The HIV/AIDS Epidemic in Sub-Saharan Africa
in a Historical Perspective
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A Oral History of HIV/AIDS in the Congo

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The first cases of AIDS in the Congo

The first cases of AIDS in the Congo (known at that time as Zaire) were diagnosed in October 1983 in Kinshasa by an American-Belgian team working in close collaboration with Congolese doctors. This joint diagnostic work was inspired by the discovery, the preceding year in Belgium, of cases of AIDS in patients from Central Africa amongst whom some were Congolese.[1]

Let us recall that it was in 1981 that the first diagnoses of AIDS was made in the United States. Naturally, the date of occurrence of the illness was earlier in both the United States and Africa. This was described by Ngandu Kabeya the Congolese Minister of Health in 1987:

> When one looks at the files and goes back in time one discovers several cases of patients who, in the past, have shown grave signs of AIDS. Today it is possible to state that these patients died of AIDS. In 1977, 1978, 1979 and 1980 some cases were already known but they were isolated. Patients arrived either with persistent diarrhoea, pulmonary problems, high fever, weight loss etc and all of these symptoms lead to death without us being able to arrive at a diagnosis.[2]

This statement correlates with evidence gathered at the time. Bilonda Lwamba recalls a cousin who died in 1979 of an inexplicable disease whose symptoms resembled those of AIDS:

> Just before his illness began, his wife – his cousin's wife – had been sent back to her village (district of Kongolo in Katanga) because of infidelity [adultery]. But when the husband fell ill, the in-laws thought it best to send the wife back to Kinshasa so that she could be at her husband's sickbed. He died in 1979. Some time after his death, the wife returned home to live in the town of Kongolo. There she died, two years later. In Kongolo, this woman had not been chaste. She had sexual relations with other men in spite of the custom which demands that a widow practises abstinence for at least one year. Her lovers died several years later of the same disease but as far as they were concerned, we knew that it was from AIDS.[3]

This account shows that the AIDS virus was present in Kinshasa before 1979. Similar deaths had been recorded in 1977. We could mention the case of Jean-Pierre, a young man of about 20, whose story was told by Tsasa Umba:

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[1] Comité national de lutte contre le sida (CNLS), *Réponses à vos questions* (Editions Saint-Paul, Kinshasa 1988), 18.
[2] *Ibid.*
[3] Lwamba Bilonda, lecturer in history at the University of Lubumbashi, interviewed in Lubumbashi on 15 April 2003 (in French).

> Jean-Pierre was a contemporary of mine. We lived in the same street, rue de la Source, in the village of Lemba. He was a musician. His mother, Mummy Maria, was a great friend of my godmother. He died in 1977 after developing tuberculosis. He was only admitted to the Makala Sanatorium after his illness worsened[1].

What made Umba think that Jean-Pierre had died of AIDS was the fact that, even though he was sick at home for a long time before going to hospital, no one in his family developed tuberculosis. He added that, during the last months before his death, he showed symptoms which are today seen in victims of AIDS who are in the final stages of the disease: tuberculosis together with intense diarrhoea especially after eating; loss of hair; marked weight loss. In this regard he offered the following information:

> At that time, the following event caused panic amongst young people: tuberculosis seemed to resurface in Kinshasa. Many cases were reported amongst young people, especially movie stars[2].

An extreme case is that of César Ntoto all of whose wives died of AIDS. He himself succumbed to the same disease in 1993. A remarkable fact is that his first wife died in 1975 of the same disease as that of the different women who succeeded her as spouses[3].

It was also in 1975 that Marc Nkongo, residing in Kilangwe Avenue, Kinshasa-Lemba, died of a disease that the doctors were unable to cure, reports Emmanuel Phuati Ndele. “Had he have died today”, he adds, “he would have been labelled as having AIDS. The young woman that he had married three years previously, in his third marriage, died two years later, in the same circumstances.”[4]

Similar cases were noted not only in Kinshasa during this period. Mr Tshamala, an employee of the SNCC in Lubumbashi, mentioned the case of a student at the University of Lubumbashi who lived in the same students’ residence as him:

> In 1980 our neighbour died. […] We lived in Camp Luano [the students’ residence]. Like me, he was a married student. He came from Bas Congo. He had registered as a student only two years earlier. He was an employee of Air Zaire but had asked for absence of leave so that he could study. His death disturbed many people for we feared witchcraft. The Bakongo, people of his tribe, are often accused of using witchcraft. This student had hardly come to any lectures. He was often ill, for months on end. He was admitted several times to the Lubumbashi University clinic. The last time that he was admitted, he had developed the same symptoms that are seen in sufferers of AIDS who are in the final stages of the disease. He had lost so much weight because of his constant diarrhoea that it was said, a few days before he died, that he weighed no more than twenty-eight kilograms. It was said that his parents reproached him for only paying attention to his wife although she was sterile. It was planned to transfer him to Kinshasa where he would receive better care, but he died just as plans were coming together. Still, his mortal remains were returned to Lower Congo.[5]

Doctor Léopold Malonda indicated that during 1982-1983 he treated cases similar to those mentioned above in the Mont Amba University Clinics in Kinshasa. These patients came from Boma and Matadi in Lower Congo.[6]

AIDS, a foreign disease

[1] Tsasa Umba, employee of the Congolese National Railways Company (SNCC), interviewed in Lubumbashi on 23 August, 2003 (in Lingala).

[2] The case of the author’s maternal aunt, Georgette Phoba, who died in 1981, can be explained in the same light. She developed tuberculosis in 1976-1977 and suffered several relapses despite having been hospitalized in the Sanatorium. She contracted shingles in 1979 and, in 1980, gave birth to stillborn twins.

[3] Luvunu Kunza, pharmacist at the Mama Yemo Hospital in Kinshasa from 1972 to 1989 and at the Lubumbashi SNCC (Railways) Hospital since 1989, interviewed several times in Lubumbashi during 2003 (in French).

