

The carnivalesque factor in southern African HIV pandemic

By Leigh Price



A busy session at the conference.

We tend to link different cultures with different parts of the world. However, different cultures may develop in the same society, in overlapping geographical space. Some of the most interesting cultures are those found among marginal groups, such as within youth and people with different sexual orientations. I have termed these cultures carnivalesque and I argue that they have important similarities with southern African cultures. Considering them together provides insights that could improve our ability to respond to the HIV crisis.

The definition of 'carnavalesque' is: marked by an often mocking or satirical challenge to authority and the traditional social hierarchy (Merriam-Webster online, 18 May 2010).

The word was first used by Bhaktin and Kristeva (in Bove, 2006) to refer to theatrical challenges to the status quo. In this article, the definition of 'carnavalesque' has been broadened to include a much wider variety of challenges than the theatrical. An aspect of 'carnavalesque' that evokes colourful and lively behaviours, which are simultaneously celebratory or pleasurable and challenging of the status quo has been retained¹. For example, gay culture, even in its popular name, captures the essence of the carnivalesque.

Much of African culture, but more specifically, southern African culture, could also be considered carnivalesque because it is often depicted as colourful, unique and if not always actively revolutionary, then at least indifferent to authority and rules to varying degrees.

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understand how culture is linked to gender inequality, HIV and focusing only on how to address the negative aspect of cultures while promoting the positive ones," Mrs Chingandu added.

Oxfam Novib supported the conference through the Innovation Fund that initiates and supports original projects, which address education, gender and HIV awareness. The fund, which has supported almost 100 projects worldwide, is concerned that girls and women have relatively limited access to quality essential services such as education and health.

This leads to high rates of HIV-infection, illiteracy and discrimination among them. KIT supported the conference via the Exchange magazine, which is funded by the Dutch Ministry of Foreign Affairs.

Sharing conference outcomes

A number of information products shall be developed from the conference to facilitate wider sharing of the event's outcomes. KIT is dedicating the June 2010 (this) edition of *Exchange on HIV and AIDS, Sexuality and Gender* quarterly magazine and its Portuguese version, *Intercambio*, to the conference outcomes.

Also, a conference report compiled by SAfAIDS will be widely shared among partners, participants and stakeholders.

A book capturing key issues emerging from the conference will be jointly published in English and French by SAfAIDS, Oxfam Novib, Hivos and the Royal Tropical Institute (KIT), while a documentary on the conference shall also be produced and shared.

Those interested in the conference proceedings should contact Ms Maserame Mojapele, SAfAIDS Programme Manager at: Maserame@safaid.net.

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For example, using a modified definition of the word, we could classify Nelson Mandela's shirts and Jacob Zuma's lifestyle as 'carnavalesque'. Both make a statement about the African identity; both defy Western normative behaviour. However, significantly, only one of them increases the risk of HIV infection.

This article seeks to celebrate carnivalesque cultures. The people whose daily activities reproduce such cultures have something important to say. However, it is dangerous to overly romanticise these cultures lest we forget that, beneath the joie de vivre and/or couldn't care less attitude of their members, is often despondency and hopelessness.

At the risk of generalising, I argue that these cultures largely consist of people who have been significantly oppressed. Clearly, not all members of a particular culture exhibit the 'carnavalesque' characteristics that I discuss below. Even the majority of the members may not fit these descriptions. However, because of their public visibility, it is the more carnivalesque individuals who get the most attention.

For example, not all African men in multiple partnerships have sex without condoms, not all gay men are promiscuous and most youths do not take drugs. However, there are significant numbers of individuals in these cultures who do carry out these behaviours (Dempster, 2003; Fuller, 2005; Jordaan, 2006; Hickson *et al*, 2007). I discuss this 'significant number' here.

I hope to demonstrate the need to move beyond current, gender-based theories of why HIV is so prevalent in southern Africa by arguing for a theory based on the idea of 'carnavalesque' culture, which better accounts for the current scientific facts about the epidemic, without discarding the relevance of gender altogether.

The dominant theory on high levels of HIV in southern Africa

The current, mainstream theory on the markedly higher rate of HIV in southern African countries compared to most other countries can be summarised as follows:

- Multiple concurrent partnerships (MCP) increase the risks of HIV transmission (Halperin and Epstein, 2007).
- Gender inequality and gender-based violence (GBV) in the region contribute to the spread of HIV and, combined with women's greater biological susceptibility to HIV infection, explain why women generally have higher rates of HIV infection than men. Essentially, women are powerless to negotiate safe sexual practices (Gupta, 2000; Koenig and Moore, 2000; Kaye, 2004).

