

THE NEW YORK TIMES, 18 November 1990

# Nigeria Is Spared the Worst of AIDS, but Experts Wonder for How Long



Kenneth B. Noble/The New York Times

A handful of AIDS cases have recently been reported in Nigeria, prompting warnings that the disease may soon reach the epidemic levels reported elsewhere in sub-Saharan Africa. In Calabar, Dr. Eka Williams, right, an immunologist, talked to prostitutes about AIDS.

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By **KENNETH B. NOBLE**

Special to The New York Times

**CALABAR, Nigeria** — After a long delay that may have lulled Nigerians into a false sense of security, AIDS has begun to creep into the population, especially among prostitutes, prompting warnings that the disease may soon reach the epidemic levels reported elsewhere in sub-Saharan Africa.

The number of cases officially reported so far in Nigeria is small: Out of a population of about 120 million, only 68 people had been diagnosed as suffering from AIDS through the end of September, according to figures from Nigeria's Health Ministry. While the data are far from complete and almost certainly represent an undercount, several independent studies have similarly found a remarkably low rate of the disease.

Why infection rates in this West African country have lagged behind those of much of the rest of the continent is one of the great mysteries of Africa's AIDS epidemic. The answers, scientists say, could provide clues to prevention of the disease in the future.

Many experts now believe the disease has simply been late in reaching Nigeria, perhaps because of geography, or even chance. Others wonder whether a combination of social and medical factors could spare the country from a runaway epidemic.

But there are already signs that AIDS is spreading here, at least among those at highest risk. An extensive continuing survey of prostitutes in Lagos, Nigeria's capital and largest city, recently found about 14 percent to be infected with the AIDS virus. That means they can spread the virus to others during sexual intercourse and will almost certainly develop the deadly disease in the years to come.

## Other African Lands Fare Much Worse

Similar surveys of prostitutes in Maiduguri, a northern Nigerian city, found infection rates of 0.2 percent in 1987 and 2.4 percent in 1988, still a relatively low figure but a sign that the rate of infection is rising rapidly. In other African countries, an increasing rate of infection among prostitutes has heralded the relentless spread of the AIDS virus into the general population.

"Fortunately for now, those figures are based on the high-risk group," said Dr. Abi Dada, an epidemiologist who directed the Lagos survey, which is financed by the National Institutes of Health in Washington. "But who can say it will remain there?"

The infection rate among Nigerian adults is generally believed to be well below 1 percent, a tiny percentage when compared with rates of infection in many other parts of Africa.

In Uganda, one of the countries hardest hit, the Government estimates that one million people, or roughly 6 percent of the population of 16 million, are in-

## A Continent's Agony

*A periodic report.*

fectured with the virus, including more than one in five adults in the capital, Kampala. In several other cities of Central Africa, the virus may be carried by 20 percent or more of all sexually active adults.

In the Ivory Coast, a West African country with one-tenth of Nigeria's population, about 10 percent of adults in the capital, Abidjan, and 5 percent of adults in rural areas are believed to be infected with the AIDS virus.

Throughout Africa, AIDS has spread mainly through heterosexual intercourse, abetted in many cities by widespread extramarital sex and prostitution and by high rates of venereal diseases that facilitate sexual transmission of the virus.

Despite Nigeria's low figures, something akin to panic has surfaced among scientists and health workers here, who say it may only be a matter of time before the AIDS virus becomes entrenched in the country.

## The Apathy Worries Nigeria's Doctors

Doctors here are warning against what they describe as a dangerous complacency. The relatively low infection rates, they say, may have encouraged a false belief that the epidemic has been halted at Nigeria's borders.

"There's still a widespread feeling in Nigeria that AIDS is a white man's disease, that it is a disease of foreigners, and that the calamity that has struck the rest of Africa won't happen here," said Dr. Bekki Johnson, a public health specialist and the regional representative for Africare, a Washington-based relief organization.

That assessment was shared by Pearl Nwashili, the director of Stop AIDS, an information program based in Lagos and financed by the Ford Foundation.

"There is a great deal of denial and apathy here," Ms. Nwashili said. "When the epidemic finally hits — and it will, believe me — what we've seen in other parts of Africa will be small compared to the devastation here."

In the meantime, many health workers complain that the Nigerian Government has been slow to develop a long-term plan to combat AIDS, although public awareness of the disease is rudimentary at best.

