Brooke Grundfest Schoepf
Toward a Vision of Sexual and Economic Justice
Thought Paper

BODIES THAT MATTER IN THE TRANSNATIONAL BODY POLITIC
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Brooke Grundfest Schoepf, Ph.D. Harvard Medical School bgscs@netzero.net

WOMEN AND AIDS IN AFRICA: POLICIES THAT FUEL THE EPIDEMIC

In 1985, I began prevention HIV/AIDS research with African colleagues in Kinshasa, the capital of Congo/Zaire. We created the transdisciplinary CONNAISSIDA Project to discover popular constructions of the disease and ways to help people toward behavior change, while at the same time we investigated structural conditions fueling the spread of the epidemic.[1] By then, Zaire's economy had been in crisis for a decade, and the government began to implement some of the more draconian Structural Adjustment (SAP) measures, including downsizing the civil service and user fees for health services and education, accompanied by private sector lay-offs. Research in countries across the continent replicates many of our findings that show how SAPs affect women and men differently.[2]

While AIDS was discovered in 1983 among wealthy African men seeking treatment in Europe, the vulnerability of women to HIV in Africa, where heterosexual transmission predominates, emerged from the earliest population-based epidemiological research (1984-85).[3] Young women of 15 to 24 years were more than twice as likely to be infected as men of the same age. The elements of women's vulnerability, the inability of most women to prevent infection, are multi-dimensional. They include the biology of the female reproductive tract as well as social factors.[4] Our ethnographic research showed the central role of socioeconomic conditions, politics and culture, including widespread and deepening poverty, SAP measures, gender inequality and prevalent constructions of multi-partnered masculinity, in fueling the epidemic.[5]

In both biomedical and local men's discourse, the bodies that mattered were those of men, particularly men of wealth, political power and renown. Men were warned not to patronize prostitutes, but their regular multiple partnerships were ignored. Women were warned to be faithful to their husbands, and assured that this would protect them from HIV risk.

In central, southern and eastern Africa, old myths with respect to sexually transmitted diseases were applied to AIDS. Discourse inscribed the body politic on women's bodies.[6] When men fell sick, popular male-dominant constructions, including those of moralist leaders in several religious denominations, blamed women, including wives, for spreading the virus. The discourse of blame echoed the earlier stigma of "polluted" women as "disease-bringers" of ordinary sexually transmitted infections; AIDS was "a women's disease." In reality, although sex workers were the most at risk, many young women had older, sexually experienced partners, and married women's fidelity could not protect them against husbands who had other concurrent partners. Men

began to seek young partners, believing them free of infection. Some men sought to infect many women, either out of anger or because they believed "traditional healers" who asserted that sex with a virgin would rid men of infection.

International discourse and policy errors stimulated African leaders' denial, while moralistic attitudes toward sexuality added fuel to the epidemic. Northern biomedical researchers' statements with respect to the role of prostitutes in spreading infection echoed earlier racist constructions of the sexuality of African women as "loose" and "promiscuous." One article constructed a continuum of relationships from marriage through quasi-prostitution to prostitution. Another categorized women having more than one partner prior to marriage as "promiscuous."[7]

The racism surrounding AIDS in the international arena reverberated across Africa, where resistance fueled denial in the early years. One popular African construction dubbed AIDS (SIDA) the "*Syndrome Imaginaire pour Décourager les Amoureux* (an imaginary syndrome for discouraging lovers). Which lovers were being discouraged? Africans, of course. By whom? By Europeans, who since the colonial era had attempted to regulate Africans' sexuality through missionary preachments and the actions of the State. ("Really, they are jealous," people said.)

With a focus on prostitutes (stigmatized as "bad" women) as the motor of what by 1985, already was a generalized epidemic, prevention was off to a bad start. By emphasizing their connection to friends and acquaintances, rather than to professional sex workers, men could deny their risk. Some women who occasionally traded sex to make ends meet said to themselves, "But I'm not a prostitute, so AIDS information does not apply to me." The same was true of adolescents sent into the streets to garner cash for their hard-pressed families, and of women who enjoyed gifts of coveted consumer goods and material support from wealthy men.[8]

Few women found themselves in a position to propose condom protection to partners they suspected might infect them or to refuse risky sex. Most women depended on men for the means of subsistence. This was true of the wives of wealthy men as well as poor unmarried women, and of women engaged in commercial sex work. Only women with post-secondary education and independent incomes who learned of HIV/AIDS in time could insist on protection or refuse sex. Even for some of the latter, however, knowledge of AIDS came too late, as researchers and governments maintained complete silence until 1986, and little official information appeared until mid-1987.[9]

As time went on and many people found themselves touched by AIDS deaths, women who could avoid sex with men who refused condom protection began to do so. They were in a minority. Some married women convinced husbands to use condoms for birth spacing. Others tried to lead men to prayer groups in the hope that religion could convince husbands of the need for marital fidelity. While the numbers of men who claimed monogamy increased, anecdotal evidence suggests that many wealthy men simply denied their extra-marital partners while continuing with their adventures. As times grew harder, men with few resources could no longer support their preferred multi-partnered lifestyles, however, leaving women without other resources to seek more multiple partners at ever-lower remuneration.