This typical view of the HIV situation is facing a challenge from recent research findings. We can no longer assume that there is a simple causal connection between gender inequality, GBV and HIV transmission, or even multiple concurrent partners, promiscuity and HIV transmission, because of the following research findings:

HIV is less common in traditional polygamous families, which are associated with gender inequality and are an example of multiple

concurrent partnerships (Commission on HIV/AIDS and Governance in Africa, 2008). There are very low rates of HIV in some societies with worse gender inequality and GBV than that found in southern Africa, for example Bangladesh and Lebanon (Figure 1).

Measures of sexual promiscuity, such as demonstrated by Wellings *et al* (2006) and Schmidt's (2005) sociosexual orientation index, are greater in the Western countries, such as Britain, than in southern Africa, yet, surprisingly, these countries have significantly lower rates of HIV (Figure 2). In a league table that measured gender equality (World Economic Forum, 2009), out of 134 countries, South Africa achieved 6th place, ahead of Britain, which achieved only 15th place.



HIV is less common in traditional polygamous families, which are associated with gender inequality and are an example of multiple concurrent partnerships



If there is a simple, positive causal relationship between (a) gender inequality and HIV prevalence, and (b) MCP, sexual promiscuity and HIV prevalence; then it does not make sense that countries with a poor record of gender relations and/or high rates of sexual promiscuity and MCP should have low HIV rates of infection.

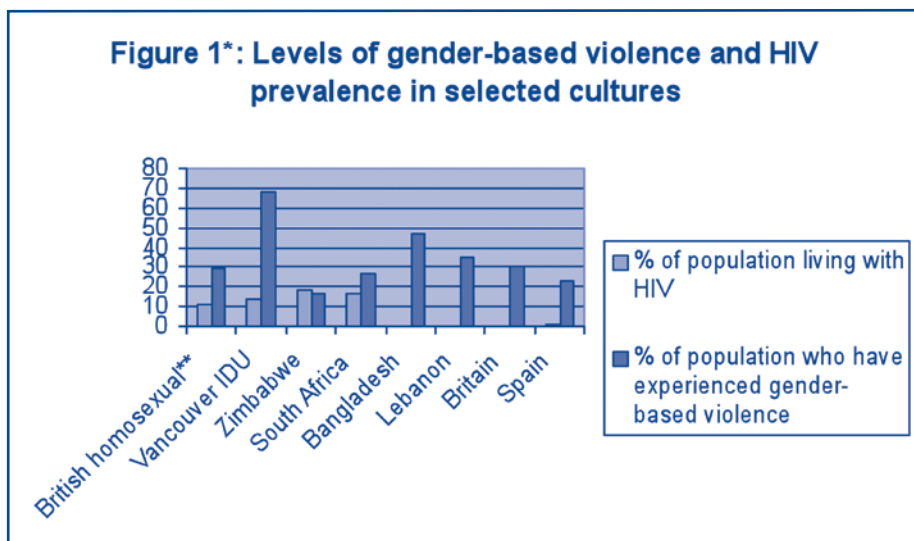
As Figures 1 and 2 illustrate, there appears to be little relationship between HIV prevalence and levels of GBV or the degree to which a population is sexually restrained.

For example, Zimbabweans are more sexually restrained than the British but have a significantly higher level of HIV prevalence. South Africans report less GBV than people from Bangladesh, but have higher rates of HIV.

Furthermore, British heterosexuals are having more partners on average than in the past. They are also reporting an increase in the use of condoms (Johnson *et al*, 2001). However, their HIV infection rate has declined (Health Protection Agency Centre for Infections, 2009). This suggests that safer sex, more than sexual restraint, is linked to reduced HIV infection. This suggestion is supported by the Brazilian experience of HIV education reported elsewhere in this newsletter by Ricardo.

Additionally, there is no empirical evidence supporting the otherwise convincing hypothesis that MCP are strongly linked to higher HIV infection rates (Lagarde and Auvert, 2001; Mithra and Bignami Van Assche, 2009; Lurie and Rosenthal, 2010)