[4] Emmanuel Phuati Ndele, economist, employee of the National Society of Electricity (SNEL), interviewed in Kinshasa on 29 January 2003 (in French).

[5] Mr Tshamala, employee of the Lubumbashi SNCC, interviewed in Lubumbashi on 12 May 2003 (in French).

[6] Léopold Malonda, internist in the University Clinics of Kinshasa, interviewed in Kinshasa on 29 January 2003 (in French).

Congolese opinion is convinced that HIV/AIDS, at least in its present form, is of foreign origin. The reason for this is that the first cases of AIDS, confirmed or suspected, were affected people who had regular contact with foreigners. In Kinshasa, a group of prostitutes known as the "Londoners"[1] were amongst the first people to contract AIDS. Testimonies such as that of Mr Kilo mention the death of the "Londoners" who practised their profession in the seventies.

> Nzali died a long time ago. She died because she was a Londoner. She was a beautiful girl who loved only white men. In fact, all the Londoners in our area died of AIDS. [There follows a list of twenty names.] All the men who associated with them are dead also.[2]

Franco Makiadi Lwambo, a well known popular Congolese musician who was known to draw his inspiration from news items and current affairs also referred to prostitutes in his well known song *Attention na Sida*:

> Hey! Good gentlemen! Hey! Citizens! Beware of the prostitutes! And you, good ladies! Citizens as well, make sure that your men folk use condoms.

Let us remember that at that time, in keeping with the doctrine of authenticity, the Congolese were called "citizens" in order to distinguish them from "gentlemen", in other words, foreigners.

The conviction that AIDS was of foreign origin was upheld by well informed people of repute like Professor Zirimwabagabo Lurhuma who stated in the magazine *Jeune Afrique* that AIDS was brought into Lubumbashi by an HIV positive Pakistani who infected several prostitutes during a stay in the town.[3]

In the interview mentioned above, Tsasa Umba alludes to the stars who were also the target of popular accusations because of their relationships with foreigners. In 1974, for example, during the Ali/Foreman boxing match rumour had it that the woman star Abeti Masikini had sexual relations with George Forman's two dogs.[4] Even if this rumour was groundless, it is true that Abeti Masikini kept company with the Americans and other foreigners who had come to cover the event. She died of AIDS some years later. Congolese opinion dates the appearance of AIDS to the period when the luxury hotels which accommodated foreign delegations – the Intercontinental, the Memling, the Okapi – attracted visits from Congolese prostitutes.[5]

The Congolese bourgeoisie was also in contact with foreigners. Their financial means allowed them to leave the country and to associate with foreigners. The most famous case is that of Niwa Mobutu, the eldest son of President Mobutu, who died of AIDS during the eighties. Kabeya Ngandu, a doctor and Minister of Public Health said nothing more or less when he made a public statement referring to

> … the cases of those whom we sent to Switzerland en 1977 and to other large international hospitals

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[1] In Kinshasa this name is given to prostitutes who practice their profession in foreign circles, particularly amongst whites. The "Londoners" are to be found on the Boulevard 30 June, particularly at night. There, tourists and other foreign visitors, pick them up. They also frequent well known hotels, discotheques, restaurants and popular night clubs.

[2] Mr Kilo, resident at 9 rue de la source, Kinshasa B Lemba, interviewed on 30 January 2003 in Kinshasha (in Lingala).

[3] *Jeune Afrique*, 1355-1356 (December 1986), 4. The same year, with the help of Daniel Zagury, a Parisian immunologist, Lurhuma began to experiment with a vaccine against AIDS, MM1, which turned out to be a false hope. See Mirko K. Grmek, *Histoire du sida: Début et origine d'une pandémie actuelle* (3e éd., Paris, Payot, 1989), 286. See also, in this volume, Paul Kocheleff's paper.

[4] Several years later, Franco Lwambo Makiadi sang *Na bala nangai ibwa* which is Lingala for "I would prefer to marry a [male] dog or a bitch".

[5] Luvunu, pharmacist.

> and who returned home practically dead. Today we can accept in hindsight that some of them died of AIDS. We can also mention the case of foreigners.[1]

Even today, the idea of contamination from abroad continues to have its followers but it now refers to other African countries. In 1996 Professor Kapenda from the University of Lubumbashi and his wife died. According to their friends, Mrs Kapenda had contracted AIDS during business activities which had been conducted, for several years, between the Congo, Zambia and Angola.[2] Similar opinions were expressed concerning Joachim Konde a Lubumbashi intellectual who died of AIDS in 2000. According to Kiama Mbumba, a Lubumbashi housewife, Konde was infected in Kasamayi close to the Angolan border, where he had gone to trade.[3]

According to statistics collected by Claire Bisseker,[4] the number of soldiers who were HIV positive was lower in the Congo and neighbouring countries than in Rwanda, Uganda, Zambia and South Africa. During the periods 1987-1989 and 1990-1994 the number of HIV-positive people was between 3 and 5% and between 5 and 6.5% in the Congo, between 23 and 26% and about 20% in Uganda, 11% and between 22 and 27% in Zambia and 1% and 14% in South Africa. In 1998 the number of HIV-positive adults was 4% in the Congo, 6,4% in Congo-Brazzaville, 13% in the Central African Republic, 2,8% in Angola. 0,9% in the Sudan, 14% in Uganda, 11,3% in Burundi, 13,0% en Tanzania and 27,9% in Zambia.[5]

The argument that AIDS is of foreign origin is reinforced by the fact that the number of people who are HIV positive was higher in urban areas and in border towns than in rural areas during the early years of the epidemic. AIDS gradually spread from the towns to infect villages. Indeed, discouraged by an illness that was incurable, some patients left the hospitals to seek traditional treatments which were much sought after as the many accusations of witchcraft would seem to prove. In our own family we could mention the case of an aunt who returned to her village at the invitation of some relatives who lived there, as her husband and her family no longer knew what to do with her. Covered with shame, some sick people preferred to leave town, as Motanda Ngani mentioned with regard to a classmate.

