Sex, disease and stigma in South Africa: historical perspectives

Peter Delius and Clive Glaser*

Department of History, University of the Witwatersrand, Johannesburg, South Africa

* Corresponding author, e-mail: glaserc@social.wits.ac.za

This paper attempts to analyse historically why stigma and denial around HIV/AIDS is so powerful in South Africa, so powerful that aiding family members can be shunned and evicted. For many observers, the answer lies simply in its being a venereal disease, in its connotation with promiscuity and unregulated sexuality. We argue that this is not an adequate explanation. Pre-colonial African societies were relatively open about sexuality. Though pre-marital and adulterous pregnancy certainly caused social disruption, extra-marital sex per se was not stigmatised. Even the sexual shame introduced (unevenly) by Christianity and its hybridised forms is inadequate in explaining the degree of stigma associated with HIV/AIDS. We extend the discussion by exploring the stigma associated with various forms of pollution and the inevitability of death. The peculiarly interwoven mixture of sexual transgression, pollution and delayed death, we argue, makes HIV/AIDS an extraordinarily powerful generator of stigma.

Keywords: Christianity, HIV/AIDS, pre-colonial society, sexuality, taboo

Introduction

The suffering of people living with HIV/AIDS has been intensified by the stigma that surrounds the disease. In South Africa infected individuals have been shunned, abandoned, isolated, expelled and even killed by horrified neighbours and kin (Stadler, 2003; Stein, 2003). The dangers of public disclosure have been highlighted by the tragic death of Gugu Dlamini in KwaZulu-Natal, who was murdered after she made her HIV-positive status public. This clearly represents an extreme reaction but qualitative research paints a grim picture of the levels of hostility and ostracism that individuals experience (Skhosana, 2001). Quantitative material gives some sense of the scale of the problem. A survey of Sowetan attitudes towards people living with HIV/AIDS published in 1992 revealed that 38% of adults believed that people living with HIV/AIDS should be separated from society, 6% believed that they should be killed, and only 34% said that they should be cared for by their families (Stadler, 2003). More recent surveys have, however, presented a much more sanguine view suggesting that levels of stigma are relatively low. But a critical review of this material has pointed out that these findings may well be the result of growing popular awareness of socially acceptable responses and cautions against assuming that stigma is not the problem that conventional wisdom (and qualitative research) suggests (Stein, 2003).

It is not the purpose of this paper to debate the levels of stigma but to try to identify some of the causes that have shaped the hostility, rejection and discrimination that individuals have experienced. Our approach is influenced by the view that:... stigma always has a history which influences when it appears and the form it takes. Understanding this history and its likely consequences for affected individuals and communities can help us develop better measures for combating it and reducing its effects (Parker & Aggleton, 2003, p. 17).

We would also concur that stigma is not a ‘static attitude’ but ‘a constantly changing (and often resisted) social process’ (Parker & Aggleton, 2003, p. 14).

We are concerned with interrogating the common assumption that the stigma associated with HIV/AIDS stems from the fact that it is a sexually transmitted disease associated with promiscuous behaviour (Caldwell, 2000).2 Stigma in this view is rooted in sexual shame. We review the rather limited literature on the history of sexuality in South Africa in order to illuminate the interconnection between sex and stigma over time. A particularly important seam of evidence that we mine is the descriptions provided by social anthropologists from the 1920s onwards. The long periods of fieldwork along with elements of participant observation and oral history, which informed the richest of these texts, makes these writings especially rich historical sources. We bring to bear on these texts the techniques of contextualisation, periodisation and critical reading, which are core elements of the craft of historical analysis.3

This exploration suggests that while a connection between sex and stigma cannot be dismissed, the sources of stigma are multi-dimensional. We therefore consider other potentially contributory factors, including concepts of pollution, belief in witchcraft and popular understandings of contagion.

Sex and stigma in precolonial societies

As we have argued elsewhere, precolonial African cultures in southern Africa were relatively open about sexuality...
(Delius & Glaser, 2002 and 2004). Children learned about the mechanics of sex from early on and played sexually explicit games (Schapera, 1940, p. 180; Pitje, 1948). Teenage boys and girls discussed the proprieties and rituals of sexuality within their age grades. They could seek advice in sexual matters from uncles, aunts and grandparents (though usually not from parents). Teenage sexual exploration was seen as natural and healthy; it was encouraged as long as it stopped short of full intercourse. In many southern African societies a form of non-penetrative ‘thigh-sex’ was accepted practice for unmarried youths. Although there were strict rules around custodial rights, sex itself was not severely rule-bound. In other words, sexual misconduct outside of marriage usually drew attention only once it resulted in pregnancy.

