
Racial Metaphors: Interpreting Sex and AIDS in Africa

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ABSTRACT

Western preconceptions regarding African sexuality distorted early research on the social context of AIDS in Africa and limited the scope of preventive policies. Key works cited repeatedly in the social science and policy literature constructed a hypersexualized pan-African culture as the main reason for the high prevalence of HIV in sub-Saharan Africa. Africans were portrayed as the social 'Other' in works marked by sweeping generalizations and innuendo, rather than useful comparative data on sexual behaviour. Although biomedical studies demonstrate the role of numerous factors that influence HIV transmission among poor people, a narrowly behavioural explanation dominated the AIDS-in-Africa discourse for over a decade and still circumscribes preventive strategies in Africa and elsewhere.

INTRODUCTION

Over fifty years ago, Gunnar Myrdal observed that cultural influences 'pose the questions we ask; influence the facts we seek; [and] determine the interpretation we give these facts' (Myrdal, 1944: 92). He continued: 'Biases in research . . . are not valuations *attached* to research but rather they *permeate* research . . . [and] insinuate themselves into research in all stages, from its planning to its final presentation' (ibid.: 1043). By the 1980s, it was widely recognized that science 'is a socially embedded activity' and that culture 'influences what we see and how we see it' (Gould, 1981: 21–2), and by the 1990s, postmodernists would challenge even the possibility of social explanation (Bonnell and Hunt, 1999: 3). Although that cultural debate has raged for half a century, it has been absent in most of the AIDS literature of the past twenty years. The AIDS-in-Africa discourse in most scholarly journals and books and in policy documents has been uncritical of its assumptions

This work benefited from generous research support from Gettysburg College and from the comments of Brian Sawers, Larry Sawers, Berel Lang, Lisa Richey, the reviewers for *Development and Change* and from numerous sources suggested by Catherine Howard. Some of the material was presented at the African Studies Conference, Gettysburg College, April 1999.

Development and Change 34(5): 809–832 (2003). © Institute of Social Studies 2003. Published by Blackwell Publishing, 9600 Garsington Road, Oxford OX4 2DQ, UK and 350 Main St., Malden, MA 02148, USA

and sources, and the depiction has often been indistinguishable from popular notions of 'what everyone knows' about Africans. This article examines widely cited works that framed discussion of AIDS in Africa and the cultural influences that permeate that research. Western portrayals of an exotic and exceptional 'Africa' supported a behavioural paradigm that has dominated social science research and AIDS policy for poor countries.

Epidemiology and HIV/AIDS

In the United States and Europe, HIV spread rapidly in the 1980s among men who have sex with men, needle-sharing drug users, and haemophiliacs. Given the epidemic levels of other sexually transmitted diseases (STDs) in the heterosexual population, it was predicted that HIV would also become widespread in the heterosexual non-drug-using populations. National prevalence of HIV, however, does not exceed 1 per cent of the adult population in industrialized countries. Between otherwise healthy persons, HIV has very low transmission rates in heterosexual contact, and a heterosexual epidemic has yet to develop, although HIV is now increasing among poor women.¹

Africa, Asia, and Latin America have very serious heterosexual AIDS epidemics: 70 per cent of the world's HIV-positive persons live in sub-Saharan Africa, and an estimated 90 per cent of HIV transmission there results from heterosexual contact or from mother to infant. To formulate preventive policy for poor countries, we need to understand the forces that fuel heterosexual transmission of HIV in sub-Saharan Africa, as well as in similarly poor populations of Asia and the Americas.

Mainstream epidemiology has long acknowledged the role of host factors, including poverty, in promoting disease transmission, and the characteristic that most distinguishes sub-Saharan Africa from Europe and North America is widespread poverty. Like other infectious diseases, HIV is more easily transmitted to persons whose immune systems are compromised by the effects of poverty. To understand the heterosexual spread of HIV among poor people, we must consider not only sexual behaviour and the social and economic factors that influence behaviour, but also the biological factors that increase the risk of infection with each exposure, regardless of the number of sexual contacts.²

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1. Among otherwise healthy, well-nourished people in industrialized countries, heterosexual transmission of HIV is relatively rare — about once in 1000 contacts between an HIV-positive female and an HIV-negative male, and about once in 300 contacts between an HIV-positive male and an HIV-negative female (World Bank, 1997: 59).
 2. For a thorough discussion of the impact of poverty, protein-energy malnutrition, micronutrient deficiency, parasitosis, and access to treatment for cofactor STDs on immune response and sexual transmission of HIV, see Stillwaggon (2002); also Stillwaggon (1998, 2000, 2004 forthcoming).

Why has Mainstream Epidemiology had So Little Influence on AIDS Discourse?

When an explanation was sought for the rapid spread of HIV in sub-Saharan Africa, the standard epidemiological cofactors in disease transmission (malnutrition, parasite load, access to health care, etc.) were generally overlooked. Given that HIV is sexually transmitted, some emphasis on behaviour was appropriate, and there were some valid reasons why early policy focused on sexual behaviour.³ The behavioural paradigm, however, posits epic rates of sexual partner change in Africa for which empirical support is lacking. Numerous books from reputable publishers, articles in established academic journals, and publications of international organizations replayed the same theme, without evaluating the reasonableness of a model that attributed rates of HIV in Africa that were 25 to 1000 times those in the rest of the world to differences in behaviour.⁴ The behavioural paradigm not only distorts an understanding of the causes of high rates of HIV in poor populations, but it also limits policy options to end-game behaviour modification.

Since 1995, at least two noteworthy studies have subjected the behavioural hypothesis to testing and found little empirical support for the notion that African levels of HIV could be explained chiefly by behavioural factors. The World Health Organization (WHO) Global Programme on AIDS sponsored a seven-year-long survey of behavioural risk factors for HIV transmission. That study concluded that its 'results are totally incompatible with the view, prevalent only a few years ago, that the HIV pandemic in Africa was fuelled by extreme promiscuity' (Cleland and Ferry, 1995: 211). In 1999, UNAIDS published a survey of four African cities that found no correlation between various measures of sexual partner change and rates of HIV prevalence (UNAIDS, 1999).⁵

The dominance of the behavioural paradigm in spite of the absence of empirical support derives to a great extent from the overwhelming influence of Western stereotypes of Africans as a special case. Persistent notions of

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3. First, in industrialized countries, behaviour-modification programmes were quite successful in slowing the spread of HIV. Second, early in the epidemic, population-control groups, whose focus is behavioural, were among the few organizations to address the emerging AIDS crisis. Third, a behavioural emphasis seemed to offer a quick solution. Concerned and compassionate policy-makers and analysts saw distribution of condoms and AIDS education as the quickest barriers they could place between HIV-positive and HIV-negative people.
 4. Not all of the AIDS literature explicitly claimed that higher rates of HIV could be attributed to higher rates of sexual activity and partner change. Some did (see Caldwell et al., 1989; Ford, 1994; Rushing, 1995; UNFPA, 1999, among them), but others merely left that impression by the minimal attention paid to other factors. This article tells the meta-story of those works.
 5. Comparative studies on sexual behaviour merit further attention, but that is beyond the scope of this article.

racial difference suffused the social science literature on AIDS in Africa, especially in the first fifteen years of the epidemic. No one used the word 'race', but it entered into the discourse as 'culture'. HIV prevalence is attributed to cultural characteristics that are said to be common to 700 million people from hundreds of language/ethnic groups. This supposedly homogeneous cultural zone is coincident in its boundaries with a region identified in the Western view with blackness. Notions of race and racial difference cannot be separated from any Western discourse that treats African culture as a 'seamless whole' (Caldwell and Caldwell, 1987: 410), as it has been portrayed in the behavioural literature.