> Nana came from the Equator. We were fellow students in the class of political and administrative sciences. In 1988 it was suspected that she had AIDS. Even though she had completed her second year of studies, she did not return to university after the vacation. We heard that she had gone to live with her grand parents in the village where she died several months later.[6]

The return of the sick to their villages has been a common phenomenon in Africa since the colonial period[7] and is often clandestine. The reason for treatment in a cultural milieu is psychological. The healer is seen not only as a doctor but also as someone who possesses the power to invoke the spirits of the ancestors. The treatment which he prescribes uses not only material substances but also resources from the cosmic or immaterial world. According to African beliefs, the illness is not only the result of the dysfunctioning of an organ brought about by a material cause, but can also be due to an intangible cause or force.

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[1] *Elima* (30 June 1987), 6.
[2] Mrs Lupwe, employee of the University of Lubumbashi, interviewed on 10 June, 2003 (in Lingala).
[3] Mrs Mbumba, housewife and friend of the widow Konde, interviewed on 6 May 2003 (in Lingala).
[4] Bisseker, Claire: "Africa's Military Time Bomb: SANDF's Military Readiness" in *Financial Mail* (11 December 1998), 34-36.
[5] Figures for HIV prevalence in countries bordering on the Democratic Republic of Congo in 1998, in UNAIDS, *Rapport épidémiologique sur l'épidémie de VIH/SIDA* (Geneva, December 1998).
[6] Ngani Motanda, civil servant in the Head Office for Income Tax in Katanga Province, interviewed on 17 August 2003 in Lubumbashi (in French).
[7] See César Nkuku Khonde and Sakatolo Zambeze Kakoma, "Relations dans la prise en charge sanitaire des populations urbaines et rurales en République Démocratique du Congo", *Lubumbashi médical*, 2 (1999), where this phenomenon was introduced and analysed.

Seroprevalence data

It is not easy to measure the progress of AIDS in the Congo since 1983. Figures for those who are HIV positive will remain vague until systematic investigations are undertaken as was the case during the colonial period for sleeping sickness, malaria, bilharzia, leprosy and many other diseases. Because of the breakdown of administrative services for several years after independence, we are obliged to rely on data collected from testing units and hospitals. The Congolese population is reticent regarding blood tests. Even those who know that they have AIDS prefer to conceal their condition as Dr Faustin Malele points out:

> HIV positive people do not always accept that they are positive and continue to worry about what others will say. Others are embarrassed about coming to our waiting rooms and prefer to remain in their motor cars until called by the doctor, with whom they have made an appointment by telephone. Most of our patients are in a very advanced stage of the disease.[1]

This is what leads Dr Kakoma to say that official statistics for HIV represent only the "visible part of the iceberg".[2] Published data represent approximations. The most accurate data have been collected by doctors from patients that they see in their consulting rooms. It should be added that, until recently, few laboratories were able to perform blood tests and that the nature of AIDS continued to be poorly understood by many sectors of the population, including some members of the medical corps.

This confusion concerning the nature of the epidemic is expressed in the song *Attention na sida*:

> Maladi nyonso to bosani mama. Mutu azwa maladi balobi sida. Mutu azwa fièvre balobi sida. Mutu akonda balobi sida. Mutu akufa, balobi akufi na sida [3]. (We have forgotten all illnesses. When someone is sick it is said that he has AIDS even if he has only a high fever. And when he dies, it is because of AIDS.)

For all these reasons it is difficult to measure the development of AIDS in the Congo. Nevertheless, we know that in spite of the efforts expended since the 1990s AIDS has continued to spread. From 1986 to 1997 the level of HIV in adults has been estimated at approximately 4% according to serological data gathered throughout the country.[4] Surveys amongst women in certain towns and cities indicate a somewhat higher figure. In 1988 HIV amongst women was 11,4% in Kinsangani, 7% in Kinshasa and 4,4% in Mbuji-Mayi.[5] The extent of the infection in women in child birth in Lubumbashi was 5,8% in 1996.[6] The same level was observed in Kinshasa in 1988. In 1995 it was 7,2% in Kisantu.[7]

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[1] Faustin Malele, "C[entre] T[raitement] A[mbulatoire] Kabinda. Difficultés et contraintes du début", *Bonobo*, 7 (3rd quarter 2002).

[2] S. Z. Kakoma, "Une société en crise face au Sida: morbidité, attitudes populaires et politiques de prévention à Lubumbashi", paper read at Lubumbashi, 2000.

[3] In Lingala. Moreover real scientific investigations concerning the extent of AIDS in the Congo were only undertaken and published in the Congo during the 1990-2000 decade. Before that, all scientific conferences about HIV/AIDS held in the Congo, by nationals as well as foreigners, did not indicate the characteristics and exact means of contamination of AIDS.

[4] L. Kapunda Kambale and J. P. Lumbila Musongela "Problématique du VIH/Sida dans le contexte de la République Démocratique du Congo", *Congo médical*, 3/3 (September 2001), 195-197.

[5] M. Biayi, D.I. Kabanga and M.C.Kadima", "Aboutissement de la grossesse chez les mères séropositives: à propos d'une série de 41 cas à Mbuji-Ayi, *Congo médical*, 3/3 (September 2001), 214-219.

[6] B. Kabila, K. Banza, K. Ngoyi, S. Kakoma, "Aspects épidémiologique de l'infection par le VIH chez la parturiente de Lubumbashi", *Congo médical*, 3/3 (September 2001), 212. The same level was indicated by UNAIDS for the entire Katanga in 1994. See UNAIDS *Rapport épidémiologique sur l'épidémie du Sida*, (Geneva, December 1998).

[7] P.N. Mbanzulu, W. Neckwi, K. Dedelemo et al., "Infection par virus de l'immunodéficience humaine chez la femme enceinte: étude préliminaire", *Panorama médical*, 1/9 (1995), 501-503.

