

## **17. AIDS and politics in Sudan: some reflections**

**Atta El-Battahani**

Like many African countries, Sudan is passing through a period of transition, development/underdevelopment and crises. Civil war, population displacement, famine and epidemics follow on the heels of these crises. Quite often in multi-ethnic, multi-cultural societies certain diseases and epidemics acquire stereotypical character, sometimes with serious social and political implications. In Sudan, the ruling Arab-Muslim elites (both politicians and state bureaucrats) feel more comfortable to put the blame on refugees and nationals from neighbouring African states and non-Arab displaced Southerners for the outbreak of AIDS and its spread to northern Sudan, the centre of development.

Although the outbreak of AIDS in Sudan is not yet of a scale comparable to that of other African countries, such as Kenya, Uganda or Zaire, nevertheless it is spreading in the North where official statistics register a steady increase of reported cases and where the state-run media project it as an imminent threat. But as far as the ruling elites (now Islamist elites) are concerned, this is not the only threat they are facing. Despite the Islamist authoritarian rule, Sudan is going through a process of liberalization, secularization and greater exposure to world cultures. The more this exposure emboldens the already radicalized political community and the burgeoning civil society (professional groups, women organizations, students and ethnic groups), educated, the more the ruling Islamist elites feel the need to deal with the threat posed by liberalization and secularization to their tenuous hold on power.

Although not explicitly stated, it does seem that, in the short term, the Islamist elites have chosen the policy option of playing off one threat against the other: AIDS against liberal-secular forces. This paper reflects on how in the context of the current situation in Sudan, the threat of AIDS feeds into that of politics and vice versa. In the first section, we draw on the work of Michel Foucault, among others, to outline a broad theoretical framework for dealing with the topic. Section two gives an account of the political conjuncture in which the Islamists assumed power, how the Islamists responded to the crises of the Sudanese society by proposing a panacea to cure its ills: economic, social and moral ills. Section three gives a brief account of the government policy and the possible outcome of its relevant policies and programmes, such as the Sudan National AIDS Committee, AIDS treatment, follow-up and public awareness activities, legal, moral codes, reproductive health and family planning policies; staff training and

budget allocation. In section four we consider the interface between the threat of AIDS and the political threat and how they were played off against each other, paying particular attention to the intricate, reciprocal, and often invisible, process between the two.

### **AIDS and politics**

AIDS is an epidemic disease, and is mainly a sexually transmitted disease (STD). Its transmission is through body fluids that harbour the Human Immunodeficiency Virus (HIV). We are not here concerned with its different types, genetic make-up, symptoms, modes of transmission, infectiousness, incubation period and the range and stages of its development in those affected and the recommended medical treatment. Rather our concern is with its moral, social and political dimensions generated as a result of AIDS and the threat it poses. This is because disease does not only affect the physical body, it also affects the '*Social Body*', the relationships between people (Barnett and Blaikie 1992: 3).

As with other illnesses, AIDS makes people dependent, less able to play their role in the family or the household and in society at large. As indicated by Barnett and Blaikie (1992), AIDS put its victims into a condition of socially stigmatized, and we may add morally defined 'impurity'. We may also add that AIDS victims are perceived as morally impure, dangerous and untouchable, a perception that is liable to elicit moral panic. In Sudan, even among the most educated elites, people look with disgust and apprehension on AIDS victims.

A disease such as AIDS understood socially as being both sexual and life-threatening is likely to be not just socially disruptive in the extreme but also represents a politically dangerous weapon to use against potential opponents. Its frightening and socially disruptive aspects are captured by some of the names by which people in Uganda describe it — 'the robber', 'the one that drains', 'the cheater', and 'the incurable disease that imprisons us' (Barnett and Blaikie 1992: 3; Obbo 1993: 237).

The Islamist press, outside Sudan, likened it to the Holocaust, the 'AIDS Holocaust'<sup>1</sup>, and in Sudan, the local press called it 'the plague of the twentieth century'<sup>2</sup>.

Because of its particularly threatening nature, it is also a disease which becomes socially defined as a disease of the 'impure others' — negatively affecting some culturally defined out-group, homosexuals, black people, foreigners, prostitutes. In a world where, for historical and political reasons, difference can be, and often has been, interpreted as evaluation of inferiority and superiority between supposed 'racial' or ethnic groups, it is important to be particularly careful not to reinforce social prejudice in the name of science (Barnett and Blaikie 1992: 4). This had already occurred with AIDS, labelled as the 'gay plague' or identified as an 'African disease'.

---

<sup>1</sup> *Gadaya Dowaliyya*, 5/9/1994.

<sup>2</sup> *Al-Multaqa*, issues from 1992-1994.

Perhaps more than any other incident, AIDS has thrown afresh the question of sexuality into the limelight and to many people the reconsideration of sexuality brings a strong moral dimension to the debate. Sexuality is often perceived to be among the most natural, universal and private aspects of human life. And yet like gender, sexuality is a social, and for that matter a political, phenomenon. Beliefs about male and female bodies and the pleasurable potential of each, reproduction, gender roles, relations between and within sexes, and marriage, all differ widely across cultures (Gorson and Kanstrup 1992: 30), political systems and ideologies.