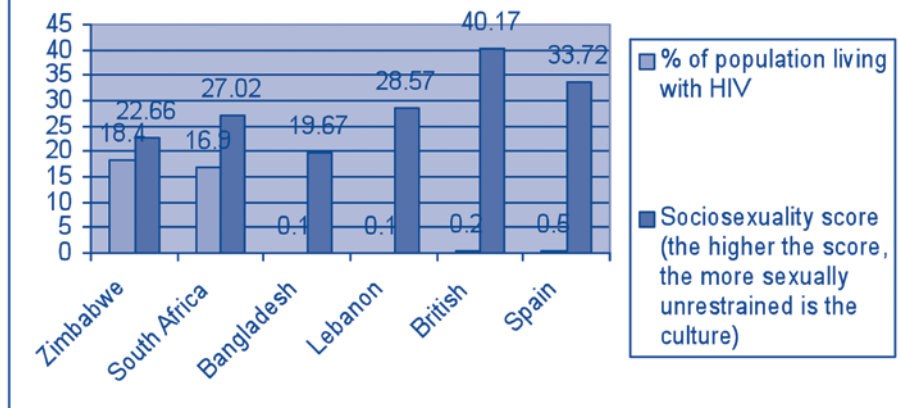
In non-carnavalesque cultures, where the sexuality of the women is strictly controlled and the cultural disposition is primarily conformist to a non-modern, non-Western, traditionalist norm, there is relatively low HIV infection.



*Data on HIV prevalence were taken from the Joint United Nations Programme on HIV and AIDS (UNAIDS)(2007). Data on rates of gender-based violence were taken from: Hickson *et al* (2007) (for British homosexuals); Braitstein *et al* (2003) (for Vancouver intravenous drug users - IDU); Krug (2002) (for Zimbabwe); Krug (2002) (for Bangladesh); Usta (2007) (for Lebanon); UNICEF (2000) (for Britain); Ruez-Perez (2006) (for Spain). Since these data were taken from different sources, they should be assumed to be indicative, rather than strictly comparable.

**The figure for violence in homosexual populations is based on reported domestic violence (rather than gender-based violence) in homosexual relationships. Please also note that in Bangladesh, Lebanon and Britain, HIV prevalence is less than 0.2% and therefore appears insignificant on the graph.

Figure 2*: Sociosexuality score and HIV prevalence in selected cultures



*Data on HIV prevalence were taken from the Joint United Nations Programme on HIV and AIDS (UNAIDS) (2007). Data for sociosexuality were taken from Schmidt (2005).

In Figures 1 and 2, this situation is illustrated by Lebanon and Bangladesh. In non-carnavalesque cultures where the cultural disposition is less traditional but nevertheless still conformist (to a more modern, Western norm), there is also relatively low HIV infection.

In Figures 1 and 2, Britain and Spain are illustrative. By contrast, there tends to be a high rate of HIV infection in those carnivalesque cultures that:

- **Are marked by a failure to conform to predominant, highly-valued cultural norms of individuals' being**

Perhaps the culture is experiencing an infusion of traditional with Western culture. In southern Africa, for example, HIV rates are higher in the cities, which tend to be characterised by a mix of Western and traditional cultures (Barnighausen *et al*, 2007). Perhaps the members of the culture do not fit conventional stereotypes of highly valued/societally-acceptable people due to some aspect of their biological or social being, such as class, race or sexual orientation.

- **Are characterised by transgressive language and behaviour**

The majority of cultural members experience, or have experienced, oppression. However, they are likely to be able to obtain status within their marginalised cultural group, which may motivate them to clearly define their marginalised identity.

They may also tend to reclaim their 'different' identity as valuable in the face of a dominant discourse that denies this value. As a result, the language associated with the culture is likely to include references to pride in one's identity, such as "Black is Beautiful" or "Gay Pride".

However, in reality to be black or to be gay is to be discriminated against (in a global context, I argue that black men are still discriminated against, even if they have

Unsafe sexual practices, initiated primarily by men seeking to assert transgressive interpretations of masculinity, cause high HIV prevalence.

received independence in their African nation states).

The claim that one can be proud of being black or gay, and to purposefully celebrate, through making visible, rather than hiding, the characteristics of one's difference, is a transgression of the mainstream attitude.

The mainstream language, whereby, for example, to be gay or black is to be undervalued, is thus transgressed with language that celebrates gay and black identity (Khayati, 1999; Leap and Boellstorff, 2004).

As Bhaktin stated, in Bove (2006), "Carnavalesque discourse breaks through the laws of language censored by grammar and semantics and, at the same time, is a social and political protest."

- **Are associated with historical or current social rejection of the men and their masculinity**

For example, black men were called boys or otherwise infantilised by their oppressors (Stobie, 2007; Jon, 2009) and gay men are criticised as being effeminate (Flood, 2007). Male youths, in seeking to be respected as adult men, may be particularly fearful of rejection of their masculinity and accusations of femininity (Kimmel, 2004).