In the testing centres the levels are higher. In the laboratory of the Regional Centre for the Fight Against AIDS in Lubumbashi, for example, 305 people out of the 592 who voluntarily presented themselves between December 1996 and June 1997 for different reasons (fear of infection, blood donation, marriage plans, trips, pre-operative examinations), that is, 50,6%, were declared to be HIV positive.[1] The retrospective results of 1724 cases of patients hospitalized between October 2000 and March 2001 in the wards of the two hospitals in the town of Lubumbashi allow one to measure the relative importance of AIDS in relation to other illnesses calling for hospitalization in Lubumbashi. Malaria was the most frequent cause of hospitalization (25,75%), followed by AIDS (10,10%), gastroenteritis (7,71%), pulmonary tuberculosis (7.60), pneumonia (5,57%), severe arterial hypertension and cardio-vascular problems (5.22%). Taken together, respiratory ailments (pulmonary tuberculosis, pneumonia and pleurisy) were in second place accounting for 15,95% of hospitalized cases. Combined with gastroenteritis and encephalic meningitis they represent 26,79% of the cases. If account is taken of the systematic testing and the fact that these pathologies occupy a prime place amongst opportunistic infections in Lubumbashi, one is justified in thinking that an appreciable portion of these cases can be laid at the door of the HIV/AIDS infection.[2]

Historical and social factors

The study of social, cultural and political factors allows for a better understanding of the development of the epidemic in Congolese society. Poverty, socio-political problems and socio-cultural behaviours are amongst the most important factors:

> The high level of HIV/AIDS […] is linked, amongst other factors, to the decay of morals […], to the absence of effective counter measures […] and to poverty. The impact of a series of wars […] also needs to be evaluated.[3]

All these factors should be considered together. It is known, for example, that sexual behaviours are influenced by poverty. This is the case with prostitution which, as is well known, played an extremely important role in the introduction and spread of HIV in the Congo and the rest of Africa. This fact has been recognised since 1985:

> From Kigali to Kinshasa 90% of prostitutes have encountered the virus. In Nairobi, 7% of the ladies of easy virtue were directly affected in 1980; this figure rose to 51% in 1984.[4]

In the Congo prostitution is a phenomenon of colonial origin. Colonial ideology equated the migration of women to the towns with a desire to lead a life of freedom. Only married women were allowed, in specific situations, to rejoin their husbands in the towns. At the end of the recession of the 1930s the authorities created the category of "indigenous, adult and able-bodied women theoretically living alone". The women thus defined were subjected to a tax of fifty francs which was equal to the salary of a "boy" for ten days' work. Despite the legislation, however, single women migrated clandestinely and gradually became more numerous that married women: in Kinshasa, for example, of the five thousand black women who were registered, only three hundred fifty-eight were legally married.[5]

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[1] Monthly report of the Laboratory of the Centre for the fight against AIDS, Lubumbashi, December 1996 – June 1997.

[2] S. Kakoma, "Une société en crise face au Sida: Morbidité, Attitude populaire et politiques de prévention à Lubumbashi (République Démocratique du Congo) ", unpublished.

[3] M. Kalume et L. Labama, "Les aspects épidémiologiques de l'infection VIH/SIDA chez la femme en milieu congolais : la situation de Kisangani", *Journal médical des grands lacs*, 1/1 (2002), 8-13.

[4] "L'étrange virus vient-il d'Afrique", *Jeune Afrique*, 1301 (December 1985), 61. Comparable figures are found in Mirko Grmek, *Histoire du sida. Début et origine d'une pandémie actuelle* (3rd ed., Paris, Payot, 1995), 292.

[5] Charles Didier Gondola, "Oh, rio-Ma ! Musique et guerre des sexes à Kinshasa, 1930-1970", *Revue française d'Outre-Mer*, 84/314 (1997), 55.

Several reasons are given for women migrating towards town. Firstly they came in order to satisfy the needs of the Europeans. Up until the 1920s, the distribution of the European population in the colonial towns of the Congo was very uneven. In Kinshasa, for example, a high proportion of the six hundred European women in the town were Catholic nuns, whilst the vast majority of the two thousand five hundred European men were single. The majority of them chose girlfriends or temporary wives from amongst the black women. According to André Chalux it was common practice, especially amongst the high-ranking colonial civil servants of the time to have a *négresse*.[1] In the film *Bakandja, martyr chrétien* all the whites portrayed had black wives. It was only towards the end of the 1920s, because of pressure from the missionaries, that the black mistress ceased to be seen as a sign of social success and disappeared from the public arena. Whereas the public flaunting of a *négresse* became unacceptable, clandestine contacts multiplied especially during the crises of the 1930s. The number of abandoned coloured children rose from 108 to 191 between 1932 and 1934[2]. One might well claim that prostitution, in Kinshasa at any event, was due to the demographic imbalance of the Europeans.

After the Second World War, the phenomenon of "free women" became more visible. These women targeted not only whites but also salaried blacks. They took great care of their appearance in order better to seduce the men, a fact mentioned by the Centre extra-coutumier of Elisabethville (Lubumbashi) during the 1940-1950 period:

> the majority of women theoretically prefer to remain single and detest a regular matrimonial situation. These women spend most of their days walking around in order to see if there have been any arrivals of new women's clothing. They are always the first to buy new outfits. From morning to night, they do nothing but dress themselves in beautiful and new clothes so as to please the men.[3]

This life style continued after the colonial era. Aimé Mambou-Gnali described it in the following way in 1967:

> Normally, she lives with her mother or any other female relation, an aunt or a sister who would do the shopping, the cooking and look after the children, in short, run the house. The *ndumba* would dress herself up and rush round town unearthing new fabrics and the latest beauty products, placing orders with the jeweller, trying on outfits at the seamstress, having her hair braided by her friends with whom she would chatter away or she would go and parade herself in the bars.[4]

The so-called free women were a source of inspiration for popular musicians. Every aspect of Congolese prostitution is featured in modern popular music. In 1968 Jean Bokelo noted in a song that prostitution attracted many women even those who were married:

> *Maman nalingi na fanda ndumba, bandumba mpe bazuaka, bandumba mpe balataka. Nalembi ibala ya kosuanisa ngai* (Mummy, I want to become a *ndumba*, I want to become a prostitute. The *ndumba* earn their living. The *ndumba* dress smartly. I am tired of this life of arguing.)