Politics, in a very broad definition, is about improving the quality of life of the people. Indeed, this is what is expected from government and politicians. At a conceptual level, politics deal with power-structures and the way these structures influence allocation of resources amongst contending classes and social groups, and the imposition of norms and values that shape people's attitudes and behaviour even in private (sexual) domain.

A number of writers have highlighted the interrelationship between sexuality and power, especially Michel Foucault:

“We ... are in a society of ‘sex’ or rather ‘with a sexuality’: the mechanisms of power are addressed to the body, to life, to what causes it to proliferate, to what reinforces the species, its stamina, its ability to dominate, or its capacity for being used. Through the themes of health, progeny, race, the future of the species, the vitality of the *social body* power spoke of sexuality and to sexuality; the latter was not a mark or a symbol, it was an object and a target” (emphasis added) (Foucault 1984: 147).

This is not the place to go deep into this topic, yet one needs to suggest that historically, politics and sexuality, or for that matter sexual diseases, have been intertwined. At the risk of simplification, one may state that both morality and sexuality were deployed by the powerful to control and discipline their populace, and since the nineteenth century one may distinguish between a conservative political force celebrating the values of the family, purity and religiousity, while on the other hand stand liberal-radical forces stressing the values of emancipation, self-determination to all individuals without sex, race, ethnic or class prejudice. We shall show in this paper AIDS and the threat emanating from it was both ideologically and politically appropriated by the conservative, fundamentalist forces both in the West and the Middle East to advance their cause and serve their interests. In the following section we consider the social crisis in Sudan and the broader socio-cultural environment affecting the conduct of sexual relations and STDs, including AIDS.

### **Crises in Sudan and Islamist panacea**

From independence in 1956 right up to 1996, Sudan has been embroiled in a series of crises and conflicts: ethnic, political, social, economic, religious, cultural and moral.

Despite these crises and conflicts, Sudan is described as a bridge between the Arab-Muslim world and Black Africa, and as a melting pot where diverse ethnic, religious and language groups were related together. But Sudan has continued to baffle observers and analysts by the protracted conflicts and the series of crises inflicting its population. These conflicts and crises, however, are a product of Sudan's past and recent history. Major among the factors that shaped this history are Arab-Muslim early movements into Sudanese plains, experience of slave trade, Turko-Egyptian and British colonialism, poor economic performance, ecological degradation and the geo-political significance of the country.

Political developments since early 1980s have been characterized by continuous civil war, inter-ethnic conflicts and environmental degradation in the North. But out of all factors shaping and contributing to the present political crisis, the most significant and of particular interest, is the relationship between a predominantly Arab-Muslim, more urban and relatively developed riverine basin core and an African, mainly animist and Christian, and relatively underdeveloped peripheries of the South and West Sudan. Though itself a product of past transformations, this core-periphery relationship has come to reflect and shape much of Sudan history, politics and the present crisis. It is a relationship based on inequalities in wealth, power and prestige.

The politics of the country since Independence, in 1956, has been largely monopolised by the North, and in particular a ruling Arab-Muslim elite. Although both Northern and Southern elites reached an agreement that temporarily ended hostilities in 1972, nevertheless manipulative tactics and dishonouring of the 1972 agreements by Northern politician and the introduction of *Sharia* (Islamic Law) in 1983 were enough to renew hostilities and the civil war resumed once again. Faced with mounting crises, such as civil war, tribal conflicts, drought and displacement, widespread poverty, corruption and increasing rates of crime in urban areas and chaos and paralysis which characterized the performance of the civilian government between 1985-1989, radical, Northern-based, Islamist elites took over power in a *Coup d'Etat* in 1989.

The solution proposed by the new ruling Islamist elites is that the Sudanese nation must rely on itself, develop original formulæ to its problems and shun any outside intervention. It is this outside intervention (colonialism, imperialism, communism and secularism) that has been blamed for alien ideas and modes of behaviour largely responsible for corrupting the nation and causing to go astray. To salvage the nation from all its ills, Islam is presented as an alternative to these ideologies<sup>1</sup>. In its ideological tenets, Islamism calls for racial and ethnic harmony, respect for women, social justice, and social welfare.

To combat its social ills and build itself, the nation must draw on its strength from its faith in God. The way ahead is only possible through religious, moral salvation. Political corruption, economic corruption and social anarchy all stem from moral corruption, which can only be

---

<sup>1</sup> For a general reference see Dekmejian (1980).

fought by adopting the way of God (*Sharia*) and by embracing Islam as a way of life in all walks of life: political, economic, educational and social. Islamisation is the panacea for the crises of the Sudanese society.

Islamisation, or what is referred to now as 'civilised orientation', is believed to be beneficial for all segments of society, men, women, Arab, non-Arab, Northerners and Southerners, irrespective of ethnic origin or cultural background. In a sense, Islamisation implies that moral standards of Islam, (or what the Islamists believe to be Islam) are foisted upon the diverse social and cultural map of Sudan.