Centuries-old stereotypes that emphasize exotic and exceptional sexuality encumber the attempt to understand the intensity of the HIV/AIDS epidemic in sub-Saharan Africa. The explanation for African AIDS emerged from a characterization of Africans as the social 'Other', vastly different from Europeans in culture and social norms. That was aggravated by the tendency for writings about Africa, academic and journalistic, to consist of a 'repertoire of amazing facts' (Coetzee, 1988: 13). The portrayal of Africans as a special case contributed to the emphasis in research and policy on individual behaviour instead of on the ecology of disease in poor populations.

Below I examine some key works on fertility preference and on AIDS in Africa that influenced much subsequent research and policy. The intellectual and cultural legacy imbedded in those works determined the questions they asked and the facts they sought as well as the interpretation they gave to the facts. In critiquing those works, I address in particular the use of metaphor in filtering and distorting observations and the use of suggestive language to make implied comparisons that are not supported with data. The impact of those works on later social science research and on policy is addressed briefly in subsequent sections.

FOUNDATIONS OF THE BEHAVIOURAL MODEL OF AIDS IN AFRICA

The assurance with which social scientists and policy-makers, as well as the general public, refer to the impact of high rates of sexual partner change on AIDS in Africa would suggest a wealth of data from a broad array of sources. In fact, most assertions about African sexuality cite the same sources, which are based on ethnographic reports of varying reliability, many of which date from the early twentieth century. The articles cited most widely in the social science and policy literature on the African AIDS epidemic were published in 1987 and 1989 by John Caldwell and Pat Caldwell of the Australian National University (the latter article with Pat Quiggin). These two articles were cited by other authors over 200 times from 1988 to 2001 in the journals surveyed by *Social Science Citation Index* and repeatedly in influential books and policy documents of international organizations. Of the numerous books, book chapters, field reports, and articles

written by the Caldwelles, alone or with others, these two articles play a central role in the AIDS-in-Africa literature and thus warrant extended analysis.

The Caldwelles spent many years in fertility research in Africa. The stated objective of the 1987 article was to explain how 'African' religious views impede the aims of population-control programmes.⁶ They write: 'It is the argument of this essay that these lineage-based systems are so coherent that they will offer greater resistance to the success of family planning programs than has been encountered elsewhere' (Caldwell and Caldwell, 1987: 410). Their 1989 article with Pat Quiggin uses the arguments developed in the Caldwelles' 1987 work on African fertility to explain 'The Social Context of AIDS in sub-Saharan Africa'. In the 1989 article, Caldwell et al. repeatedly offer the caution that their data are very limited, scattered, or pertain only to a limited region (pp. 194 twice, 195, 198, 199, 206, 210, 212, 214, 215, and others).⁷ Nevertheless, they propose a very sweeping view of the whole of Africa as an 'alternative civilization' — very different in its workings, including its patterns of sexual behaviour' (Caldwell et al., 1989: 185).⁸

The underlying theme of the 1987 and 1989 articles, repeated in later works as well, is that African sexuality is a special case. Essentially, Caldwell et al. argue that a religious world view dominates the choices that African people make regarding fertility, that this world view is almost universal in sub-Saharan Africa, that it weakens conjugal bonds in favour of lineage (because of ancestor worship), and thus it accounts for high rates of partner change and the consequent higher rates of HIV transmission in the region.

Caldwell and Caldwell employ a foundational metaphor to convey their idea that modern-day African fertility choices derive from a religious world

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6. According to the authors, much of the financial support for their 1987 article came from the Population Council. 'The present essay draws more heavily on the authors' own research experience, especially in research projects conducted in Ghana in 1962-1964, Nigeria in 1969, Kenya in 1969-70, Nigeria in 1971-72, and on the Changing African Family Project's field work carried out in Nigeria during 1973 and in other parts of Africa in subsequent years (all funded by the Population Council), and on the Nigerian Family Study of 1974-75 and 1977 (funded by the Population Council and the Australian National University)' (Caldwell and Caldwell, 1987: 434, Notes). Between 1968 and 2000, thirty-five articles by one or both of the Caldwelles were published in journals produced by the Population Council, twenty in *Population and Development Review* and fifteen in *Studies in Family Planning*.
 7. The 1987 and 1989 articles are based on their 1985 report for the World Bank (Caldwell and Caldwell, 1985). The 1987 article states: 'The full range of evidence that supports the more theoretical argument developed in this essay is presented in a report prepared by the authors for the World Bank' (1987: 434, Notes), a caution repeated in two endnotes. The 1985 report, however, contains essentially the same material.
 8. 'Such social research [to contain AIDS] is likely to reveal a coherent society — indeed, an alternative civilization — very different in its workings, including its patterns of sexual behavior, than outsiders prescribing cures and even offering sympathy and support often realize' (Caldwell et al, 1989: 185).

view that harkens back to the dawn of humankind. They propose ‘a focus on Africa as the domain of *Homo Ancestralis*. . . [to] explain many African anomalies’ (Caldwell and Caldwell, 1987: 410). Whatever their intent in employing the separate species classification of *Homo Ancestralis* to refer to Africans, the metaphor inescapably brings with it the intellectual baggage of nineteenth-century racial science.⁹ The metaphor is especially effective in a discussion of sexual behaviour because so much of the racial difference literature of the nineteenth and early twentieth centuries focused on the sexuality of Africans (see Dubow, 1995; Gould, 1981; Stepan, 1982, 1990). Racial science and popular racial stereotypes stressed sexual differences between the races, and the representation of physiological differences in the portrayal of Africans in art was an important pillar maintaining the popular view of Africans as exotic, strange, and even disturbing (see Gilman, 1985, 1990, 1992).

Both the 1987 and 1989 Caldwell articles begin with the *Homo Ancestralis* metaphor. Although they do not dwell on the *Homo Ancestralis* theme, they have introduced the image of the primitive as the framework for everything that follows. They repeat the metaphor at the beginning of the 1989 article, thus situating their analysis of African AIDS in a social context already characterized as primeval. The premise of their interpretation of both fertility-preference (1987) and HIV-prevalence (1989) is that Africans are so different, their belief system so ancient, that they are inscrutable to the Western (read ‘modern’) mind. The hundreds of works that cite Caldwell and Caldwell (1987) and Caldwell et al. (1989) do not generally repeat the metaphor explicitly, but the theme of an ‘African sexuality’ that is universal (pan-African), ahistorical, and exotic carries over.