- **Have a significantly higher incidence of HIV in the sexually-receptive partners (RP), especially in early adulthood**

In the case of heterosexuals, women are the RP, and in the case of homosexuals, the anally receptive male is the RP. This pattern, whereby, in carnivalesque cultures, RP have a higher incidence of HIV infection compared to their penetrative partners (PP) is reported: for southern Africans by Gupta (2000, 2002), Quinn and Overbaugh (2005) and McPhail *et al*, (2002); for intravenous drug users in Vancouver by Spittal *et al* (2002); and for gay men by Hickson *et al* (2007).

In non-carnavalesque cultures, there tend to be more PP than RP infected by HIV (UNAIDS) (2007), although this difference may disappear if statistics of HIV incidence were reported in terms of receptive:penetrative partners rather than women:men.

- **Include a relatively greater degree of anal intercourse or intercourse that involves physiological trauma to the RP**

This has been demonstrated in gay men (Hickson *et al*, 2007), certain drug cultures (Wohl *et al*, 2008) and southern African culture (Stadler *et al*, 2007).

- **Tend towards an increased association of manhood with sexual prowess**

Halkitis and Parsons (2003), working with gay men, found a significant correlation between defining masculinity as sexual prowess and intentional unprotected anal sex. This position was also suggested by Smith (2007), working with male heterosexuals in Nigeria, who stated: "It is men's anxieties and ambivalence about masculinity, sexual morality, and social reputation in the context of seeking modern lifestyles—rather than immoral sexual behaviour and traditional culture—that exacerbate the risks of HIV/AIDS."

An alternative theory of gender, culture and HIV

In this paper, I argue, that promiscuity, MCP and GBV do not cause high HIV infection rates. Rather, unsafe sexual practices, initiated primarily by men seeking to assert transgressive interpretations of masculinity, cause high HIV prevalence.

These unsafe sexual practices are linked to 'carnavalesque' socio-cultural phenomena. Carnavalesque cultures are marked by many useful and/or relatively harmless behaviours that enrich society, but they are also linked to self-destructive reactions against the oppression and lack of social acceptance of their members.

Cultures exhibiting, in certain of their individuals, such self-destructive behaviour tend to be vibrant and colourful in the way that they challenge the status quo, which is part of their attraction.

However, proving that one is anti authoritarian can lead one to breaking rules that have

a protective function, since many rules of mainstream society are designed to ensure people's long-term well-being. A gay man sums up this attitude, born out of his experience of a hostile world (Fogcityjohn, 2010): "An (...) explanation I've heard is that men bareback (have sex without a condom) out of a need for transgression, from a desire to flout societal norms and rules."

Historically, gay men were seen as sexual outlaws, and part of our identity revolved around our outsider status, a status that even conferred a certain 'cool.' Today, with gay marriage making its halting march to legality, being gay may seem kind of ordinary, and some men may need to find ways to hang on to our old outlaw status. And if transgression is what guys are after, what could be more transgressive than violating the first commandment of safer sex education by refusing to use a condom?"

Additionally, the motivation to follow 'good-for-you' rules, namely longevity and a fulfilled life, is absent for many oppressed people, since these human rights are denied to them. For example, Getnet (2000) found that following safer sex rules was of relatively low concern to street youths in Dessie due to their preoccupation with survival in an adverse environment.

Dempster (2003) reported that truck drivers in Durban, South Africa considered the risk of unsafe sex to be minor in comparison to the other hardships and risks to their lives. In terms of levels of HIV infection, if a culture has low levels of self-destructive behaviour, linked to an absence of oppression, it is relatively unimportant whether the culture is promiscuous, polygamous or has a high level of GBV (Figures 1-2).

Assuming that patriarchal gender imbalances are ubiquitous, merely expressed differently in different cultures, the key difference between cultures with high levels of HIV and those with

“*The theory here is that men tend to react to being oppressed by asserting themselves through transgressive behaviour*”

low levels is the degree that the men suffer oppression. In other words, HIV prevalence levels are higher in cultures where the men as well as the women suffer oppression, or have previously suffered oppression.

The theory here is that men tend to react to being oppressed by asserting themselves through transgressive behaviours. Somewhat unfairly, due to biological factors, the female or receptive partner is placed at greater risk by the transgressive behaviour (Quinn and Overbaugh, 2005).

In carnivalesque cultures, women may not have less power than in other cultures. However, they may be more likely to be requested to transgress safety rules. Women generally find it hard to say no and are socialised to please (BrownTravis, 1988). They also benefit from being acquiescent, through increased self-esteem due to the attentions of their partner, and sometimes through economic advantages. The benefits of agreeing to unsafe sex, for women in a drug-using population, have been demonstrated by Sobo (1995).