In this regard a number of points are in order. Firstly, as ideology, Islamism gives particular *representations* of reality not the real, factual situation. Ideologies have intrinsic tendency to *invert* or disguise 'the real'. According to many Islamists, AIDS is not the disease of the Muslims, it is the disease of non-Muslims<sup>1</sup>. And we shall see below, the real situation concerning the sexual values and patterns of behaviour in Sudan is so diverse that it will not be sensible to (a) reduce to one norm, and (b) believe that AIDS can only come from refugees or Southerners. Secondly, Islamisation principles are so general that they fit as panacea for almost every thing. There is no clear and unambiguous definition and interpretation of any of these principles, so that when it comes to concrete policy making concerning allocation of resources to health or security, for example, policy makers are free to decide and adapt according to the political tactics and political pressures, not to the rosey world of ideology. Policy making is therefore, or tends to be, dominated by the powerful. In *realpolitik*, Islamism has turned to be one form of the Northern hegemony.

A brief note on some major processes behind AIDS and its spread in Sudan is in order. Many studies illustrated the significance of socio-cultural context of sexual habits and traditions in shaping the Sudanese sexual life. Known for its religious, moral, cultural and social diversity, the Sudanese society is rich to the extent of overabundance in a broad spectrum of sexual and behavioural practices and traditions (Hussein 1992: 10). In some parts of Sudan, a widow goes with the inherited wealth to the brother or the son from another wife, also taking a concubine or a lover is a complementary aspect of manhood, and in other Sudanese communities, in western Sudan, a bride can only be sanctioned if she can emphatically prove she can bear an offspring (Hussein 1992: 11). Foreplay between boys and girls in their early age of adolescence is an everyday fact of life in some Nomadic communities. Statutory rape of young girls, as young as 10 years, by their would-be fiancée is a normal practice in many parts of southern Sudan.

---

<sup>1</sup> In a meeting between government officials and NGOs, in preparation for the World Population Conference in 1994, a State Minister for Health stressed that they were less concerned with AIDS because "it is not the disease of the Muslims, it is the disease of non-Muslims". This statement, however, invited prompt reaction from one of the government officials and representatives of the NGOs. Sudan eventually boycotted the Population Conference for it was believed it would only serve the interest of the West.

As a result of the civil war in the southern and the Nuba Mountains regions, people in the affected areas moved in millions to the North. Official sources put the total number of the internally displaced people 3.5 to 4 millions. In addition, and due to harsh environmental conditions in western Sudan, with consequent desertification, drought and famine, large number of young and single men and women have been forced to move to towns and urban centres in the North in search of employment and settlement only to find that their newly adopted homeland is virulently inhospitable and can offer only prostitution as a way of living for their young women (Hussein 1992: 9). Poverty and low socio-economic status, particularly for women in urban areas, is also associated with HIV/AIDS risk. Due to their poverty, physical and social circumstance, the urban poor are at increased risk of getting infected with HIV/AIDS. Youth coming from lower socio-economic groups frequently have less access to risk reduction information and less support for engaging in risk reduction behaviour. In view of the life they lead (drugs, malnutrition and exposure to STDs), homeless and street children in Khartoum are at an increasing risk to contract AIDS.

Muslim society tend to conceal the reality of its sexual life, but according to a number of studies, promiscuity is prevalent in Sudanese society. It is kept latent, with the rich, God-fearing people resorting to polygamy to satisfy their sexual virility, "unlike those who normally indulge in promiscuity after eliminating all factors contributing to abstinence from that practice or fidelity to one partner and by that we mean fear of God, fear of parents, STDs and stigma of HIV infection" (Hussein 1992: 10).

According to Amin and Hamad (1992), homosexuality is widespread in Sudan and this is mainly due to male-female physical segregation. Adults abuse adolescents and the latter are also sexually abused children. Homosexuals are the most vulnerable HIV group. Hussein (1992: 10) reported that incest by close relative in some parts in central and northern parts of Sudan is widespread. With the increasing trend of migration of breadwinners, spouses and elders abroad, families and wives are with adolescents or relatives who are supposed to take care of them. In the secrecy and confines of the family, these adolescents and relatives carry out some errands for the women with all the sequential entrapment, and extra-marital sexual activities (Hussein 1992: 10).

Female circumcision, tattooing, and skin piercing are the most significant practices that help the transmission. The Demographic and Health Survey of 1990 show that the prevalence of female circumcision is almost 90 percent among the 15-19-years-old age group. Not only that, continued use of unsterilized tools will lead to harmful results, some studies have established a direct relationship between female circumcision and AIDS.<sup>1</sup>

---

<sup>1</sup> *The New Internationalist*, January 1988, p. 27.

At the cultural level, the exposure to outside 'Western culture' is indirectly associated with social liberalism, which in turn condones if not encourage sexually liberal attitudes. Hence, the exposure of the developed Northern centre to outside 'Western' cultural influence which has been aided by mass media entertainment products, such as films, video clubs, television shows and advertising is perceived as portraying sexual behaviour as a normal and recreational activity without restrictions. In Sudan, the wealthy classes, in the North, have satellite TV channels and many studies carried over the last few years by students in Faculty of Medicine and Institute of Extra-Mural Studies at University of Khartoum have shown that frequent use of drugs is popular among youngsters.