The Use of Metaphor in Science

The use of metaphor and analogy is common in science, and not completely inappropriate. The metaphor, however, is not merely an image that sum-

9. The metaphor is a take-off from Louis Dumont’s *Homo Hierarchichus* (Dumont, 1966/1980) to characterize Eurasian patriarchy. Such an approach was criticized by Montagu (1952: 7n), quoting Weidenreich: ‘raising the differences between racial groups to the rank of specific differences by giving those groups specific names is nothing but an attempt to exaggerate the dissimilarities by the application of a taxonomic trick’ (Weidenreich, 1946: 2). Though perhaps unwittingly, the Caldwell metaphor sets them apart not only from the Biblical and Christian view, in which all people are recognized as children of Adam, that is, of one creation (Stepan, 1982: 1), but also from Linnaeus’s taxonomy, in which all races are subsets of the one species, *Homo Sapiens*. Linnaeus did think that the differences among peoples merited some codification and observed that *Homo Sapiens Europaeus* is sagacious, inventive, and ruled by customs, while *Homo Sapiens Afer* is negligent and ruled by caprice (Linné, 1758: 21–2, my translation). The Caldwell construction makes the specific break at *Homo*. Modern biologists distinguish *Homo habilis* and *Homo neanderthalensis* from *Homo sapiens* and from modern humans, *Homo sapiens sapiens*.

marizes facts; it acts as a filter to choose facts. It is the metaphor that helps us see similarities that the metaphor helps constitute, and it also excludes contradictory evidence: 'Similarity is not something one finds but something one must establish' (Fish, 1983: 277). In the same way, I would argue that Caldwell et al. construct dissimilarity between Africa and the rest of the world, by omitting commonalities among people and overlooking universalities. In order to construct a fundamental dissimilarity between peoples of different world regions, the metaphor must exclude most facts (common human traits).

Because the nuances of language are so important, the role of metaphor in science and social science merits special attention. Max Black argues that metaphors are not just figurative statements (*unemphatic*), and he proposes the interaction view in which the metaphor 'selects, emphasizes, suppresses, and organizes' data to confirm the metaphor (Black, 1979: 28–9). With the *Homo Ancestralis* metaphor, information from the context of early hominids is projected upon modern Africans by implication. That projection interacts with or acts upon one's conception of modern Africans.

Black's notion of emphatic or strong metaphors is similar to Schön's 'generative metaphor'.¹⁰ Generative metaphors simplify complex social situations, often reducing such complexities to normative dualisms, such as health/disease (Schön, 1979: 266). Schön argues that metaphors define problem setting and consequently limit the directions of problem solving (ibid.: 255). Metaphor is effective because 'everything one knows about [the metaphorical subject] has the potential of being brought into play. . . . There is, in this sense, great economy and high leverage in this particular kind of redescription' (ibid.: 259).

Because the metaphor is metaphysical, or meta-fact, one of its most important characteristics is its non-falsifiability. The metaphor suggests an African culture so different from that of Eurasia that it warrants a separate species classification. Like Schön's generative metaphor, 'everything one knows' (or imagines) about early humans can be brought to play, if sub-consciously, although the Caldwells are discussing Africans in the 1980s. Undoubtedly, they saw it as a stylistic device and would insist (rightly) that they never *said* that Africans are a different species, nor did they explicitly state the view that Africans exhibit arrested development in their fertility preference. Hence, the metaphor is non-falsifiable, but it has accomplished the task of characterizing Africans as dramatically different, antediluvian, and sexually exceptional. Because it is non-falsifiable, contradictory evidence (which is abundant in their articles) does not alter the image, or their conclusions.

10. Not all metaphors are generative; they can be merely more interesting ways of describing subjects according to the comparison view. 'She wore a mask of indifference' is suggestive but not necessarily generative. Schön would say that referring to poor neighbourhoods as blighted is a generative metaphor because it presumes the nature of the problem and suggests solutions.

The Legacy of Racial Science

The *Homo Ancestralis* metaphor is, indeed, economical in the multiple ways it evokes constructs of nineteenth- and early twentieth-century racial science.¹¹ It is useful to review some of the notions of racial science,¹² because its methods and concepts influence the social science mainstream today (Dubow, 1995: 1). The grip of racist intellectual history affects the direction of social science research and the range of policy alternatives that can be considered. The weight of past theories in the popular mind and in the imagery of science is insidious and difficult to counter because so much of racial stereotyping is in the 'unstated assumptions and unthinking responses' (ibid.: 7), rather than in explicit postulates. Scholars who would unequivocally reject the validity of racial science unconsciously use metaphors and suggestive language that evoke those stereotypes. This section offers a brief survey of some of the earlier constructions of race that reappeared in the AIDS literature, in constructs and concepts of taxonomy, recapitulation, arrested development, prelogical and group mentality, and sexual exceptionalism. To appreciate the impact of the *Homo Ancestralis* metaphor and the portrayal of Africans as unique, it is necessary to show the parallels between this very effective image and the history of Western ideas about Africans. Precisely because of that history, the *Homo Ancestralis* image is both evocative and easily accepted by the many scholars who cite these Caldwell works.

In the nineteenth century, race theorists, including mainstream scientists, broke from the accepted view of one creation and maintained that Africans were a genetically distinct species from Europeans. Scores of scientists attempted to prove genetic differences between the races by measuring cranial capacity, jaw length, and other physical characteristics. When craniometry and other physical measurement proved fruitless, they attempted to establish qualitative differences in cognitive and perceptual processes. Even many who accepted that Africans and Europeans descended from a common ancestor maintained that differentiation of the races occurred at a time before human intelligence had fully evolved. Hence the races would exhibit differences in intelligence determined by their separate evolutions. The lesser precision of this theory proved to be an advantage since, although less verifiable, it was also less falsifiable (Dubow, 1995: 202). The *Homo Ancestralis* metaphor posits an African society isolated from Eurasia from the dawn of human development and evolving, albeit slowly, according to a separate cultural model.

11. Although they employ the constructs of racial science, I am not asserting that they do so in conscious imitation of racial science.

12. I refer to science, rather than pseudo-science, which might seem preferable, because racial science was considered mainstream at the time.

An early twentieth-century notion in racial science, called recapitulation, contended that the different races represent stages of human evolution. Recapitulationists used both physical and psychological characteristics as evidence that Europeans were the highest stage of the development process and Africans were an early, ancestral form of human development. Dudley Kidd, for example, in *Savage Childhood* (1906) and *Kafir Socialism* (1908), drew heavily on the eugenics literature to derive his notion of 'arrested development' of Africans (Dubow, 1995: 199). In *The Essential Kafir*, Kidd assesses the 'Mental Characteristics' of Africans: 'The whole mental furniture of a Kafir's mind differs from that of a European... The most incompatible things seem to be able to dwell together in harmony and peace in the muddy and turbid stream of his thoughts... His conceptions of cause and effect are hopelessly at sea, and... his religion is a confused mass of ancestor-worship coupled with dread of magic' (Kidd, 1904: 277).

