



Flint, A. G., & Hewitt, V. M. (2015). Colonial tropes and HIV/AIDS in Africa: sex, disease and race. *Commonwealth and Comparative Politics*, 53(3), 294-314.
<https://doi.org/10.1080/14662043.2015.1051284>

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To cite this article: Adrian Flint & Vernon Hewitt (2015) Colonial tropes and HIV/AIDS in Africa: sex, disease and race, *Commonwealth & Comparative Politics*, 53:3, 294-314, DOI: [10.1080/14662043.2015.1051284](https://doi.org/10.1080/14662043.2015.1051284)

To link to this article: <http://dx.doi.org/10.1080/14662043.2015.1051284>



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Published online: 08 Jun 2015.



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Colonial tropes and HIV/AIDS in Africa: sex, disease and race

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One of the features of the African HIV/AIDS pandemic has been the re-emphasis of Africa's place in the global imagination as the 'sick continent', the 'diseased continent' and the 'dark continent'. Much of the early discourse on HIV/AIDS in Africa – intentionally or not – helped to cement a longstanding outsider idea of Africa as a place where health and general well-being are determined by culturally (and to a degree racially) dictated modes of sexual behaviour that fall well outside of the 'ordinary'. Early HIV/AIDS discourse have much in common with colonial-era narratives on African 'venereal disease' pandemics like syphilis in the late nineteenth/early twentieth century – noteworthy, in both instances, was the view that African people needed saving from themselves. By analysing historical responses to these two pandemics, we demonstrate an arguably unbroken outsider perception of African sexuality, based largely on colonial-era tropes, that portrays African people as over-sexed, uncontrolled in their appetites, promiscuous, impervious to risk and thus agents of their own misfortune.

Keywords: HIV/AIDS; syphilis; colonialism; race; disease; sexuality

Introduction

Taking the sub-Saharan African HIV/AIDS pandemic as a case in point, this paper draws attention to a largely unbroken outsider view of sex and disease associated intimately with the colonial European construction of African bodies and desires. In so doing, we argue that while the HIV/AIDS pandemic in sub-Saharan Africa was, of course, new, the external discourse framing it is almost entirely derivative. Previous narratives pertaining to Africa and

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Africans, often dating back to the early colonial era, were, it is clear, inadvertently or not, repackaged and reapplied to understandings of the new disease of HIV/AIDS. The result was (and is) a further entrenchment and othering of Africa as the sexualised ‘dark’ and/or ‘sick’ continent. In particular, many of the early debates surrounding the HIV/AIDS crisis made reflexive use of familiar tropes and metaphors derived from nineteenth-century European narratives fixated with the ‘insatiable appetites’ and ‘curious sexual practices’ of ‘the African’. Yet, as late twentieth-century epidemiologists set about assessing the pernicious spread of HIV/AIDS, recognition of this extant colonial framework was less precise than it might have been.

The numerous social and economic crossovers and intersectionalities engendered by HIV/AIDS in sub-Saharan Africa drew together scholars focused on a range of disciplines – public health, public policy, political science, development studies, gender studies, political economy – and more. What stands out from much of the resultant analysis is, frequently, a lack of precise historical contextualisation. Acknowledgement of this gap is important for a number of reasons, not least with respect to the increase in potential lessons to be learned. The ‘end of AIDS’ (Economist, 2011, 4 June) has been trumpeted, as have more measured calls for an ‘AIDS-free generation’ in the near future (International AIDS Society Conference 2012). However, unless the subject of HIV/AIDS engenders further consideration within an appreciation of a longer, deeper and still-evolving narrative on sexuality and disease in Africa, lessons learned will be more limited than they might otherwise have been, and many deep-seated prejudicial views left unchallenged.

This paper considers HIV/AIDS as a sexually transmitted disease (STD) within the context of other such diseases and infections with which colonial and post-colonial discourses were often preoccupied. HIV/AIDS discourse can be seen to have slotted into an existing colonial narrative of the mysterious, unknowable and, above all, different, that was primed to accept the notion of HIV/AIDS in sub-Saharan Africa as a ‘disease of choice’ (with corresponding notions as to combating this perceived choice) – in remarkable contrast to ideas as to HIV/AIDS epidemiology and prevention outside the continent.

While we remain highly critical of former President of South Africa Thabo Mbeki’s AIDS denialism and management of the pandemic while in office, there is nonetheless some validity in his assertions that much of the general and public discourse surrounding the sub-Saharan HIV/AIDS pandemic has been racist. Focus on the spread of the disease, Mbeki (2004) argued on a number of occasions, was linked frequently to ‘African’ sexual characteristics and thus, he claimed, by extension, proclivities towards promiscuity and sexual violence.

Where sub-Saharan HIV/AIDS has been concerned, the added element of sexual (and, significantly, heterosexual) transmission tapped into nineteenth-century colonial fixations in which degrees of ‘virtue’ were linked to racial

hierarchies (Fabian, 2014). During the colonial period, STDs ('venereal diseases') engendered strong links to social Darwinian and, subsequently, eugenicist perspectives on hierarchically ordered racial traits reflecting a strong emphasis on the 'primitive' sexuality of the non-European (Stone, 2001).