Extra-marital pregnancy was severely frowned upon not because sex was in any way ‘sinful’ but because of the familial and custodial complications it created. Girls who had children lost a great deal of their value in terms of bridewealth transactions; often they became unmarried. The seducer was therefore expected to pay a fine in cattle. In East Coast communities a beast was usually set aside for ritual slaughter to appease ancestors for this contravention (Hunter, 1936, p. 204; Vilakazi, 1962). There is also no doubt that unmarried mothers were shamed and even ostracised by their peers. The scorn was directed not at the sexual transgression itself but at the sudden decline of marriageable status. Though shamed, unmarried mothers were absorbed into their fathers’ households; they were allocated lands and their offspring experienced little if any discrimination. Parental anger rarely persisted once fines were paid, especially if the illegitimate child was a girl (meaning bridewealth would eventually be recouped.) Although illegitimate children suffered certain disadvantages over inheritance, there was no social stigma associated with illegitimacy. Pre-marital pregnancy was common enough for it to be treated as a part of everyday life (Hunter, 1936, p. 210; Vilakazi, 1962).

Adultery created less social disruption. It was difficult to detect and, even if it resulted in pregnancy, difficult to prove. With the onset of migrant labour and the long absence of husbands, adultery became more conspicuous (Delius & Glaser, 2004). Nevertheless, an illegitimate child had a designated father, even if he was not the biological father. Transgressions were openly discussed and punishments, in the form of fines, were generally mild. Male adultery bore almost no social stigma. Adulterous wives were frequently beaten by their husbands but adultery was not a divorceable offence (Hunter, 1936). There was little lasting social stigma unless perhaps the wife was known to be a frequent offender, or isilebe, a ‘loose’ woman (Qayiso, n.d.).

Legitimate sexual activity was by no means confined to marriage. There is substantial evidence of a class of independent women, known as amankazana in the Xhosa and idikazi in the Pondo tradition, who engaged in regular sexual relationships with (usually married) men. These women — some widowed, some runaways from abusive marriages, some unmarried mothers, some simply never married — lived in their fathers’ households and conducted their sexual affairs freely. Their progeny belonged to their father or guardian. Although they had a somewhat lower status in society than married women, they were by no means social pariahs. In Pondoland they were often even admired as sophisticated courtesans. This was an accepted and acceptable life path for those who were not married. No one expected them to remain celibate (Hunter, 1936, pp. 205–209; Qayiso, n.d.; Mayer, 1961, pp. 235–236; Mayer, 1978). Attitudes towards sex outside of marriage and sex with several partners, though not entirely stigma-free in pre-colonial society, were relatively tolerant when compared to Western society in the nineteenth century (Hunter, 1936, pp. 205–209; see also Delius & Glaser, 2002 and 2004).

### Christianity and sexual shame

It was Christianity which brought shame to the sexual act. Sex outside of marriage (even ‘perversion’ within marriage) was treated as a sin in itself by Christian missionaries (see Chidester, 1992, pp. 147–149 for a discussion of the ‘conjugalisation’ of sex in Western Christianity; and Delius & Glaser, 2002, for a discussion of Christianity and sexual shame). But Christianity was, and is, a complex phenomenon in South Africa. Teachings around sexuality, and tolerance of transgression, diverged from sect to sect. More importantly, the impact and absorption of Christianity was an extremely uneven, often hybridised process.