Marginalisation and Agency

Sex work was illegal and remains so. Sex workers who work the streets, in bars or from their homes, must pay bribes to local gendarmes (who shared their receipts with their superiors); where they can, women pay in kind. In downtown streets of the capital, they also pay off the guards of the compounds in front of which they plied their trade. Thus, sex work fits seamlessly with the panoply of corrupt, illegal and informal sector activities that provide much of the population with precarious livelihoods. Like smugglers and petty traders, poor sex workers live in fear of police raids, with violence and shakedowns. This situation is not unique to DRC and must be acknowledged when micro-credit in support of income-generating activities is proposed as a poverty-reduction strategy.

There is no question of sex workers exercising political agency. Indeed, since all unofficial gatherings that can be considered political may lead to violent repression and arrest, there is no women's mass organization of any kind. In 1989, market women who marched downtown to protest ever-rising prices were arrested and some raped while in jail. This cautionary tale is repeated whenever political opposition groups stage rallies. With the escalation of inter-ethnic violence, sex workers, more than ever, are divided into small clusters along ethnic lines.

Today, people are poorer and more marginalized than ever, beset by "structural violence;" social solidarity and respect for human rights are further undermined. AIDS widows and abandoned women who seek to exchange sex for subsistence are blamed as dangerous disease-carriers. Some widows and orphaned children have been cast out as "witches," shunned, and even threatened with death, as families seek to shed themselves of responsibility supporting vulnerable relatives.

Failed States and Inequality

The Mobutu regime, supported financially, militarily and politically by the U.S, Belgium and France, and by contracts with transnational firms, was one of the world's longest running dictatorships. Its leading members grew fabulously wealthy, while the majority suffered from penury. In 1990, Mobutu apparently bowed to pressure with promises of "democratization," which turned out to be a ruse. In 1997, Mobutu died in the midst of a rebellion. When Laurent Kabila's forces won, they installed a new set of "kleptocrats" bent on getting wealthy from public resources, including diamonds, gold copper, timber, uranium, cobalt, coltan and other space-age metals. The transnational players bent on exploiting Congo's natural resources are more diversified than in earlier decades. Democracy remains a sham despite parliamentary and presidential elections held by his son and successor, Joseph Kabila, to placate Northern governments.

Claims to social justice and human rights that fueled popular discontent have not penetrated political discourse or changed the processes that continue to create widening social differentiation. Instead, human rights groups are weak; the cause of marginalized women is not on their agenda. Nor are gender issues much discussed, even by critical scholars.[10]

The State still provides virtually no public services. Religious communities attempt to fill some of the gaps for the poor and middle classes, while the wealthy can afford private schools and health care, abroad if need be. The formal economy is in tatters, unemployment remains rife and inflation continues to soar. Once-organized labor has

been casualized. Most people are left to fend for themselves in the informal economy, with the poor garnering precarious livelihoods in some of the most degraded and dangerous work in resource extraction.

Meanwhile, violence continues in the East, the aftermath of the 1994 genocide in Rwanda and prolonged civil war in Congo. Sexual violence, including rape of girls and women by military men and militias, many of whom are likely carrying the HIV virus, is reported commonplace. The most egregious are the remnants of the genocide militias who were accorded asylum in DRC. Even some UN peacekeepers stand accused. International agencies and NGOs give modest support to women's mobilization around issues of gender violence, but impunity prevails.

The Future of AIDS in Africa

Although DRC/Zaire, with its failed state and continuing violence, is an extreme case, prevention of HIV infection was and remains the step-child of AIDS policy virtually everywhere. To date this has meant behavioral change interventions, on a limited scale, and more often, messages beamed at people categorized as members of high-risk groups, accompanied by condom distribution. Some of these messages have had an effect, as has the high toll of death and orphanhood, leading some men to seek fewer partners and use condoms in casual sex. Prevalence among young people has fallen in some countries, partly due to these shifts. Still, millions of people become infected each year, and any let-up in prevention efforts, sends the rates up again. This is the case in Uganda, where notable success of condom prevention in casual sex has been more than offset by transmission *within marriage*. [11]

Treatment with antiretroviral (ARV) medications can delay progression to fatal disease in many persons, but treatment is no panacea. Expanded access to treatment resulted from clamor by a broad social movement; it is still limited, mainly to urban dwellers, with more men than women enrolled in many programs. Dearth of funds, the dilapidated state of African public health care delivery systems and flight of health workers, consequent upon a quarter century of economic crises, exacerbated by Structural Adjustment Programs (SAPs) and privatization, limit program expansion. Even in areas where treatment is available, the same stigma and lack of agency, including power to act independently and to exercise control over their bodies, that keep women from reducing their risk of contracting HIV infection also limits many women's access.