In this paper, historical approaches to STDs are therefore contrasted with approaches to non-STDs such as polio and smallpox, which, being airborne and thus unencumbered with the moral baggage of STDs, were more likely to be viewed as 'acts of God' and thus dealt with somewhat differently. Most importantly, however, this paper seeks to outline how colonial constructions of 'Africans' still lurk just below the surface of many otherwise constructive discussions. This, with respect to sub-Saharan HIV/AIDS, has served to underpin the centuries-old view that Africa requires 'saving' from itself.

European perspectives on Africa: the enduring colonial mindset

Where perceptions of Africa are concerned, European colonial views have proved remarkably durable. Likewise, there has been a corresponding consistency to subsequent European¹ responses to and interventions in African issues. Patton (1990, p. 25), in her provocative work on HIV/AIDS in the late 1980s, argued for the existence of the 'illusion of an Africa little changed since *The Heart of Darkness*'. Over a remarkably long timescale, Africa, in European discourse, has remained 'ungovernable' in as much as it is 'enigmatic', 'unhealthy' and, more often than not, 'irrational'. This is true for economic, social and cultural 'problems' pertaining to the region, and not just with respect to disease.

For example, as Hewitt (2006) has argued, while the term 'good governance' is indelibly linked to the 1990s, and continues to dominate debates surrounding economic policy in developing countries, the actual essence of 'good governance' would have been an approach familiar to many British colonial reformers from the 1930s onwards. While there are clear differences in the language employed, the associated policy approaches remain remarkably similar. Acknowledgement of this aspect both provides a necessary reminder of the resilience of ideas pertaining to the other, and invites broader debate on somewhat neglected but nonetheless highly relevant relationships between colonial understandings of empire and imperialism, and contemporary prioritisation of humanitarian intervention and development policy (Duffield & Hewitt, 2013).

The resilience of nineteenth-century perspectives is similarly clear where the idea of 'enigmatic Africa' is concerned. Nineteenth-century Europeans were in thrall to the exploits of the great explorers of the age: Mungo Park, Burton and Speke, Livingstone and Stanley. Searches for the origins of the Nile alongside the pursuit of fabulous riches and lost kingdoms served to impart a sense of highly coloured romance and adventure to the European 'discovery' of Africa. The 'search' for Africa is reflected in the outpouring of best-

selling popular fiction extending from H. Rider Haggard in the 1880s to the continually expanding oeuvre of Wilbur Smith. At the heart of all of these texts is the sense of the 'difference' of Africa as a literal and figurative landscape in which the normal 'rules' did not (and do not) apply. Film representations of Africa, from John Houston's *African Queen* (1951) to Edward Zwick's *Blood Diamond* (2006) demonstrate a similarly consistent depiction over time. 'TIA . . . this is Africa' announces Leonardo Di Caprio's character in *Blood Diamond*, reinforcing for a twenty-first-century audience the notion of the futility of outsider attempts to 'understand' Africa.

In much the same way that the idea of 'enigmatic Africa' persists in the post-colonial imagination, the view of Africa as 'unhealthy' has also been lasting. Once again, it can be argued, this is a perception that, in the West, has shown considerable durability. In many respects, there has been little adjustment to the colonial idea of Africa as a place – and, moreover, source – of disease. As imperial penetration morphed into colonial administration, authorities came to glory in the transformative ability of Enlightenment science: biomedicine, it was argued, could play a key role in the 'upliftment' of a continent viewed increasingly as being weighed down by disease-exacerbated isolation and poverty. The potential to control the widespread prevalence of diseases including smallpox, human trypanosomiasis (sleeping sickness), malaria, yaws, yellow fever, bilharzia, polio and rinderpest (cattle plague) captured attention; disease control became a requisite plank in every colonial administrator's skill-set (Maloway, 2000). Malaria in particular proved (and continues to prove) difficult to manage (Sweeney, 1999),² but the highly publicised success of smallpox, yaws and polio eradication campaigns, while without doubt meritorious, nonetheless served to bolster the moral case for colonialism in the absence of diminishing justification elsewhere for the perpetuation of empire. Intricately associated with the 'elimination of poverty', public health became a keystone of good government policies in Africa after 1938 (Hewitt, 2006; Lee, 1967).

The colonial fixation with disease came to encompass more than a preoccupation with environmental factors. Perceptions of disease in Africa dovetailed with prevailing European views governing sex, morality and 'cleanliness'. Focus on working-class Europeans extended to an arguably more prurient fascination with African sexuality and the need to control and educate races to enable them to cope and survive in the 'modern world' (Lewens, 2007; Trigger, 1989) This colonial mindset was based very much on Victorian notions of 'progress' and carried with it an accompanying fear of 'degenerative elements' (McClinock, 1995). Perceptions of their own 'cleanliness' formed the basis for colonial authorities' own sense of racial 'progress' from 'savage' to 'civilised' (and correspondingly served to buttress their sense of racial superiority 'in the field'). Much of this mindset could be likened to notions of social Darwinism and the 'science' of eugenics, which remained popular in Europe and the USA until well into the 1930s.³