Most Christian converts did not privately accept elements of Christian teaching that were seen to be too much of a cultural compromise. One important example was male fidelity and monogamy. Absolom Vilakazi, who studied the impact of Christianity on the Inanda mission station in Natal during the 1950s, and Percy Qayiso, whose research focused on rural and urban Ciskei in the 1950s and 1960s, concur on this point (Vilakazi, 1962, pp. 34–35; Qayiso, n.d.). While married Christianised men tended to be more discrete about their affairs with amankazana, they continued to conduct them. It was common for long-term migrant Christians to have ‘city wives.’ Qayiso observed that Christian conversion encouraged discretion in sexual matters rather than a sense of sin. Male discretion was regarded as a token of respect towards Christian wives, who considered infidelity more shameful than did ‘traditional’ wives. Christian wives tended to accept, albeit unhappily, the inevitability of male infidelity, especially if their husbands kept their extra-marital relationships out of the public eye. Monica Hunter found a similar pattern of male adultery among Christian communities in Pondoland and East London in the 1930s. Converted women tended to be relatively ‘chaste’ (Hunter, 1936, pp. 220–222, 484). A powerful sexual double-standard operated within these communities. Adulterous and unmarried pregnant women were disgraced, even excommunicated by churches, while male adultery was generally overlooked (Vilakazi, 1962, pp. 34–35; Hunter, 1936, p. 220).

There were other Christian sexual prohibitions that converts found very hard to accept. ‘Many converts who condemn ukumetsha [publicly],’ observed Hunter (1936), ‘do not in their hearts consider it a sin’ (p. 221). Several of Hunter’s Christian informants went so far as to blame its prohibition for the rise in premarital pregnancy, since the practice allowed young people a sexual outlet while controlling pregnancy. Consequently, few Christian parents
made a serious attempt to stop their children practicing *ukumetsha* (Hunter, 1936, pp. 221, 481, 483). Similarly, few converts accepted that widows should remain celibate unless they remarried. This was widely regarded as an unnecessarily harsh Christian stricture. It was a long-standing practice for a widow in Pondo society to remain sexually active and to continue bearing children even if she did not remarry (Hunter, 1936, pp. 221, 485).

This having been said, we should not underestimate the importance of sexual shame in highly Christianised African households striving for respectability in Western terms. In his study of the impact of Christianity among the Nyuswa and Qadi of Natal, Viliakazi (1962) comments:

> Among the Christians, premarital pregnancy is treated far more severely than it is among the traditionalists. The severity arises from the fact that the girl is guilty of two sins: that of having had sexual intercourse outside of marriage in the first place, and that of having got pregnant. Then also, for her, it is not only moral taint; it also makes her a social outcast. It is also stigma on the good name of her home and its Christian standards of behaviour (p. 57).

Christian families tried to hush up these shameful incidents but they were nevertheless obliged to inform the church authorities for fear of being held complicit in the sin. Churches could be quite merciless in dealing with premarital pregnancy. For example, also from Viliakazi (1962):

> The punishment meted out to the girl is: (1) she is excommunicated, which is announced publicly in the church; (2) she is given a seat in the back of the church which is specially reserved for those who have fallen into sin (this is to emphasise, rather cruelly, their lowly social status); (3) all young girls, i.e., those who are still whole, are forbidden to associate with her for she is considered an evil influence and a bad example to other girls (p. 57).

Before returning to the church fold, the ‘fallen’ girl was required to start her Christian teaching from the beginning and publicly request forgiveness from the congregation after serving a period of probation. If she did not go through this process, the church withheld baptism for the illegitimate child. Later, if the young women eventually married, she was often denied a church marriage, and forced instead to marry ‘in the minister’s study’ (Viliakazi, 1962, p. 57). The father of the child, however, rarely suffered censure, especially since it was hard to prove his paternity. ‘Thus it is that the whole burden of blame and social responsibility for the illegitimate child rests with the mother!’ (Viliakazi, 1962, p. 58)

As Gaitskell (1982, p. 338) has argued, Christianity places enormous responsibility on mothers to protect the morality of their children. Married Christian women, numerically the bulk of church membership in South Africa since the beginning of mass conversion, were the key enforcers of morality in sexual matters. In the face of a steady increase in the rise of church members in South Africa since the beginning of the 1910s, women’s church groups, *manyanos*, played a crucial role in the process of trying to maintain standards of morality in these households striving for respectability in Western terms.

