Objectives, Outcome and Suggestions

Objectives

The following paper focuses on sexuality in the broadest possible way: cutting across a good number of cultures found in the Southern Sudan, it is a necessarily superficial account of sexual habits, of gender- and sex-related patterns of behaviour as well as of traditional attitudes and beliefs, and this especially in what regards the understanding of the causes to sickness and disease.

The aim of the study was *to produce some basic knowledge on sexual issues for aid-workers who are called to spread awareness on HIV/Aids and its consequences in the Southern Sudan*.
A few suggestions concerning more practical issues are to provide some very general guidelines for the planning of a future campaign on sexually transmitted diseases.

Methods

The study is based on own research and on information provided by a number of interlocutors from about twenty-five ethnic nationalities[1] and who represent practically all the linguistic groups found in the Southern Sudan[2].

The mainly narrative 'method' of presenting the ethnographic material reflects our desire to make this paper concrete and inspiring enough to be of a *practical utility and significance* for UNICEF and all other humanitarian organisations when they plan campaigns on a culturally so sensitive issue like HIV/Aids.

Findings

Indeed, the interest of the study lies in its superficiality: instead of going – as it is the instinctive temptation of anthropologists – to the bottom of things, the study covers a very wide area (almost all parts of the Southern Sudan) and touches shamelessly on all possible sex-related aspects of human existence, including even the more spiritual elements of sexuality (such as language and beliefs). This approach may not be of any scientific value but has the advantage to allow the reader to get a wide *panorama* of a great variety of customs and beliefs and to observe different people's behaviour *out of a distance* and *at a same time*; while a detailed study of cultures would highlight the significance of existing *differences*, our merely descriptive information concentrates on the crude essence of attitudes, habits and beliefs and thus expects to furnish evidence of existing *similarities*.

[1] For more details on our informants and the general approach, see our introductory note.
[2] See the 'map' of languages at the end of this paper.

During our somewhat hasty journey through cultural spaces and human time, the following observations may be of a practical significance for readers dealing with the issue of HIV/Aids:

1) *The importance of children as a means of extending a person's existence beyond his individual death / role of ancestors*[3]

In all parts of the Southern Sudan, a person is understood to really exist only if he has got children who allow him to continue his life after his personal death. Sexual reproduction is therefore of utmost importance, the lack of own children a personal catastrophe. Greatest attention is given to a person's capacities to procreate; sexual diseases are of essentially spiritual significance. The HIV/Aids virus, if known, will be understood as a threat not only on individual existence but more importantly on a person's chances to reach immortality.

An individual is nothing more (nor less) than the temporary link between two generations, the past one and the future one: as a living person, he takes his human identity from his ancestors who provide him with all his substance and force and who carefully watch him, supervising all his doings. The respect and fear of ancestors is another strong feature which is found common to all cultures, ancestors being understood as one of the most common sources of disease and ultimately of death.

There is the category of people who cannot get children because of sterility or because of the man's impotence. There are traditional ways of healing such persons; in case of a man's sterility, some other male relatives may secretly be asked to 'help out'.

There are of course persons who die before having married. Some cultures make sure that such a person (male or female, grown up or still a baby) may not loose his or her chance for survival by marrying a relative in his or her name.

2) *The importance of girls and boys and their social roles*[4]

The traditional cultural set-up of patrilineal societies prevails in all parts of the country: while girls and women are responsible for the home, boys and men work take care of livestock and fields, assume overall responsibility for the family and represent it on a public level. The division of labour seems to disadvantage the woman, even though men have arguments for denying this.

Even though the women have little say in public matters, they were found to be 'very strong' in what could be called the self-defence of their human rights and do not give in when men try to oppress or are simply neglecting them. Sexual problems between men and women are apparently the main-reasons for domestic quarrel and violence.
To be stressed is the women's strong character and their refusal to accept the men's decisions and behaviour under all circumstances; even though men are more powerful and self-conceited, they also fear their women who often defeat them. In the purely sexual domain, it is the women who are 'in power', putting up resistance, taking initiatives and putting pressures on their 'lazy' husbands.

[3] See the chapter on "*Begetting children*".
[4] See the chapter on gender-issues, "*Male and Female*".