European constructions of African sexuality

A diverse scholarship has traced colonialism's influence as an organising narrative across a broad range of socio-economic and academic disciplines linked to Africa in general, and to Africa's incorporation with European 'global' history in particular (Fabian, 2014; Twaddle, 2000). While not monolithic, European colonial views of Africa, mapped onto already entrenched stereotypes, led to an understanding of Africans as being racially prone to uncontrolled sexual behaviour as a result of their 'natural habits [being] formed free of association and true religious guidance' (Oldham, 1925). In turn, this behaviour was understood to be being exacerbated through the impact of colonialism, social change and the collapse of traditional ways of life – especially the disintegration of localised, sustained communities (Hinden, 1950). Colonial economies, often built largely around migrant workers, engendered new situations requiring control and management in this regard. As a result, colonial narratives became increasingly fixated with African sexuality, with the 'feral' nature of Africans providing 'proof' of European racial superiority (Ching-Liang Low, 1996; Lorimer, 1996; Stone, 2001). In this, colonial authorities' views were buttressed by and, indeed, often mirrored 'scientific advances' drawn from social Darwinian perspectives that supported long-term eugenic 'racial improvements' or actual racial segregation (Bratlinger, 2003). The influential eugenicist Francis Galton, writing in the late nineteenth century, believed that evolution not only could but should be controlled in such a way as to provide desired social outcomes (Galton & Galton, 1999). Accordingly, African sex and health came increasingly to be viewed as different sides of the same coin: control of both would ostensibly lead to 'improved' African societies capable of 'survival' (Lyons & Lyons, 2004).

Nineteenth-century European perceptions of Africans can be seen to have been derived from attitudes forged as early as the fourteenth century, where the joint prisms of Christianity and slavery prompted new and expanded reconsiderations of the 'natural order' (Thomas, 2007). Although a focus on race was absent from classical and early medieval debates on 'the natural slave', the European expansion into Africa and the Americas mapped hierarchical notions of physiology and skin colour onto native populations 'enfeebled' by climate and pastoral or non-sedentary cultures (Isaac, 2004). By the early sixteenth century, entwined associations of innate subservience and danger concentrated almost exclusively on Africans, despite tensions within Christian teachings that would underpin the contentions of later abolitionists. In settler communities where plantation economies utilised black slave labour and later forms of indenture, prejudicial tropes and images of African sexuality became consolidated into the figures of 'bestial' African men and 'insatiable' African women even before these stereotypes became reinforced by aspects of social Darwinism and the eugenics movement (Lewens, 2007; Lubbock, 1865, 1870).

Nowhere was this more apparent than in the southern USA and in southern and eastern Africa, as well as Australia and parts of the Pacific. Here, notions of race were utilised in the dehumanisation of entire communities through policies of spatial separation, subjugation and even extermination, through either neglect (Thomas, 2007) or conscious policy. Although the construction of the hypersexualised black male has strong associations with the American south, this reflected more widely held notions of African men – images that have remained remarkably consistent. Frantz Fanon (cited in Thomas, 2007) commented in the 1940s that the ‘black rapist’ shared the same cultural aetiology as the ‘capitalist Jew’. Similarly, Hooks has argued that white perceptions of black bodies came to project both the ‘horror’ associated with interracial sexual intercourse and, especially, ‘the idea of the black male rapist’ (2004, p. 63).

By the mid-nineteenth century, fascination with the ‘natural’ sexual inclinations of native populations was enabling Europeans, constrained as they were by the strictures of Victorian prudery, to varying levels of engagement with sexualised danger and romance (Levine, 2003). Much of this thinking was confused and/or contradictory, with appreciation of the ‘noble savage’ often overlapping with anxieties regarding the threat of ‘the primitive’ and how best to ‘civilise’ the latter. Thomas (2007) argues that these themes were all elements of a European manifestation of desire that harboured fantasies of the self’s surrender and liberation from ‘civilisation’ alongside more explicit rationalisations of the ‘civilisation’, control and education of the other. In this respect, ‘miscegenation’ became an enduring motif – one in which explicit fears of racial ‘contamination’ can also be read as more implicit desires regarding the same.

As late as the 1920s, the Oxford Africanist Margery Perham – otherwise progressive in her views on colonial issues of segregation as a means to later integration – would fetishise African men as both beautiful and dangerous. On visiting a South African compound, she wrote:

Perhaps what most impresses me is the beauty of the men, a fine body carried unselfconsciously with the grace of an animal, which a very little sophistication can destroy . . . beautiful, dangerous children removed from their own tribal conditions and village life and housed together in situations of brutal labour, prostitution and diseases. (Perham, 1974, p. 147)

Later, observing a display of traditional dancing in Zululand, she became more explicit:

It was impressive, almost beyond bearing, to have a row of a hundred or more naked brown men, leaping and yelling within a few inches of you . . . The Zulu physique can be magnificent, more hamitic than negro, their flashing brown bodies with muscles running up and down skins glossy with sweat. (Perham, 1974, p. 199)

It is arguable that what Thomas (2007) has called the ‘sexual demon of colonial desire’ threaded together a seemingly disparate set of gendered and temporal European attitudes linked to tropes of slavery and purity (DuBois, 2009). Perham imbricated her appreciation of African masculinity with an unequivocal loathing of ‘racial mixing’ and an assumption of African men’s desire for European women that extended to fears regarding the subsequent vulnerability of the latter to rape, particularly within the perceived erosions and inversions of racial hierarchy engendered by decolonisation (1967, p. 87). In Perham’s case, these concerns also mapped onto metropolitan concerns over mixed marriages in places such as Liverpool and Cardiff, alongside perceptions of black men as dangerous residents within British communities who might prey on poor white girls. Rich noted that

concerns of the fate of mixed race children continued to show clear links to a discourse on race that was eugenic and hereditarian. Mixed race marriages and children were associated with a slumland culture and a disease metaphor which threatened however subliminally white civilisation. (1990, p. 135)

Post-colonial historiography – particularly within post-structural and subaltern studies – has continued to excavate the European and colonial view of African sexuality.