Brandel-Syrier (2003) makes a similar observation about the normality of illegitimacy in contemporary Soweto. There is virtually no stigma associated with premarital pregnancy, he argues. Clearly, historical attitudes towards sex, even after the powerful impact of Christianity, did not seem to predispose HIV/AIDS to the kind of stigma that now attaches to it.9

The Christian impact was perhaps most important in ‘silencing’ sexuality. The twin influences of Christian and
urbanisation distorted precolonial initiation practices, stripping away the frank instructional dimensions and leaving, if anything, a mere ritual shell (Delius & Glaser 2002). Vilakazi (1962) noted that the Christian youths described in his case study received no instruction in matters of sex:

Except for the whispered bits of information which young girls exchange among themselves at school they do not have any adult or mature advice on the matter.... As a result of secrecy among Christians, and absolute lack of guidance in sex matters, Christian girls get into a great many more difficulties sexually than do the heathens (p. 47).

In addition, courtship between young Christian men and women had to be secretive:

It is very difficult to know anything about the love-life of Christian teenagers. Secrecy is important for them, for discovery means either a thrusting from school and from the home and even expulsion from school! (Vilakazi, 1962, p. 47)

Relationships were private and unsupervised; consequently, paternity was difficult to prove when pregnancies occurred.

Both American Board missionary Ray Phillips in the 1930s and Brandel-Syrier in the late 1950s found that manyano meetings were not appropriate forums for discussing matters of sexuality. Thus, Brandel-Syrier (1962, p. 95) recalled, several manyano members pretended to be asleep during her presentation on the ‘Facts of Life’, and so were quietly protesting the introduction of lewd topics into prayer meetings; generally the audience of women refused to participate in the discussion. Gaitskell (1982, p. 345) notes that in embracing Christian respectability, women often absorbed a Victorian prudery, which made it hard for them to readjust to a more candid approach to sex.

This picture of Christianity has to be carefully evaluated. From as early as the 1920s many more enlightened missionaries, notably Henri Junod, began to realise that in attacking African practices of initiation and premarital courtship, Christianity offered no viable alternatives of youth socialisation. During the 1920s and 1930s some missionary leaders began to arrange frequent talks on sex instruction, usually couched in the term ‘moral hygiene’, for Christian congregations. Ray Phillips was a vocal advocate of this, arguing for greater candour in sexual matters. Wayfarers and Pathfinders (black organisations parallel to the Girl Guides and Boy Scouts) were identified in the late 1920s and 1930s as movements that could offer alternative forms of youth socialisation. Though theoretically secular institutions, they both had strong Christian underpinnings (Gaitskell, 1983). Many years later, in the mid-1960s, the non-denominational South African Council of Churches (SACC) set up a Home and Family Life section, which offered, among other things, marriage guidance and sex education seminars for youths. It worked closely with the South African Marriage Guidance Council. In 1966 the Home and Family Life section resolved in a meeting to lobby for the introduction of formal sex education in school. In the era of AIDS the SACC has continued to play a positive role in advocating frank sex education and the use of condoms to prevent HIV infection.

Another legacy of Christianity, which overlaps strongly with indigenous religious practice, is a tendency to comprehend epidemics as divine punishment for moral transgression. This is particularly striking in the case of sexually transmitted diseases (STDs), which can be linked easily in the public eye to certain ‘unchristian’ sexual practices such as homosexuality and promiscuity. Implicitly, in this discourse, the victims deserve their suffering. African separatist churches seem as likely to evoke the retribution argument as the mainstream Western denominations. Sikosana (2001) has shown that churches associated with a hospice in Soweto have tended to take this ‘retributionist’ stance; although some AIDS patients at the hospice internalised this ideology, most rejected it scornfully. Once again it is important not to generalise about Christianity. There has been a very diverse range of responses from churches in South Africa to the HIV/AIDS pandemic, from divine retribution discourse through to the most tolerant and non-judgmental.

**Sexual taboos, death and pollution**

Christianity infused sexuality with silence and shame, which probably has contributed to stigma. However, it seems improbable that the somewhat muted and ambiguous responses to the perceived sexual immorality of those influenced by Christianity are the primary source of the stigma associated with HIV/AIDS. It would also be wrong to suggest that pre-existing perspectives on sexuality within African societies were free of profound anxieties. Southern African communities were deeply concerned with issues of ritual impurity, pollution and contagion, which were powerfully connected to sexual behaviour and the reproductive cycle. Schapera (1940) describes how amongst the Tswana in the 1930s individuals who were believed to have ‘hot blood’ were believed to be in a condition in which proximity or contact could be harmful to others. Sexual intercourse with such people would result in sickness, some other misfortune or even death. A woman was ‘hot’ during her menstrual periods, during pregnancy (especially the early stages) and immediately after childbirth or aborting; widows and widowers were also ‘hot’ for about a year after their initial bereavement and both men and women were hot immediately after intercourse (Schapera, 1940, pp. 194–195).