Even though schools have been accepted everywhere, girls are not expected to go for higher education (abroad): they are needed at home, for assisting the mother but more importantly for getting married (and bringing in bride-wealth). Reasons for this conservative attitude is the fear that the girl (who is the 'capital' of the family), when out of control, may end up in bad hands, get pregnant or even become a prostitute.

3) *The education of children and their early sexual experiences*[5]

Sudanese children get an early understanding of sexuality. Though parents teach only morals, children learn about sexual matters through tales and when discussing with age-mates. They also play sex at an early stage. 'True' sexual experiences are made whenever possible. Children find much fun as well in handling forbidden language by using 'dirty' or 'explosive' impolite terms which refer to sexual organs, excrement and other shameful and hidden matters; if such language does not really mean what it says, it is yet not completely innocent. Worthwhile noticing is the children's very early 'contacts' with sexuality, through language and early experiences, and their precocious awareness of sexual and moral interdicts.

4) *The sexual liberties taken by young people in spite of all social constraints and prohibitions*[6]

Parents watch their children's sexual behaviour very carefully. There are strict laws everywhere and the courts punish offenders severely. Yet, the prohibitions do not prevent the young people to come sexually together and early pregnancy is, in consequence, frequent. The gathering of accurate information on this sensitive point has not been easy, but it seems as if two different attitudes could be distinguished: on one side, there are the instances where young people freely meet to enjoy life, sexual intercourse being a substantial part of their social gatherings (especially at dancing-places). 'Serious' sex starts at a relatively early age (between fourteen and seventeen). Boys and girls have a good number of friends before marriage (our interlocutors had between seven and more than thirty girlfriends), several of them at a time. There seems not to be much difference between societies where premarital unions are morally acceptable (even though they are, if discovered, punished) and societies where such a behaviour is even morally strongly condemned; there was, in any case, a general agreement amongst our interlocutors on the great frequency of sexual contacts before marriage.

On the other hand, there is the kind of relationship which is based on love rather than on mere sexual desire and where the young persons' behaviour complies to traditional rules. Based on respect and a feeling of shame, such relationship ends up in a legally binding social contract and may take a long time: it can take up to two years until such lovers come sexually together, sometimes not even before marriage.

Especially our older informants were worried about the decline in moral values and behaviour which occurred during the times of war: speaking of 'free sex', they may have exaggerated the

[5] See the chapter on "*Sexuality during Childhood*".
[6] See the chapters on "*Sexual Life during Adolescence*"/"*Sideways and Stigmas*"/"*Change in sexual Behaviour*" etc.

existing problem and their fears for a collapse of cultural set-ups may not be justified. Their worries for the spreading of sexual diseases, however, is surely to be shared.

5) *The power of parents on the choice of their daughter's husband*[7]

This power is certainly declining, perhaps even vanishing. The habit of parents to marry their daughter at an early age to sons of respectable families has, most probably, never prevented girls from having sexual contacts during adolescence; the great number of cases of 'adultery' may come in support of such a suggestion.
More sexual freedom implies more responsibilities; in the absence of sexual education, the girls may not know how to avoid unwanted pregnancy.

6) *The protection of unborn life and the period of infancy*[8]

A pregnant woman is all over the Southern Sudan understood to be a person in particular need of physical care and of spiritual protection. The cultures differ in methods and beliefs, but the particularly fragile situation of a pregnant woman is everywhere acknowledged and met with respect, caution and care. The woman has to abstain from different activities, cannot eat all types of meat, should not look up to the sky etc. Fearing for the safety of the yet unborn child, other people (and in particular other pregnant women) should not come near to the mother, step over her legs, stand behind her etc.

Similar precautions are to be taken during the first days in a child's life which are known to be decisive for the child's survival. The coming out of the child from the hut is a second, public kind of birth which is duly celebrated, relatives checking the infant's human identity.

The custom of extorting from a birth-giving woman the names of her previous lovers is a kind of physical 'torture' which is practised in all cultures of the Southern Sudan when a delivery seems to be delayed. If this cruel habit witnesses of the people's worries about sexual relationship before marriage, it is basically not of a moral but rather of a psychological nature: because there is the fear that previous 'mistakes' could prevent the mother from giving birth normally (that is without delay), reason why she has to be 'liberated' from the weight of her feelings of guilt. Most of the time no sanctions are taken against her previous sexual partners.
The custom, though pitiless, reveals much of the psychological attitudes of the Sudanese people in what regards sexuality: sexuality is understood to be a physical process of an essentially spiritual nature which may affect a person's health and even cause death.