Since sexuality in the West has been linked to fantasies of domination from its inception (the domination of nature, of women) African people in the so-called new world were automatically entering a setting where the sexual script was already encoded with sadomasochistic rituals of domination, of power and play. We know from slave narratives that black males and females found the white colonizers obsession with sexuality strange. (Hooks, 2004, p. 65)

Controversially perhaps, the work of Thomas (2007) has placed the sexualisation and appropriation of black bodies at the centre of a critique of colonialism and white capitalist domination.

European discourses of sex and disease in Africa

Colonial surveys noted a high prevalence of venereal disease across much of sub-Saharan Africa; for example, estimating that in some areas of southern Africa it was present in over 70–80 per cent of the populations, especially the mining areas of Northern Rhodesia (Hinden, 1950; Olivier, 1927, 1929). Awareness of STDs both reflected and fostered initiatives to control African sexuality, rationalised as a dual protection: of Africans from themselves and, increasingly, of Europeans exposed to the risk of ‘contamination’ (Fanon, 1968; Thomas, 2007).

Despite the considerable improvements in containing some communicable diseases (Leys & Pratt, 1960), the reproduction of colonial knowledge around the emergent field of tropical medicine meant that hypocrisy and double standards prevailed nonetheless. The fixation with African sexuality has proved remarkably resilient, even if, in recent debates on ethnic and cultural identities, it appears somewhat disguised, leading McCarthy (2009, p. 11) to point to elements of 'neoracism'. In this respect, Mbeki's (2004) claim that the outsider view of Africans remains one of people who are 'diseased, corrupt, violent, amoral [and] sexually depraved' is not without relevance.

It can be argued that the development of anthropology as a discipline provided a legitimised space for colonial-era discussions centred on African 'primitive' sexuality: a fig leaf for the prurient and the salacious before it became more sophisticated in its interpretation of structural and local adaptations (McCarthy, 2009; Rich, 1990; Trigger, 1989). Early anthropological studies served to reinforce and reconfirm European perceptions of morality in general. The fascination with African sexuality became even more pronounced when disease was added to the equation; a litany of work (see, e.g. Bennett, 1899; BMJ, 1908; Lambkin, 1914; Pijper, 1919) from the late nineteenth/early twentieth century warned about the 'extinction' of the African population as a result of 'venereal disease', drawing on contemporary studies showing what appeared to be extraordinary population collapses within some African societies (Uganda was a commonly cited example but West and Central Africa also came under close scrutiny). Central to many of these studies was a focus on the extent to which native promiscuity lay at the heart of the problem rather than identifying the dramatic upheavals brought about as a result of the processes of colonialism (Coates, 2004). The colonial-era view of African sexuality as unconstrained and uncontrolled (Vaughan, 1991) has meant that the focus on sex did more to define racist stereotypes than almost any other aspect of colonial discourse (Stoler, 1989), hence the promulgation of the European idea of African men as over-sexed and, by implication, predatory and dangerous and African woman as over-sexed, promiscuous and shameless (Ching-Liang Low, 1996).

In 1920, the *Journal of the African Society* published a study typical of the period: in this instance, with regard to the Ila-speaking communities of Northern Rhodesia (now Zambia), the authors, Smith and Dale (1920, p. 16), expressed their horror of

the unproductiveness caused by the astonishing promiscuity of their sexual relations and the extreme earliness of age at which these relations commence. It is no exaggeration to state that from the age of seven or eight a girl, married or otherwise, counts her lovers, who are constantly changing.

Similarly, *Africa* published a paper on the ‘principles of Bantu marriage’, in which Torday (1929), head of a British Museum expedition focusing on the ethnography of the Kasai basin, reported gravely on the ‘promiscuity’ evident across ‘Bantuland’. His disdain notwithstanding, a fascination with sexual mores is evident throughout Torday’s wide-ranging reflections:

The few examples which will be quoted are fair specimens of what we hear from other quarters. Bangala girls have free ingress from an early age to mbongi, the house of bachelors. Among the Warega sexual intercourse is practised between unmarried people of different sexes before puberty. ‘Several tribes permit sexual intercourse between immature children and regard it in the light of play.’ Among the Basonge, sexual intercourse takes place between children a considerable time before puberty. No Herero girl is a virgin when she comes to the initiation ceremony. The utmost liberty is left to unmarried Matabele girls. Even before puberty Luba boys and girls arrange secret meetings in the bush and on the river bank. It can serve little purpose to extend this list. Some of the most competent philologists assure us that in most Bantu languages there is no word for ‘virgin’. (1929, p. 255)

In such views, Torday echoed the sentiments of early Baptist missionary John Weeks, who was stationed in the Congo for nearly 30 years at the height of the Scramble, having arrived in 1881. In his fantastically titled memoir *Among Congo Cannibals*, Weeks related many ‘curious habits’, including those concerning sexual relationships. Having prefaced the book denouncing the ‘appalling corruption of native morals, the lack of innocency even among the very young, the absence of virtue among the women, and the bestiality existing among the men’ (Weeks, 1913, p. 10), he goes on to claim that ‘[a]bove the age of five it is impossible to find a girl who is a virgin, and it has been difficult to find a word for virgin in the Congo languages’ (Weeks, 1913, p. 127).