Hunter (1936) describes the concept of umlazi or ritual impurity within Pondo society in the 1930s, which also had significant sexual dimensions. A woman had umlazi during her periods, after a miscarriage and after sex. Men also had umlazi after sex. People in this condition were believed to be dangerous to livestock, to undermine the power of medicines and to pose a threat to the sick. There was also in Pondo society — as in many others — a strong taboo forbidding a man to have full sexual relations with his wife until a child had been weaned. While umlazi was a source of considerable danger it was quite distinct from witchcraft, which consisted of conscious activities deliberately designed to cause harm (Hunter, 1936, pp. 46–47, 158–159).

Conceptions of this kind were widespread within African societies in South Africa (e.g., see Junod, 1927; Ngubane, 1977). Monnig (1967) described the idea of ditshila that he encountered within Pedi villages in the 1960s:

Literally it means dirt, but it may be better translated as impurity, and more particularly ritual impurity. This
condition of impurity is under certain circumstances unavoidably acquired by people. A woman giving birth, as well as the unborn child, the hut where the birth has taken place, is ditshila. The following persons will also tsea ditshila — take dirt: a woman who has had a miscarriage, a woman who has intentionally or unintentionally had an abortion…. The condition of ditshila is dangerous, not only to those who are impure. It is a contaminating condition… those who come into contact either also become impure, or they contact the… dreaded disease makgoma, which results in the patient fading away (pp. 66–67).

A range of remedies existed to end states of ritual impurity and to counter the risk of contagion. But avoiding direct contact with the affected individual was one defensive strategy and periods of seclusion were often associated with phases of ritual impurity (Monnig, 1967, pp. 101–102). Another striking feature of the discussion of ritual impurity in the ethnographic literature is that while both men and women are subject to this condition, women — partly because of their reproductive role — are seen as an especially important source of pollution.

It is likely that the understanding of ritual impurity, pollution and contagion underwent significant changes in the course of the twentieth century in the context of far-reaching processes of social change including Christianisation and urbanisation, and this is a topic that clearly merits further investigation. But it is clear that these conceptions did not simply fade away in the face of modernity. Research in places as diverse as the Transkei in the 1970s and in Soweto in the 1990s testifies to their continuing vitality (Qayiso, n.d.; Skhosana, 2001). It is indeed possible that anxieties around issues of pollution may even have intensified in a rapidly changing world.

Evidence from southern Africa suggests that conceptions of pollution and contagion have constituted a significant element in the bricolage of ideas that individuals have called on to explain the causes of HIV/AIDS. Heald (2001) has pointed out that in Botswana many attribute AIDS to breaches of sexual taboos; one informant told her: ‘The disease of AIDS is very much related to tonono [result of sleeping with a woman who is menstruating]’ (p. 7). Another pointed out:

‘Diseases of the blanket can kill; even in the past it killed…. it is only that the makgoa refer to it as AIDS. They say that AIDS can take even 10 years to kill. But in the past, if a man met a woman who had a miscarriage he will not go five days before he dies.’

(Heald 2001, p. 6)

Wolf (2001) has pointed out that in Malawi AIDS was associated by some healers with kanyera, a wasting disease caused by pollution through sexual contact soon after menstruation or giving birth. In contemporary Soweto some individuals explain HIV/AIDS as the consequence of sex during menstruation or when in mourning (Skhosana, 2001). Niehaus & Jonsson (2004) and Stadler (2003) have also reported that in the Mpumalanga lowveld, villagers associated HIV and AIDS with a class of long standing afflictions believed to be caused by the transgression of sexual taboos.

These forms of explanation of HIV/AIDS may well have contributed to the levels of stigma. The disease is seen not simply (or perhaps most importantly) as the result of sexual promiscuity. It is also understood to be the outcome of breaches of critical sexual taboos. The afflicted are therefore seen as at least partly responsible for their own predicament. It is also possible that the conceptions of ritual impurity, pollution and contagion that are believed to play a part in the genesis of the disease also colour the perception of the individuals living with AIDS with alarming hues of pollution and contagion, which invoke responses of isolation and avoidance.