During the time a wife is breast-feeding her child, a husband is not supposed to have sexual intercourse with her. Meant to protect the welfare of the child during the first months and years of his life, the rule does not take into account the husband's sexual desires and indirectly 'forces' him to sleep with some other women, perhaps with his other wives but very often with other women. Adultery and the spreading of sexual diseases are the unfortunate consequences of the strict application of this rule.

[7] See the chapter "*Male and Female*".
[8] See the chapter on "*Birth*".

7) *Polygamy*[9]

Polygamy is the usual structure of a Sudanese family. The number of wives varies between one and three and goes frequently up to five; normally, only chiefs or very rich persons have ten or even more wives. Polygamy can help a husband to get more children and to continue his sexual activities while one of his wives is weaning her child; it also facilitates to some extent the work of women and allows them to care better for their infants. But polygamy can also put stress on the husband who should be sexually active all the time; it can disrupt the harmony of the household if the husband is not careful enough to treat all his wives – in what concerns sexual intercourse - on an equal basis. Polygamy may hinder a man to look for other women and thus reduces – at least in theory - the risks of getting sexually infected.

8) *Adultery and other breaches against the codes of moral conduct*[10]

Adultery has always been *very* frequent. There is a fine to be paid for it but adulterers are not stigmatised.

Sex with the father's wives is a strong 'taboo' in almost all cultures, though it does exist. It happens more frequently (though in some cultures only) that an old father may ask his son to sleep with his youngest wife; in that case he had probably never slept with her. Note that such arrangements would be done secretly.

Homosexuality 'does not exist' in its more crude form and is, because 'it does not exist' no problem. It is sure, however, that certain more unconscious forms of homosexual behaviour (such as 'natural intimacy') do exist everywhere, and one can assume that homosexual activities may occur under very specific circumstances; this at least was the conclusion of some information provided by our interlocutors. There is of course no punishment for homosexuality, - except if it happens… and in such a case the person is said to be killed.

9) *Violence in language and behaviour (rape, domestic violence etc.)*[11]

Language is a reliable source of knowledge about the people's behaviour and their ways of understanding things. This holds also true for sexuality. In the Southern Sudan, language is handled with greatest care and a lot of caution, as if it was a potentially explosive matter. But when used in the appropriate context (that is in company of age-mates), the most crude sexual terms can be used without fear. This is to say that it is easy to speak about all aspects of sexuality, provided only that the people listening are of a same sex and a same age-group.

Rape is rare, even though it has become much more frequent (and brutal!) since the outbreak of the civil war. Rape is socially rejected and gets punished in the same way as adultery; many girls would not dare to tell anybody but prefer to keep their good reputation. Soldiers probably are the most usual rapists (if caught, they must nowadays expect severe punishment), but alcohol, drugs

[9] See the article on "*Polygamy*" in the chapter "*Marriage and Sexuality*".
[10] See the chapter "*Sideways and Stigmas*".
[11] See the chapter on "*Sex and Violence*".

and a general loss in moral values contribute to a higher rate of cases of rape, especially in bigger agglomerations. Some cultures seem to have been much more affected by the consequences of war and cause much sexual nuisance because of their acquired gun-power. The majority of rape is committed by a group of men (sometimes as many as ten).

10) *Social and spiritual stigmas*[12]

There are persons who, for purely physiological reasons, are feared or distrusted by society. To this category of people belong, for different reasons, *twins* and *circumcised* persons: both are feared for the abnormality of their mere appearance, but while twins are just human beings of a doubtful essence, circumcised people are – at least in places where circumcision is not practised – believed to be sorcerers and are therefore met with greatest suspicion and disdain.

The way how people perceive and behave with persons who are or look different is of course of great interest when discussing the possible integration of HIV/Aids-infected persons into society.