The Caldwelles employ a recapitulationist conception of the development of cultures, arguing that '[t]he cult of the ancestors is not unique to sub-Saharan Africa. It may well have been the original religion of most of mankind' (Caldwell and Caldwell, 1987: 409). The portrayal of African society is starkly ahistorical; Africans appear in the narrative as adherents to a culture that has been superseded elsewhere by Eurasian patriarchy that is obsessed with controlling female sexuality.¹³ They assert that, across the continent, Africans preserve a view of sex lost in the Eurasian world from which Africa was isolated by geography and time.

In the early twentieth century, as the fields of anthropology and psychology increasingly found common ground, the measurement of racial differences focused on understanding 'the primitive mentality'. Lévy-Bruhl argued, in *How Natives Think* (1926), that the ideas of 'natives' had to be understood as collective representations, that is, their thinking could only be analysed at the level of the group, rather than as independent thought of individuals. He described the mental processes of Africans as 'fundamentally mystical, emotional or "prelogical"' (Dubow, 1995: 203). Although Lévy-Bruhl has been discredited on a number of grounds, his ideas find expression in the AIDS-in-Africa literature. Caldwell et al. cite Little (1973) as having 'concluded that Africa has a different view of sexual relations' (1989: 195). This borderless, personless 'Africa' is strikingly like Lévy-Bruhl's conception of 'native mentality' that could be understood only at the level of the group.

The image of African-Americans that prevailed in the United States mirrored the contemporary European view of Africans. Robert Bennett Bean, chair of the Department of Anatomy at the University of Virginia

13. They repeatedly use the reference to Eurasian patriarchy as a pre-emptive attack on criticism (1989: 185, 186, 193, 194). In a 1991 article, Caldwell et al. respond to measured criticism of their work by Le Blanc et al. (1991) by misconstruing what the critics say and asserting that any critics are in the thrall of Eurasian patriarchy (Caldwell et al., 1991: 507).

(1916–42), wrote: ‘The Negro [possesses] . . . an instability of character incident to lack of self-control, especially in connection with the sexual relation’ (Bean, 1906). The same kind of inappropriate exceptionalizing of Africans that characterized nineteenth- and twentieth-century theories of racial difference continues to crop up in the 1980s and to the present in the literature on African AIDS.

Racial science, social Darwinism, eugenics, and social hygiene theories had political as well as academic functions and were espoused by both conservatives and reformers. Conservatives argued for harsh poor laws, and reformers relied on social hygiene theories to promote population control among the poor. Similarly, the *Homo Ancestralis* metaphor, as with all metaphors in science, defines the parameters of research and policy options (Schön’s problem setting). By framing AIDS in Africa as something that results from an exotic and exceptional sexuality, it has restricted the scope of acceptable research to sexual behaviour (and social phenomena that influence partner change, such as migration and gender relations) and circumscribed the actions taken to address the epidemic (problem solving). AIDS policy, for example, does not reflect extensive research findings linking HIV transmission and parasite infection, malnutrition, and other biological conditions.¹⁴

The Metaphor vs. Data: *Homo Ancestralis* and Modern Africans

A metaphor has suggestive power and is more flexible than a factual statement in that it begins with an image, but relies on ‘conceptual displacement’ for maintaining the analogy. The difference between African and European cultures is ‘first taken to be *like* distinctions among biological species’ (Lang, 1997: 19) and then it assumes the power of a literal statement.¹⁵ The use of the word *Ancestralis* in the *Homo Ancestralis* metaphor imbues the two articles with an inescapable image of an early human or hominid although Caldwell et al. are writing about modern Africans. Since it is meta-fact, variations among African societies and changes over time are rendered unimportant.

Funedi (1997) ably critiques the ahistorical nature of the Caldwell analysis, but the *Homo Ancestralis* trope is more than ahistorical. The metaphor achieves what Turbayne calls sort-crossing, when ‘the use of a metaphor involves the pretense that something is the case when it is not’ (Turbayne,

14. For a summary of research on biological synergies in HIV transmission, see Stillwaggon (2004 forthcoming).

15. Lang was not referring to the Caldwell metaphor, but applying Lang’s designation of metaphysical racism seems appropriate. Lang characterizes metaphysical racism as not based on genetic traits or even cultural homogeneity, which would be falsifiable, and uses another very evocative metaphor, ‘biological warfare by other means’, to describe such works (Lang, 1997: 17).

1962: 13). Clearly, the very power of this metaphor is in its suggestiveness; it conjures the image of twentieth-century Africans operating in a cultural world that Europeans and Asians had left in the far recesses of our common past, so long ago that we have to refer to it in italics and in Latin.

Another aspect of this portrayal of 'African' fertility and sexuality is its polarity or dichotomy, as is common with generative metaphors (Schön, 1979: 266). Nineteenth-century racialism consistently posed Africans as antithetical to Europeans and specifically applied that dichotomization to sexuality (Gilman, 1992: 175; Stepan, 1990: 42). Caldwell and Caldwell assert that Africa alone defies the developmental model of fertility change employed in World Bank and United Nations studies (Caldwell and Caldwell, 1987: 414). In that model, a demographic transition toward lower death rates and lower birth rates accompanies economic growth, a pattern that has been observed in many parts of the world. Caldwell and Caldwell pose the fertility issue instead as a dichotomy between Africa and the rest of the world. As proof of Africa's anomalous behaviour, they argue that several African countries had incomes and levels of education and urbanization higher than India and yet did not achieve the rates of fertility decline that India did in the 1970s. They fail to mention, however, that the Indian government carried out a campaign of forced sterilization (1985: 1; 1987: 414–5).¹⁶

To support their hypothesis that an ancient religious view determines modern Africans' decisions regarding fertility and sexual partnering, Caldwell et al. offer evidence from the economic and social context of modern Africa. In order to do so, they have to adapt and distort data and to reject other data to fit the *Homo Ancestralis* metaphor (see Stepan, 1990, for the use of metaphor to create new knowledge and suppress knowledge).

Adapting data. The Caldwells begin from the position that African fertility preference is anomalous (Caldwell and Caldwell, 1987: 410) and determined by a religious belief system of ancestor worship. Yet their examples repeatedly show pragmatic, economic reasons for high African fertility, including high infant mortality, the importance of family size in the reallocation of village land, the economic insecurity of childless women, and upward inter-generational flow of wealth. Nevertheless, they dismiss the rational economic choices people make in the face of those factors and attribute higher fertility to ancestor worship.