But it was not only sexual activity and reproductive forces that were associated with ritual impurity, as death was also viewed as a profound source of danger and contagion in most African communities. Death created pollution, which could contaminate anyone who came into contact with the body. Communities dealt with this threat by a range of avoidance measures for those deemed particularly vulnerable, along with cleansing rituals and protective magic for those who were closely connected to the deceased (Hunter, 1936, pp. 227–230; Monnig, 1967, pp. 138–142).

This material suggests that part of the explanation for the depth of stigma associated with HIV/AIDS may be that its linkage of sex and death also brackets the two most powerful sources of ritual impurity and contagion. There is little in the way of detailed historical accounts of changing patterns of belief and action in relation to death. But it is clear that concerns about the polluting dimensions of death are a powerful part of present realities. Skhosana (2001) points out that: ‘As an illness, AIDS is loaded with socio-cultural meaning because it is associated with anti-social attributes — the person becomes a “living corpse” and people have no way of relating to him…. The long trajectory of an AIDS death meant that victims were in a progressive state of pollution as they approached their death.’ Drawing on his experience of living in Soweto in the 1990s, Ashforth (2003) has argued that:

‘AIDS stigma… is best understood as a product of fears relating to the dangers of pollution by invisible forces associated with dead bodies — fears that are a deeply rooted feature of indigenous funerary customs…. Dead bodies are widely considered dangerous entities, and cemeteries where they congregate are dangerous spaces from which emanate mysterious forces that can result in real physical misfortunes. Failure to cleanse oneself of invisible pollutants after attending a funeral or visiting a home of a recently deceased person opens one to the risk of illness and misfortune.’

Ashforth (2004) also suggests the common description of AIDS as an incurable disease is ‘tantamount to saying that the person is already dead and thus to raise questions about the dangers of pollution that person may present to others with whom they come into contact.’

The bodies of those who have died of HIV/AIDS are also seen as especially dangerous and polluting. Skhosana (2001) reports that in Soweto:

…the bodies of people who died of AIDS-related causes were not brought home on the night before the funeral…. This was because such deaths were due to unnatural causes and were believed to be polluting in the sense that they would cause more deaths of this nature in the family (p. 124).

The possibility that levels of stigma may be partly conditioned by beliefs in pollution and contagion raises the
question of whether other dimensions of pre-existing understandings of disease, death and misfortune may be implicated in creating high levels of hostility to people living with HIV/AIDS. One obvious cause is suspicion of witchcraft. There is now considerable literature that suggests that in both rural and urban communities belief in the malevolent activities of witches is pervasive (e.g., see Delius, 1998; Niehaus, with Mohlala & Shokane, 2001; Ashforth, 2005). Ashforth (2002) has argued that the HIV/AIDS pandemic lends itself to being explained within a 'witchcraft paradigm.' In Soweto, for example, the symptoms of the disease are often interpreted as *isidloši* — a form of poisoning inflicted by witches. He argues that the silence and stigma surrounding HIV/AIDS makes much more sense if their perceived dimension of witchcraft is taken into account:

> With cases of witchcraft, silence and discretion are the norm. No one wants to publicise the fact that they have been cursed. Such publicity would not only be embarrassing, but dangerous, because it would enable the witch to gain intelligence of the efforts being made to counteract his or her occult assault (Ashforth, 2002, p. 135).

Just how widespread the understanding of HIV/AIDS within a 'witchcraft paradigm' is, remains a matter of debate and in urgent need of further empirical enquiry. Skhosana (2001) has reported on the basis of research in Soweto that 'Although some AIDS-related deaths were believed to be brought about by witchcraft, this belief was not widespread.' Niehaus & Jonsson (2004) and Stadler (2003, p. 131) have suggested on the basis of research conducted in the Bushbuckridge district of the Transvaal lowveld that, while there are important symbolic resonances between HIV/AIDS and witchcraft, there was widespread agreement among their informants that witchcraft did not cause AIDS. But, while witchcraft may not always or even usually be a dominant explanation of the incidence of the HIV/AIDS, there is little doubt that it is sometimes implicated by neighbours and relatives in accounting for the illnesses that afflict individuals and may have been at least partly conditioned by the corrosive effects of colonialism and capitalism on relations between the genders (Delius, 2001). On the basis of recent research LeClerc-Madiala (2001) has argued that:

> ...male fears and male insecurities vis-à-vis the changing role of women are pivotal problems being reflected in the metaphors which signify AIDS in St Wendolin's [in rural KwaZulu-Natal]. With her well-known debilitating powers to weaken blood and predispose men (and now babies) to fatal illnesses as she once caused crops to die and udders to go dry (Krige, 1950) women are the embodiment of an immuno-compromiser. The familiar model of women-as-risk-to-man has been updated and reinforced as the premier symbol signifying the AIDS epidemic (p. 43).