Even in more serious works, like that of pioneering sociologist Westermarck’s (2007) *The History of Human Marriage*, first published in 1891, while lauded as an important piece of scholarship, still focused heavily on the sexual practices of ‘primitive’ cultures, many of them African. Whole sections of the book are devoted to the respective value placed upon matters like virginity, chastity, and ‘virtue’ and offered the Victorian reader a window into the sex lives of those they dominated and sought to distinguish themselves from.

While current discourse is of course generally less overtly jarring, the perception of a uniquely African sexuality, often focussed on levels of promiscuity, formed the backdrop to a significant degree of the HIV/AIDS-related literature of the 1980s/1990s (Nguyen & Stovel, 2004). Meaningful (and often well-meant) attempts to identify cultural factors operating as inducements to risk nonetheless also served (however unconsciously) to reinforce the stereotypes

of an earlier age. A much-cited article by John Caldwell, Caldwell, and Quiggin (1989) attempted to make the case for an African 'sexual system' lying at the heart of the HIV/AIDS pandemic. Writing in the late 1980s, the authors argued that 'there is a distinct and internally coherent African system embracing sexuality, marriage and much else' (Caldwell et al., 1989, p. 187). For Caldwell et al. (1989, p. 187), the realities of African sexuality while 'no more right or wrong, progressive or unprogressive than the Western system' were problematic from a HIV/AIDS standpoint; the situation, as they saw it, pointed to a disproportionately high stress on fertility. 'Virtue' they argued with respect to Africa, 'is related more to success in reproduction than to limiting profligacy' (Caldwell et al., 1989, p. 188). Caldwell et al., however sincere their attempts at non-judgemental inquiry, were nevertheless extending an extant focus on the perceived 'otherness' of African sexuality. The implication is that, in contrast to the (ostensibly) more puritanical European moral compass, sexual abstinence and fidelity do not necessarily lie at the centre of the African moral universe. Caldwell et al. also point to other cultural factors, including the inter-generational nature of a high proportion of African marriages, high levels of polygamy, a more overt acceptance of varying degrees of transactional sex, and sexual taboos like postpartum abstinence, as encouraging of multiple partner relationships, be they formal or informal.

While controversial, the Caldwell study was by no means an outlier. For example, studies by Brown, Ayowa, and Brown (1993),⁴ Isiugo-Abanihe (1994) and Quigley et al. (1997) all point to sexual mores as being at the heart of any understanding of the African HIV/AIDS crisis. In basic terms, from this perspective, people in Africa were highlighted as being overly promiscuous and hence more susceptible to sexually transmitted diseases such as HIV/AIDS. Critics were quick to point to flaws in such arguments. The Caldwell et al. piece (1989) has been criticised as being 'fraught with methodological flaws' (Le Blanc, Meintel, & Piché, 1991, p. 497) and for its inherent 'value implications' (Heald, 1995). Blaming people living with HIV/AIDS for their predicament, while not necessarily an intended inference of either the studies noted above or others like them, was both provocative and misdirected – thus validating much of Thabo Mbeki's outrage.

Syphilis and discourses of disease in colonial Africa

Levine (2003, p. 328) has argued that, in general, 'the hierarchies endlessly proclaimed around both race and sex continue to exert tremendous power, no less damaging though differently packaged'. This is, arguably, precisely the case when colonial discourses on venereal disease are compared with many of the debates surrounding HIV/AIDS. The fact is that – disguised though much of

the HIV/AIDS discussion has been with the language of epidemiology – they share the same roots.

Concerns over levels of venereal disease in Africa were part of a more generalised metropolitan moral panic that increasingly found a focus in concerns regarding the spread of syphilis (see, e.g. Walkowitz, 1982). In an African context, syphilis outbreaks prompted colonial authorities' further focus on African culture and sexual values, with the result that the sub-Saharan African syphilis epidemics of the early- to mid-twentieth century provide a pertinent back-story to the later HIV/AIDS pandemic. Jochelson (1999) has described the HIV/AIDS crisis as being one of 'old crisis, new virus'. Similarly, Marks (2002) has pointed to historical circumstances that allowed for the spread of syphilis also making the spread of a disease like HIV/AIDS in countries like South Africa 'an epidemic waiting to happen'.

