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ROBERT THORNTON

UNIMAGINED COMMUNITY

SEX, NETWORKS AND AIDS IN UGANDA AND SOUTH AFRICA





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SEX, NETWORKS AND AIDS IN UGANDA AND SOUTH AFRICA



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DEDICATION

This book is dedicated to my father, Professor Givens Louis Thornton, with all my love. He took me to India and to Africa. He showed me how to see people and their ways with love and understanding. I miss him. He will be with me always.

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Thanksto 'Zapiro' (Jonathan Shapiro) for his cartoons (Figure 17) that are at once trenchant and sympathetic



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NOTE ON ETHNIC NAMES AND LANGUAGES

With minor exceptions, the languages in both Uganda and South Africa belong to two broad families of languages: the Bantu and the north-western branch of the Indo-European family of languages. Thus, all of the languages have basic grammar in common within these families. The Bantu languages of southern Uganda represent the most northern reach of the Bantu languages, while those in South Africa represent the southern-most. Bantu languages use prefixes to designate specific meanings for general or 'root' terms. Thus 'Ganda' is the root name of the largest ethnic group and kingdom in southern Uganda, and prefixes denote what aspect of this is meant:

Luganda is the Ganda language

Buganda is the Ganda Kingdom or territory

Baganda is the plural for Ganda people, or the Ganda 'nation' or 'tribe'

and so on.

Similarly, in South Africa, we have '*zulu*' as a *root word* from which other terms are derived as follows:

isiZulu is the language

AmaZulu is the people or nation (especially the followers of the Zulu king, especially those living in the northern part of the Province of KwaZulu-Natal; and so on.

These prefixes vary somewhat from language to language. Thus, SeSotho is the name of the Sotho language where the *se-* prefix is cognate to the *isi-* prefix in 'isiZulu'.

English is the other dominant language in Uganda. In both South Africa and Uganda, English is the primary language of education, especially at the secondary and tertiary level, and of commerce. South African language use, however, involves considerable mixing of at least four languages in everyday practice: Zulu, English, Afrikaans, and Sotho. In many instances, I try to give translations of terms into isiZulu, SeSotho, and Afrikaans where appropriate. Although there are officially 11 languages in South Africa, all others are either closely related to these four or are intelligible. Most South Africans and Uganda speak and use multiple languages in daily life.

PREFACE

I did not want to study AIDS.

As an anthropologist in Africa I could not avoid it; this book is an anthropological engagement with it. Anthropology has been called 'the study of mankind in context.' HIV/AIDS is now part of that context, especially in sub-Saharan Africa. HIV touches on the deepest of human concerns: sex, health, death, kinship, family, language and culture. My concern with HIV and AIDS then is an anthropological concern because these are also the core areas of anthropology. This *anthropological* approach, then, departs significantly from 'standard' epidemiological, public health, medical and sociological perspectives and methods.

Anthropology is holistic, integrative and, where appropriate, comparative. I offer here a holistic comparison of Uganda and South Africa, two countries in which the trends of HIV prevalence are as radically different as any on earth, and I do so with methodological tools that integrate mathematics, sociology, demography, epidemiology and traditional anthropological approaches and techniques. Uganda and South Africa are part of a broadly similar cultural area—Bantu-speaking sub-Saharan Africa—and thus suitable for comparison. I compare them holistically, across a broad range of cultural and social features, in order to explain the differences in the epidemiology of AIDS in a way that is not reduced to the biology of a single body (or cell), nor to the psychology of the individual who 'behaves' sexually, or encounters 'risk'. In other words, the approach developed here links the world of individual meanings, motives, and understandings to increasingly larger scales of organisation in a way that is neither individualistic nor sociological but genuinely anthropological. My emphasis is on process, structure, and linkage across differing scales of action and experience, and interaction between domains of meaning whether we understand these as 'cultures', 'discourses', or 'worldviews'. In the case of the social 'fabrics' that transmit HIV, they have, so far, and for the most part, escaped the grid of sociological theory.

I focus on the notion of the sexual network. By their nature, sexual networks cannot be 'seen' either by those who participate in them, nor, usually, by the social sciences. People who are involved in sexual networks—that is, anyone who is sexually active—do not represent the extent, size, pattern or even the existence of these networks either to themselves or to social scientists. Thus, unlike the explicit networks of friendship or kinship, the sexual network is an invisible community; it is *unimagined*.

Although sexual networks are necessarily subsets of friendship networks and supersets of kinship networks, they are rarely traced as a genealogy is, or as one might construct a guest list for a wedding. They do not constitute social categories. The social sciences have little grasp on sexual networks because they are not institutions or social structures in the normal sense. While we have elaborate theories about social institutions, we have only the most limited understanding of social networks, especially sexual networks. They remain essentially un-theorised and largely undescribed.

AIDS is also a personal concern. I have lived in both Uganda and South Africa for long periods of time and through most of my adult life. My personal and family history is bound up with these national histories. I was a young man in Uganda, and raised a family in South Africa. My perspective on AIDS is also a personal perspective based in part on my own experience and the sense that I have made of it. Not everyone will agree with this. For instance, I present South Africa as a radically egalitarian society compared to Uganda. Given South Africa's history of Apartheid, some will find this ironic, and others will think it plain wrong. I also largely ignore race. It appears to me that with respect to sex and choice of sexual partners, 'race' does not predict nor determine significant social differences. The success of Apartheid, in fact, was to

convince South Africans that they were more different from each other than they in fact were, or are. Its failure comes from the fact that this belief was empirically wrong, not just morally wrong. In any case, I treat South Africa as an African country, and do not distinguish South Africans by race.