The attraction which prostitution held for married women also testified to their husband's inability, poor as he was, to maintain the household. Since the 1970s – the situation still exists although it is showing a decline – women who desired to be kept chose a "safe man". This is the "second office" (*deuxième bureau*) phenomenon. A rich man was obliged to have a concubine, about whom his wife knew nothing, and whom he kept as well as though she were his own wife: he paid her rent and other needs but rarely spent the whole night with her. This is the theme of a song by Mujos in 1965: *Ngai Marie nzoto ebeba* (I,

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[1] André Chalux, *Un an au Congo belge* (Bruxelles, Libraire Albert Dewit, 1925), 128.

[2] Report of the deputy public prosecutor in Leopoldville concerning the situation of Coloured peole in the Belgian Congo, quoted by Gondola, "Oh, rio-Ma ! Musique et guerre des sexes à Kinshasa, 1930-1970", 56.

[3] Bonifacedo Mwepu, "La vie des femme légères dites libres au centre extra-coutumier d'Elisabethville", *Bulletin du centre d'études des problèmes sociaux des indigènes (CEPSI)*, 1 (1951), 176-177.

[4] Aimé Mambou-Gnali, "La jeune africaine, un cas : la Ndumba congolaise », *Etumba* (28 September 1967).

Marie, with my badly treated body).The composer allows a *ndumba* to speak directly to the wives of her clients: "The fault is that of your spouse, not mine; they know that I am single. Tell them to stop coming to see me every night and demanding that I open my door to them."[1] These women feel themselves to be free and, usually secretly, engaged in sexual relations with other partners, as Mongampey recounts speaking of one of his cousins:

> My cousin had a second wife who was Coloured. He had provided her with a flat and spent every evening with her, leaving at about 10 or 11 o'clock. One day, the maid told us in all innocence, that after my cousin had left, a young man who claimed to be the brother of the woman would regularly visit. After much discussion with our cousin, we persuaded him to check out the situation by asking the maid, who slept on the premises, to leave the front door of the flat unlocked. That evening, we accompanied our cousin to his second wife and pretended to leave at the normal time. We came back at midnight and caught this woman red-handed. This marriage was terminated the very same day.[2]

Many kept women became extremely rich, especially those who practised *likelemba* (putting their money into a common, shared fund which allowed all the participants to benefit from the annuity, also called *tontine* in West Africa). They became involved in independent activities. Many specialised in regional or national trade, even international wholesale trade, exporting and importing goods from Europe and other African or Congolese towns. These women believed themselves to be independent of men and took the initiative regarding sexual relations. They attracted young men. This phenomenon became so common that in 1985 Franco Makiadi Lwambo wrote a song about it which rapidly became a best seller: *Oh Mario!*[3]

Until recently, relationships between men and so-called free women were, on the whole, tolerated by Congolese society. In Kinshasa as in Lubumbashi between eight and nine out of ten salaried men or those who lived from a lucrative activity would have maintained, between 1970 and 1980, a "second office" amongst the town's prostitutes. The chances of contracting and spreading sexually transmitted diseases, including AIDS, were legion.

Numerous opportunities for sexual contact presented themselves to the young. These were increased by poverty. My research amongst former and present students at the University of Lubumbashi led to the following conclusions:

> Stories collected from the Kassapards, former and present students of the University of Lubumbashi show how the youth of the Democratic Republic of the Congo have gradually been immersed in conditions of worsening poverty which prevent them from living in better student environments. Almost all their escapades, their leisure activities and their other behaviour sufficiently show how they are governed by their precarious situation. Faced with difficulties of subsistence, women students in particular are obliged to sell themselves, to defile themselves. Young men and women, because of the precariousness of their lives, become the victims of many current evils: STD and abortion, for example, are common amongst students at the University of Lubumbashi[4].

The same theme is to be found in the song *Attention na Sida:*

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[1] Mujos is the nickname of a band leader "OK Jazz" in Kinshasa. At about the same time Lwambo Makiadi composed a song entitled *Locataire* (Tenant) in which he explained that the tenant rented the woman's sex as he would do for a flat. The man should avoid hurting the woman lest she decide to break the contract and go with somebody else.

[2] W. Mongampey high ranking civil servant, interviewed on the 25 November 2003 (in Swahili).

[3] The man in question is Mario, a young university graduate who was jobless but good looking and who was taken as the main concubine by a woman old enough to be his mother who had children from previous relationships. She housed him in her own home and looked after him as a husband would his wife. Mario practiced the same kind of indiscretions as would a woman regarding her husband until he totally exasperated his keeper.

[4] Nkuku Khonde "Poverty, sexuality and opportunities for AIDS/STDs in the memory of the Kassapard (1970 to 2000)" paper read at the "AIDS in Context" International Conference, University of the Witwatersrand, Johannesburg, 4-7 April 2001.

> Girl student, don't allow yourself to be carted off by a stranger. Beware of the money that you are looking for, it could lead you into danger. Be careful of numerous or casual partners.

Since 1990 poverty and precariousness have increased in the Congo. The GNP which was at 307 US$ in 1987 fell to 97 US$ in 1997. During this period, social upheavals and wars led to massive upheavals amongst the population. The countries involved in the war which tore the Congo apart from 1998 as well as those which received the refugees have been marked by a level of HIV significantly higher than previously.