From the vantage point of 2015, the language of the moral panic surrounding syphilis is dissonantly familiar. In the early period of the HIV/AIDS pandemic, the disease came to be perceived as being one introduced and spread by outsiders and degenerate insiders, linked, even, to bestiality (see, e.g. Joffe & Bettega, 2003; Khonde, 2006; Rödlach, 2004). In this, syphilis was no different. By the late nineteenth century, it had spread relatively quickly around parts of Africa. In general, it engendered stark warnings as to the perils of moral turpitude and the subsequent potential for societal collapse. In his 1899 ethnographic study of the Fang people (ethnically part of the Beti-Pahuin group and based in Gabon, Equatorial Guinea and the Congo), anthropologist Bennett noted a 'scarcity of old men', something he put down to the 'ravages of syphilis'. He noted too that the disease had 'done so much towards the generation of numerous . . . tribes' (1899, p. 70). Similarly, an article in the *British Medical Journal* in 1908 reported on the urgency in treating the disease in the Uganda Protectorate lest it 'exterminate the present population' (BMJ, 1908, p. 1037). In a colonial context, the narratives surrounding the East African epidemics, with those focused on Uganda in particular, make revealing reading, although reports of outbreaks in southern and western Africa are similarly pertinent.

In 1907, Lieutenant-Colonel FJ Lambkin, a venereal disease specialist with the Royal Army Medical Corps, was sent to Uganda on a Foreign Office mission to investigate reports of a syphilis epidemic. Lambkin (1914) was interested in Uganda because he believed it to have been 'virgin soil' with respect to the disease, the population ostensibly having been unexposed to it until its mid-nineteenth century introduction by, in his view, Arab traders. Lambkin's subsequent report, outlining supposed infection rates of up to 90 per cent in some areas (with accompanying high levels of infant mortality and disfigurement) alarmed colonial authorities. Churchill, in his role as Colonial Secretary, responding to a question in the House of Commons, spoke of the

need to preserve 'a population ravaged by venereal disease' (1922). Overall, Lambkin estimated nearly half the population to be infected and associated 'mutilation everywhere' (Lambkin cited in Davies, 1956, p. 1043). While his figures were disputed even at the time (Cook, 1908, p. 1780), his findings nonetheless pointed to a need for urgent action.

In southern Africa, reports of syphilis within local populations were rare until the late nineteenth century, when the disease became rampant (Jochelson, 1999). By the early twentieth century, it was widespread. A 1919 report in the *South African Medical Record* suggested an infection rate of between 20 and 25 per cent of the African population (Pijper, 1919). Meanwhile, Second World War British army records from West Africa suggested that up to 60 per cent of Nigerian troops were infected with venereal disease, including syphilis (Willcox, 1946).

The levels of syphilis within African populations prompted speculation on the part of colonial authorities as to the role of African culture in facilitating its spread. In particular, African sexual behaviour was increasingly viewed as an obstacle to successful disease management and education. Here, the links to HIV/AIDS are notable, given that as early as 1985, a number of commentators were pointing to 'high levels of sexual promiscuity' (cited in Packard & Epstein, 1991) as a root cause of the African pandemic. Reports of syphilis outbreaks among black communities also helped to fuel white South Africa's paranoia about the dangers of black sexuality and the view of such communities as 'reservoirs of infection' that required controlling (Jeeves, 2001, p. 83).

In his work on the spread of syphilis in Uganda, Lambkin (1914) stressed the role of African women's sexual appetites. He argued that the introduction of Christianity had led to an erosion of traditional social values, especially with respect to conventions governing female sexual behaviour, leading to a new promiscuity.⁵ Lambkin maintained that the 'abandonment of polygamy and the old restrictions on the liberty of the women [was] probably the chief cause of the outbreak' (Lambkin, 1914). In this he was supported by Anglican missionary Roscoe (1923, p. 104), who, reflecting on his time in Uganda wrote that the:

introduction of monogamous restrictions unfortunately caused a state of disorder in Buganda. In making this statement I am not desirous of passing censure upon those who introduced the rule, indeed I myself was involved in bringing about the evil to which I allude, and I do not yet know how the question could best have been treated without disloyalty to the ruling of the Church of England. There was a surplus of women and when chiefs and wealthy men, on becoming Christians cast off their many wives, these deposed wives were exposed to temptations greater than they were able to withstand.

In an earlier work Roscoe (1911, p. 10) had claimed that among the Baganda

sexual passions were not checked either by men or by women, whenever it was possible to gratify them. No doubt in large establishments the women were seldom able to gratify their passions except by stealth, and for this purpose they would resort to the most obscene practices. They thought that there was no moral wrong in indulging sexual desire.

With respect to syphilis, royal women were, in his view, particularly culpable in the spread of the disease:

Princesses were a scourge in the land because of their influence in the court and their immoral lives . . . When Arab traders came into the country with wares such as the women wanted, these princesses were the only women who were free to visit the traders' quarters, and they prostituted themselves to them for the goods they coveted. When they returned home, they bought with them venereal diseases contracted from the traders and this was the one of the earliest means by which that terrible scourge was introduced. (Roscoe, 1923, p. 104)

Despite this account, Roscoe (1911) also goes on to list Baganda punishments for adultery – including death – as well as a long list of sexual taboos, demonstrating that sexual relations were, in fact, still tightly governed and policed within Ganda society.