Distorting data. Their characterization of Africans as driven by fear of ancestral spirits prevents the Caldwells from acknowledging important health concerns voiced by the women they interviewed. Like Lévy-Bruhl, they maintain

16. In a 2002 article, the Caldwells, while acknowledging the role of economic factors in fertility transition, reiterate the dichotomous view of Africa vs. the rest of the world. Referring to Asian countries that experienced a fertility decline before African countries with similar human development indices, they comment: 'This finding merely adds another item to the list of those that set sub-Saharan Africa apart' (Caldwell and Caldwell, 2002: 77).

that the women's mental processes are prelogical. They report that the women complained of excessive bleeding with IUDs, a particularly serious problem for women in poor countries where many, if not most, are already anaemic. But the Caldwells conclude: 'There can be little doubt that the dominant element in these reactions is a general apprehension of contraception rather than the specific case against any individual method: the fears are related to the taint of evil that attaches to innovative fertility control' (Caldwell and Caldwell, 1987: 425). They distort the women's reasonable concerns to fit their image of a primitive people ruled by 'ancestor-worship coupled with a dread of magic', as Kidd described 'Kafir' religion (Kidd, 1904: 277).

To support their argument that high rates of premarital sexual activity are among the elements of 'the social context of AIDS in sub-Saharan Africa', they quote Laughlin and Laughlin (1973) regarding 'the Ugandan So: "A man is allowed to have as many premarital sexual contacts as he desires; however, the upward limit among our informants was six, with the more frequent number being one or two"' (Caldwell et al., 1989: 211). A modal frequency of one or two premarital sexual contacts cannot explain a heterosexual epidemic such as Uganda's. But the sequence of clauses in the quoted sentence emphasizes the notion of limitlessness, rather than the reality of few contacts among those surveyed, conveying the image of sexual licence.

Rejecting data. The Caldwell/Quiggin construction of Africans as completely different from non-Africans requires that they reject information about the rest of the world that demonstrates the commonalities among peoples, including the similarities of people's responses to issues of fertility. For example, family pressure on young wives to bear children and a double standard regarding sex (Caldwell and Caldwell, 1987: 426) are not peculiar to Africa. To show that an overpowering, religious conception of fertility sets Africans apart, they report at length that Africans refer to children as a blessing from God (1985: 8–19; 1987: 415). Even a very cursory survey of greeting cards for the birth of a child in other world regions would find that a large proportion refer to the child as God's blessing. In most cultures, perhaps all, children are seen as a blessing, and infertility as a misfortune.

In their 1985 report to the World Bank, Caldwell and Caldwell give an example that is supposed to show how exceptionally (quoting Southwold, they say 'hysterically', p. 15) preoccupied with fertility Africans are. They quote Fortes (1959): "If, as happens only too often, a young wife loses her babies one after another by miscarriage or in early infancy, she becomes chronically miserable and dejected, and her husband too, for that matter"' (Caldwell and Caldwell, 1985: 14–15). Is there any society in which a woman is not likely to become depressed under such circumstances, and her husband too? The Caldwells (1985, 1987, 1989, and others) offer copious ethnographic data. They make for absorbing stories, but they do not make a case for a pan-African culture of fertility so distinct from everywhere else that it explains the prevalence of HIV in sub-Saharan Africa as is claimed by those who cite the Caldwells in the AIDS literature.

One would think the Caldwells are writing tongue-in-cheek, as in Horace Miner's classic satire of anthropology, 'Body Ritual Among the Nacirema' (1956), in which he describes common US hygiene practices (such as brushing teeth) as though they were truly exotic. But it is clear that the Caldwells and others who follow in their footsteps are quite serious when they report practices and emotions that span the globe as though they were uniquely African and then attribute the African AIDS epidemic to African cultural idiosyncrasy. These examples are part of the construction of Africans as the 'Other' and maintain the myth of hypersexualized Africans with an illogical fertility preference whose anomalous behaviour can only be transformed by outside agents. They are portrayed as 'timeless societies' for which all sources of change are exogenous (Lutz and Collins, 1993: 108), ritual performers, 'living in the sacred (some would say superstitious) world' (ibid.: 90).¹⁷

In a 1993 article, the Caldwells radically alter their methodology and their conclusions. Building on the work of Bongaarts et al. (1989) and Moses et al. (1990) and others, and without recanting to their own earlier works, they conclude that differences in sexual behaviour alone cannot adequately explain differentials in rates of HIV and AIDS in Africa. Rather, HIV transmission in high-prevalence areas of sub-Saharan Africa is fuelled to a great extent by lack of male circumcision and the high prevalence of ulcerative genital disease, which is promoted by lack of male circumcision, lack of access to health care services, and limited access to water for personal hygiene (Caldwell and Caldwell, 1993). Nevertheless, John Caldwell, in an article in 2000, returns to his 1987 and 1989 formula. He asks, 'Just how different is Africa?' (Caldwell, 2000: 119) and seeks to explain why behaviour-change approaches have been so little tried and so unsuccessful there (ibid.: 118). He lists: 1) higher levels of extramarital sexual activity, 2) high levels of prostitution, 3) resulting levels of STDs, 4) lack of treatment for STDs, and 5) low level of condom use as the reasons for high prevalence of HIV in Africa. He adds lack of male circumcision for East and Southern Africa (Caldwell, 2000: 120). Unfortunately, the work most referred to in the policy literature is not the Caldwells' useful 1993 contribution, but their assertions of African sexual exceptionalism, grounded in their *Homo Ancestralis* construction in the 1987 and 1989 articles that was motivated by their intent to explain 'African resistance' to population-control projects.

17. Lutz and Collins were critiquing *National Geographic's* portrayal of world cultures. It is an unfortunate result of an anthropological approach that, in the study of humans, what are emphasized are differences rather than commonalities. As an economist, I am aware that my discipline's greatest strength is also its greatest flaw. Economists generalize about the choices that people make when faced with the problem of scarcity. We assume that all people are essentially the same, and that is a good starting point. In making those generalizations, however, economics has often been guilty of overlooking the differences in power that constrain choices for some people.

Once HIV prevalence in Africa had been ‘explained’ with such hypothetical models, that is, once the metaphor had been accepted or naturalized, the work of dealing with the pandemic seemed straightforward. Subsequent analyses began from the assumption that, in Africa, ‘having multiple sexual partners is a common cultural practice’ (Rushing, 1995: 60). The task of social science then was investigating the economic, legal, and other factors that interacted with that presumed cultural norm. The lack of comparative data correlating HIV prevalence with rates of sexual partner change was apparently overlooked. The use of suggestive language conveyed the desired message without having to provide evidence. Some of the discourse is characterized by levels of innuendo not normally seen in academic work.

REFLECTIONS OF THE CALDWELL PARADIGM IN AIDS DISCOURSE

There are three types of works that exhibit the influence of the preconceptions about Africans and about AIDS discussed above. In the first group are works that are heavily influenced by the Caldwell/Quiggin metaphor and that explicitly repeat the assertion that extraordinary levels of multipartnered sex are the primary cause of the severity of the AIDS epidemic in Africa. Works in the second group often cite the Caldwells, assume that behaviour is the primary determinant of higher levels of HIV transmission, and address some aspect of sexual networking. The third group includes policy documents that might not explicitly state that behaviour is the primary factor but promote only behaviour modification for HIV-prevention and therefore must be seen as implicitly accepting the primacy of differences in sexual activity in explaining differences in rates of HIV. A few examples of each category are examined below.