In cultures where men are not significantly or historically oppressed, men tend to conform to safety rules and rarely demand transgressive

behaviour from women. It may be hard to tell whether or not women in supposedly more gender-equitable cultures are more empowered than in other cultures.

Could it be that these women are not asked to do things that they would rather not, and therefore their actual levels of power are rarely put to the test?

Based on the above, the problems with interventions based on the current mainstream understanding of the HIV epidemic in southern Africa are as follows:

- Such interventions are unlikely to be successful as they treat GBV and promiscuity as causal of high HIV prevalence. GBV and promiscuity are correlated with increased HIV infection in southern Africa, but not in many other countries, because their effects become exacerbated and more visible in contexts of the social oppression of men. The social oppression of men better explains the existence of high levels of HIV.
- Vilifying certain cultures as more promiscuous/hypersexual/gender-imbalanced than others, especially where there is a lack of evidence for this, seems likely to be related to the racist assumption that Western cultures are more "morally pure." As explained earlier, denigration and lack of social acceptance is likely to motivate transgressive behaviour, linked to unsafe sexual practice.
- The mainstream HIV position allows certain Western countries with low HIV rates to assume that their lack of HIV is evidence of gender equity, deflecting criticisms about their own gender imbalances. Yet many, if not all, of these countries also have indicators of gender inequality, such as unequal pay for men and women (Joshi and Paci, 2001).
- There is a risk that people belonging to cultures where women's sexuality is strictly controlled will use their low rates of HIV as proof that their oppression of women is justifiable.
- Feminists have long acknowledged that the nuclear, monogamous family is the keystone of the patriarchy, since, in its mainstream form, it is based on ownership of the women by the men (Engels, 1884, in Millett, 2000:120; Engels 1884, in Hunt, 2009).
- The assumption that there are health advantages to monogamous relationships has diverted attention away from potentially valid criticisms of the way that these monogamous relationships are structured, doing a disservice to the global feminist cause.

“*It may be hard to tell whether or not women in supposedly more gender-equitable cultures are more empowered than in other cultures.*”



Participants follow proceedings.



Traditional dancers perform at the conference.

From a feminist point of view, ownership of one woman (arguably most monogamy) is only different from ownership of more than one woman (arguably most polygamy) in terms of degree.

Way forward

From this argument, it is clear that education in southern Africa around the HIV/gender/culture nexus should avoid any reference to “traditional African culture” as a primary cause of the epidemic in the region. Neither should educators imply that traditional African culture is more licentious than other cultures.

There is no scientific evidence to support these assertions. To blame traditional culture is likely to be significantly counter-productive, given another argument made in this paper, that an important driver of unsafe sexual practices is low societal acceptance (oppression) of certain people.

Similarly, educators should lobby against the current trend to remove the legal rights of homosexuals in southern Africa, supposedly, at least in part, motivated by a desire to reduce HIV. This stigmatisation is likely to lead the members of homosexual culture towards further unsafe sexual practice.

Reducing stigmatisation and discrimination of marginal, high HIV risk groups is something

that all of us can do to improve the situation. For example, if they have not already done so, Westerners need to address their racism, heterosexuals need to address their homophobia and adults need to examine how they oppress the youth.

Encouraging positive media images of members of the oppressed cultures, such as all genders of the different races, youths and homosexuals, might be helpful.

Effective HIV/gender/culture education should also:

- Implement interventions that would improve individuals’ self-esteem, such as access to work and income-generating activities.
- Provide psycho-social support to people who are attempting to make positive behavioural changes in their lives.
- Include the message that indulging in behaviour which is unsafe is not heroic or “cool”. A real hero must be healthy to be able to fight for a different, more equitable, world.
- Advocate for better gender equality on the basis of all of its intrinsic advantages, not only because it potentially decreases susceptibility to HIV. Gender equality would theoretically reduce susceptibility to HIV, but

it is not gender equality that is preventing certain cultures from having high levels of HIV infection. As they are currently experienced, lower levels of HIV are largely due to men treating themselves and their possessions, namely, their women/partners, with care.

While interventions that improve gender equality remain important, it seems plausible that they should be carried out alongside interventions that improve men’s insecure relationship to their masculinity. We must also aim for nothing less than a more tolerant world, free from all discrimination. ■

“Encouraging positive media images of members of the oppressed cultures, such as all genders of the different races, youths and homosexuals, might be helpful”

Due to limited space, we could not carry all the footnotes and references for this article. Contact Exchange magazine publishers if you have any questions about this article and would like to explore it further by looking at the footnotes and references-Managing Editor.

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