Researchers in Lagos polled 500 girls and women between the ages of 10 and 31 at schools this year to measure their awareness of AIDS. Although 98.5 percent had heard of the disease, 70 percent said they viewed it as a disease of foreigners and 40 percent believed that it did not exist in Nigeria.

Despite the danger posed by transfusions of unscreened blood, less than 5 percent of donated blood is being tested

for the virus, said Dr. Edugie Abebe, the national coordinator for the Nigerian Health Ministry's AIDS prevention campaign.

Because of budget constraints arising from Nigeria's economic problems, money for preventive medicine is scarce. The Government is already struggling with high rates of other deadly diseases like malaria and tuberculosis.

"The best thing we can say is that we're doing our best," Dr. Abebe said. "I'm personally very fearful."

## Why So Low a Rate? Scientists Mystified

For now, the relative scarcity of AIDS in Nigeria has scientists mystified. "For a long time, some of our colleagues in the United States doubted us, saying we were underestimating our figures because we were not screening properly," said Dr. Abdulsalam Nasidi, a virologist with the Federal Vaccine Production Laboratory in Yaba, a suburb of Lagos. "But study after study has shown the same results."

"We're all looking for a reason why the figures are so low," he said, "but nobody knows why."

It was not until 1986 that doctors here identified the first victim of AIDS, years after the disease had claimed thousands of lives in central and eastern Africa. Nigeria lies 1,000 miles or more from Uganda, Zaire and other countries where the disease appeared in the early 1980's, and it has little trade or other contact with them.

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Some researchers say that while Nigeria's population is large, amounting to one-fifth of sub-Saharan Africa's inhabitants, it is unusually insular, a factor that may have slowed the entry of the virus.

"Tourism is virtually nonexistent here, and that is certainly a key factor in how the virus is spread," said Dr. Eka Williams, an immunologist at the University of Calabar who directs a program aimed at reducing the spread of AIDS among prostitutes and their sex partners.

## Neighbors Speak Another Language

Unlike the Ivory Coast, for example, which allows people from neighboring countries to flow back and forth across its borders, the Nigerian Government until recently discouraged foreigners from coming here to seek work.

Some scientists speculate that a language barrier may have inhibited the spread of the disease by contributing to the country's insularity. English-speaking Nigeria is surrounded by four French-speaking countries: Benin to the west, Niger and Chad to the north and Cameroon to the east.

In many African countries, prostitutes are believed to have played a major role in the introduction of AIDS. And sexual transmission of the virus has been made easier, scientists say, by a high incidence of venereal diseases that cause genital ulcers, like chancroid, syphilis and herpes.

There is evidence that prostitutes in at least some Nigerian cities have a lower incidence of diseases whose symptoms include genital ulcers than their counterparts in some of the countries with higher AIDS rates, like Uganda. Of about 400 prostitutes here in Calabar who were tested recently for sexually transmitted diseases, only one showed signs of genital ulcers, Dr. Williams said. One reason, she speculated, may be that many prostitutes here and in much of the rest of country have regularly taken antibiotics to protect them against disease. "What we're seeing is that the prophylactic use of antibiotics is suppressing bacterial infections," she said.

## A Disputed Theory: Genetic Immunity

Many experts, however, are skeptical that this practice can limit the spread of venereal diseases to any significant degree over time. They warn that heavy use of antibiotics may even promote the emergence of special strains of disease that are resistant to therapy.

In contrast to men in many countries with high AIDS rates, most Nigerian men are also circumcised. Researchers say that men who have not been circumcised run a higher risk of contract-

ing AIDS from an infected partner, since they tend to have more venereal diseases than those who are circumcised.

The most controversial theory, one largely discounted by most Western scientists, is that Nigerians may have some form of genetic immunity to the AIDS virus. In a paper published last year, Dr. Nasidi and three other Nigerian researchers speculated that Nigeria might be a "buffer zone" within Africa for the AIDS virus.

"The idea we had was that maybe there is some genetic basis for the low infection rates," Dr. Nasidi said. "Alternatively, there could be other viruses here that are cross-reacting with the AIDS virus, providing some sort of immunity."

Here in Calabar, a seaport near Nigeria's eastern border with Cameroon where the incidence of AIDS infection among prostitutes is still relatively low, public health workers are hoping that Government intervention will make a big difference.

For nearly two years, Dr. Williams has been counseling prostitutes who work the cheap hotels and dark bars around the Gbogobiri truck stop. So far, she said, of about 300 women who have been tested, only 5 were infected with the AIDS virus.