Thus, the conservative norms and heterosexual relationship is caught between the poles of attraction and repulsion latent in traditional Muslim ideology. Modernization and economic necessity are breaking down the seclusion of women, which was the traditional Muslim solution to the conflict. Sexual desegregation creates new tensions and anxieties. Spatial boundaries and lines of authority between the sexes have become unclear, demanding completely new and often painful adjustments from both men and women (Mernissi 1993: 164).

The extent to which the existing patterns and levels of teenage sexual behaviour that expose them to the AIDS virus is not yet known. However based on the patterns of transmission of other STDs among sexually active adults, a fairly high proportion of students and soldiers in the war zone are quite vulnerable to HIV and indeed may already have been infected. According to the 1991 report of Sudan National AIDS Committee (SNAC), 34 percent of all reported cases in Sudan during 1986-1990 were in the 15-19 year age-group<sup>1</sup> and the sexual transmission among all cases reached 94 percent. If we take the 34 percent among those youngsters and given an incubation period of 5-10 years then many of these persons got infected when they were still in early adolescence, and even before many of them had entered secondary school. Girls appear to be exposed to the AIDS virus at much younger age than boys. Young people taking jobs as soldiers, students, seasonal labourers and traders, and in particular those working in the South or West Sudan tend to expose themselves more easily and have sexual relations during their stay. A number of those who contracted AIDS did that while they were in the South<sup>2</sup>.

It is our contention that these factors have largely contributed to the spread of STDs and AIDS in Sudan. What matters now is to see how the government has responded to this situation.

### **Government policies, programmes and outcome**

Like elsewhere in Africa, statistics on AIDS in Sudan are much less complete and reliable because figures given by different departments

---

<sup>1</sup> Sudan National Committee for AIDS, Annual Report, Khartoum, 1991.

<sup>2</sup> Interview with Prof. Kamal Abbas, Faculty of Medicine, University of Khartoum.

and institutions vary. But all do agree that AIDS is steadily progressing in the Sudanese society. According to one report, a total of 1,258 AIDS cases — 126 ABC cases and 1,468 asymptomatic HIV infections— have been reported in the country up to the end of 1995. However, under-diagnosis, under-reporting and delayed reporting make the reported cases an underestimation of the actual situation prevailing in the country. Indigenous transmission accounts for most of the reported cases and infections as evidenced by the occurrence of HIV-infections in Sudanese nationals who had not travelled out of the country.

In March 1994, the director of Sudan National AIDS Control reported the spread of AIDS as follows: 2 cases in 1986, 23 cases in 1987, 64 cases in 1988, 122 cases in 1989, 130 cases in 1990, 182 in 1991, to 500 cases in 1992, and in 1994 the total number reached 1,829 cases. About 80 percent of these cases lie in the age group of 20-40 years old and the male to female ratio is 3 to 1,<sup>1</sup> but recently male to female ratio is reported to be levelling to 1:1 and is attributed to the higher number seeking medical care and being included in surveys. About 94 percent of the cases have been reported to have acquired the disease heterosexually. In terms of regional distribution, 46 percent cases from the South, 23 percent cases from Khartoum<sup>2</sup>, and around 20 percent cases from the Eastern State, where Eritrean and Ethiopian refugees are settled.

Since 1986, a total number of 1,506 high-risk individuals have been tested and found to be HIV-positive with no symptoms of the disease giving a HIV positive prevalence rate of 6.9 percent. The rates among high risk groups varied from 23.6 percent among sex contacts of AIDS cases, to 10.1 percent in STD patients, to 11 percent in tuberculosis patients and to 22 percent among female prostitutes. blood donors are screened at the Khartoum Blood Bank using the HIV-Sebodia rapid test. Of the total number of 22,278 blood samples screened since 1986, 196 were confirmed to be positive for HIV antibodies. The ratio started in 1987 as 1 in 5,000 but now it is 1 in 81<sup>3</sup>.

As to the scale of the AIDS spread in Sudan, again there are conflicting opinions. While Saeed and Homaida (1991) stress caution, indicating that the rate of HTLV-III (Human T-Cell Lymphotropic Virus) seropositivity in Africa has been grossly overestimated, others point to the steady progress that the epidemic is making in Sudan. But there is a consensus that AIDS is there and it is spreading.

How AIDS spreads in Sudan and the means of its transmission, is a subject of controversy among Sudanese researchers and medical doctors. Researchers and medical doctors close to the government argue that the major medium for AIDS transmission is through sexual intercourse (from infected person to his or her partner); through exposure to blood, blood products or transplanted organs or tissues;

---

<sup>1</sup> Sudan News Agency, 6/6/1994.

<sup>2</sup> *Al-Gawat Al-Musalaha*, Khartoum Daily, 20/7/1994.

<sup>3</sup> Sudan National AIDS Committee, Annual Report, Khartoum, 1995.

and from infected mother to her foetus or infant, before, during or shortly after birth.