The military presence in these countries reinforced the level of HIV in the Congo because of the sexual violence perpetrated by the armies during combat or because of the relations which the soldiers had with the population during periods of occupation. Sexual violence is indirectly mentioned in the testimony of these women:

> We escaped after having negotiated with the rebels. We were obliged to live with them during the time that they remained in the place where they kept us prisoner. We were allowed to leave on the day when they were preparing for new combats.[1]

Accounts collected gathered by Hervé Cheuzeville from child soldiers are even more explicit:

> On 6 October 2002 in Mambasa, Virginie, a woman whom Father Silvano had married a few days previously was kidnapped by soldiers right in front of her husband. A young girl of twelve was raped in full view of the public. In town, pillaging and rape went on all day, and into the night and the following days. Even girls of eleven and twelve were gang raped by gangs of drunks. In Bambu (a Lendu locality) the Hema soldiers went into a convent. Inside the convent, the young postulants who were all Lendu, were raped by Commandant Abenga and his men.[2]

Apparently these rapes were committed by the local militia but the testimony of a young boy called Gaston, of Katagan origin, implicated foreign soldiers:

> The young Katangan boy saw something of other monstrous crimes about which he didn't want to speak. Amongst other crimes, there were gang rapes of women and young girls in which he and the other children were forced to participate. Their forced participation in all these crimes was aimed at toughening them up according to the Rwandan officers.[3]

From the following testimony it is clear that sexual violence was part of the military training received in the Ugandan and Rwandan army bases:

> The five months that Simba and his comrades spent in Kyanwanzi (a military base in Uganda) were months of hell. Filth, discomfort, malaria, malnutrition and cruel treatment were their daily lot. But it was even worse for the few girls who formed part of their group for they had to submit to the unbridled sexual appetites of the officers and other ranks as well as their own comrades.[4]

The child soldiers grew up in an environment which encouraged the spread of AIDS. Hervé Cheuzeville, who was in Uganda at this time, gives an account:

> When I arrived in Galu, I discovered the hospital. The HIV/AIDS virus had found, in the northern Ugandan situation, a more than favourable breeding ground for devastation. The existing promiscuity was certainly a contributing factor.[5]

Zimbabwean, Angolan and Namibian troupes who fought alongside the Kinshasa government apparently also contributed to the spread of AIDS. It is believed that these

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[1] Televised programme "Multi-magazine" on the Congolese national radio-television network, narrated by Kalala Tshitenge, picked up in Lubumbashi on 6 January 2004.
[2] Hervé Cheuzeville, *Kadogo, Enfants des guerres d'Afrique Centrale : Soudan, Ouganda, Rwanda, R-D Congo* (Paris, L'Harmattan, 2003), 191, 192, 194.
[3] *Ibid*., 253
[4] *Ibid*., 247.
[5] *Ibid*., 93

soldiers had relations with Congolese women. When it came to leaving, many of these women were in tears. As the Zimbabwean soldiers were well paid, they were very attractive to the Congolese women, especially those who had been displaced because of the war. Before this, these same women had established relations with the mercenaries involved in the war.

Another factor is the presence, in the military camps, of women whose husbands had left for the front. In order to survive, these women were obliged to sell their bodies to other soldiers and to students. In 2000, the University of Lubumbashi authorities were obliged to destroy the kiosks which served as shops or restaurants during the day. At night time they became meeting places for the students and the women of Kassapa camp whose husbands had gone to the front. They charged 100 Congolese francs (0,1US$) a time.[1]

To the factors which are linked to sexuality and poverty, one must add those from the cultural domain. Almost all the prostitutes encountered in Kipushi and Lubumbashi by Bansoba Detty use intra-vaginal substances which dry out, inflame and narrow the vaginal passage.[2] This practice, borrowed from the tradition of certain Congolese people, increases sexual pleasure. The client will return more willingly to this woman who gives him the impression that he is deflowering a virgin.

The fight against AIDS

The fight against AIDS in the Congo began the day when the existence of the disease and its treatment were confirmed. A Central Office for the Fight Against AIDS was established in 1986 in order to identify and monitor the disease and to put policies of prevention in place, mainly in blood banks. This structure, principally attached to the Ministry of Public Health, later became the National Committee for the Fight Against AIDS. From the outset it operated from Kinshasa and it was only later that provincial centres were established.

The central office coordinated the awareness campaign from Kinshasa. Suggestions for prevention were broadcast on radio and later screened on television and awareness teams were sent to provincial capitals and other large towns to give lectures on AIDS. Until 1990 the content of the awareness messages was the same as the song *Attention na Sida:*

> Workers, bureaucrats, managers in workshops, in factories when you are chatting, spread the message about the fight against AIDS.
> Let he who knows more inform his brother. Do not be embarrassed, time flies and each day people are dying, victims of AIDS. A good cure is information, the best cure is to protect yourself […]. Priest in church, ministers during worship, rabbis in their synagogues, imams in the mosques you all have a responsibility, an enormous responsibility towards society: use you positions to preach what society needs to know about AIDS. Do not be ill at ease. This is your duty […].
> Educators, instructors, teachers in schools, in the classroom, in holiday camps as soon as you have a spare moment, speak about AIDS […].
> Educators in schools, colleges, high schools and even universities, parents are counting on you for your support […]
> Parents, do not turn away, talk to your children, tell the youth everything that you know about AIDS […].
> Political leaders, use radio, television, newspapers to inform the population of the danger of AIDS. You must tell them how to protect themselves.

This message targeted everyone. At the beginning of the 1990s special awareness groups like JAMST (Jeunesse anti-MST/Sida) and SWAA (Society for Women Against AIDS) were organised for select groups. These groups organised lectures and distributed posters. It was at this time that the first posters appeared in Lubumbashi stressing the use of condoms.

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[1] Author's observation.