"Because infection rates are still relatively low, it's hard to convince people that there's a problem," Dr. Williams said. "Most health professionals in Nigeria, in fact, have never even seen an AIDS case."

## 2 Years a Prostitute And New to AIDS

At Club 27, a 30-year-old woman who gave her name as Cecilia said she had worked as a prostitute at hotels in the area for nearly two years. But it was not until three months ago, she said, that she heard of AIDS.

"I didn't even know what AIDS was until Dr. Williams started coming around here," she said. Since then Cecilia has urged her clients to use condoms, "and most of them do, once you explain to them about AIDS."

Blessing, a prostitute in her early 20's, says she has worked in hotels here since she was about 16. The spread of the AIDS virus worries her, and she says she would like to find another way to earn a living. She acknowledged that she often engaged in unprotected sex. "If a man uses a condom, that's good," she said. "If he doesn't, it's sometimes hard to push him, you know."

A young man interviewed on a recent evening at a hotel here was reluctant to admit any concern about contracting the disease. "The ladies I go out with are clean; I can tell," he said.

If the women seem thin, or have obvious sores, he turns them away, he said. "I'm not going to get AIDS," he added. "It's not a Nigerian problem."



# WORLD DEVELOPMENT FORUM<sup>®</sup>

A TWICE-MONTHLY REPORT OF FACTS, TRENDS AND OPINION IN INTERNATIONAL DEVELOPMENT  
 • PUBLISHED AS A PUBLIC SERVICE BY THE HUNGER PROJECT •

VOLUME 8  
 NUMBER 19  
 OCTOBER 31, 1990

**NEW AIDS DRUG:** News of a new drug that gives hope to those with AIDS has been trickling into the United States for months. Scant news has appeared in the American press, however -- probably, suggests one doctor, because of fear of arousing hopes, only to have them dashed. But now comes an article in the respected Development Forum (UN) reporting that "a team of medical researchers in Kenya . . . claim to have developed a drug that is capable of alleviating AIDS symptoms in a matter of days." The drug is called Kemron and "is based on a substance called interferon that is produced naturally by cells in animals when attacked by viruses. The therapeutic use of interferon in cancer cases has been well documented over the years." In Kenya, AIDS patients are receiving low doses of the drug orally in lozenges. According to Professor Arthur Obel, a specialist in therapeutics at the University of Nairobi, all a patient needs to do is to "let it dissolve slowly into the walls of the mouth." How the drug works no one knows. But, says Joseph Cummins, president of the Texas-based Amarillo Cell Culture Company that has been collaborating with Obel, "The results we have had from Kemron have been quite spectacular."

"Claims for Kemron are based on the results of a six-month trial in Kenya involving 101 patients. According to doctors from the highly respected Kenyan Medical Research Institute (KEMRI) in Nairobi who carried out the study, almost all of the patients reported the disappearance of the majority of symptoms associated with AIDS -- such as fatigue, weight loss, diarrhoea and mouth sores -- within six weeks of starting the treatment."

Despite positive results many scientists remain skeptical. The number of patients tested was too small, they argue, and the tests were not carried out with proper controls. "False positives for HIV tend to be more common in the African population, due to high rates of other diseases, such as malaria. Nor is it yet certain whether the drug is a cure or just a palliative." But results are sufficiently positive to warrant researchers continuing their work. So far they "have not been able to identify any side-effects of the drug, apart from an increase in appetite and a constant desire to have sex."

THE NEW YORK TIMES, 28 October 1990

# Toll of AIDS on Uganda's Women Puts Their Roles and Rights in Question



Jane Perlez/The New York Times  
Alice Kironde, whose husband died of AIDS, was left destitute when his family took the couple's possessions. With her at her empty Mpererwe, Uganda, home were her children, Stanley, right, Peter and Esther.

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By JANE PERLEZ

Special to The New York Times

**MPERERWE, Uganda** — Alice Kironde is an unusual woman in Africa, where the raging epidemic of AIDS is illuminating the sharp inequalities between the sexes.

Her husband, when dying of AIDS, had demanded that she leave their city home and help care for him in his ancestral village. She refused.

After all, she argued with a boldness rare on a continent where polygamy is common and women are expected to acquiesce, he had acquired three other wives in the village since their marriage. Further, her husband still expected her to have sex with him and she had no desire to be exposed further to the AIDS virus.