11) *Understanding of death*[13]

Death is certainly not really a sex-related event, but it is interesting to note that the mourning-period varies according to the sex: if a man dies, people mourn for three days, but for a dead woman the mourning goes on for four days. Death is considered to be an impure matter which can harm the living; this is why people who were in touch with dead bodies (or persons who have killed somebody) are in need of purification.
Death is usually followed by a (more or less) long period of sexual abstinence.

12) *The taking up of widows*[14]

After a husband's death, his widows are taken up by either the husband's younger brothers, by the sons of co-wives or by other agnatic (patrilineal) relatives. Often, the woman can express her own wishes or refuse; she may also divorce. If the cultures differ very much on the details of 'distribution' of widows, the result is, from a purely sexual viewpoint, almost the same: the women will get new partners and are thus exposed to the risk of getting sexually infected.

13) *The understanding of the causes to sickness and disease*[15]

All cultures have a more or less similar understanding of the causes to sickness, disease and even death: they are not of an organic type but have to be looked for in the sphere of spirituality, are either caused by *God or spirits*, by the rampant and extremely widespread epidemic of *cursing*

[12] See the chapter "*Sideways and Stigmas*".
[13] See the chapters on "*Begetting children*" and on "*Death*".
[14] See the chapter on "*Inheritance of widows*".
[15] See the chapters on "*Sickness and Disease*" and "*Begetting children*".

other people or, last but not least, by *ancestors* who are angry about the behaviour of their living descendants.
These beliefs having helped people to survive since memorial times, it will be difficult to replace them by a more scientific knowledge; however, at least in places where medicines are available, it is generally acknowledged that only modern medicines can really bring relief to people who suffer of sexually transmitted diseases.

14) *The means of protection and prevention*[16]

All people in the Sudan are constantly surrounded by all kind of dangers, reason why all people in all circumstances are extremely conscious of what evil could befall their body and mind: the protection of one's living sphere and the prevention of infectious matter to reach the human habitat are therefore an instinctive part of attitudes and spontaneous patterns of behaviour.
The fact that each and every Sudanese man or woman knows - out of practical experience - that sickness and death can be prevented if one only takes the necessary precautions and uses of all available means of protection in time will be of fundamental significance when teaching the people about HIV/Aids and the necessity to take precautionary measures.

The Southern Sudanese are aware that certain types of diseases are infectious and can be transmitted through physical contact. Even though people are not isolated socially, precautions are nevertheless taken, especially in the hygienic field (not to use same cooking-pots, eating-plates etc.).

15) *The ways of healing*[17]

There is much logic in the people's way of curing and healing: dealing with the causes to (and not the appearances of) a medical problem, the people use language, prayers and sacrifices for repelling or for appeasing the evil spiritual matters which are believed to be responsible for a disease or a death-case. Concerning HIV/Aids, people may want to know from where the virus comes from in order to destroy it once and forever and not be willing to accept it as a curse which will never go away.

16) *The newly gained sexual liberties* [18]

All interlocutors living in bigger *agglomerations in vicinity to an international border* (such as Narus in Eastern or Yambio in Western Equatoria, the Kakuma-refugee-camp in Kenya etc.) noticed a big change in the behaviour of people (and not only young ones!) and deeply deplored the "collapse of cultural values". The so-called "towns" are indeed a centre of attraction for many people, either because of existing facilities (school, hospitals etc.) or simply because life there seems to be richer, more entertaining and thus more enjoyable.

[16] See the chapter on "*Sickness and Disease*" and elsewhere.
[17] See the chapter on "*Sickness and Disease*".
[18] See the chapter on "*Change in sexual Behaviour*".

There is the fact that people who are far away from their own culture feel free (and sometimes liberated) from the social constraints to which they have to submit at home and dream of escaping – and if it was only for a short while – the restrictions imposed on them by parents, relatives, chiefs, elders and indeed some of the cultural 'values'. Even if some people actually do not leave the physical space of their own culture (a Zande in Yambio or a Toposa in Narus would still be in his place), they nevertheless meet there people from many other cultures and can feel (and behave) as if they were foreigners to themselves: knowledge is not only acquired in schools but also in daily life while observing or listening to other people.