Skhosana (2001) found in Soweto in the late 1990s that interpretations associating HIV with ritual impurity and pollution were mainly held by male informants and describes a discourse in which women are believed to be the key vectors of the condition and their bodies are seen as dangerous, diseased and contaminating.

While many men held women responsible for the spread of HIV/AIDS this interpretation is by no means unchallenged. For example, research in Mpumalanga revealed that women tended to blame men who oppressed women, were careless, and engaged in unscrupulous sexual conduct for spreading the virus (Stadler, 2003; Niehaus & Jonsson, 2004). These women were also more committed to biomedical explanations of HIV/AIDS. And of course simple dichotomies between the views of men and women do considerable violence to the diversity and complexity of the forms of explanation for the spread of HIV/AIDS that exist within southern African societies (for in-depth, if geographically limited accounts, see Stadler, 2003, and Niehaus & Jonsson, 2004).

But fears of contagion did not spring solely or perhaps even mainly from beliefs in popular explanations of HIV/AIDS. Popular beliefs, drawing on biomedical discourses, that HIV/AIDS is highly infectious have also played a part and have remained steadfastly impervious to public health messages, emphasising that the disease is only transmitted through unprotected sex. Skhosana (2001, pp. 15–16) reports:

> 'There is also the perception in the popular imagination that HIV/AIDS is like flu: easily spread and readily contracted.'

An informant told her:

> '...it attacks you in many ways. Let us say that I have bedsores and I go to the toilet, when you sit it invades you.... That is why I say... no one should convince themselves that they will not be infected. This thing is like flu. It is in season.'

Another recurring image is that HIV/AIDS is like tuberculosis and therefore that those who share space with the infected are at risk (Skhosana, pp. 92–93).17
This raises the question about whether there is something unique about AIDS stigma. Does stigma accompany all major plagues and terminal diseases? One possible way of assessing the relative importance of sexuality and pollution in the development of AIDS stigma is to compare this epidemic to other plagues and epidemics, sexually transmitted or otherwise, which have impacted on South African history. Unfortunately, stigma has never been a central concern of the South African (or African) research into, for example, syphilis or influenza. The same could be said of terminal and disfiguring diseases often associated with stigma, such as cancer and leprosy. This is the subject for a much wider research project.

Conclusion

It could be argued that the linking of disease to human transgression automatically predisposes disease to stigma. Christianity and ancestor religion come with their own traditions of ‘sin’ and divine retribution. Christianity has shrouded sex itself in sin. Belief systems within African societies in southern Africa include the expectation of retribution for pollution but, while sex is often an important potential source of pollution, sex is not as deeply associated with divine retribution as it is in the Christian tradition. Little stigma is attached to the act of sex, although the breaking of specific taboos is regarded as polluting. Western traditions tend to place the emphasis on individual sin and punishment, while African traditions see pollution as a more general threat to communal interests. Importantly, these two religious traditions are not mutually exclusive. On the contrary, in South Africa they often form layers in a hybridised religious consciousness (most obviously manifested in separatist or Ethiopian churches). Together they create a potent brew of mutually reinforcing anxieties linking sex, pollution, death and divine retribution.

Sexuality, though important, is not the only source of AIDS stigma. What makes HIV/AIDS remarkable is that it combines so many of the elements that predispose disease to stigma prevalent in southern Africa. There can be no doubt that it is associated with deviant or promiscuous sexuality, which triggers shame and moral censure from orthodox Christians. But, as an incurable disease, it is also associated with death, which evokes notions of pollution in African ancestor religions. Moreover, unlike plague or the 1918 influenza outbreak, death comes slowly and the ‘living dead’ are often regarded as polluting while still alive. Pollution can also come from breaking certain social taboos, including sexual taboos. The fact that women are more vulnerable to infection reinforces African patriarchal notions of women as polluters, as bringers of misfortune. The fact that AIDS can lurk in the body asymptomatically for many years and appears to single out individuals predisposes the disease to witchcraft interpretations. As in the case of leprosy, the archetypical stigmatised disease, the terror of pain, disfigurement and slow death, combined with irrational anxieties about transmission, drives the impulse to social isolation. It is hard to imagine a set of social circumstances, belief systems and physical symptoms more conducive to stigmatisation.