But her firm stand left her more vulnerable to another tradition that still prevails in Uganda and many other parts of Africa: that when a man dies, his relatives rather than his wife take the possessions. In this case, angry at Mrs. Kironde's stance and accusing her of "bewitching" her husband, the relatives raided the couple's possessions even before Mr. Kironde died.

#### Wife Is Now Penniless

Samuel Kironde died of AIDS in June, at the age of 45. One of his village wives died of AIDS a month later. Now Mrs. Kironde, 40, who agreed to look after her husband during the two weeks he spent in Mulago Hospital in Kampala before he died, is penniless.

The small shop she and her husband ran together here in Mpererwe, a small town on the outskirts of Kampala, was

## An AIDS report cites the 'helpless status' of African women.

emptied by his relatives of everything, including the cash she needed to renew her trading license.

"I don't have anything," Mrs. Kironde said. "Just this carpet on the floor." She dug her bare foot into the stack down linoleum in the small living room of the house in which she and her husband raised their five children, now ages 4 to 13.

His relatives chased me out of the house, accused me of bewitching my husband, rented the house before he died and have taken the rent," she said.

Mrs. Kironde sought help at the Uganda Association of Women Lawyers, a legal-aid society that now finds cases involving AIDS and women's rights outstripping other new referrals.

## A Continent's Agony

A periodic report.

The group is helping Mrs. Kironde contest a forged will drawn up by her husband's relatives.

They are not hopeful of getting much back for Mrs. Kironde since most of the property, including the couple's cows, has already been sold. But they helped Mrs. Kironde work out an arrangement that allows her and three of her children — the two others are in boarding school — to camp in her house with the tenants.

#### Afflicts Men and Women Equally

Something else the lawyers cannot take care of is Mrs. Kironde's greatest fear: that in the years before her husband's AIDS symptoms became evident she too became infected with the deadly virus.

While AIDS is afflicting men and women in Africa about equally, social workers say that the disease in many ways has a disproportionate effect on African women. They are already overburdened as the main agricultural producers, the ones who bear and care for children, and the lowest-paid members of society who often have little say over their destiny.

Now, as officials seek to stem the surge of infection, the AIDS epidemic is raising new questions about women's roles and rights before the law and within the family.

In a foreword to its most-recent AIDS surveillance report, the Ugandan Ministry of Health noted that African women were touched by AIDS in two significant ways that do not affect men: as carriers of the disease to unborn children and as the principal carers for the sick. The report also emphasized the "helpless status" of women and the "sexual exploitation of the female sex."

#### Economic Impoverishment

"Even if women were aware of the sex risk of acquiring AIDS and the preventive measures that can be taken, they may be denied the opportunity of translating their knowledge into practice," the ministry said.

African social workers, many of them women, contend that it is the economic impoverishment of women in African society combined with the sexual demands of men that leave many women so vulnerable to AIDS.

A Ugandan social worker and lecturer at Makerere University in Kampala, E. Maxine Ankrah, put it bluntly in a recent article.

The African male, she wrote, maintained "unrestrained and unchallenged dominance over the African woman." The article continued: "An unassailable facet of African culture — the customary and legal right of males to un-

limited numbers of partners according to his wishes — should now be questioned," and it added, "jettisoned."

Last year, Dr. Ankrah conducted a survey among 144 Ugandan women and discovered an overwhelming sentiment that "because of their lack of decision-making power in matters of sex," as well as other factors, the women felt they were more at risk of becoming infected than men.

Certainly many African women, as well as men, engage in extramarital sex that can expose them to AIDS. But an increasing number of women here, faced with philandering by their husbands, say they would prefer to abstain from sex or to use condoms. Many find their husbands will not cooperate, and there is no clear path for those worried women to follow, especially given their often-limited economic opportunities.

#### Confronted by Husbands

Lawyers at the offices of the Women Lawyers association in Kampala sometimes find themselves confronting husbands, sent by their wives, demanding what they consider to be their

## Impoverishment and men's sexual demands leave women vulnerable.

#### sexual rights.

A lot of men come here complaining of refusal of conjugal rights," said Hope Mwesigye, a lawyer who works at the association's legal aid clinic. "They say, 'Why should I maintain her when I don't have the right to sex?'"

On the other hand, Mrs. Mwesigye said, "the wife says the man has so many places to get sex" and asks why she should risk becoming infected.