However, all these different cultures which intermingle in such a place are all from the Southern Sudan and share, as this study has clearly shown, same or very similar moral values. How then is it possible that people would suddenly behave in such a different way? Sure, there is the presence of soldiers who indeed may, in the long-lasting war, have lost a good part of their former dignity and who need of course girls to really enjoy; the girls, on their side, are in need of money and may dream of beautiful clothes – prostitution is then not far anymore! Still, the question of course remains: how can such deeply rooted cultural values disappear in such a relatively short period of time? Difficult to answer, but one could also imagine that the culture itself made such behaviour possible. Indeed, "*love-making is a major Zande interest, almost an obsession"* as a specialist on Zande culture put it when speaking about cultural change; one could add that this has probably always been the case, that it is only the absence of social control which makes a certain type of behaviour possible. Our study has clearly shown that the people's sexual life did start a long time before marriage and that society did not find anything immoral in such behaviour, - except if it led to pregnancy and the consequent legal complications. This is to say that it is probably wrong to fear that cultural values have vanished altogether, not even in the field of sexual behaviour. But cultural *values* do not only concern sexuality but the human person as a whole, his attitudes, his social conduct, his own perception of humanity and his respect of other persons or things, - including the respect for himself. Even the soldiers are certainly still aware of the moral rules of conduct; it is only that, at present, they are playing a different role in exceptional circumstances which makes them forget about the education received at home.

If one probably does not need to worry for the future (not yet!), one should not close one's eyes for what is happening at present: at least in the mentioned agglomerations, the risk of forgetting one's human dignity exists and is real, - not to speak about the risks of getting infected by some terrible diseases like HIV/Aids.

A matter of particular worry is the education and thus the future behaviour of all those children who, for one reason or another, have left their village at a very early stage and who learned their behaviour under sometimes difficult circumstances from sometimes not so well-educated people; such worries concern of course more particularly the so-called '*child-soldiers'*.[19]

In a study concentrating on attitudes and behaviour of the people living in the Southern Sudan, there was no space for discussing the possible influence *foreigners*[20] may have on change in behaviour. The Sudanese themselves import of course many values from outside (from Uganda, Ethiopia, Kenya, the Congo etc.), but once back home they use to re-adapt to traditional customs

[19] While we were able to discuss with children in the Kakuma-refugee camp, it was a pity that we had not the time to speak with child-soldiers in order to learn about their sexual experiences.

[20] By 'foreigners' we understand of course both 'truks' or 'khawadja' (white people) and 'jure' (black Africans).

and laws; but foreigners come and go and usually do not care for the social or moral criteria of a culture, follow what a *Toposa* friend called "*the method of pick&go*". While previously foreigners were very rarely found, the war has produced a lot of movements in and out of the countries, they are now reaching the most remote parts of the Sudan. If this category of people may not alter the set-up of a culture, their presence must influence people in one way or another, - and surely also in the sexual field[21]. The use of condoms being rejected by girls, the risk of infection is tremendous.

17. *Alcohol and drugs*[22]

While most pastoral communities traditionally do not drink much alcohol, the more sedentary cultures do. Drugs are more rarely used and alien to many cultures (even though drugs may be planted for sale). The problem of alcohol seems to be have a great impact on sexual behaviour, especially in the region of Western Equatoria. Sexual activities in general and rape in particular are linked to alcohol and drugs. As drunk or otherwise 'high' persons in urgent desire of girls are likely to forget about all precautions, the problem of alcohol is serious even out of an HIV/Aids oriented viewpoint (and this more especially because people enjoying alcohol and/or drugs will always have the same problem of self-control, in sexual as well as in other matters).

18. *Knowledge of sexual transmitted diseases*[23]

Sexually transmitted diseases are a problem in many parts of the Sudan. Imported from foreign places or brought in by foreigners, the traditional medicine was quite helpless in treating such issues (only the *Azande* have medicinal herbs which apparently are effective); at present, people look for help in hospitals or clinics.
The fact that modern medical knowledge has been accepted in this particular field can make us hopeful that even information on HIV/Aids might be believed and eventually get accepted.
HIV/Aids is, by the way, largely unknown, except in big agglomerations and in places where NGOs have been conducting information-campaigns. Nevertheless, as a result of the constant movements of people, the awareness of HIV/Aids seems to be spreading rapidly.