There is no disagreement as to the nature of these as AIDS transmission mediums, the disagreement centres on the relative weight of the different factors affecting the transmission process. While researchers and medical staff close to the government tend to give more weight to sexual permissiveness and laxity in moral attitudes as the main cause of AIDS, others, like Kamal Abbas, believe that socio-economic factors are responsible for the transmission of the disease by almost 70 percent, and if it is found among the Southerners, it is because they are poor, malnourished and impoverished<sup>1</sup>. After socio-economic factors, Abbas ranked sexual permissiveness and delinquency among the youth, particularly among 20-40 years-old, then the war in the South, where use of drugs too is reported to be widespread and the government even keep a blind eye on it, and lastly the role of prostitutes. Refugees also constitute an important segment in which AIDS is reported to be widespread. This had alerted the government officials to take action.

In 1986, there was a major shift in the official attitude towards AIDS. It is in this year that the first cases of HIV were identified and an international conference on AIDS for the WHO Eastern Mediterranean countries was convened. This was an eye-opening experience for government officials in the health sector. Following this, the Ministry of Health established the Sudan National AIDS Control (SNAC). SNAC constitution was decreed by the Ministry of Health and Social Welfare in 1987, and with a membership of 51 and under the chairmanship of the First Under-secretary, SNAC began operating as an official body. Its main objectives were to prevent HIV transmission, and to reduce the morbidity and mortality associated with AIDS. SNAC instruments for achieving these broad objectives were:

- To supervise and promote training of all personnel working in the health sector on all aspects of the disease.
- To intensify health awareness among the public, particularly on aspects concerning modes of transmission and methods of prevention.
- To seek national and international support and channel resources towards disease prevention and control.
- To establish laboratory for diagnosis of the disease.
- To ensure routine screening of donated blood in all blood banks.
- To establish a system for recording and reporting on the disease all over the country.
- To establish guidelines for treatment and case management of the disease in general hospitals, clinics, and home according to WHO recommendations<sup>2</sup>.

The introduction of economic liberalization policies in 1990 has largely contributed to a marked increase in inflation and a steady deterioration in income distribution. Rural and urban poverty rates

---

<sup>1</sup> Interview, with Professor Kamal Abbas.

<sup>2</sup> Sudan National Committee for AIDS, Annual Report, Khartoum, 1991.

have increased in 1993/94 with 93 percent of rural and 84 percent urban households falling below the poverty line (Ali 1994: 111). The fact that the South is more impoverished and less developed than the North needs no elaboration. Increased poverty means deterioration in health status, and this comes through both reduction in consumption of health-related goods and a direct decrease in spending on health goods. The government itself cut its spending on health. For the last decade the government spending on health is declining. For example, the actual health spending as a percentage of total government expenditure fell from 2.9 percent in 1986/87 to 2.2 percent in 1990/91, to 0.1 percent in 1993/94<sup>1</sup> for the years 1986/87.

A very limited expansion took place during 1985-1993: hospital beds in the whole country increased by 13 percent, public hospitals increased from 133 in 1985 to 218 in 1993, hospitals with specialist services increased from 44 in 1985 to 45 in 1993, specialised hospitals increased from 13 in 1985 to 23 in 1993. The expansion in specialized hospitals, however, has little impact as they are concentrated in Khartoum, the capital of the country. Also health centres increased from 288 in 1985 to 477 in 1993, dispensaries increased from 977 in 1985 to 1,346 in 1993, dressing stations increased from 1,291 in 1985 to 1,388 in 1993, and primary health care units decreased from 2,725 in 1985 to 2,713 in 1993. Again, the expansion here is very insignificant and given an annual rate of 2.9 percent in population growth, less facilities exist compared with potential demand for health services.

Numbers of health personnel are also declining, for all categories—except health visitors—negative rates have been registered. For example, during the period 1990-1993 total number of general physicians declined by -35 percent, medical assistance by -10.2 percent, and nurses by -4 percent. This mass exodus from the service is strongly related to the deterioration in the living conditions as most health personnel are government employees whose suffered decline in their real income as a result of declining government spending on public health services<sup>2</sup>.

Moreover, hospital statistics covering the period 1986-1993 indicated the predominance of parasitic, infectious and malnutrition-related diseases. Throughout this period, these diseases accounted for at least 50 percent of cases admitted to hospitals. In Malakal, the capital of the Upper Nile State in southern Sudan, there is one hospital without a blood bank, and Malakal in particular is considered to be the gate from which AIDS spread to the North.

A situation like this one, which is characterised by civil war, environmental degradation, poverty and malnutrition, is a suitable environment for the spread of AIDS co-factors, if not AIDS itself. On the other hand, the government is the least interested in measuring up to the challenge. Leaving its expenditure on security and defence aside, the government spends almost an equal amount of money if not

---

<sup>1</sup> Ministry of Health, *Annual Health Statistical Surveys*, 1985-1993.

<sup>2</sup> Ministry of Health, *Annual Health Statistical Surveys*, 1985-1993.

a little bit more on the Broadcasting and Television corporations than on health. For example, in 1993/94 budget allocation for Chapter Two for both broadcasting and television corporations amounted to 293,800,000 million in LS, while the same budget allocation for Chapter Two for the Ministry of Health amounted to 290,000,000<sup>1</sup>. Could the plausible explanation be that for the Islamists winning the ideological warfare against their opponents is more important than winning the fight against AIDS? Of course this is not to imply that the government is not fighting AIDS. The fight against AIDS goes on, but on terms set by the politicians and these terms can change and expand to include both the fight against AIDS and at the same time the fight against the opponents of the Islamist regime.