Mrs. Mwesigye says that if the women are convinced they want nothing to do with their husbands, she suggests they leave the home and seek employment as a small shopkeeper. She

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refers them to a women's credit fund.

But Noerine Kaleeba, director of TASO, The AIDS Support Organization, a counseling and support group, said that given the traditional ways of Ugandan society, that strategy may not work. She tells women to stay put.

"We say, suppose the man was to deny you all kinds of support — wouldn't that lead you to seek another man?" she said. "It's like jumping from one fire to another. A woman moving in with her parents is another possibility but it is expected that the grown woman supports the parents, not the parents looking after the grown children."

Expectations about childbearing also can restrict a woman's ability to protect herself, or, if she is already carrying the virus, her ability to avoid giving birth to infected children. In African society womanhood is judged in terms of motherhood; having many children is usually paramount to a woman's sense of her own worth, as well as the judgment of others.

Eunice Muringo Kiereini, chairman of the nursing and midwifery task force of the World Health Organization's East Africa office in Nairobi, told the story of 23-year-old Veronica, who contracted AIDS from her boyfriend three years ago.

"Will Veronica agree not to get pregnant?" she said. "If so, she would face the prejudice of society because she cannot pursue her role."

#### **Undermining Birth Control**

The combination of traditional childbearing expectations and AIDS may even be undermining birth-control programs, which were already having a hard time gaining acceptance in African countries that face increasing population density.

"African parents who perceive increasing child mortality may be less receptive to family planning, which is so critical to improving maternal and child health in Africa," said Elizabeth A. Preble, an AIDS adviser to the United Nations Children's Fund.

Mrs. Kaleeba, the AIDS counselor, sees such attitudes as she tours the Ugandan countryside.

"Among rural women, many say: 'People are dying. We should have more children,' she said. "Even among my clients, people still have babies even though they are HIV positive because it is very important for an African woman to have a baby. The clients feel they must leave more children behind. They say: 'I will take the chance. If the child is positive he will die, if not he will live.'"

One of the gloomier aspects of the Ugandan Health Ministry's report was the revelation that there were twice as many AIDS cases among girls 15 to 19 years old as among boys in the same age group. That is believed to reflect a trend among older men, worried about high rates of AIDS infection among women their age, who are having sex with younger and younger women.

#### **Young Also Affected**

But since the men often already carry the AIDS virus, the young girls become infected. The AIDS figures are also consistent with a common sight in Kampala and other cities: "sugar daddies," wealthy older men, preying on the economic dependence of teenage girls who enjoy being lavished with a new dress or even school fees.

In what was described as an effort to protect women against AIDS, Uganda approved tougher sentences this year for rape (life sentence) and sex with a girl younger than 13 (the death penalty).

But Mrs. Kaleeba is not certain that the two measures will have the desired effect.

"Stiffer laws for rape can be useful elsewhere but in Uganda I doubt it," she said. "How many women in this culture would come forward and say, 'I've been raped.'"

THE NEW YORK TIMES, 19 October 1990

## AIDS in Africa: Experts Study Role of Promiscuous Sex in the Epidemic



Sara Krulwich/The New York Times

Gideon Msithole, a truck driver, with his friend, Ida Mipolo, at a truckstop in Kitwe, Zambia. "I have a permanent girlfriend waiting for me here," he said of Miss Mipolo. "My wife agrees that this is safer."



By JOHN TIERNEY

Special to The New York Times

BRAZZAVILLE, Congo — When a man here talks about going to "le deuxième bureau," the second office, he means he is going to visit a mistress, perhaps at a place like the Hotel Bikoumou. It is one of the many small hotels that have prospered in this capital by renting rooms for two hours at a time.

Lately, though, business has been off, and Jean Paul Mampouya looked bored as he sat behind the reception desk at the start of another slow evening.

"We used to get four or five customers a day," he said. "Now it is one or two, or none. Today there has been no one. People are afraid of AIDS."

This is the kind of news that gladdens public-health workers, but it is the kind of topic that makes many officials and researchers uncomfortable. The issue of sexual promiscuity — or, to use the morally neutral terms preferred by social scientists, "sexual networking" and "a pattern of multiple partners" — is the most awkward question of Africa's AIDS epidemic.

No one knows if Africans are more sexually active than people elsewhere. Adultery and short-term hotels can be found around the world, and some researchers wonder if Africans are any more promiscuous than, say, the sexually active populations of American cities.

