AIDS is then presented in the texts as shaped by both discourses and behaviour around sexuality.

[17] See Setel et al (1999) who have done a study of STDs in various parts of Africa including Cote d'Ivore, Uganda, Tanzania, Malawi, Zambia, Zimbabwe and South Africa. Their study points to the fact that social and economic development in colonial and postcolonial Africa has had a discernible impact upon sexually transmitted diseases, in terms of their causes and transmission. "The growing intensity of intercommunication in the colonial period led to greater contacts with strangers. Roads, railroads and shipping stimulated mobility; people entered unfamiliar disease environments" (19). Luise White (1990) also writes about the growth of prostitution in Kenya and shows how the growth of capitalism during the colonial system facilitated the growth of prostitution.

[18] HIV/AIDS was first diagnosed among homosexual men, and hence became associated with them. In the early phases of the epidemic, it was known as a 'gay plague' (Bolton 1989: 7) or a 'gay related syndrome' (Weeks 1985: 46). Homosexuality is seen in many societies as a sickness and homosexuals are seen as promiscuous people lacking sexual morality. With time, prostitution has also been noted as one of the key causes of HIV/AIDS and this has led to further alienation of prostitutes and people infected with HIV/AIDS.

CONCLUSION

This chapter has been concerned with the different sociological, medical and cultural discourses that have emerged from the study of HIV/AIDS. It has looked at how HIV/AIDS has been represented and given meaning by various commentators in diverse fields. It has also looked at some of the theories that I have used in the study and therefore explores theories relating to popular literature, romance, gender, the body and sexuality. The second chapter discusses some of the Kenyan popular novels written in the 1970s and 1980s that deal with themes of romance, gender and sexuality. It looks at how some popular Kenyan writers have represented these themes in their novels. My intention in Chapter Two is to show, in the subsequent discussion of HIV/AIDS fiction, how some of the writers deviate from or perpetuate certain ideas that have been prevalent in Kenyan popular fiction and which the popular HIV/AIDS fiction seeks to revise. Some of the issues raised in this fiction are examined in detail in the HIV/AIDS fiction with the writers questioning some of the assumptions made in the earlier fiction of the 1970s and 1980s. Chapter Three is an exploration of the narrative strategies used in Adalla's *Confessions of an AIDS Victim* and Mwangi's "Reversed Dreams". It discusses how the use of the confessional mode in *Confessions* and the failure to name HIV/AIDS in "Reversed Dreams" are employed as literary devices to revise negative meanings given to HIV/AIDS and people infected with the disease. Chapter Four focuses on Meja Mwangi's *The Last Plague* by examining how culturally constructed notions of gender are implicated in the definition of sex and sexuality. It further interrogates how cultural definitions of "appropriate" male and female [sexual] behaviour impact on the understanding and practice of safer sex. Chapter Five looks at how the romance narrative

is employed in the representation of health and disease to redefine intimate and social relationships while Chapter Six is a reading of Macgoye's *Chira* and is concerned with how the writer appropriates discourses and beliefs around "chira"[19] to comment on the changing meanings of morality, sexuality and disease in the Luo/Kenyan society because of HIV/AIDS. Chapter Seven seeks to highlight the main arguments made in the thesis regarding romance, gender, sexuality and HIV/AIDS and also restates the key conclusion of the thesis on fiction and representation of the HIV/AIDS phenomenon in Kenya.

[19] 'Chira' is a belief among the Luo community of western Kenya that ill fortune can befall an individual or his family for acting contrary to the wishes of ancestors or to socially prescribed rules that govern particular social behavior.