These terms include a number of options: (a) pushing aside or denying that AIDS is the disease of the Muslims; (b) admit that it is important to fight AIDS but give it a low priority —arguing that the nation is confronted with a more imminent political danger; and (c) for political expediency, to combine the fight against AIDS with that against the political opponents.

For the time being, the government is adopting option (b) and concentrating more on raising public awareness, disseminating information about the threat of AIDS through posters and media coverage where Islamists agitators are given free hand in stressing that AIDS originates mainly because of deviation from the path of God.<sup>2</sup>

### **AIDS and politics in Sudan: an interface**

It is evident that for the Islamist elites in Sudan, AIDS is not a priority, it is not even high in their political agenda. At best, it is neglected, denied or pushed aside. And this is in itself a political statement. However, the threat of AIDS comes to the surface only when the political threat posed by the SPLA/M (Sudanese People's Liberation Army/Movement) or the secular-liberal forces looms large on the horizon. It is only then that the threat of AIDS creeps, insidiously, into the agenda of the Islamist rulers. Again the purpose is not to mobilize resources to implement a realistic AIDS control strategy, but the purpose is to whip up the religious, conservative sentiment by way of mobilizing a Northern-based constituency against the opponents of the regime. The ranks of these opponents include educated, middle-class women, Northern-based liberal and radical movement, and ethnic-nationalist movements led by the SPLA/M in the South.

For the Islamists, the social structure of a Muslim society must be based on male dominance. Since the days of the Prophet, polygamy, repudiation, the prohibition of *zina* (extra-marital sex) and the guarantees of paternity were all designed to foster the transition from a family based on some degree of female self-determination to a family

---

<sup>1</sup> *Akhbar Al-Youm*, Khartoum Daily, issues from 14/3/1996 to 6/6/1996.

<sup>2</sup> Sudan T.V., *Friday Roundtable Discussion*, 22/12/1995.

based on male control (Mernissi 1993: 64), or patriarchy. Thus, the establishment of the male-dominated Muslim family is crucial to the establishment of Islam.

Women are most vulnerable than men to sexual risk because in most societies their sexuality is more strictly regulated and controlled by others. Sexual norms and rules are often defined by men and the likelihood of conformity and compliance encouraged by the unrestrained sexuality of younger and/or unmarried women may represent a significant threat to male domination.

The moral absolutism and patriarchal values underpin the legal measures introduced since 1989 to control women. From the Penal Code of 1991, Personal Code 1991, Public Order Decrees of 1992, 1993 and 1995 to the Women's Committee in the Ministry of Interior, women are projected as potentially dangerous and threatening. These regulations control their moves, dress, education, employment, and travel abroad.

Women from different parts of Sudan with different cultures and traditions are expected to conform to these standards. It is suspected that one of the reasons why the former Chief Judge was replaced was his attempts to sensitise the judiciary to the diverse and multiple norms and value systems prevalent in Sudan. The hostile attitude the Islamist government took against the United Nations Conference on Population and Development in 1994 and the Conference document suggest that the government is not interested in putting these recommendations into action. Issues of women sexuality, reproductive health and health education are not favourably treated in the official discourse. Women's sexuality represents the interface between two of the most potent and insidious forms of oppression —gender and sexuality. The reluctance to address sexuality potentially limits the effectiveness of programmes in women's health, family planning and prevention and control of sexually transmitted diseases including AIDS.

For many reasons, the collapse of the Numeiri regime and the limited change that followed contributed to the political ascendancy of the Islamists in Sudan. The financial and organizational power of Islamists put them in a position to dictate the terms of political debate in the Sudan well before they assumed political power in 1989. Now they are in control of the state ideological apparatuses: mass media, schools and universities, mosques (and churches), and public opinion forums. Although they are still opposed to communism, yet they have new ideological opponents: liberalism, secularism, civil society and human rights movements. In the past, Islamists used smearing campaigns against the communists, now they use the same smearing tactics against all their opponents.

Building on the abhorrence the traditional Sudanese society feels towards sexual permissiveness, the Islamists, for decades, cultivated in the minds of the people that communism means sharing of wives and sexual freedom. When they had the Sudanese Communist Party outlawed by parliament between 1966 and 1967, the parliamentary leader defended their position by saying that the constitution does not allow sodomy or homosexuality, therefore, it should not allow

communism. The implication is that communism and homosexuality are both alike, both are forms of moral corruption. Now this use is extended to cover secularists, liberals and human rights movements. Civil rights groups and the rights enjoyed by gay and lesbian groups in the West are portrayed by state media as the *model society* the liberals and secularists want to emulate and see in Sudan. These are skilfully used by Islamists, some of whom had their training in the United States, to frighten and consequently mobilize a traditional, conservative constituency against liberal and secular political forces.