Works that Assert Higher Rates of Multipartnered Sex in Africa

William Rushing provides a good illustration of the way the Caldwell/Quiggin hypothetical argument can be used in a pyramid scheme of African-sexuality studies. In *The AIDS Epidemic: Social Dimensions of an Infectious Disease* (1995), Rushing cites Caldwell et al. (1989) as proof that: ‘Ethnographic studies leave no doubt that having multiple sexual partners is a common cultural practice in many groups in Africa (Caldwell et al., 1989: 205–216; . . .)’ (Rushing, 1995: 60), converting their hypothesis into proven fact. Rushing relies heavily on Caldwell et al. (1989), but he strips it of all qualifying phrases, and he makes selective, almost surgical, use of Tony Barnett and Piers Blaikie’s work (see below) to support his portrayal of a pan-African culture of sex as a commodity.

Rushing argues that ‘a major reason for the pattern of HIV-AIDS in Africa’ is the way that ‘sexual expression is structured . . . in African societies,

or “tribes” (Rushing, 1995: 60). Rushing adopts the Caldwell construction of a pan-African sexuality: ‘Certain cultural features are common to most African tribal groups, including the social meaning of sex and the way it is expressed’ (ibid.: 61) again citing Caldwell et al., 1989. The first common cultural feature Rushing asserts is that polygyny produces weak conjugal bonds (cites Caldwell et al., 1989) and so extramarital sex is common, normal and even expected (again citing Caldwell et al., 1989). The second pan-African cultural trait, according to Rushing, is that ‘most Africans . . . enter into sex more casually and have more sexual partners than Westerners do’ (Rushing, 1995: 62), although that statement is made without data or citations. He continues: ‘The cultural beliefs and norms that do bear most directly on sex are the transactional element in sexual relations, a masculine sexual ideology, and sex-positive beliefs’ (ibid.) and he argues that ‘Traditional sexual ethics are similar to those that regulate other services, namely, the ethics of exchange (Caldwell et al., 1989: 194, 209, 218). Sexual relations are characterized by a “transactional element” (Caldwell et al., 1989: 202–205), which is especially explicit in the traditional marriage’ (Rushing, 1995: 63). Rushing does not present this as a universal human trait, as transactional psychologists or microeconomists might, or as a universal feature of heterosexual relations as some radical feminists might, but rather as an African trait. In essence, Rushing makes the very bald claim that all sex in Africa, but not elsewhere, is prostitution.

Many of Rushing’s unconditional assertions have no citations. Others are blanket statements, such as, ‘By all accounts, prostitution is widespread in African cities’ (ibid.: 71) with citations to the same few sources, including Little (1973) and Caldwell et al. (1989). He concludes that transmission of HIV in Africa and among gays in the West depends on ‘sex in which multiple partners are common. In each instance, therefore, the environment — the behavior of the host population — is largely responsible for the high prevalence of HIV-AIDS and its distribution between males and females’ (Rushing, 1995: 85).

Rushing and others who emphasize a ‘transactional element’ see messages in ‘African’ culture of pan-African sexual attitudes, but they seem unaware of similar messages in non-African cultures. One feature of ‘African’ culture listed in many works as contributing to the spread of HIV is the dependence of young women on ‘sugar daddies’, which no doubt occurs. But to purport that the commoditization of sex is peculiar to Africa is naive. Transactional sex is not the norm anywhere, but its existence in rich countries is overlooked even though it is discussed openly. The US beauty magazine, *Allure*, marketed to teenagers and young women, ran a feature article entitled ‘Tricks for Treats’ that was an instruction manual for securing expensive gifts from wealthy men through sex (Bachrach, 2002). Does *Allure*’s monthly circulation of 1,000,000 signal that transactional sex is the norm in the United States? Teens’, women’s and men’s magazines in the United States frequently publish articles about non-monogamous and non-marital

sex. Very often the title is a come-on and the article conveys a mixed message, in much the same way that many Africans signal a mixture of bravado and conservatism in their statements about sex and sexuality.

Another 'African' cultural view reported by Rushing, but also by the Caldwells and many others, is 'a masculine sexual ideology', the notion that men must have many sexual partners to be satisfied. Yet, they miss in their own countries the ubiquitous messages in that regard. Advertising and the cinema often perpetuate the notion that men have or need virtually limitless premarital or extra-marital sexual pairings. One US beer commercial shows the numbers on an odometer spinning in a man's mind as he tries to count up his previous sexual contacts. It is the sort of message that would easily be overlooked because it is just background noise in one's own culture, but it seems so obvious when expressed in the cultural context of another land. Cultural artifacts, such as the American blues song, 'You Got to Have More than One Woman (if you're gonna get along)', recorded by Tim Hardin in 1967, are insufficient evidence that polygyny is widespread in the United States. Anyone looking for limitless multipartnered sex will find 'data' in sub-Saharan Africa, just as any foreign censor of American or French advertising, movies, magazines, and music can find ample proof of generalized 'Western decadence', if that is what is sought. With those data, however, we are no closer to understanding a generalized epidemic of HIV in one region but not in the other.

The Caldwell works are standard references for African sexuality studies, and their uncritical use is common, as in an article by Philipson and Posner (1995). The authors admit that they are not African specialists, but rational-choice theorists who had applied their method to the AIDS epidemic in the United States. Their methodology is interesting, and some of their policy recommendations for Africa are appropriate, such as educating women and targeting STDs. But on the basis of very little information about Africa, they declare: 'We now explain the course of the disease in Africa and the differences from the experience in the United States' (Philipson and Posner, 1995: 836). As rational-choice economists whose work focuses on the United States, where did they get their information about the course of HIV in Africa? Of the thirty-seven footnotes (excluding purely explanatory notes or references to data-sets), nine refer to the Caldwell/Quiggin works, eight to themselves, and three to Barnett and Blaikie. It would be comforting to think that nobody pays attention to unsupported broadsides about African sexuality, but the authors express their appreciation for the helpful comments of 'participants in a seminar at the World Bank, where an earlier version of this paper was presented' (*ibid.*: 845).

As in so many other works on this subject, the use of language is very important in conveying an impression about African sexuality, rather than quantifying its contribution to HIV transmission. One way is to use a categorical statement in the text that is modified in an endnote. Philipson and Posner state: 'Another factor contributing to the later peak of the

disease in Africa is the greater prevalence of female prostitution there than in Europe and North America' (ibid.: 838). This statement is followed by an endnote that reads in part: 'We are not aware of any reliable worldwide census of prostitutes. The statement in the text is therefore conjectural, but it appears to be well supported. See especially Caldwell and Caldwell, . . . Barnett and Blaikie, . . .' (Philipson and Posner, 1995: 846, n22).

