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Abstract

While HIV and AIDS remain a global health challenge, this article sought to explore how the framing of perceptions of its origins has been constructed in South Africa. Based on two major historical discourses, deconstructing of the collusion of the colonial and missionary discourses will illuminate how that collusion dominates the reductionist and negative stereotypes of the origins of the HIV and AIDS. Drawing on selected existing literature, this article discussed some of the different permutations of the colonial and missionary discourses in South Africa. Additionally, it was argued that the legacies of these discourses continue to impact on the perceptions of the construction of the origins of the HIV and AIDS. Consequently, deconstructing these oppressive and exclusionary discourses will provide broader and emancipatory understandings of the epidemic that will be cascaded through schools, teacher education and other spaces within South Africa and beyond.

Keywords: *Colonial, Deconstructing, Discourse, HIV and AIDS, Missionary, South Africa*

Introduction

A plethora of discourses have framed the different and often negative perceptions of the origins of epidemics in Africa (Farmer, Saussy, & Kidder, 2010; Flint & Hewitt, 2015; Kalipeni, 2004). A typical example is human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). Ways in which this has been done include attributing the origin of AIDS to homosexuality, witchcraft, a racist ploy to get rid of black Africans, the green monkey theory, biological warfare and a punishment from God (cf CDC, 2012; Millett, Flores, Peterson & Bakeman, 2007).

The colonialists and missionaries often shared a white dominant perspective in relation to non-whites, especially the subjugated black Africans. These reductionist, oppressive colonial and missionary discourses (Nyatsanza, 2015) fed into the notion of the "other" in relation to non-white races, perceptions that were particularly compounded by apartheid in South Africa (Braude, 2009; Illife, 2006). The collusion of the colonial and missionary discourses was foregrounded within the larger project of civilising, evangelising and medicalising the African life spaces and experiences (Soudien, 2011). Underpinning this were institutions and technologies of power (Foucault, 1984) that ensured that the colonial and missionary projects would succeed.

Comaroff and Comaroff (2009) suggest that health and disease were, indeed, part of the missionary project of evangelisation and the *modus operandi* was invariably informed by colonial values. As a consequence of this, the biased views of disease among Africans formed the basis of framing the origins of HIV (Flint & Hewitt, 2015), a condition that was discovered many years later. Drawing on existing selected literature, this article will highlight some examples of how the colonial and missionary discourses framed particular perceptions of the origins of HIV and AIDS as both a medical and moral issue in Africa (Lyons & Lyons, 2004; Stoler, 1989; Thomas, 2007).

The deconstruction of the different permutations of the colonial and missionary discourses will highlight the power of these oppressive, stereotypical and often racially exclusionary perceptions of the origins of HIV in Africa in general and South Africa in particular (Cloete, 2007; Joshua, 2016). While HIV and AIDS in South Africa are, indeed, a health issue, they have also been strongly argued that they should be interpreted as part of a 'colonial project' of conquest and domination of the black

Africans (Cloete, 2007). It is based on this analysis that broader and emancipatory understandings of the epidemic need to be taught and communicated more effectively within schools, teacher education and the wider public in South Africa and beyond.

Colonial and Missionary Perceptions of Health and Disease in South Africa

The definitions and perceptions of health and disease have always been contestable in the various pre-colonial, colonial and post-colonial contexts. It has been argued, for example, that the some of the colonial perceptions of the vast prevalence of venereal diseases in sub-Saharan Africa are highly suggestive of the fact that those diseases are a logical precursor of HIV and AIDS in the region (Shilts, 2007). Part of this argument is also attributed to the history of migrant labour within the mining sector in Southern Africa (Chirwa, 1997; Trimikliniotis, Gordon, & Zondo, 2008).

The letter of King Leopold II of Belgium to colonial missionaries in 1883 serves as a classical example of the entrenched bias and stereotypical views that underpin the framing of the perceptions of health and disease among Africans[11]. The same biased colonial conceptions were reinforced by Gelfand (1948), an anthropologist and medical doctor who trained and worked in South Africa and the rest of the Southern African region.

