

Heteronormativity and HIV in Sub-Saharan Africa

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ABSTRACT *Heteronormativity is a term yet to be widely linked to HIV and AIDS work in Sub-Saharan Africa. Andy Seale argues that a greater appreciation of heteronormativity offers an opportunity to identify effective strategies to address harmful social norms that drive HIV infection and build synergies between work currently focused exclusively on women and girls, gender and men who have sex with men. A focus on heteronormativity in HIV work can act as a catalyst to the coalition-building needed for accelerated HIV prevention activism in Africa.*

KEYWORDS *sexuality; gender; Africa; HIV prevention; modes of transmission; MSM*

Heteronormative social, sexual and gender norms

‘Heteronormativity’ has an impact and influence everywhere. To date the term is used by social scientists, queer theorists and a small yet growing number of development professionals. Yet acknowledging heteronormativity can help unite different disciplines and interest groups working on HIV and AIDS in Africa and help direct strategists towards new avenues of creativity that have so far escaped us.

The growing interest in sexuality and development should facilitate new opportunities for the re-exploration and analysis of HIV and sexual behaviour in sub-Saharan Africa. Applying a lens of ‘heteronormativity’ offers an opportunity to combine individual approaches within HIV work currently focused exclusively on men who have sex with men, women and girls and gender. Yet care will be needed to ensure that any new analytical approaches in sub-Saharan Africa do not lead to ‘heteronormativity’ being dismissed as a Western academic concept developed in relation to political and religious homophobia on the continent.

Some views on heteronormativity

Much has been written on heteronormativity as the ‘institutionalization’ of heterosexual norms since the term was first used by the queer theorist Michael Warner in 1991, yet until recently there has been little application of the term in the context of international development. It is important to recognize that it is not a ‘new’ concept and that a wealth of literature exists on the subject; and that the term has been debated and applied in different social science fields for more than 15 years.

In considering heteronormativity Stevi Jackson (2005) views heterosexuality as a point of intersection between gender and sexuality where sexual and daily life collide. In the context of AIDS in sub-Saharan Africa, applying Jackson's view of heterosexuality as an institution that essentially governs, defines and reinforces gender norms pulls us towards exploring how heteronormativity impacts and shapes the dominating social norms and behaviours that drive HIV incidence. Jackson explores how 'institutionalised, normative heterosexuality serves both to keep most of the population within its boundaries while marginalizing and sanctioning those who escape its bounds, thus impacting not only on the homosexual "other" but also on heterosexuals'.

As heteronormativity provides a dominant framework for sexual and gender norms and behaviours, it should be an important focus for those of us working to prevent a sexually transmitted disease like HIV.

Ongoing research by Theo Sandfort (2008) compares the World Values Survey with other data sources to assess worldwide differences in the social acceptability of homosexuality. Sandfort is able to use statistical analysis to demonstrate how homosexuality is more acceptable in countries with a strong secular system where self-expression is valued above a sense of group survival. Interestingly, Sandfort also statistically links acceptance of homosexuality with societies reporting greater gender equity through comparing the World Values Survey with UN gender indices and Hofstede's (1991) analysis of national culture. It is not unreasonable to assume that societies with the lowest levels of acceptability towards homosexuality are also the most strongly heteronormative and as we can see from Sandfort's research they are also the societies most likely to be male dominated with lower levels of gender equity. In this context it is interesting to note that Southern Africa not only experiences some of the lowest levels of acceptability of homosexuality in the world but also reports that young women aged 15–24 years in the region are up to ten times more likely to be HIV positive than their male counterparts of the same age (UNAIDS, 2008a).

Jackson (2005) explores the impact of heteronormativity both on heterosexuals and the impact experienced by those with divergent sexualities. She is particularly interested in how young heterosexual women are under increasing pressure to push the boundaries of their gender norms and become more material, more sexual and more independent yet at the same time do all of this within 'heteronormative limits'. Some of this social pressure has increased their vulnerability to HIV infection in Southern Africa (Leclerc-Madlala, 2008).

With few alternatives to explore within these 'limits' young women, in Southern Africa in particular, may benefit from allies within society who can help create more space for them to manoeuvre. The greater combining of gender and sexuality approaches can offer both young women and the lesbian, gay, bisexual, trans and intersex (LGBTI) community an opportunity to redefine and test these 'limits' and create more space for real opportunity for their informed personal decision-making in relation to HIV.