As with HIV/AIDS, while the evidence for an epidemic driven by uncontrolled sexual appetites was refutable from the outset, the image of the Ugandan syphilis epidemic came to be largely entrenched, with comprehensive re-evaluation only taking place in the 1950s. Writing for the World Health Organisation in 1956, Davies (1956) questioned the extent to which there had indeed been an 'outbreak' of syphilis in Uganda at the turn of the century. He argued that there was sufficient evidence, even based on colonial-era data and record keeping, to suggest that it had been common within the general population for some time. Accordingly, a sudden loosening of the strictures governing women's sexual behaviour following the introduction of Christianity could not account for the prevalence of syphilis within the population. Davies (1956, p. 1053) concluded that 'the slur placed on, and accepted by, the Christian missionaries and the faith they propagate can be removed, and the blame attached to the women of Buganda can be diminished and be more widely shared'.

While obviously deeply concerned about the role played by the coming of Christianity in 'prompting' the epidemic, it is also clear that these commentators viewed the changes it wrought as a catalyst for 'unleashing' appetites that had hitherto been rightly suppressed.

HIV/AIDS: A 'disease of choice'

The 'scientific history' of HIV/AIDS is now well established; at some point in the early twentieth century, by way of a process of multiple cross-species

transmissions of simian immunodeficiency viruses – lentiviruses that are present in African primates – HIV was introduced into the human population (Sharp & Hahn, 2011). However, while the origins of the virus are now largely uncontested, the forces that facilitated the early spread of HIV/AIDS remain a matter of intense debate.

The established narrative of uncontrolled sexual appetites in Africa dovetails with the view, in some quarters at least, of HIV/AIDS as a ‘disease of choice’. According to this perspective, the fact that HIV/AIDS in Africa is overwhelmingly sexually transmitted, means that those infected have become so on the basis of their decision to engage in sexual behaviour that has put them at risk. Within this perspective, there is a hierarchy of victimhood; infections as a result of rape, mother to child transmission and infection from contaminated blood products are morally differentiated. A World Health Organisation publication in 2002 fanned this perspective (albeit unwittingly) with the claim that ‘more than 99 per cent of the HIV infections prevalent in Africa . . . are attributable to unsafe sex’, substantially higher than other regions of the world like Europe and North America (WHO, 2002, p. 9). These estimates, together with the then recently released data that suggested a low probability of HIV infection per coital act – 1–2 coital acts per thousand during latent-stage HIV infection (Cates, Chesney, & Cohen, 1999) – served to reinforce an outsider view of the HIV/AIDS pandemic in Africa being driven by uncontrolled sexual appetites.⁶ These two data points seemed, for some, to suggest that without ‘excessive’ coital acts, the WHO figure would be impossible to justify; especially with respect to female to male transmission by way of vaginal intercourse, the chances of contracting HIV/AIDS appeared slim indeed. In *Details*, a popular monthly American men’s magazine, Gray (2004) put forward the case that:

A growing pile of federally funded reports on HIV transmission, published over the past decade and available to anyone who has the time to read them, shows that men almost never get HIV from women. In fact, according to a 1998 study in the *Journal of the American Medical Association*, a disease-free man who has an unprotected one-nighter with a drug-free woman stands a one in 5 million chance of getting HIV. If he wears a condom, it’s one in 50 million. He’s more likely to be struck by lightning (one in 700,000) . . . Female to male transmission is very inefficient . . . if there are no other risk factors involved, the rate at which an infected man will transmit the virus to a woman is one in 1100 sex acts. (2004)

In 2012, Republican State Senator Stacey Campfield argued on radio in defence of banning the discussion of homosexuality in schools: ‘it is virtually – not completely, but virtually – impossible to contract AIDS through heterosexual sex’ (Signorile, 2012). Such claims, together with the WHO estimate cited above of 99 per cent of infections in Africa being the result of heterosexual intercourse, provided the potential for an assumption that African sexual

appetites far outweighed those of Europeans and North Americans.⁷ This, together with claims that Africans tended to have more concurrent partners than those living in other regions of the world further entrenched this perspective.⁸ In essence, the ostensibly exceptional heterosexual pandemic in sub-Saharan Africa was largely as a result of ‘Africans’ unique promiscuity [and] concurrent sexual relations’ (Africa Online, 2008).

Accordingly, despite wide-ranging efforts to combat general HIV/AIDS stigma, there is a lingering impression that, with respect to HIV/AIDS, ‘choice’ may be central to the narrative of the pandemic, overriding more ‘structural’ issues such as socio-economic and political context – the focus of programmes like the (US) President’s Emergency Plan for AIDS Relief (PEPFAR)⁹ during the Bush years on abstinence education being a case in point. In many respects, the international ‘disease of choice’ narrative has been buttressed by certain African political and religious elites. President Yoweri Museveni of Uganda maintained strong links with George W Bush due, in part at least, to his strongly articulated Christian beliefs and commitment to abstinence/fidelity strategies. In 2000, Museveni was recorded as explaining that

AIDS is a ‘good’ disease. We know the few ways it is transmitted and it is in our control. You have a choice! You can decide not to get it. How can you stop it? You can abstain from sex. Or you can stay with one partner. Be faithful to survive. You can decide not to get it. (Museveni cited in Green & Ruark, 2011, p. 100)

His sentiments were echoed in 2005 by the Special Representative of the Secretary General for Sierra Leone, Ambassador Daudi Mwakawago, who argued that those who led ‘shameful’ and ‘reckless’ lives were bound to become infected and that HIV/AIDS was a ‘disease of choice’ (UNAMSIL, 2005).