The Scramble for Africa led to the 1884 Berlin Colonial Conference which resulted in the African continent being invaded and divided between the European countries without consulting or involving the Africans themselves (Pakenham, 2015). This process is sometimes referred to as the Partition of and/or the conquest of Africa.

While on one level this was a geographical/spatial sharing of a country's lands and natural resources, it was simultaneously a destruction of the local epistemologies and the very fabric of the socio-cultural tenets and their value systems. These were in turn substituted by Euro-centric world views which claimed dominance, superiority and a monolithic legitimacy. It goes without saying that the Scramble for Africa concomitantly ushered in a colonial missionary medical discourse that viewed health and disease among Africans as a medically inferior, morally bankrupt and fertile space for the proliferation of sexually transmitted infections and much later the development of HIV and AIDS (Soudien,

[11]https://allafrica.com/stories/200510060035.html accessed 17/04/2018

2011). The latter views can easily be gleaned from Carmody in his *The New Scramble for Africa* (2017).

The infamous P.W. Botha speech to his South African cabinet on 15 August 1985 encapsulates the colonial and apartheid mindset that characterises Black Africans as noisy, lazy, polygamous and indulging in indiscriminate sex (Botha, 1985). This kind of representation of the black South African is indicative of how HIV and AIDS are blamed on black Africans. South Africa's history of HIV and AIDS epidemic has been dominated by different colonial and missionary players (Campbell, Nair, & Maimane, 2007; Hunter, 2010; Illife, 2006; Tamale, 2011; Youde, 2016). In the same vein, the interface of colonial and missionary perceptions of the origins of HIV and AIDS with that of the local inhabitants who already held their own historical and cosmological world views (Vaughan, 1991) created polarised understandings of the epidemic.

The impact of the legacy of the collusion of the colonial and missionary discourses continues to significantly impact on how the origins of HIV and AIDS in (South) Africa (Lyons & Lyons, 2004; Thomas, 2007). Literature contains examples of the legacy of colonial and indeed missionary views that lay the blame of HIV and AIDS on Africa because of the latter's cultural and sexual practices which the colonialists and missionaries described as promiscuous, conduits and reservoirs of sexually transmitted infections, highly susceptible to HIV and AIDS, bereft of sexual puritanical values and abstinence, more disposed to transactional sex and demonstrating high levels of polygamy (cf. Brown, Ayowa, & Brown, 1993; Caldwell, Caldwell, & Quiggin, 1989; Comaroff & Comaroff, 2009; Jeeves, 2001; Quigley, Munguti, Grosskurth, Todd, Mosha, Senkoro et al., 1997). Similarly, it has also been racially argued that the origins of HIV and AIDS are due to 'an innate sexual perversity and a lack of moral consciousness on the part of Black Africans' (Cloete, 2007).

On a broader level, Mudimbe (1988) argues that the colonialists constructed fictionalised views of the African life and health lifestyles based on colonial domination. These views elevated the position of white westerners in all respects and denigrated the black Africans. In effect, this promoted the myth of white superiority and supremacy (Cloete, 2007). By extension, it is this biased white colonial mentality that led to the perception that black Africans were responsible for the origins of HIV and AIDS. The legacy of the skewed collusion of the colonial and missionary discourses has been seen as a hermeneutical lens of describing modern political and moral disasters. For example, it has been argued

that the political crisis in Kosovo and Bosnia in the 1990s was considered a 'loud crisis' particularly because it involved people of a largely European descent and, therefore, needed a more sympathetic approach in resolving it (Bayart & Ellis, 2000). However, HIV and AIDS in (South) Africa are considered as a 'silent crisis' which did not immediately warrant urgent and sympathetic attention because South Africa tended to be perceived as being in a perennial state of crisis by virtue of its being the almost insignificant other inhabitant by a huge Black African population and, therefore, responsible for its own catastrophes (Poku, 2004; Poku, 2017; Petros, Airhihenbuwa, Simbayi, Ramlagan, & Brown, 2006). Such an extrapolation and shallow interpretation of complex socio-political phenomena pretty much resembles the kind of colonial thinking that requires profound deconstruction.