The political, legal and religious regulation of heteronormativity

Heteronormativity is ultimately so powerful and pervasive because it is enforced by all key social, political and cultural institutions. This is illustrated in Sylvia Tamale's work in Uganda (2007) which explores how homophobia often takes on a 'gendered character' where 'institutions such as culture, the law and religion are vehicles that states use to perpetuate patriarchy and subordination'.

By maintaining a regime of compulsory heterosexuality the Ugandan state seeks to enforce conventional gender relationships and identities and to keep a stranglehold on public discourse about these topics. (Tamale, 2007: 176)

These same institutions do not just enforce heterosexuality they also enforce acceptable types of heterosexuality that can lead to high levels of denial and hypocrisy within society. When heteronormativity is accompanied by idealized, conservative and often hypocritical articulations

of acceptable heterosexual male-dominated norms, societies are denied an opportunity to easily confront and address them adding to increased social vulnerability to HIV infection. This 'conspiracy' around norms can sometimes also be traced to institutions way beyond the national boundaries of African nations. Pisani (2008: 316) refers to a trend of donors and governments prioritizing HIV prevention interventions that conform to acceptable norms, roles and values leading to further marginalization and vulnerability to those perceived as beyond the heteronormative or 'wicked'.

Heteronormativity and HIV in Africa

AIDS continues to devastate sub-Saharan Africa with the lack of effective, comprehensive and scaled-up HIV prevention programmes posing some of the biggest challenges to the hardest-hit countries of the south. The realization that the disease is a long-term challenge has forced countries, development partners and social scientists to better analyze how the epidemic shifts and changes and has encouraged them to identify harmful social and cultural norms that underpin the social vulnerabilities that drive infection.

When we look in more detail at the challenges faced by many African communities in addressing HIV, we quickly see the impact of localized forms of heteronormativity and their specific boundaries. For example in Swaziland, the country with the world's highest adult HIV prevalence at 26 percent (UNAIDS, 2008b), female economic dependence on men, widow inheritance, polygamy and the superiority of men in law and in society have been identified as key factors contributing to and driving the epidemic (Whiteside *et al.*, 2003). Swaziland is a small country with strong traditions. Unlike the constitutional protection offered by South Africa which surrounds the kingdom, Swaziland has aggressively oppressed moves to establish a lesbian and gay movement (Behind the Mask, 2008) not only denying Swaziland the opportunity for debate around what it means to be homosexual, lesbian, gay or transgender but also denying the country a

chance to reflect on what it means to be heterosexual.

Similarly a specific Southern African heteronormativity involving the normalized practice of overlapping or multiple and concurrent sexual partners with its cultural roots in polygamy, economic migration and male dominance has shaped the way many communities manage their sex lives and has contributed to an underlying social vulnerability to HIV (Mah and Halperin, 2008).

An earlier application of learning from addressing similar sexual networking behaviours in Western gay communities in the first decades of the HIV epidemic may yet prove useful to Southern Africa if in-roads can be made to challenge dominating heteronormative prejudices and encourage greater interaction between work focused on men who have sex with men (MSM), gender and women and girls.

In recent years a number of common trends have emerged as a result of analyzing national modes of transmission (UNAIDS, 2008a) particularly in the countries of Southern Africa with estimated adult prevalence rates of 15 percent or higher. Young women consistently emerge as a group with infection rates often ten times higher than men of a similar age (Leclerc-Madlala, 2008) and they have rightfully been prioritized as a group requiring targeted investment and 'intervention'. Strategies increasingly seek to address the social and cultural norms that leave them more vulnerable than their same-age male peers. More often than not strategies touch on gender issues, models of masculinity and femininity, age disparate sex, the predominance of multiple and concurrent sexual partnerships and a culture of materialism. Yet they rarely, if ever, explicitly explore the impact of the pervasive and overarching heteronormativity of African societies that reaffirms these harmful social and cultural norms.