But there is no doubt that the second office, under various names, is an institution across urban Africa, and researchers agree that extramarital sex has been a major factor in the AIDS epidemic. At least four million Africans, 80 percent of those infected, are believed to have acquired the AIDS virus through heterosexual intercourse.

## Will the Situation Impose a Morality?

Many researchers regard today's sexual behavior largely as a cultural aberration brought on by colonialism, urbanization and other recent trends. But others see it also as a pattern rooted in Africa's agricultural past and its tradition of polygamy.

These social scientists think that fear of AIDS may help accomplish what missionaries, colonial administrators and some African leaders have been trying to do for a century: impose a new family structure and code of sexual behavior. The researchers are not sure this social transformation would be an unqualified improvement.

Researchers invariably preface the discussion with several caveats. They note that sexual activity is only one of the factors causing Africa's epidemic and that many conditions may promote viral transmission: epidemics of untreated sexually transmitted diseases; large numbers of uncircumcised men; many areas where condoms have been unfamiliar and unavailable, and the movements of migratory worker and soldiers.

Researchers are also wary of generalizations about a continent with 2,000 tribal traditions and many varieties of Christianity and Islam. This mix includes plenty of people who are puritanical about sex. African academics attending conferences abroad have been stunned at the casual liaisons of their Western colleagues.

## A Second Partner Common in the City

Still, surveys show that premarital and extramarital sex are common in African cities. In a recent survey of married men in Zimbabwe, 40 percent reported having had an extramarital partner within the previous year, and researchers suspected the true figure would have been higher if all the men had told the truth.

In a Nigerian survey, a majority of the married men and one-third of the married women reported that they had a sexual partner outside their marriage. In Kenya, researchers have not finished tabulating the results of a national survey, but they found abundant extramarital activity.

"We were surprised at how many people admitted to having outside partners," said Philista Onyango, a sociologist at the University of Nairobi, who directed the survey. "We found it happening in both the villages and the city. This behavior seems to be changing because of AIDS, but many Africans still assume that a married man can have other relationships. He is allowed to misbehave."

This misbehavior is often castigated in public, particularly by African Christian leaders. The AIDS epidemic has prompted governments to join the chorus, and the press is full of warnings, too.

## Call of Monogamy Often Not Heard

The Times of Zambia recently lamented that "the scramble for young ones by sugar daddies and mummies has continued unabated," which it explained with the theory that "sexual perversion is a deep-rooted disease which does not only make a man run crazy, but make him capable of ignoring all the dangers surrounding the AIDS mystery to satisfy his desires and wants."

In private, though, many Zambians, like other Africans, do not seem so appalled. Benny Musumba, a 29-year-old businessman in Lusaka, discussed it rather casually.

"Yes, I've got a wife, but sometimes

I go to a girlfriend for a night," he said. "That's very usual for most men — it's very easy to find a girl. Before AIDS I used to have several girlfriends. But now I am worried, so I have only one."

Accepting money for sex does not necessarily carry the same stigma in Africa as in the West. Some women are called prostitutes because they regularly have sex with any man for a fee set in advance. But there are many others like the "femme libre," as she is known in Zaire, the "free woman" who supports herself with a job in a store or an office. She might occasionally spend the night with a man she meets and expect an unspecified fee afterward, but she would not be called a prostitute.

Nor, in many places, is there great stigma attached to the single women who enter into lasting relationships with married men. They go by various titles throughout Africa: the permanent girlfriend, the city wife, the outside wife, the champion on Zambia's Copper Belt. It is a respectable role partly because it is one of the few ways for women to make a living in the city.

"Some ladies must go with men because they need money," said Grace Banda, a 29-year-old secretary in Lusaka.

Many anthropologists and sociologists attribute the extramarital activity to recent social changes. The colonial powers left behind plantations, mines, factories and government institutions administered and worked by men, many far from their wives in the villages.

"Adultery occurred in lots of traditional African rural societies for a long time, but in many villages it was disapproved, so it was risky behavior," said Edgar Winans, an anthropologist at the University of Washington. "In the city there's much less check on behavior, and African cities have attracted large numbers of unattached men and women. In those circumstances you get higher rates of premarital and extramarital sex."

## Contrasting Virtues: Chastity or Fertility?

A more ancient cause for this sexual behavior has been suggested by John C. Caldwell, an Australian demographer who is one of the leading experts on African sexual and fertility patterns. He argues that the level of extramarital activity in Africa is higher

Continued ...