Part of the dehumanising black Africans in relation to HIV involved the fact that the westerners and the local white minority argued that the Africans were responsible for the HIV and AIDS because of their loose and uncontrollable sexual practices. It is against this background that Hegel (1956) expected Africa to embrace the colonial project of 'Civilisation-Christianisation' in order to salvage itself from the irrational and immoral behaviours of which HIV and AIDS could be postulated to be one. This is grounded within racist medical views, whiteness and exclusivity that consider themselves as morally superior, intellectually and culturally powerful and naturally privileged (Cloete, 2007).

This reinforced the anthropological bias of indigenous black South Africans' knowledge of health and disease and its accompanying cosmology, people and institutions (Serequeberhan, 1994). The failure to recognise the efficacy of the local African perspectives and engagement with matters of medicine and morality subjected the colonial and missionary discourses to the dangers of relying on a single story (Adichie, 2009) based on the arrogance and ignorance of complex situations.

More Recent Colonial and Missionary Perceptions of HIV in South Africa

More recently, research has demonstrated that the legacy of negative and stereotypical colonial and missionary discourses still abound (cf. Brown, 2016; Nduna & Mendes, 2010). In their respective qualitative studies, Nduna and Mendes (2010) and Brown (2016) argue that white youth in South Africa attributed HIV and AIDS to black people. Examples of their perceptions included the fact that faith-based organisations tend to

discriminate and stigmatise black African people living with and/or affected by HIV and AIDS through conflating issues of morality, sexuality and categorising them as a result of sin. In the same vein, Flint and Hewitt (2015) argue that negative colonial constructions of the sexual immorality and proneness to sexually transmitted infections of black Africans still persist. It is on this basis that the origins of HIV and AIDS have been blamed on the same people in South Africa.

Other examples that perpetuate such perceptions can be noted from Caldwell et al. (1989) who argue that there is a particular mode of African sexuality which makes Africans more susceptible to HIV than other people. There are at least two main strands of contemporary missionaries that have impacted on defining the origins of HIV and AIDS in (South) Africa. The first may be referred to as the indigenous (black) African missionaries both within and from elsewhere in Africa. The second group is constituted by missionaries of Western origin, mostly from Europe and North America, although there are nuanced differences between these two main groups.

The reaction to HIV and AIDS tends to spiritualise the causality of the epidemic (Dube, 2002). There seems to be a strong affinity to the hermeneutical framework of African Traditional Religions (ATRs) and cultures (Adogame, 2007). The contemporary missionaries' messages contain colonial hangovers in as far as they tend to massage the same negative stereotypes about the origins of HIV and AIDS in (South) Africa. Examples of these can be gleaned from their crusades, faith-healing sessions/deliverance sessions, tele-healing evangelism, although much scepticism surrounds the authenticity of the healing capacity, especially in the context of HIV and AIDS.

Deconstructing HIV and AIDS within the South African Context

The West has often postured itself as the sole custodian of reason using the infamous phrase of Hall's article "The West and the Rest' (Hall & Gieben, 1992; Hegel, 1956). It is against this background that, when HIV and AIDS started, black South Africans got accused of being incapable of reasoning about how to manage their sexuality. Such perceptions make it imperative to deconstruct the racialised discourses of HIV that are systematically skewed against the black South Africans (Brown, 2016; Chukwudi, 1997; Cloete, 2007). HIV in South Africa has been framed as a disease of the 'blamed other', namely black Africans, women, poor people and homosexuals (Francis, 2008). This perception was

constructed out of the legacy of apartheid which hierarchically differentiated the South African society on the basis of race and social class.

In order to deconstruct such claims to the origins of HIV in South Africa, there is a need to disrupt the stereotypes in order to reconstruct more emancipatory approaches that take cognisance of the humanity of people, which is based on the philosophy of *ubuntu* (Ramose, 2002). Being human is the primary factor on the basis of which a shared and collective understanding of health and disease can be developed (Ramose, 2002). The stigma and blame culture should serve as a resource from which negative lessons can be learnt and positive ones developed. This project can be undertaken in various contexts, for example, within schools, teacher training colleges, higher education and community settings (Wood & Rens, 2014). This way, a more robust and sustainable creation of the complex nature of HIV and AIDS can be developed.