As epidemics in the region are largely driven through heterosexual sexual transmission, national responses almost exclusively focus on heterosexual sex within their prevention efforts. One interesting challenge to the heteronormativity of African AIDS responses is growing advocacy

pressure for countries and development partners to address 'sub epidemics' driven by male-to-male sexual behaviour that have been marginalized and hidden within the context of broader population-wide epidemics.

With this added energy to HIV prevention from the growing MSM focus, an exploration of the impact of pervasive heteronormativity on the AIDS epidemics of sub-Saharan Africa may lead to the development of strategies that think out of the 'heteronormative box' to benefit not only the hidden epidemics among men who have sex with other men but also have a major impact on wider sexually driven epidemics – particularly those that consistently hit young women hardest.

Welcoming a new approach on addressing MSM and HIV in sub-Saharan Africa and combining sexuality and gender-based approaches to AIDS through acknowledging and challenging 'heteronormativity' and harmful social factors enforced by so-called 'real' and historically authentic African heteronormative values may help countries develop the creative and innovative longer term HIV prevention and impact strategies needed to tackle the complex, social and cultural norms that continue to maintain and fuel all aspects of the epidemic. It could also support moves to stimulate HIV prevention activism.

Understanding, defining and labelling risk

A broader recognition of the different groups at greater risk to HIV infection in sub-Saharan Africa through the constant enforcement of heteronormativity may yet prove useful in determining how to address harmful social norms. But in order to take action it is important to first address how risk and 'risk groups' are understood – recognizing that they have usually been defined within a heteronormative framework.

Many of the associations around global HIV labels and categories concerning 'key' or 'most at risk' populations which many AIDS practitioners refer to in shorthand as 'MARPs' (Most At Risk Populations) just do not work in the context of hyper-endemic epidemics¹ where HIV incidence is largely heterosexually driven and the highest

risk is to be a young woman in a steady relationship with a man (or two). This realization led UNAIDS to lead a shift in the framing and discourse of HIV prevention away from 'MARPs' and to a broader understanding of 'key populations' (www.unaids.org/en/PolicyAndPractice/KeyPopulations/default.asp).

Key to this shift was the fact that the 'MARPs' framing had become most readily identified with men who have sex with other men, injection drug users and sex workers. Occasionally prisoners, migrant workers and other groups were also thrown into the MARPs mixer for good measure. This seemed to serve policymakers well as long as these groups remained beyond the boundaries of conservative heteronormative experience but as soon as it became clear that in some parts of the world young women were also 'most at risk' in the same way that many understand the risk of 'gays, whores and junkies' then it was clear we needed a rethink. Young women are a key stakeholder in perpetuating heteronormativity unlike the marginalized heteronormatively challenged and heteronormativity-challenging 'other' MARPs. In our enthusiasm to make distinctions between the often activist 'MARPs' and the more passive 'key populations' we may well have denied an opportunity to effectively communicate the level of risk facing young women in sub-Saharan Africa and we may have possibly also missed an opportunity to tap into their anger and resources in a way that could help build the elusive African prevention activist community many AIDS-workers still dream of. From an HIV prevention perspective both traditional MARPs and young African women have been failed by the dominating heteronormativity of their societies.

Concepts of 'most at risk' are further complicated in sub-Saharan Africa as more and more 'evidence' around sex between men and injecting drug use on the continent comes to light. As the LGBTI community continues to create more space within which to address the needs of Africans with non-heteronormative sexualities, these efforts should be applauded, actively supported, welcomed and amplified by young women and those also seeking to reduce the HIV vulnerability of young women.

If all MARAPs (most at risk African populations) increasingly test the constraining 'heteronormative limits and boundaries' that have heightened their vulnerability to HIV, then the legal, political and religious custodians of heteronormativity will be further challenged. No doubt arguments around what constitutes real and acceptable African identities and values will quickly come to the fore and any debate stimulated may include the need to revisit parts of African social history that, in the scramble to define a traditional heteronormative African way of life, has included Africa's male elites sometimes framing same-sex sexuality and other lifestyles beyond the heteronormative as a colonial legacy. Fortunately the predominant heteronormative perspectives of many social historians also inspired a response from numerous feminist and 'queer' histories of pre-colonial African sexuality (e.g. Roscoe and Murray, 1998: 267 refer to evidence of same-sex practice in 50 African societies from all regions and backgrounds).

