

AJANews 77 - March 2009

Blessed Anuarite Nengapeta is a young Sister of the Holy Family of Kisangani. She worked at Wamba as a teacher. She was murdered resisting the sexual demands of a rebel leader in the Congo in 1964. St Aloysius Gonzaga is a young Jesuit who selflessly gave his life caring for victims of the deadly plague in Rome in 1591. We entrust the African Jesuit AIDS Network to their prayer and protection.

CAMEROON: AN ESSAY

Joseph Désiré Havyarimana SJ is a member of Rwanda-Burundi Jesuit Region and a Masters student in social anthropology at the Catholic University of Central Africa in Yaoundé. An experience shared in AJANews and the writings of a Cameroonian anthropologist prompted him to think about the need for an all-embracing approach to the struggle against HIV and AIDS. Dedicating this entire issue of AJANews to his reflections, we welcome your reactions.

I often wonder about approaches to the struggle against HIV and AIDS and about how sexual violence figures in. Can one fight effectively against transmission of the virus in situations of sexual violence? What becomes of victims who resign themselves to their fate, bearing consequences of something they never chose in the first place?

Learning the right questions

The more I read testimonies and outcomes of research, the more I realise that I am not the only one asking such questions. It made me very happy to read the testimony of Winston Mina SJ, a Filipino doctor and then a novice of the Jesuit Missouri Province, in *AJANews 70 - August 2008*. He believed he had already learned all there was to know about HIV and AIDS but, after working with AJAN, he realised that he had much to learn as yet. His conclusion prompted me to reflect on the challenges of the struggle against the pandemic:

All my new-found knowledge points to a truth that I did not appreciate before: AIDS is not just a medical problem; it is a complex development and justice issue. Addressing it effectively requires going beyond ARVs and CD4 counts. Employment, income distribution, food availability, education, gender inequality, sexuality, availability and accessibility of health care, peace and order and political stability must be addressed. Given the complexity of the problem, it is imperative that all the different sectors of society and countries of the world come together to control the pandemic.

Mina pinpoints certain structural causes of the pandemic, which all activities related to the struggle against HIV and AIDS should tackle, rather than merely limiting themselves to routes of transmission of the virus. Too often, we may be led to believe that the *abstinence-fidelity-condom* trilogy is a miraculous solution and that it is enough to administer this recipe for people to put it into practice. Far from it. The testimony of Mina seeks to disabuse us of such an illusion.

Somewhat like Mina, I used to believe that I knew quite a bit about HIV and AIDS, until I read and reread a book by Prof. Sévérin Cécile Abega (+2008), an anthropologist, writer and university professor. Abega sought to account for the persistently high HIV

prevalence rates in Africa, especially in Cameroon where he undertook his research. The pertinence of his analysis renewed my interest in the problem, especially as regards the advantages to be gained by taking a long-term view, namely to attack the true causes of the expansion of this scourge in Africa.

The mastery premise

In his book, *Les violences sexuelles et l'État au Cameroun* (Sexual violence and the State in Cameroon), Éditions Karthala, 2007, Abega identifies the social determinants and factors explaining the pandemic: sexual activity and some of its modalities like multiple partners and not using condoms, male domination of women, and so on. All this gave rise to the creation of awareness-raising tools aimed at encouraging the adoption of minimum risk sexual behaviours as per the abstinence-fidelity-condom trilogy. However, there are grounds to fear that in reality, the success of awareness campaigns based on such tools is limited - this explains the progression of prevalence rates - because the behaviours presume strong self-discipline and a real mastery over one's own body. In other words, abstinence, fidelity and the use of condoms are based on the premise that an individual has mastery over his or her body. But is this always the case? Can one always abstain, be faithful to a faithful partner, even when one desires to do so with all one's might? Has it not been shown, for example, that *people who have been sexually abused are more at risk of exposure to unprotected sex, to having multiple partners and to exchanging sex for money or drugs?* Has it not been proved that *physical violence, the threat of violence or the fear of being abandoned curb the capacity of women to ensure that condoms are used or to break off relationships that they perceive as risky?* Certain situations such as inequality, continues Abega, do not allow for the adoption of minimum risk behaviours because they weaken the control a person has over his or her own body.