## A Continent's Agony

*A periodic report.*

than in most of the third world, and that it reflects a longstanding difference in family structure.

Dr. Caldwell, working with colleagues at the Australian National University in Canberra, draws on a venerable theory by John R. Goody, an anthropologist at Cambridge University who sought to explain why Africa's family structure did not evolve the way the "Eurasian" structure did in the Mediterranean and Asia. In the 1970's Dr. Goody theorized that the answer lay in the land.

In Europe and Asia, the rich soils could be plowed to produce agricultural surpluses, and the control of land became essential to wealth. To prevent its share of land from being fragmented, a family strove to stop its children from marrying into poorer families. In the effort to avoid undesirable heirs to the land, this theory holds, a class system evolved with tight controls over reproduction: Female chastity became the supreme virtue.

In Africa, with its poor soils and vast regions where the tsetse fly prevented the use of draft animals, the land was not plowed to produce surpluses. Its subsistence farming was based on hoes and human labor, so wealth depended mainly on acquiring wives and children.

### Pragmatic Approach Or Religious Rules?

To acquire this wealth, a man in Africa was expected to make a payment to the bride's family — the reverse of the tradition in Europe and Asia, where a dowry was paid to the groom's family that was taking the bride on to its valuable land. In Africa the supreme virtue became female fertility, not chastity.

"Africans have a different moral code than ours, and in some ways it's superior," Dr. Caldwell said. "The Eurasian system caused us problems for 5,000 years in two ways: it produced and sustained a class system, which Africa generally hasn't got, and its emphasis on female chastity was the main vehicle for making women second-class citizens." Male polygamy is far more prevalent in Africa than anywhere else, making for looser conjugal bonds and greater independence for women in some ways.

"Sex in many African societies is regarded more pragmatically, more matter-of-factly, without the strict limits on women's activities — just the sort of attitude that many in the West have been urging the past two decades," Dr. Caldwell said.

"But, by sheer bad luck, this meant that Africans were liable to be attacked by AIDS. AIDS is going to produce deaths on a colossal and a disorganizing scale, and it's inevitable there will be changes in levels of sexual network-

ing, and hence the family. I think it will produce a family structure like ours."

Dr. Caldwell said that this transformation could produce some harmful effects — depriving women of freedom and, in some cases, a means of support — unless it is accompanied by other changes, like the granting of greater economic rights to women.

Other social scientists agree on the need for women to gain economic rights, although some dispute aspects of Dr. Caldwell's overall thesis. They believe he may overstate the amount of sexual license in Africa.

Christine Obbo, a Ugandan anthropologist at Wayne State University, said: "His argument is plausible for some places, but in many other places there has always been a requirement that women be chaste. It's true that there has generally been an attitude that men can have other partners, but I think even that is becoming more difficult simply for economic reasons. Men can't afford a country wife and a city wife anymore."

### Despite the Danger, Hesitancy to Change

AIDS is clearly another factor encouraging male monogamy, and Dr. Obbo detected several new phenomena during her recent work in rural Uganda. Women were starting to challenge their husbands over infidelities, husbands were starting to apologize and stay home at night, and barmaids were complaining about business falling.

It is easy to spot similar behavioral changes across Africa, although it just as easy to find men unwilling to give up their second offices and their champions. At the Agricom truck stop in Kitwe, Zambia, where a dozen drivers hauling copper home to Zimbabwe recently spent the night, none of the married men regarded monogamy as a viable option.

Paradzayi Elfugio, 39 years old, a truck driver said: "You cannot worry about AIDS. You cannot defend against it — your wife might give it to you because she has been with someone else while you are away — so you must take your chances. If it's your day to die, then it's your day to die."

Gideon Msithole, 48, another driver, said: "No, that's not right. You must protect yourself against too many partners. I am very careful. I have a permanent girlfriend waiting for me here. My wife agrees that this is safer."

He walked back to his truck and introduced Ida Mipolo, 25, from Lusaka, who traveled with him on this section of his route through Zambia and Zaire. Of course, he explained, there were other parts of Africa where he had to travel alone.

"But you see, I am careful in those places," he said, demonstrating by rummaging through his truck to produce a strip of condoms. His permanent girlfriend did not seem to be jealous at this revelation. She certainly did not look surprised.