Moving from formal prostitution to other forms of sexual interaction, the authors state: 'The frequency of non-marital sex in Africa appears to be very high by world standards' (ibid.: 840). The citation for that is Caldwell et al. (1989). *The frequency appears to be high* is not a phrase commonly used in statistical analyses about other parts of the world, at least not in ones that get a hearing at the World Bank and get published in established academic journals. And the authors build from there. Having 'established' the prevalence of prostitution, they use it to explain the male–female ratio and the overall prevalence of HIV, considering only behavioural factors. A wider reading of the literature would have uncovered the biological reasons why women are more vulnerable to transmission than men in heterosexual relations, which is certainly an important variable in explaining the male–female ratio.

The intention of the authors is surely not to perpetuate racial stereotypes. Many Westerners have little correct information about Africa, and they rely on experts whose views seem plausible because they resonate in the Western mind. By conventional standards, the Caldwells qualify as experts because they have published scores of articles, and the large number of citations in each article makes their argument seem well founded, or at least daunting. Citing the Caldwells has become *pro forma* in the 1990s and the 2000s, although some of their evidence dates from the 1920s. The same ethnographic reports appear in many articles, many of the works they cite date from the colonial era, some are of dubious scholarly value, and many do not provide data relevant to their hypothesis.¹⁸ In spite of the plethora of citations, subsequent authors should examine critically the claim of African exceptionalism.

Nicholas Ford is another author who has argued explicitly that the difference in rates of multipartnered sex is the crucial variable in explaining the 'global pattern of the transmission of HIV/AIDS' (Ford, 1994: 84). He asserts that: 'HIV transmission has been much faster in societies where there are high levels of unprotected sexual interaction with prostitutes, who have very many sexual partners, than in societies where the majority of people

18. The 1985 report for the World Bank provides the 'full range of evidence' (Caldwell and Caldwell, 1987: 434, Notes) for the 1987 article, which they in turn cite as the foundation of the 1989 work (Caldwell et al., 1989: 185). The works cited in the 1985 report include approximately twenty-five from 1920 to 1960, seventeen from the 1960s, thirty from the 1970s plus twenty-five more from a 1973 collection of earlier works, thirty from the 1980s, and forty-two citations of their own works. In 1985, when the Caldwells cited field reports from the early 1970s, they were roughly contemporary. Authors who cite the Caldwells in the late 1990s or now are using data that are at least thirty years old.

have few or moderate numbers of partners in their lifetime' (ibid.: 88). Such a statement could be a hypothesis with a *ceteris paribus* condition: all other things being equal, two countries otherwise identical (in income distribution, gender relations, migration patterns, nutrition, access to health care, etc.) will differ in their rates of HIV according to difference in their rates of sexual partner change. As a hypothesis to be tested, the statement works. But Ford does not offer any data to show that countries with higher rates of HIV have higher levels of unprotected multipartnered sex. Instead of data, he offers speculation and generalizations, such as: 'in parts of Africa, Asia and Latin America rapid social change may be expected to have had an impact upon patterns of sexual interaction', and, 'It is often held that one of the effects of modernization in Africa has been the dismantling of many of the traditional constraints on pre-marital sexual activity' (ibid.: 88). Those statements are probably true, although he offers no evidence, but are hardly a basis for health policy, since the dismantling of many of the traditional constraints on pre-marital sexual activity in the United States and Europe has not led to a heterosexual epidemic of HIV. Finally, he offers Thailand as a case-study of HIV/AIDS in all of the developing world. He fails to mention that Thailand is a highly idiosyncratic case. The extent of intravenous drug use and the existence of an export-oriented sex industry make Thailand quite irrelevant for drawing conclusions about AIDS in Africa or Latin America.¹⁹

The United Nations Population Fund published an *AIDS Update 1999* in which the largest of several text boxes was entitled 'Promiscuity, and the Primacy of Cultural Factors: A Lethal Mixture in Africa' (UNFPA, 1999: 6). UNFPA was promoting the 'promiscuity' paradigm in spite of the 1995 WHO report and the 1999 UNAIDS study that rejected any empirical basis for the argument (Cleland and Ferry, 1995; UNAIDS, 1999).

The media also continue to perpetuate an unsubstantiated but potent image of a lusty, ancestral African careening headlong for doom because of sexual behaviour. An article about AIDS in South Africa in *The Economist* exhibits the sleight-of-hand so common in writing about Africa, perhaps not realized by its author. The article opens with a brief vignette about a truck driver at the Zimbabwe–South Africa border. Border delays compel the truckers to stay overnight, and it is cheaper to stay with a prostitute than pay for a hotel room. One trucker is reported to say, in front of his buddies (introducing possible bias in his estimate), that he sleeps with thirty women a month. Then the article reports on the extent of the AIDS epidemic in South Africa. At no point does it provide data on sexual practices of the people who are not truck drivers, their wives, or their commercial sex partners. It makes no further mention of why HIV is so

19. Latin America may indeed begin to resemble the Thai case. Intervention by the Thai government has resulted in a shift in sex tourism, in particular with children, to Latin America. Drug use is also more common in some Latin countries than in Africa and provides another source of risk for the region (Stillwaggon, 2000).

prevalent, so it does not explicitly make the argument that higher rates of multipartnering are adequate to explain the HIV epidemic in sub-Saharan Africa. But it certainly leaves the impression that having 360 partners a year is the real South Africa, and concludes that, besides retrovirals, '[t]he other way to curb AIDS is to persuade people to sleep around less and to use condoms more' (*The Economist*, 2000).

Influential Works within the Behavioural Paradigm

Western notions of African hypersexuality pervade the AIDS discourse, and those notions have been reinforced by the extensive reliance on the Caldwell/Quiggin hypothesis, as in the works above, which are largely without nuance. Because of that background, imprecise language can perpetuate notions of African exceptionalism, even in works that do not promote that view intentionally, which comprise the second category within the behavioural paradigm. This section discusses two examples of influential works that look at a more complex web of social and economic factors that influence behaviour. I have intentionally chosen works of scholars whose contributions are important to show the way that language can have unintended consequences.

Most of Tony Barnett and Piers Blaikie's book, *AIDS in Africa: Its Present and Future Impact* (1992), focuses on the social and economic effects of AIDS in Africa. One chapter, however, attempts to explain the social and economic causes of the rapid spread of HIV in a region of Uganda by means of a hypothetical model of sexual networking that depends on the premise of transactional sex. The authors offer a nuanced socio-economic argument and acknowledge that behaviours they posit in Uganda are seen elsewhere in the world. Because Barnett and Blaikie's work is often quoted and misquoted as evidence for high rates of multipartnered sex, it is important to note that they only offered a hypothetical scenario for economic forces that propelled the epidemic.