Moreover, the oft-cited HIV vulnerability factors, like poverty and gender inequality, are not immediate causes. The primary hypothesis of Abega is that *vulnerability to HIV cannot be understood as anything other than the manifestation of historic processes that have been going on since before colonisation up to our time.*

Sexual violence and the State

Abega argues that this diachronic reasoning cannot be complete without a synchronic approach, which understands the causes identified to be manifestations of a larger system, namely the State. He says that research in the human and social sciences adequately proves that violence is endemic in the relations that take shape between the citizen and the State in Africa. Specifically, he contends, it is insertion in administrative structures, the recognition that one is a member of the State personnel, which makes for violence: *One is no longer just anybody and may believe oneself untouchable and protected by the State machine being served. This prompts the use of violence in near-total impunity.* This violence could thus characterise caring and teaching staff as well as those in other settings like police, prefects and so on. It is also the prerogative of political powers or rather of governments who, lacking real legitimacy, seek to affirm their dominance by resorting to the use of force. This was the case in the first years of independence in Africa, especially in Cameroon.

Abega believes that such violence is a factor contributing to sexual vulnerability. He affirms loudly and clearly that sexual vulnerability of women and of young people is manifest in Cameroon due to: administrative practices; agents of the State; laws that do not evolve fast enough to take social changes into account; and a system that concentrates political power and money in the hands of an urban elite, while leaving the

majority, especially the rural masses, in poverty. Inequality also plays a role, for *the hand that receives is always lower than the one which gives*, limiting the possibility of negotiating a relationship as equals, including the exercise and control of one's sexuality. Finally, this violence is also that of a failed system which embeds in the language of witchcraft or sorcery the evolutions that seem to cast the established order into doubt, even when this is the outcome of an economic crisis and/or a crisis of values. Needless to say, what is true for Cameroon may well be true for most of sub-Saharan Africa.

Creating the 'Other'

The point of all this violence, says Abega, is *to create the Other*. The Other belongs first and foremost to another ethnic group. And if the Other used to be set apart by his race in times of colonisation and apartheid, one may say that the mechanism recurs nowadays with the emergence of new forms of social stratification. Within the State, the Other is not a member of another ethnic group or a neighbouring tribe; he must be determined by mechanisms of hierarchy and stigmatisation. Thus, we witness the creation of a social class which surrounds itself with privileges and creates the Other, in this case a deprived social category. And this enterprise is proven to be successful when it is interiorised by those whom it is suppressing, to the point that the situation appears normal to them. This interiorisation, continues Abega, also occurs on the sexual level.

The above is convincing. It proposes avenues likely to rein in the expansion of the pandemic in Africa, while showing us that the struggle is much wider than often imagined. The challenge appears to be that of searching for those factors and causes, according to each country, which lead to a loss of control over one's own body; and the aim would be to restore this control to Africans. While Prof. Abega goes back to the pre-colonial period to discover how this control declined down through the ages, Winston Mina points to important factors that are likely to perpetuate this decline today. He suggests that unemployment, mal-distribution of income, unavailability of food and education, gender inequality, unavailable and inaccessible medical care, war, disorder and political instability need to be tackled. These factors create inequality and aggravate vulnerability by putting those who are disadvantaged at the mercy of those who are well off and who at the end of the day decide when, where and how sexual relationships take place.

Not just a medical problem

It is high time that those involved in the struggle against HIV and AIDS take the analysis and suggestions of men like Winston Mina and Sévérin Cécile Abega seriously, when they say that AIDS is not just a medical problem. The challenge we now face is how to restore to men, women and children control over their own bodies in a world where inequalities are and will remain a reality for a long time. How to restore the value of self-respect in a context where mastering one's sexuality is difficult and no longer a priority for communities preoccupied with daily survival? I believe that Mina's conclusion cited at the beginning provides us with avenues along which to direct our activities. After all, HIV is a matter of development and justice; you cannot have one without the other. Morality would come in only to perfect what would already be perfect.

And Dr Winston Mina SJ concludes his reflection: *AIDS is a problem that robs those afflicted and affected of their dignity and of their humanity, diminishing ours as well. All of humanity, with God's grace, is called to solve this problem. And this, perhaps, is the*

most important lesson of all.

Danielle Vella, Editor
Eric Simiyu Wanyonyi SJ and Marcel Uwineza SJ, Associate Editors
Michael Czerny SJ, Publisher