For many reasons, the inhabitants of northern Sudan generally believe that they are Arabs and that they are somehow superior to non-Arab inhabitants of Sudan. Whether this is racism or ethnic prejudice is not our concern here. Rather our concern is that associating AIDS with Africa and Africans in Sudan reinforce an already existing prejudice, be it racial or ethnic and it tells much about how identities of non-Arabs are being constructed. Now, in the identity tag of a Southerner or a refugee a new element is added: AIDS suspect, and therefore risky to mix with or to accept blood donated by him or her. Stories abound about how Northern patients in Khartoum Hospital refuse to have blood donated by Southerners for fear of being contaminated with HIV. Or how the Sudanese players in the National football squad were advised when tackling their Ugandan competitors in the field, they should not physically contact players of Uganda for fear of contracting AIDS. Quite often the local press refer to the neighbouring African countries, particularly with the deterioration in foreign relations, as 'the AIDS Belt'.<sup>1</sup> Of course this should not be construed to mean that all Northerners perceive Southerners or refugees as AIDS suspect, but quite a significant group of Northerners think so and react accordingly. At least we should not forget that the Islamists in the 1986 General Elections became the third force all over the country.

In its ideological and propaganda war against its political opponents, ranging from the liberal and secular Northern political parties to the SPLA/M, the Islamist government uses every conceivable weapon and make use of any issue. The use of AIDS provides an expedient weapon. In their public mobilization campaign, the Islamists often refer to themselves as the defendants of *al-ard wa al-ird*, meaning land and honour (land refers to 'Arab' or Muslim nation and honour here means 'women'). John Garang, the SPLA/M leader is often depicted by the media as a stooge for colonial, imperial, and zionist circles, and that he is not only interested in power but also he wants to satisfy his desire by having Northern Arab girls. Northern Islamist media use Garang here as a symbol of the threat coming from the South, a threat to both Sudan and the Arab world, but not the whole Islamic world. Given the alliance between the SPLA/M and the Northern liberal and secular forces, and given the fluidity of the political situation, what may pass as a propaganda exercise may quite easily assume, in the wake of religious and ethnic mobilization, a

---

<sup>1</sup> *Al-Multaqa*.

momentum which could be manipulated for further repression and sinister goals.

### **Conclusion**

The above account has attempted to show that the present situation in Sudan creates an atmosphere whereby the State is playing off the threat of AIDS against the political threat to its power. AIDS is being both politically and ideologically appropriated by a powerful Islamist elite to serve its own political agenda.

There is a strong link between political culture and sexuality. When people are repressed, engulfed in fear and wrapped in silence, sexuality is expressed in mime, parents do not learn to talk to their children, colleagues are reticent to talk about the future management of their workplace, leaders do not find courage. The destructive forces within thrive AIDS epidemic on secrecy, and as Herbert Daniel says, "public policies that encourage fear, shame, guilt and secrecy (become) the epidemic's accomplices" (Reid 1995: 2). And it is always the vulnerable and weak who pays for this.

What distinguishes the marginalized, the off-centre, "women, ... communities and vulnerable nations is their disempowerment, their lack of control over their destinies, their lack of a bargaining position and of collective organization. It is the disequilibrium within which they live. Achieving new forms of partnership, new social contracts between these interdependent groups, will itself require a societal transformation —the transformation of the assumed right to dominate discussion, to speak for, to represent, to control, into new and richer forms of social relations" (Reid 1995: 10).

Although AIDS was first discovered in USA in 1981 it is now associated with Africa, Africans and gay people. But many studies stress now that it is not a disease of gay people, or black people, or of people who use drugs. It is simply a disease of people.

In a religious and traditional society, as in Sudan, political dimensions of HIV/AIDS relate not only to poverty, malnutrition, illiteracy, adequate access to family planning and women empowerment, but also it has wider implications for ethnic prejudice and for repressing the forces of enlightenment, liberalism, democracy and civil society. Calls for civil rights can easily be interpreted by the political leadership as calls to give homosexuals and lesbians the right to organize.

It is time for Sudanese politicians to abandon the usual impulse to deny or shift the blame on to others when unpleasant events appear on the horizon, and instead they must develop policies and structures to combat the problem. The government should create an open, healthy and free atmosphere in which the AIDS epidemic and other serious diseases can be discussed.

The responsibility to respond cannot be borne by individuals, families, and communities alone. Governments must provide an enabling environment, in particular an appropriate ethical, legal and

human rights environment, within which the responses can be sustained. Governments must ensure that the required goods and services —condoms, voluntary counselling, testing services and so on— are accessible and affordable. Community resources —time volunteered, food, counsel given, transport provided, labour contributed, funds raised, children cared for— lie at the heart of a sustainable response, but these resources must be supplemented. Communities and their organizations know what additional resources they need to be able to continue. They must be empowered to define these resources to others, select them, manage them and account for their use in appropriate ways.

There must be a social contract between community organizations, NGOs and governments that clearly delineates their respective strengths, rights and responsibilities and that provides the mechanisms and the means for them to communicate with each other, share their insights and experiences, and work together. This social contract, formal or tacit, must be based on mutual respect and trust. Here they should make use of the expertise of the researchers, both in medical and social sciences, and NGOs working in fields relevant to this issue.

