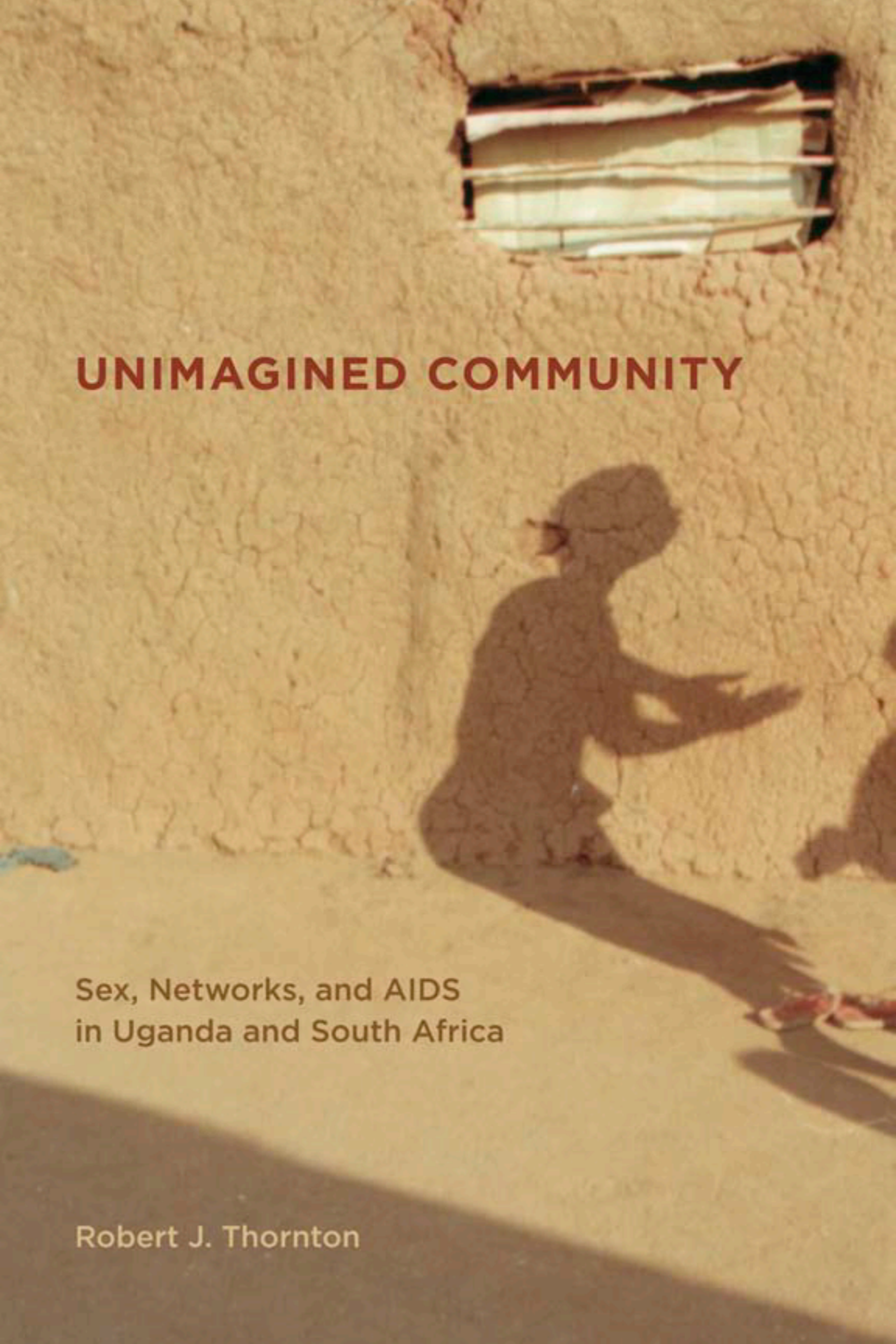
UNIMAGINED COMMUNITY
Sex, Networks, and AIDS
in Uganda and South Africa
Robert J. Thornton

Unimagined Community

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

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Illustrations

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Thanks to "Zapiro" (Jonathan Shapiro) for his cartoon (figure 16), which is at once trenchant and sympathetic.

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Note on Ethnic Names and Languages

With minor exceptions, Ugandan and South African languages belong to two broad families: the Bantu family and the northwestern branch of the Indo-European family of languages. Thus, all of the languages within these families have basic grammar in common.

Southern Uganda represents the northernmost reach of the Bantu languages, while South Africa represents their southernmost reach. Bantu languages use prefixes to designate specific meanings for general, or root, terms. Thus *Ganda* is the root name of the largest ethnic group and kingdom in southern Uganda, and prefixes denote its various aspects. For example, *Luganda* is the Ganda language, *Buganda* is the Ganda kingdom or territory, and *Baganda* is the plural for Ganda people, or the Ganda nation or tribe.