One of the ways in which deconstructing the skewed and stigmatising perceptions of HIV and AIDS can be achieved is through philosophical reflections and practices based on the work of critical thinkers, the likes of Biko, (1973, 1998a, 1998b, 2015), Maluleke (1997, 2000), Fanon (2007), (Freire, 2000, 2001, 2004), Mbembe (1992), Serqueberhan (1994), Wa Thiong'o (1994) and Wiredu (1997). More recent analyses of faith-based perceptions of HIV and AIDS have vehemently argued for non-discriminatory attitudes of people living with and affected by HIV and AIDS. Instead, they have argued that, in fact, if churches are also made up of people with HIV and AIDS, then the church itself is also HIV-positive (Keikelame, Murphy, Ringheim, & Woldehanna, 2010). Such radical views go against the traditional and conservative views that propound that AIDS is a punishment from God.

Part of the reason why the stigmatising colonial and missionary discourses of HIV and AIDS have been dominant in South Africa is the fact that they have been based on the power and privilege of those who executed them. In addition, that power and privilege was ironically based on ignorance of the broader issues surrounding the pandemic as well as inadequate knowledge and social skills (Keikelame et al., 2010). As a result, this led to apportioning disproportionate blame of the origins of HIV and AIDS to the disenfranchised and marginalised black South Africans. Biblical and theological misinterpretations equally led to biased stigma against (black) South African women being perpetrated based on the legacy of the white colonial and missionary discourses through conflating sexuality, morality and HIV and AIDS (Keikelame et al., 2010).

What emerges as a result of the aforementioned is that a racially constructed perception becomes an intricately interwoven with gender, poverty and other intersectional issues (Pugh, 2010). The different church denominations struggled to come to terms with the HIV and AIDS epidemic. Most of the churches were silent and confused about what to do in the face of HIV. Instead of providing care and support, most of the churches blamed and stigmatised those living with HIV and AIDS. Despite a unique situation of the prevalence of HIV and AIDS in South Africa, the Catholic Church for example, depended on its top-down hierarchy from the Vatican in terms of responding to epidemic (Joshua, 2010). The situation was compounded by the patriarchal leadership that was almost insensitive to the gender and age factors that saw women and children being most hit by the epidemic.

The Catholic silence of publicly engaging with HIV and the related stigma was in part informed by the fear of the scandal of breaking the vow of celibacy by their religious personnel. In addition, it was also based on theological prejudices and fallacies about the causes of disease and its relationship to morality and sin. The populist views were that HIV is a punishment from God and a curse to (black) Africans. Within the Protestant contexts, purity and holiness were emphasised such that suffering from HIV and AIDS would be interpreted as a breach of those values (Togarasei, Nkomazana, & Mmolai, 2011). The pattern of stigma, blame and blame on those affected and infected by HIV is in fact very much similar between most of the faith groups.

In terms of Islam, the Asians initially came to South Africa as 'indentured labourers' who worked for the settler regime and their Moslem faith evolved later. In terms of the attitude to HIV and AIDS, the same pattern of discrimination resonated with that of other faiths (Haron, 2010). Witchcraft plays an ambivalent role in trying to deconstruct the causality of HIV and AIDS. This is the case in that whereas Western anthropologists, colonialists and missionaries invoked witchcraft as a tool to denigrate African people's own cosmological perspectives of the aetiology of disease (Gelfand, 1957; Mudimbe, 1988). More recent studies demonstrate that the newer and younger prophetic Pentecostal churches reference witchcraft to authenticate the sources of illnesses and diseases by sourcing from the indigenous spirituality in their healing ministries of HIV and AIDS and other illnesses (Chitando & Biri, 2016; Chitando & Klagba, 2013).

Interestingly, unlike previous perceptions of witchcraft as a predominantly rural phenomenon in Africa (Evans-Pritchard & Gillies,

1976), there is evidence to indicate that it still persists even in urbanised spaces, although sometimes it has taken more nuanced forms (Comaroff & Comaroff, 1999; Moore & Sanders, 2001; Nyatsanza, 2015; Rödlach, 2005). Witchcraft remains a very significant explanatory framework for diseases and illnesses (particularly HIV and AIDS) among black Africans.