### Bibliography

- ALI A. A. 1994. *Structural adjustment and poverty in Sudan*, Cairo: Arab Research Centre.
- AMIN Ahmed S. and HAMAD Kheir Al Hajj M. 1992. "Sudanese sexual behaviour, socio-cultural norms and the transmission of HIV", in Tim DYSON (ed), *Sexual behaviour and networking: anthropological studies relevant on the transmission of HIV*, Liège: Derouaux-Ordina: 303-314.
- BARNETT T. and BLAIKIE P. 1992. *AIDS in Africa: its present and future impact*, London: Belhaven Press.
- BONGAARTS J. 1996. "Global trends in AIDS mortality", *Population and Development*, 22 (1): 21-45.
- DEKMEJIAN R. H. 1980. "The anatomy of Islamic revival: legitimacy crisis, ethnic conflict and the search for Islamic alternatives", *The Middle East Journal*, 34: 1-12.
- FOUCAULT Michel. 1984. *The history of sexuality*, Volume 1, London: Penguin Books.
- GORSON G. and KANSTRUP C. 1992. "Sexuality: the missing link in women's health", *IDS Bulletin*, 23 (1): 30-34.
- HUSSEIN Nawal M. 1992. *Analysing teenager unmarries female students' knowledge and attitudes towards AIDS and its prevention*, Ahfad University for Women, Sudan (Unpublished B.Sc. Dissertation).
- JÖNSSON C. and SÖDERHOLM P. 1995. "IGO-NGO relations and HIV/AIDS: innovation or stalemate", *Third World Quarterly*, 16 (3): 459-476.

- MERNISSI F. 1993. *Beyond the veil: male-female dynamics in muslim society*, London, Al-Saqi Books.
- Ministry of Health, the Statistical Department, *Reports 1985-1993*.
- OBBO Christine. 1993. "HIV transmission: men are the solution", *Population and Environment 14* (3): 211-243.
- REID Elizabeth. 1995. *HIV and AIDS: the global inter-connection*, West Hartford: Kumarian Press.
- SAEED B. O. and HOMAIDA M. 1991. "AIDS in Africa: the other side of the story", *Sudan Medical Journal*, 29 (1-3): 85-89.
- SALIH A. Fatima, YOUSIF E. Samia and ELHADARI Sana. 1992. *Recommended strategies for AIDS prevention by analysing behavioural, social and cultural factors that determine Sudanese women's risk to HIV-infection*, Ahfad University for Women, Sudan (Unpublished B. Sc. Dissertation).
- Sudan National AIDS Committee, Reports, 1991, 1993, and 1995.
- Sudan New Agency, Different issues of SUNA Bulletins, 1994.

*Magazines and Newspapers:*

- Akhbar Alyoum*, a Khartoum Daily.
- Al-Gowat Al-Musalaha*, a Sudanese Daily.
- Al-Multaqa*, a Sudanese Weekly.
- Gadaya Dowaliyya*, a Monthly Islamic Magazine.

*Interviews:*

- Interview with Professor Kamal Abbas, Faculty of Medicine, University of Khartoum, 11/4/1996.

Atta EL-BATTAHANI, *AIDS and politics in Sudan: some reflections*

*Summary* — This paper reflects on how in the context of current crisis-ridden situation in Sudan, the threat of AIDS feeds into that of politics and vice versa. Drawing on the work of Michel Foucault, among others, a broad theoretical framework is outlined before moving to consider the political conjuncture in which the Islamists assumed power. The Islamists responded to the crisis of the Sudanese society by introducing a panacea to cure all its ills: economic, political and moral. The paper gives an account of the government policies, instruments and institutions — Sudan National AIDS Committee, AIDS treatment, reproductive health, moral codes, staff and budget issues— designed to deal with threat of AIDS. In considering the interface between the threat of AIDS and the political threat, the paper argues that both threats were played off against each other, paying particular attention to the intricate, reciprocal, and often invisible, process between the two.

*Keywords:* politics • crisis • Islam • AIDS • multi-cultural societies • moral values • ideology.

Atta EL-BATTAHANI, *Sida et politique au Soudan : quelques réflexions*

*Résumé* — Cette étude examine comment, dans le contexte de la situation actuelle de crise au Soudan, la menace du sida alimente la politique et vice versa. Dans le plan d'analyse, elle s'appuie, entre autres, sur les travaux de Michel Foucault. Elle examine la conjoncture politique dans laquelle les islamistes assument le pouvoir. Les islamistes répondent à la crise de la société soudanaise en lui proposant une panacée pour soigner tous ses maux : économiques, politiques, moraux. L'étude donne un aperçu sur la politique gouvernementale, les instruments et les institutions destinés à faire face à la menace du sida — le Comité national de lutte contre le sida, le traitement du sida, la santé de la reproduction, les codes moraux, les dirigeants et les questions budgétaires. En considérant l'interface entre la menace du sida et la menace politique, l'étude explique comment les deux menaces sont dressées et invoquées l'une contre l'autre, en accordant une attention particulière aux processus interactifs, et souvent invisibles, entre les deux.

*Mots-clés :* politique • crise • Islam • sida • sociétés multiculturelles • valeurs morales • idéologie.