There is substantial evidence that same-sex practices and patterns were 'traditional' and 'indigenous.' Although contact between Africans and non-Africans has sometimes influenced both groups' sexual patterns, there is no evidence that one group ever 'introduced' homosexuality to another. (Roscoe and Murray, 1998: 267)

It is clear that the understanding and testing of African identity and values in the context of globalization is shifting at a fast pace and that the growing voice of non-heteronormative Africa is bringing new perspectives to some of the most critical challenges, including AIDS, currently facing the continent.

Beyond the drivers

This article maintains that an analysis of sub-Saharan African heteronormativity can inspire new HIV prevention strategies and reinvigorated activism to address some of the harmful social norms that continue to drive HIV incidence. Another equally important application of 'heteronormativity analysis' is to explore gaps and weaknesses in current AIDS policy and programming.

Heteronormative assumptions are readily applied to policy, programming and service delivery which can limit the effectiveness and comprehensive reach of interventions.

Much of the ongoing 'MSM' work in Africa analyzes the failures of AIDS responses to address the sexual health and HIV needs of men engaging in male-to-male sex. Emerging and strengthening African LGBTI communities are also increasingly starting to question HIV policy – creating new space and wider boundaries for sexuality discussion that can benefit all sections of society. While concentrating on the social drivers of HIV vulnerability, this article did not have a chance to explore the impact of applying heteronormative assumptions on existing policy and programmes yet this, combined with the wealth of evidence being generated around the MSM agenda, is an important area of work and analysis for rights-based HIV prevention and AIDS care and treatment in Africa.

Conclusion

Mark Mathuray (2000: 1) describes the struggle to recognize African sexuality that strays beyond the heteronormative as an important 'variable in Africa's ideological and material battle with the West' describing how the debate 'has come to signify the limits of citizenship, testing African leaders' commitment to international human rights agreements'.

Clearly pursuing analysis and lines of enquiry that seek to test the boundaries and limits of heteronormativity in sub-Saharan Africa poses a number of challenges in itself. The first challenge relates to how analytical work is established and moves forward acknowledging that, as with AIDS responses themselves, the greatest successes will be achieved in Africa and by Africans. However the development industry and academic institutions beyond the continent should not be overlooked and can also be a useful ally to those pursuing positive applications in the analysis of sexuality and gender. In fact when seeking to identify architects actively engaged in the framing of sexuality, Kleitz (2000) focuses on the influence of individuals within development institutions

as they 'constantly imagine, map, define, shape, encode and instrumentalize the private realm of identities of the persons we work with'. He argues that it is often the individuals within development institutions who are the most active 'framers' as they play with language for a living inventing terms to make sense of the world. The challenge for sub-Saharan Africa will be to secure the right level of international and development industry 'support' to nationally owned initiatives that explore heteronormativity for HIV prevention gains. Otherwise heteronormativity, like 'homosexuality' risks being dismissed by those in power as a European import or concept of no relevance to Africa.

Sarah White (1996: 15) points out that challenging social norms is painful and that 'conflict' often results as the 'voiceless gain a voice'. She also warns that the 'absence of conflict is something that should raise our suspicions. Change hurts'.

Numerous calls for unprecedented social mobilization for prevention in sub-Saharan Africa – particularly in the hardest hit Southern region – have called for bold and innovative new ways of addressing the drivers of HIV.

Thinking outside of the heteronormative box and applying queer thinking and sensibilities to long-term prevention challenges can help identify new strategies that not only benefit the hetero-normal but also the hetero-abnormal.

At the start of the AIDS epidemic the US government gave stark warnings against the risk of HIV infection from the three H's – homosexuals, Haitians and haemophiliacs. Today in sub-Saharan Africa a new call is needed for all 'MARAPs' to unite through properly questioning how heteronormativity, homophobia and hate conspire to increase social vulnerability to HIV.

It is inevitable that pushing and testing the boundaries and limits of heteronormativity will result in some conflict but it will secure more space for honest discussion around all manifestations of human sexuality and may even help create a new coalition of prevention activists – and that can only be a good thing as far as HIV prevention is concerned.

Disclaimer: The views, content and ideas expressed in this article do not necessarily represent those of UNAIDS.

Note

1 Epidemics with greater than 15 percent adult HIV prevalence.

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