Their explanation should involve two steps: one is to establish that there were economic conditions that could have provoked an epidemic of HIV through a change in behaviour. That theoretical part is done effectively, showing the differences in economic power that could promote the use of sex as a commodity for survival. The second step, however, would be to show that such a change in behaviour in fact occurred to an extent sufficient to provoke the epidemic through high mean rate of partner change and high variance in rates of partner change. Those data are not available, so they provide four vignettes as argument. But the vignettes offered cannot substitute for the missing data because they do not explain how an epidemic of HIV of such magnitude could have resulted from the situations described. In one of the vignettes, 'Zeinab, aged 30, runs a lodge by the customs house. She has a male companion, who contributes to her household, but she does not see this as a permanent relationship' (Barnett and Blaikie, 1992: 82). It is hard to

see how this is any different from: Cathy, aged 30, works for an editorial house in Manhattan. She has a live-in boyfriend but does not think they will get married. What have we established about a heterosexual epidemic of HIV with this information? But later writers treat the Barnett and Blaikie hypothesis as proven fact (see Philipson and Posner, 1995; Rushing, 1995).

Scant reference to non-behavioural factors and selective use of language make African sexuality appear more different from Western sexuality than it is. Writing about the effect of HIV on fertility in sub-Saharan Africa, Simon Gregson employs a widely used fertility model. He points out a weakness of the model — that age at first marriage is assumed to coincide with first exposure to intercourse — and states: 'In many sub-Saharan African societies this represents an unsustainable simplification' (Gregson, 1994: 657). That is surely true, but it is also true in North America, Latin America, and Europe. He continues: 'long term sexual unions frequently take a number of different, often unofficial forms' (ibid.). The language enforces the notion that Africans are a special case, although that was surely not the author's intent. The problem here, as in so much work on African sexuality, is not that the statement is incorrect, but rather that it is correct for most regions of the world and so does not explain a heterosexual AIDS epidemic in Africa.

This is actually the main problem with the AIDS-in-Africa discourse from a pragmatic standpoint. Blatantly racial arguments in scholarly literature are relatively few, and bald statements that differences in rates of multipartnered sex adequately explain differences in rates of HIV are becoming less common. Much more common are works that begin from a tacit behavioural assumption that is comparative in nature, without providing comparative data to support that paradigm, and without addressing other possible explanations for the intensity of the African AIDS epidemic, for which we have better data. The works contain too many broad, unsupported assertions that draw attention to presumed differences in behaviour that resonate in the Western mind. They draw attention away from the glaring differences in nutrition, clean water, waste disposal, and access to health care between rich and poor countries that are important factors in disease transmission but are less sexy and lack the culturally confirming ring of racial stereotypes.

Translating a Paradigm into Policy

The third category of works within the behavioural paradigm comprises policy documents that, while they might acknowledge social and economic factors, offer only behavioural solutions. As Schön (1979) explained, the critical role of the generative metaphor is problem setting. This step precedes and defines problem solving within the parameters set by the paradigm.

One of the most important policy documents of the 1990s on HIV/AIDS is the World Bank's *Confronting AIDS: Public Priorities in a Global Epidemic* (1997). Although the book mentions numerous factors that influence HIV transmission, its overall plan derives from the behavioural paradigm. In

discussing sexual behaviour as a determinant of HIV prevalence, *Confronting AIDS* cites Caldwell et al. (1989). It also mentions the WHO survey of behavioural risk factors, without mentioning that it resoundingly refuted the behavioural explanation of differentials in HIV spread (Cleland and Ferry, 1995). *Confronting AIDS* bases its policy recommendations on thirty-one cost-effectiveness studies for HIV prevention. Of the twenty-two studies reported in Appendix A of *Confronting AIDS*, eighteen are about condom use, one about needle exchange, and three pertain to STD treatment. Of nine trial interventions reported in Appendix B, five deal with sex workers and needle sharers; three are population-level interventions for treatment of symptomatic STDs, social marketing of condoms, and safe blood supply. Only one is a model of AZT treatment of mothers to prevent vertical transmission, and that study, unlike the others, is only hypothetical. None of the cost-effectiveness studies deals with general health, nutrition, or other variables associated with infectious disease transmission, although the body of the report makes reference to those factors. The resulting focus of *Confronting AIDS* — adapting the behaviour of sex workers and injecting drug users — should be very useful for middle-income or transition-economy countries with nascent or concentrated epidemics. In fact, *Confronting AIDS* is a good resource for many aspects of AIDS-related economic issues. But its approach and conclusions are inadequate for most of Africa and other regions with extreme poverty and generalized epidemics.

The United Nations organizations and bilateral aid agencies whose stated purpose is human development and poverty reduction have yet to address the socio-economic context in which AIDS has arisen. The International Labour Organization and a number of other organizations promote workplace interventions to prevent HIV. But those interventions go little beyond end-game strategies of condom distribution in the workplace. Changing the workplace, the work, who gets the jobs, and the remuneration for work are all possible components of a workplace strategy for HIV prevention, but they are not considered in a policy that narrowly focuses on the last possible moment to prevent HIV. Scores of reports from international organizations and consulting firms rework cost estimates for condom-distribution and peer-education programmes that measure inputs but not outputs and fail to address the social and economic conditions that lead to behaviours they are attempting to modify.²⁰

CONCLUSION

This article has given a few examples of racial metaphors and other evocative language that framed the AIDS-in-Africa discourse and

20. For development strategies for HIV-prevention, see Stillwaggon (2004 forthcoming).

established the behavioural paradigm as the basis of AIDS policy. Discredited racial science reared its ugly head in the form of a metaphor with formidable generative powers, carried along by deeply imbedded Western racial views that presume exceptional sexual behaviour by Africans. A narrowly behavioural explanation for differences in rates of HIV prevalence dominates the AIDS literature, sometimes explicitly but more often implicitly by failing to consider other factors generally included in epidemiological studies.

The acceptance of the behavioural paradigm is facilitated by the fact that Western research on Africa, especially with respect to sexuality and other aspects of cultural and social life, is not required to conform to conventional standards for evidence in scholarly work. It seems that assertions that would require documentation in scholarly work about people in other parts of the world can be published without support when made about Africans. Racial bias in standards of evidence is a problem of long standing that has lethal consequences in AIDS discourse.

What distinguishes most Africans, Asians, and Latin Americans from most Europeans and North Americans is not extraordinary behaviour but poverty. Effective prevention depends on recognizing the real commonalities among people, as well as the real differences. The behavioural paradigm and its assumption of African exceptionalism largely determine the questions that can be asked and the solutions that can be proposed in AIDS research and AIDS-prevention policy for Africa and other profoundly poor populations. As Kuhn pointed out: 'one of the things a scientific community acquires with a paradigm is a criterion for choosing problems that, while the paradigm is taken for granted, can be assumed to have solutions. To a great extent these are the only problems that the community will admit as scientific or encourage its members to undertake' (Kuhn, 1970: 37). By accepting the wrong paradigm, the AIDS discourse has failed to ask the right questions, and we have lost well over a decade in understanding the complexity of AIDS, especially among poor, malnourished people.

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