[2] Detty Bansoba, "Projet IEC/SIDA/Katanga: l'alcool et le chanvre réduisant la conscience du risque chez les professionnelles du sexe à Lubumbashi » *Bonobo*, 6 (2nd quarter 2002), 3.

During the same period, non governmental organisations began to associate themselves with the National Programme for the Fight Against AIDS by supporting health and training centres. Such was the case of Médecins Sans Frontières/Belgium (MSF/B) which, from 1993 paid special attention to the treatment of sexually transmitted infections (STIs) in Kinshasa.[1] This choice was justified, according to the supervisor of the health centres associated with MSF, because of the role played by sexual diseases in the transmission of the virus. According to a recent study, two thousand five hundred new cases of STIs are registered every month in Kinshasa in the health centres associated with MSF.[2]

In 2000, the strategy changed. The principal role of the National Programme for the Fight Against AIDS became the coordination that co-ordination of the activities of associations and NGOs involved in the fight against AIDS. Several of these NGOs henceforth become involved in collective awareness and interpersonal communication. In recent years, the awareness campaigns have become more obtrusive: publicity spots are broadcast on radio and television whilst the NGOs have left their offices and gone into the streets to become associated with orchestras and stars of popular theatre. In Lubumbashi, for example, there are periodic motorised campaigns which attract public attention because of the diversity of the presenters. In order to make the public more aware, the NGOs produce short, improvised plays in the streets. Françoise Delait describes a show which was recently produced by MSF's IEC-IST/SIDA Project in Kinshasa:

> Our friends' plan of attack was to surprise people. The actors were quite simply going to deceive the spectators by simulation in the middle of the market. A woman was carrying a sick person on her back and she collapsed in the middle of the road, crying out. Suddenly everything was in turmoil, people flocked from everywhere. Everybody wanted to see, to offer suggestions, there was running in all directions and this in less than three minutes. There were more than fifty people gathered around the two "players". Then the presenters arrived, easily identifiable by their T shirts. The woman complained about symptoms similar to STI. The appeal was obvious. Why not take her to the nearby health centre which treated STIs? Awareness teaching began when, suddenly, the "ill person" stood up, completely cured. A wave of shock swept through the crowd. They understood but couldn't quite grasp that they had been taken for a ride. Discussions began. Each member of the Tam Tam group of awareness teachers had eight or ten people round them.[3]

Since 2001-2002 the NGOs have also adopted an Interpersonal Messages Programme which consists of organising awareness campaigns on "Information, Education and Communication" (IEC) or "Communication for a Change in Behaviour" (CCB) which target groups such as sex workers or students.

The work method of IEC teams on the STI/AIDS project is described by one of its developers in these terms:

> Our work starts with the identification and localisation of people who live with multiple partners. These are mainly sex workers […]. These targeted people are usually found in hotels, bars or areas where those who have been displaced by the war live. Some of the work is carried out during the day in the hotels where the sex workers live, from Monday to Thursday. The rest is done at night, during the weekends, Friday and Saturday […], in the bars and discos. Using a magic lantern, we show them pictures of infections. With a wooden penis, we show them how their partners can put on a condom. We also have pamphlets on STIs, cartoons, posters and condoms which we sell them at reduced prices. At the end of an awareness session we distribute reference cards (on which the relevant health centres are marked) which allow them to be treated at reduced rates in the participating health centres and also allow then to have a free HIV/AIDS tests […]. During our nocturnal rounds of the bars and discos we

[1] Samyn Swim, "Programme Sida: Le CTA de Longwala ouvre ses portes en juillet 2002", *Bonobo,* 6 (second quarter 2002), 3.
[2] Marc de Rijcke, "Projet sida, MSF s'attaque aux IST pour freiner le Sida à Kinshasa", *Bonobo,* 10 (second quarter 2003), 4.
[3] Françoise Delait, "IEC IST/SIDA project, the Tam Tam group in action against STIs", *Bonobo,* 9 (April-May 2003), 4.

> asked the sex workers who do not live in hotels to give us their addresses so that we could visit them during the day in order talk to them.[1]

Regarding the awareness programmes for the youth, we can mention the work carried out by the NGO World Production/School Prevention AIDS and Education Children (WP/SPAEC) on the campus of the University of Lubumbashi. They work in collaboration with other NGOs such as the Forum Provincial Sida (FOPSI), l'ABEF/ND, l'AMOCONGO, l'ASF/USAID. The WP/SPAEC carried out two awareness campaigns on STI/AIDS in university residences during 2001 and 2002.

During the 2001 campaign, talks, film shows and debates were organised in all the residences and lecture theatres. The WP/SPAEC also undertook to train educators amongst the students.[2] The second campaign took place from 8 to 25 April 2002. It consisted of an IEC (Information, education and communication) campaign as well as a CCB (Communication for Changing Behaviour) with talks/debates, demonstrations on the fitting of condoms on wooden penises, promotional sales of condoms, films shows followed by debates, announcements using loud hailers and interpersonal communication between students and counsellors in the residences. Thirty qualified counsellors visited the universities, the lecture rooms, the residences, the administrative buildings and the suburbs close to campus to spread the message for the prevention of STIs and AIDS.

The WP/SPAEC campaigns were followed up with the establishment of a permanent branch on the campus. The following table gives an idea of the work carried out by this IEC team:

Students sensitised by the CCB at the University of Lubumbashi (2002-2003)

	J	F	M	A	M	J	J	A	S	O	N	D
2002				-	208	-	-	233	124	51	-	-
2003	-	-	143 +343	149 +412	261 +430	2500	167 +247	425 +414	257 +382	297	995	-

Source: Monthly reports from the WP/SPAEC Campus branch, May 2002 - Nov. 2003[3]

Each month, between twenty and two thousand five hundred students were individually contacted by the educators, most often in the residences, and a message on the prevention of STIs and AIDS was passed on. During some of the months, the table also shows the number of students who were contacted in the lectures rooms and in public places on campus. For these awareness campaigns, the educators used illustrated leaflets. June 2003 was the most active month.