Anthropologists are less concerned with what people do as instances of generalised categories—class, race, ethnicity, nationality—or as manifestation of supposed universal psychological or neurological processes, than they are with real people doing real things in concrete contexts. The contexts that I describe here have been my own contexts. Anthropologists attempt to understand the meanings that people give to their own actions—what motivates them—and to the actions of others. This involves a kind of philosophy, but it is 'philosophy with the people left in'.[1] The channels through which HIV travels in the human population are, as seen by this anthropologist, social structures of a special sort, the sexual network, and infection by HIV occurs during moments of the most profound meaning, sexual intimacy. Without understanding sex as a relation, we cannot grasp this elementary fact, and without seeking to understand the social and cultural values of sex itself, we fail to understand the basic motives that drive the epidemic at the human scale. For this reason, as an anthropologist, I have not been able to avoid the study of AIDS.

AIDS can, of course, be ignored or denied. We have seen this in the responses of members of the South African government, and from churches and other moral and political leaders. Malaria, Tuberculosis and violence, some correctly say, kill more people across all of Africa than AIDS. Also, to talk about AIDS requires talk about sex, and this presents insurmountable moral barriers to many. Yet, even the denial of AIDS is an acknowledgement of its fierce presence. Denial rises from powerful anxieties about sex, death, and the knowledge that HIV infection occurs at the moment of sexual intimacy. To know about AIDS is to possess an almost unbearable knowledge.

The impact of AIDS is much deeper that other diseases, or even violence; these merely kill. As much as they cause suffering, they do not challenge fundamental values of the self, of society and culture. These causes of death have been around long enough that their economic, cultural and social effects are well known. They are fully comprehended by indigenous medical systems, and are well understood by bio-medicine. Violent deaths, too, are comprehensible at all levels, in the terms of local knowledge and traditions of violence, or through moral knowledge of religion and humanism, and by politicians and the social sciences that study it. These causes of death can be cured or stopped, albeit with great difficulty; AIDS cannot. For those who suffer it, and die, and for their families, friends, colleagues and communities, it is tinged with a kind of moral mystery. AIDS in eastern, central and southern Africa, especially, is now a part of everyone's life and loves. There are more people infected with HIV here than anywhere else in the world. The epidemic in this part of the continent is characterised as mature, heterosexual, and pervasive which means that no one is immune, if not to infection, then to its effects. Although there are marked regional differences, HIV exists in virtually every corner of the southern continent, in all communities, and in all age groups. It weighs on the consciousness and conscience of every endeavour, and penetrates all aspects of life.

AIDS presents challenges to the constitution of community and to the very grounds of knowledge in a way that no other disease or epidemic has ever done. In particular, it challenges people's ability to imagine the set of relationships that transmit HIV and that are the only means for halting its spread. The community of AIDS is almost unimaginable. Because of the nature of its transmission, the long delay between infection and its manifestation as AIDS, because

[1] Ingold 1992.

there is no cure after a quarter of a century of effort to find one, our knowledge of AIDS creates immeasurable anxiety.

The title of this book points to these problems. Because of its moral dimensions related to sex—summed up in the somewhat awkward words 'stigma' and 'denial'—it has often been difficult to acknowledge or to create either a moral or a political community with and for those who are 'Positive'. The knowledge that a sister, a lover, a parent, a friend, a work-mate, or even an enemy is HIV-positive creates anxieties and uncertainties that many struggle to cope with. It is not possible for any single lover, anyone who has been involved sexually with another, to imagine the vast sexual networks in which they are unknowing participants. This unknowing is as fundamental to the nature of sex as are its pleasures and intimate knowledge of another. Although HIV can only be transmitted through sexual networks—more or less efficiently depending on their configuration, timing and extent—it is a purely occult community, one we can never see or imagine. The title of the book, 'Unimagined Community' points to these facts, while gesturing to the political community of the nation which, according to the influential concept of Benedict Anderson[2] is necessarily an *imagined community* owing its existence to national languages fostered by 'print capitalism;' all its members can never participate directly in it. By contrast, the community of the sexual network is never imagined and never represented by those who do in fact participate in it. The *un*imagined community of those who carry the virus, who suffer with AIDS and who have lost their parents, children and loved ones to it bears a deeply problematic relation to the imagined community of the nation. The latter part of this book deals with the uneasy relationship between the community of AIDS and the HIV-positive and the political community of the nation. Though vexed, this relationship determines the course of both AIDS and the nation.

This is because effective action against HIV infection must be collective and communal action. It can only take place within a community of values, and with a spirit that *values* communities. Trust, mutual knowledge, connection, commerce and communion, the very values on which the sense of community rests, are undermined by the presence of HIV within it.

This study takes a plunge into a deep anthropology of AIDS, of sex, and sexual networks. I hope that it will provide some new understandings on which better preventive measures may be based. This is an effort of anthropological enquiry that explores the basis for the anxiety of our knowledge about AIDS, and that attempts to *imagine*—to create an image—of the communities that we have so far failed to imagine, and those to which we have often failed, morally, intellectually, and politically, to commit.

[2] Anderson 1983.