Notes

1 Our interest in and approach to this topic has been shaped by conversations with Adam Ashforth, Deborah Posel and Jonathan Stadler
2 While referring to this form of explanation Caldwell does not reduce stigma to this issue alone.
3 For a fuller discussion of the nature of the evidence that we draw on, see Delius & Glaser, 2002, pp. 27-30.
4 This pattern is borne out in numerous native commissioner and magistrate court records throughout the rural Eastern Cape Province from the late 1800s to the 1950s. See for example Cape Archive Depot: KAB 1/KHK, KAB 1/BIZ, KAB 1/ALC, KAB 1/SPT, KAB 1/LSK.
5 In Pondoland the recognised damages for seduction were three head of cattle if no children resulted from the liaison and five if a pregnancy resulted. One of those beasts was set aside for ritual ‘cleansing’.
6 Umukethsha: Xhosa term for thigh sex.
7 Manyanos: from the Xhosa verb ukumanya, meaning to join or unite.
8 See Goodhew (2000) for a discussion of respectability, and the contributions of Mrs Jabavu and Charlotte Maxeke to Taylor (1927) for role models of respectable Christian womanhood.
9 See also Goodhew (1993, p. 248) on the extent of ‘loose living’ among nominally Christian residents of West Native Township in the 1930s. Hunter (1936, pp. 479, 481, 486) makes a similar point about the townships of East London.
11 See, for example, Wits Historical Papers Library (HPL), Higson Papers AB 329, memorandum presented to the Bishops at the Synod, Cape Town, December 1932.
12 On links between Christianity and liberal welfarism see Elphick (1987).
13 See Wits Historical Papers Library (HPL) SACC 623/11.1.
14 Caldwell (2000) observes that most church leaders in Nigeria follow this line. See also Goldin (1994) for a discussion on ‘divine scourge' discourse in Western Christianity.
15 But see Carton (forthcoming) for an important contribution.
16 Isidiliso: township slang of Zulu origin for a form of witch-inflicted poisoning.
17 The tenacity of these ideas in South Africa is made less surprising by the research in the USA which shows high levels of continuing popular misconception despite a relatively highly educated population and long-standing epidemic. In 1999 for example, surveys showed that approximately 50% of the population believed that you could contract HIV by sharing a glass or being sneezed on by an infected person. They also indicated high levels of discomfort at virtually any kind of contact with people with HIV/AIDS. See http://hab hrsa.gov/publications/stigma/stigma and the general population.htm 5/31/2004.
18 An important point about sexuality and AIDS stigma that we haven’t explored in this paper is that the disease was first introduced to South Africans as a ‘gay plague’. Mandisa Mbali (2004) emphasises that before it was widely acknowledged as a heterosexual disease, much of the early stigma was associated with anti-homosexual prejudice. By the early 1990s, in spite of the fact that the overwhelming majority of AIDS cases were heterosexual, the only people who were open about their status were homosexual. For much of the public this early association may have reinforced the connection between AIDS and sexual ‘deviance’. By the second half of the 1990s, however, even the
most ignorant had to concede that most people infected with AIDS were heterosexual. Yet the stigma persisted. While in the United States and Europe the homosexuality link may still be important in explaining stigma, it has receded dramatically in importance in South Africa.

The authors — Peter Delius is a Professor of History at the University of the Witwatersrand. His main research focus has been on rural transformations in South Africa since 1800. His books include The Land Belongs to Us (published by Ravan, 1983) and A Lion Amongst the Cattle: Reconstruction and Resistance in the Northern Transvaal (published by Heinemann, 1996).

Clive Glaser lectures in history at the University of the Witwatersrand. He has written extensively on South African urban youth culture and politics. His book Bo-Tsotsi: The Youth Gangs of Soweto 1935–1976 was published in Heinemann’s Social History of Africa series in 2000.

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