In November 2003, the month of World AIDS Day, a door to door awareness campaign was organised in all the University residences with the following themes: condoms as a means of prevention, the fight against the practice of initiation using razor blades and VCT (Voluntary Counselling and Testing).[4]

[1] Mwayuma Kahashi, Riva and Kazadi wa Mwanza, Annie, "IEC/IST/SIDA au Kitanga", *Bonobo*, 5 (first quarter 2002). Note that amongst the teachers who were recruited and trained by MSF there were ex-sex workers so as to allow the other teachers the benefit of their experience. Cf. Lolo Losongo, "Lutte contre le sida et les IST; l'équipe IEC pour la sensibilisation est enfin complète", *Bonobo*, 6 (second quarter 2002), 2.

[2] Lettre 17, WP/SPAEC, of 20 February 2002 sent to the chancellor of the University of Lubumbashi by Adelard Mutumbo, director general of WP/SPAEC, requesting permission to organise a second awareness campaign.

[3] WP/SPAEC campus report, June 2003.

[4] WP/SPAEC campus report, November 2003.

The impact of this WP/SPAEC awareness campaign can be seen in the increase of use of condoms in student circles in Lubumbashi. From April 2002 to November 2003, 56,520 condoms were distributed on campus at an average of 2826 condoms per month.[1]

A second result of the awareness campaigns was the increase in the number of students who were tested for HIV. The VCT campaign was launched in March 2003 with the support of the Amo-Congo NGO in the context of "the fight against HIV ignorance". The number of students who received appropriate VCT from Amo-Congo grew from 30 to 50, 70, 100, 170 and 190 in March, April, May, June, July and August 2003 respectively.[2] In subsequent years this NGO continued to grow with the financial support of the Programme national multisectoriel de lutte contre le sida (PNMLS). This programme funds various programmes for PWAs and AIDS orphans. Numerous role-players, including muslims, are involved in this programme.

Rejection and exclusion

Sources, written as well as oral, to which the remainder of this article refers, provide useful information on popular replies concerning HIV/AIDS. We will review the main ones: exclusion, rejection, despair, classification of AIDS as a divine punishment.

The majority of Congolese see AIDS as a disease of the Other. It is the Other who is responsible for the plague, never oneself. The first to be accused are the prostitutes. At home, the husband blames his wife (see the case of the Kapenda couple). The wealthy are also blamed because they socialized with foreigners. Young people believe that AIDS is an adult disease.

People who have AIDS tend to distance themselves from society. Believing that society condemns them, they feel ashamed despite the fact that certain campaigns for the fight against AIDS spread the message that having AIDS is not shameful. A Swahili advertisement broadcast by the Prudence brand of condoms states: *Hakuna haya na Sida* (Do not be ashamed of HIV/AIDS). The feeling of rejection experienced by those who live with AIDS comes from the fact that they are stigmatized by those close to them. The over-riding feeling is that it is a waste of time to care for an HIV positive people because they would die in any case.

In his song Franco Lwambo evokes these behaviours of exclusion and rejection:

> AIDS has divided our nation
> AIDS has destroyed my home.
> AIDS has broken up my family.
> My family and my friends avoid me
> Because I have just been infected with AIDS.
> Those closest to me have abandoned me.
> In whom can I confide?
> My entire family is avoiding me
> Because I have AIDS.
> Only my mother takes trouble over me.
> Once again she cares for me
> As she did when I was a child
> But she cares for me with bitterness.[3]

Excluded from the benefit of tritherapy, those who are HIV positive adopt an attitude of resignation which sometimes hides a state of despair. Some are angry and practise a "scorched earth" policy where they deliberately infect others. Let the floods come after me!!

[1] WP/SPAEC monthly campus report, from May 2002 to November 2003.
[2] WP/SPAEC monthly campus report, from May 2002 to November 2003.
[3] Translated from Lingala.

It is to them that Lwambo refers when he sings "You, my brothers and sisters who have AIDS, do not wilfully seek to infect others. Oh mawa!"

Africans are very religious. They tend to seek answers for what they do not understand in the realm of the supernatural. The composer of *Attention na Sida* is no exception. *Maladi yo maladi oyo sida, nzambe apesi biso etumbu mama. (*"Oh you, disease of AIDS. God is punishing us.") In the same song he pleads with those priests who hear confession to intercede with God so that He may deliver the Congolese from AIDS.

Conclusion

Oral testimonies confirm the AIDS, identified in the Congo in 1983, had been present amongst its people from the early 1970s if not earlier. The African origin is hotly disputed. HIV antibodies had been found in the blood of a sick man who was hospitalized in Leopoldville in 1959.[1] But this fact does not prevent many of our informants from believing in the foreign origin of the epidemic.

Reliable data concerning the evolution of HIV in the Congo are lacking. Information exists concerning specific groups of people. What is certain, however, is that the number of cases of AIDS continues to increase. Overall, the rate of HIV in the adult population was estimated at 4% during the 1986-1997 period. It was higher in women – 4,4-7% – than in men.

Sexual behaviour linked to prostitutes or those who are close to them has contributed to the spread of AIDS. History has shown that there is correlation between prostitution and poverty. Colonisation is responsible for current forms of prostitution. The business of selling sexual favours was practised by poor urban women but also suited men who had "second offices". Socio-political problems not only reinforced prostitution and poverty but increased sexual violence and moral depravation, exposing the public even more to the dangers of HIV/AIDS.

Since its appearance AIDS has attracted the attention of the authorities but the fight against the epidemic has only been organised slowly. The most effective strategies seem to date from 2000 and 2001. However, the campaigns against AIDS have met with popular resistance and are embedded in behaviours and attitudes of rejection and exclusion.

(*translated from the French by Carole Beckett*)

[1] See Daniel Vangroenweghe, *Sida et sexualité en Afrique* (Anvers, EPO, 2000), 79-80.