In terms of HIV/AIDS treatment, PEPFAR can be said to be an unqualified triumph. Its success in improving the lives of literally millions of people through increasing the availability of HIV/AIDS medicines has been dramatic. However, its record with respect to prevention has been a source of controversy almost since its inception. As originally conceived by the Bush government, PEPFAR was a programme influenced by and largely delegated to faith-based organisations, which engendered it, at times, with something of a crusading missionary outlook. Its emphasis on abstinence and fidelity suggested strongly that each person was broadly responsible for their own individual ‘salvation’: to be infected with HIV implied moral slippage.

Conclusion

Much of the discourse emanating out of the HIV/AIDS pandemic in Sub-Saharan Africa clearly highlights the extent to which the continent is still

perceived to be ‘apart’ from the rest of the world, a place where sexual health and general well-being are determined by perceived specific cultural and implicitly racialised behaviour. Africa’s seemingly unique generalised heterosexual pandemic has prompted ‘concern’ over the nature of African sexuality and sexual practice, given the spread of the disease. As has been highlighted, while HIV/AIDS might have been a new area of study, much of the discourse that structured and informed the area of study is not. Colonial tropes pertaining to the ‘nature of the African’ re-emerged albeit in less overtly racist forms, but the subtext remained the same – African people are over-sexed, uncontrolled in their appetites, promiscuous and impervious to risk. As such, they constitute what in other contexts of social and international violence have been called ‘the deserving’ victims (Chomsky, 2008).

While it appears that the tide might be turning with respect to the spread of HIV/AIDS, what remains unchanged is Africa’s positioning as Other. The fact that such a clear association can be made linking colonial and AIDS-era narratives is indicative of the fact that, in this respect at least, former South African President Thabo Mbeki might well have been correct, outsider perceptions of African people remain – intentionally or not – coloured by long-standing racial (racist?) stereotypes. Furthermore, based on this longevity and continuity, it appears likely that such perceptions will outlive the pandemic. If true, this suggests that future similarly related concerns are likely to be considered in the same way as has been the case with HIV/AIDS and its colonial precursor, syphilis. The consequences of this re-narration of colonial tropes in framing the HIV/AIDS pandemic in Africa is to limit and distort health policies, to blunt or even naturalise the suffering of millions of people and to consistently marginalise Africa in terms of pharmaceutical and viral research. The pandemic, mapping on to preconceived Western notions of ‘African cultural practices’, becomes part of what Africa continues to be framed as – a place of uncontrolled primitive sexuality and death, where victims are largely responsible for their suffering. Accordingly, the implication of such views for the combating of potential unknown future pandemics remains profound.

Acknowledgements

The authors would like to thank Dr Jill Payne (University of Cambridge) for her assistance in the development this paper. The constructive and helpful comments offered by the anonymous reviewers are also gratefully acknowledged.

Disclosure statement

No potential conflict of interest was reported by the authors.

Notes

1. Similar tropes are evident in the USA too, particularly in South and with respect to the development of eugenics as a 'science'. The focus of this paper, however, will be chiefly on European tropes as these have been mostly responsible for the shaping of the narrative.
2. Some of the difficulties associated with controlling malaria included the high cost of insecticides such as DDT, growing concerns over the health and environmental effects of such pesticides, and evidence of growing resistance to insecticides by malaria-carrying mosquitoes (Sweeney, 1999).
3. Eugenics provided the basis for many US race laws and practices until well into the twentieth century, including enforced sterilisation among 'degenerate' sectors of the population in order to ensure that the 'best' in nature was preserved and the less desirable checked (Stone, 2001). In addition, influential eugenicists like Robert Reid Rentoul were fixated with the idea of black Americans as 'sexual pervert[s]' (Cited in Stone, 2001, p. 399).
4. This with the prurient title 'Dry and Tight: Sexual Practices and Potential AIDS Risk in Zaire'.
5. In pre-Christian times, in order to keep Baganda women's 'sexual appetites' in check they had been required to be kept 'more like prisoners than anything else – hence immorality and promiscuous intercourse did not exist' (Roscoe cited in Davies, 1956, p. 1047).
6. The issue of estimating the number of HIV infections per coital act has, according to Gray and Wawer (2012, p. 205), been the 'holy grail of HIV epidemiology for more than decades'. However, while still not wholly clear, more recent evidence suggests much higher rates of transmission than that cited by Cates, Chesney, and Cohen in 1997.
7. Others, like Gisselquist (2008), have argued, on the basis of their understanding of the data, that the African HIV/AIDS pandemic could not have been caused by sexual transmission but rather through poor healthcare practices involving the use of syringes.
8. Halperin and Epstein (2004) argue that it is not that Africans have more sexual partners overall but rather that they tend towards concurrent relationships, which, the authors argue, dramatically increases their risk of contracting HIV. This evidence, however, has also been called into question – see Tanser et al. (2011).
9. PEPFAR represents the largest commitment 'by any nation to combat a single disease internationally'. Authorised in 2003 with a budget of \$15 billion, it was reauthorised in 2008 with an increased budget of \$48 billion. While focused mainly on providing treatment, the programme provoked controversy in its early days due to its emphasis on abstinence education as a cornerstone of its prevention efforts (Flint, 2011).

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