Similarly, in South Africa, *Zulu* is a root name from which other terms are derived. For example, *IsiZulu* is the Zulu language, and *AmaZulu* is the Zulu people or nation (especially the followers of the Zulu king, particularly those living in the northern part of the province of KwaZulu-Natal). These prefixes vary somewhat from language to language. Thus, *SeSotho* is the name of the Sotho language, where the *se-* prefix is cognate to the *isi-* prefix in *IsiZulu*.

Besides Luganda, English is the other dominant language in Uganda. In both South Africa and Uganda, English is the primary language of education, especially at the secondary school and university levels, and the primary language of commerce. In everyday practice, however,

South African language use involves considerable mixing of at least four languages: IsiZulu, English, Afrikaans, and SeSotho. Although there are officially eleven languages in South Africa, all others are either closely related to these four or are mutually intelligible. Most South Africans and Ugandans use multiple languages in daily life.

Preface

I did not want to study AIDS, but as an anthropologist in Africa, I could not avoid it. Anthropology has been called the study of mankind in context. HIV/AIDS is now part of that context, especially in sub-Saharan Africa. It touches on the deepest of human concerns: sex, health, death, kinship, family, language, and culture. Because these are also the core areas of anthropology, my concern with HIV and AIDS is thus an anthropological concern. This anthropological approach departs significantly from standard epidemiological, public health, medical, and sociological perspectives and methods.

Anthropology is holistic, integrative, and, where appropriate, comparative. I offer here a holistic comparison of Uganda and South Africa—two countries with radically different trends in HIV prevalence—using methodological tools that integrate mathematics, sociology, demography, epidemiology, and traditional anthropological approaches and techniques. Uganda and South Africa are part of a broadly similar cultural area—Bantu-speaking sub-Saharan Africa—and thus suitable for comparison. I compare them across a broad range of cultural and social features in order to explain the differences in the epidemiology of AIDS in a way that is not reduced to the biology of a single body (or cell) or to the psychology of the individual who "behaves" sexually, or encounters "risk." In other words, my approach links the world of individual meanings, motives, and understandings to increasingly

large scales of organization in a way that is neither individualistic nor sociological but genuinely anthropological. My emphasis is on process, structure, and linkage across differing scales of action and experience and on interaction between domains of meaning, whether we understand these as cultures, discourses, or worldviews. The social fabrics that transmit HIV have for the most part escaped the grid of sociological theory until now.

I focus on the concept of the sexual network. By their nature, sexual networks cannot be *seen* either by those who participate in them or, usually, by the social sciences. People involved in sexual networks—that is, those who are sexually active—do not represent the extent, size, pattern, or even existence of these networks either to themselves or to social scientists. Thus, unlike the explicit networks of friendship or kinship, the sexual network is an invisible community; it is *unimagined*.

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

AIDS is not only a professional but also a personal concern for me. I have lived in both Uganda and South Africa for long periods and throughout most of my adult life. My personal and family history is bound up with their national histories. I was a young man in Uganda, and I raised a family in South Africa. My perspective on AIDS is based in part on my own experience and the sense that I have made of it. Not everyone will agree with this perspective. For instance, in this book I present South Africa as a radically egalitarian society compared to Uganda. Given South Africa's history of apartheid, some will find this ironic or even plain wrong. I also largely ignore race. It appears to me that with respect to sex and choice of sexual partners, race does not predict or determine significant social differences. The success of apartheid, in fact, was to convince South Africans that they were more different from one another than they in fact are. Its failure sprang from the fact that this belief was empirically, not just morally, wrong. I treat South Africa as an African country and do not distinguish South Africans by race.

Anthropologists are less concerned with what people do as instances of generalized categories—class, race, ethnicity, nationality—or as manifestations of supposed universal psychological or neurological processes than they are with real people doing real things in concrete contexts. They attempt to understand the meanings people give to their own actions—what motivates them—and to the actions of others. This involves a kind of philosophy, but it is "philosophy with the people left in."[1]

The channels through which HIV travels in the human population are, as I see it, social structures of a special sort, the sexual network. Infection by HIV occurs during moments of the most profound meaning, moments of sexual intimacy. Without understanding sex as a relation, we cannot grasp this elementary fact. And without seeking to understand the social and cultural values attributed to sex itself, we fail to understand the basic motives that drive the epidemic at the human level. For this reason, as an anthropologist I have not been able to avoid the study of AIDS.

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

The impact of AIDS is much deeper than that of other diseases or even of violence: these merely kill. Although violence and other diseases cause suffering, they do not challenge fundamental values of the self, society, and culture. These causes of death have been around long enough that their economic, cultural, and social effects are well known. They are fully comprehended by indigenous medical systems and well understood by biomedicine. Violent deaths are also comprehensible in terms of local knowledge and traditions of violence, through the moral knowledge of religion and humanism, and by politicians and social scientists who study violence. Violent causes of death can be cured or stopped, albeit with great difficulty; AIDS cannot. For those who suffer from AIDS and die, and for their families, friends, colleagues, and communities, the disease is tinged with a kind of moral mystery. Especially in eastern, central, and southern Africa, AIDS is now a part