Twenty-five years into the epidemic, recognition of the need to reduce poverty, change in gender relations and other forms of inequality to slow the spread of HIV has grown. This recognition is the due in large part to struggles by African women affected by the epidemic, with support from the international women's health movement. A substantial body of research findings from across the continent and from other areas of the world where similar conditions obtain, confirms these claims. Understanding offers no recipes for a quick fix, there is no magic bullet, no technology that can bring about change in relations between women and men, youth and elders, rich and poor, or believers of one and other religions or none at all. Yet unless the structural and social relations that impede prevention change, the epidemic, already the most devastating in history, will continue to spread.

How to create the necessary political will in a globalized economy in which Africa remains on the periphery, a continuing source of raw materials cheap labor and super-

profits for investors, is an open question. Clearly, international solidarity, based on understanding of Africa's past contributions to capitalist development, beginning with the enslavement of millions, its historic and current place in the world economy as a source of cheap raw materials, is critical. Economic justice requires restructuring of trade, profit-sharing and redistribution of the benefits of African resources. Some would add that past injustice requires redress through reparations.

As a first step, many in Africa, with women's groups at the cutting edge, seek to bring women's reproductive health and gender equality to international recognition as part of indivisible human rights and to foster programmatic action with resources from the developed world. The 1994 Cairo Conference on Population and Development accomplished this at the international level, with an agreement signed by the world's leaders. The United States, along with several Muslim nations rescinded their approval, an ironic alliance of Christian and Muslim fundamentalism. Solidarity in support of human rights and economic justice can place the world back on track.

ENDNOTES

[1]. Schoepf, B.G. 2004a. "AIDS, History and Struggles over Meaning," In Kalipeni, Craddock, Oppong et al., *AIDS in Africa: Beyond Epidemiology,* pp 15-28. Oxford and Watertown, MA: Blackwell Publishers. Schoepf, B.G. 2004b. "AIDS in Africa: Structure, Agency and Risk," In Kalipeni, Craddock, Oppong et al., pp 121-132. Oxford and Watertown, MA: Blackwell Publishers.

[2]. Schoepf, B.G., E. Walu, C. Schoepf and D. Russell. 1991. "Women and Structural Adjustment in Zaire." In C. Gladwin, ed. *Structural Adjustment and African Women Farmers*, pp-151-168. Gainsville: University of Florida Press;

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[3]. See bar graph in Quinn T., J. Mann, P. Piot and W. Curran. (1986). *Science*,

[4]. We focused on heterosexual transmission, already a sensitive topic. Nevertheless, in 1986, I met privately with several men whom I knew to have male lovers to discuss prevention in their social networks.

[5]. Schoepf B.G. 1988. "Women, AIDS and Economic Crisis in Central Africa." *Canadian Journal of African Studies* 22 (3):625-644.

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[6]. Schoepf, B.G., "Inscribing the Body Politic: Women and AIDS in Africa." 1998. In M. Lock and P. Kaufert, *Pragmatic Women and Body Politics*, pp. 98-126. New York and London: Cambridge University Press.

[7]. Piot P. and M. Carael 1988; Hrdy, D. 1987.

[8]. Schoepf "Représentations du Sida et Pratiques Populaires à Kinshasa." (1991). *Anthropologie et Sociétés* 15 (2-3): 149-166.

[9]. See the women's narratives in Schoepf 1992. "Women at Risk: Case Studies from Zaire." In G. Herdt and S. Lindenbaum, eds. *The Time of AIDS: Social Analysis, Theory and Method.* pp. 259-286. Newbury Park, CA: Sage Publishers.

[10].Schoepf, B.G., 2002. "Mobutu's Disease: A Social History of AIDS in Kinshasa." *Review of African Political Econonomy* 93-94:561-573. The "progressive" male issue editors wanted to skip both my contribution and that of Victoria Britain on "Rape as a Weapon of War in Eastern DRC." Happily, Jan Burgess, the Editor-in-Chief, prevailed.

[11]. Claims of monogamy must be taken with more than a grain of salt, as infidelity has been driven underground in Uganda, as well. See Parikh, Shanti (2007). "The Political Economy of Marriage and HIV:

The ABC Approach, "Safe" Monogamy and Managing Moral Risk in Uganda." *American Journal of Public Health 97 (7*): 1198-1208.