Postulating Potential Trajectories of Understanding HIV and AIDS in South Africa

Beyond the bio-medical aetiology of the origins of HIV and AIDS in South Africa, there is a broader project that needs to take cognisance of the other underlying issues that impact on the epidemic. The deconstruction of the missionary-colonial discourse of HIV necessarily entails locating it within an emancipatory context. This process would involve operating within a framework that takes a reflexive stance on the application and impact of the pre-colonial, colonial and post-colonial views of health and disease in general and HIV and AIDS in particular within South Africa. It is on this basis that potential trajectories of understanding and engaging with HIV and AIDS in South Africa begin to emerge.

There is need for the construction of a social immunity system as opposed to the colonial/missionary preoccupation with sex and sexuality on an individual basis (Dube & Maluleke, 2001). This system needs to re-focus on the broader social, economic and political factors which will develop a more comprehensive world view and a way of life that goes beyond the reductionist explanatory models that are currently used to explain the origins of HIV and AIDS in South Africa and beyond.

Churches are not optimally utilising their prophetic role and voice in order to respond more effectively to HIV and AIDS. It is imperative that firstly, they disrupt the romanticised nostalgias of pre-colonial (South) Africa. Secondly, they should desist from pointlessly attributing the agency of all colonial damage to previous generations and thirdly, resort to naïve, post-colonial and missionary mindsets. Instead, they should engage in more robust and sustainable ways of investing in HIV and AIDS through action, further research and reflection (Tamale, 2011).

Recommendations

In pre-colonial Africa, education was holistic and was part of the process of socialising the community's youth to become competent and responsible members of society. It was meant to expose them to a wide

range of social, cultural, economic, linguistic, medical and other essential knowledge traditions. Consequently, linguistic competence was greatly valued for socialisation purposes. With the coming of missionaries and colonisers, the local African people were misled into leaving their languages and embrace Western languages as lingua francas.

Communication between the two groups was a challenge due to linguistic misalignments. This contributed to misinformation and prejudices. Throughout the history of humankind, language has been used as a tool of ascendancy, and colonisation in order to consolidate power through creating governable subjects (Foucault, 2019). The colonisers' thrust on their subjects' language practices has always been punctuated by artificial conventions.

The thesis we sought to defend in this article is that perceived from research, sociolinguists, health experts, and lived experiences of Africans. This article, therefore, recommends a robust approach towards deconstructing the collusion of the colonial and missionary discourses in framing the origins of HIV and AIDS in South Africa. While the actual origins of HIV remain contestable, problematising the discourse is not only a public health concern but also an enquiry that education should embrace and deconstruct (Nyatsanza & Wood, 2017).

Education practitioners and curriculum developers can co-opt the concept in various contexts of formal education. This can be included in learning areas such as Life Orientation; Life Sciences; Social Sciences, with the sole purpose of de-teaching and re-teaching the origins, effects, and managing of HIV and AIDS not only in the African continent but the world over. The curriculum can also look at the applicability and efficacy of African Indigenous Knowledge Systems in assisting the infected and the affected. The deconstruction of the missionary and colonial discourses is not just a revisionary socio-political and pedagogical exercise, but it is very much a moral imperative that is indispensable to post-colonial Africa in all its struggles of authenticity, development, identity, recognition, respect and positioning within the messy and contestable global spaces.

Conclusion

Despite the fact that HIV was officially first reported in the 1980s, there is no consensus between researchers and other stakeholders in terms of its actual origin. This article has traced how the collusion of the colonial and missionary discourses has been used as a lens through which the

origins of HIV and AIDS have been framed within the South African context. By using this heuristic lens, it has been demonstrated that reductionist, racialised and stigmatising constructions of the epidemic have been framed and continue to be significantly perpetuated.

In response to these stereotypes, stakeholders in the HIV and AIDS domain are being challenged to develop critical, reflexive and emancipatory approaches that are informed by both practical action and research in order to move beyond the legacies of the colonial and missionary discourses. While disrupting the collusion of the colonial and missionary is a useful starting point, it still remains imperative to open up more horizons for deconstructing similar discourses that militate against a more comprehensive and sustainable approach to the HIV and AIDS in South Africa and beyond.

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