19. *Curative measures and prevention*

As mentioned, HIV/Aids is yet little known and often understood to be a different type of illness (such as tuberculosis). Condoms are used only exceptionally; they are disliked by men and abhorred by girls. The courts do not even consider condoms as a means of preventing pregnancy, well on the contrary, it has happened that they punished those using them… Condoms are strongly linked to prostitution, persons using them being accused of having a loose sexual conduct; both men and women find condoms very suspicious and think that only 'cursed' persons would use it. In consequence, persons asking for condoms will be socially stigmatised.
The resistance to the use of condoms will not be overcome easily.

[21] The sexual life of foreigners when in the Sudan would certainly be a study of great interest!
[22] See the chapter "Sideways and Stigmas".
[23] See the chapter on "Sickness and Disease".

The purely practical problem linked to the use of condoms has to be considered carefully: because of logistical and economic constraints, it will not be possible to bring condoms to all places in sufficient quantities; if for sale, people will probably not buy it, especially as the people interested in condoms (because they want to avoid the woman getting pregnant) are indeed those who want to keep their activities absolutely secret…

20. *Behaviour with sick or infected persons*[24]

The people in the Southern Sudan are aware of the fact that some diseases are infectious. In such cases, precautions are taken: the disease is *kept* away and, by taking special measures, *prevented* from reaching a homestead; if a family-member has been befallen of the disease, he will not be expelled but is well taken care of by his relatives who, on one hand, keep away all possible danger from him (such dangers are linked to other persons) but who, on the other hand make sure that the patient's utensils etc. are not used by anybody else.
Generally, expulsion of a sick person from his usual social surroundings is considered to be inhuman, even though a patient may be restricted to his hut.

Little is known how people would behave in case of a person infected by such a dangerous killer-disease like HIV/Aids. From the *Anyuak* we learn that such a person would find it difficult to lead a normal life as nobody would dare to get in contact with him; people returning home from a place known to be a source of sexual diseases may be forced to decide to leave again, even if they are not carriers of any disease (this has happened). Likewise *Dinka* and *Nuer* would, according to our interlocutors, stigmatise such a person and prevent him from leading a somehow normal life.
From an unconfirmed report from the *Anyuak* we learned moreover that a court has held a person accused of having spread the disease guilty of murder…[25] .
If it might be too early to say how people would behave once they know the limits of the danger related to HIV/Aids, one can imagine that any integration of infected person into normal social life will without doubt be very difficult.

Conclusion of findings

→ The sexual life of the people living in the Southern Sudan is restricted by customary law which does not allow sexual intercourse before or outside of marriage. In spite of the sometimes drastic punishment for breaches against the rules of social conduct, a *great liberty in sexual behaviour* could be noticed, during adolescence as well as while being married.

→ *The approach to sexuality is not of a moral essence*: as long as it does not lead to illicit pregnancy or involves adultery (which is a legal rather than a moral offence), sexual activities are not only accepted but even considered to be a vital part of human spirituality.

[24] See the chapter on "Sickness and Disease".
[25] This would mean that the awareness of the consequences of HIV/Aids is already very high. But even if untrue, the information itself is of interest as it shows the possible legal consequences of death due to Aids.

→ *Polygamy* favours the all-important procreation of children but is not a factor of stability in what regards sexual life: it often leads to complaints by wives about their husband's sexual conduct and preferences, to quarrel and adultery.

→ *Change of sexual partners* is frequent, during adolescence, marriage (polygamy/adultery) and after death (when widows are taken up by other men). The risk of transmitting diseases sexually is great.

→ *Adultery* is frequent. Arranged marriages of young girls, a lover's lack of bride-wealth and abstinence from sexual intercourse with a wife who is breast-feeding a child are the main-reasons for an offence which eventually leads to a heavy fine.

→ *Rape* has become much more frequent than it used to be, and a greater number of men are involved in one single rape-case than before the times of war.

→ The Southern Sudanese have their own explanations for *sickness and disease* but they are very much aware of the necessity to take precautions in order to prevent infections, sickness, disease and death: in fact, they are worried all the time about possible dangers for their own health and more particularly for the welfare of their children.

→ *Sickness and disease are treated on a spiritual level by magic means*; even medicinal herbs are to expel a negative spiritual force out of the body rather than to attack the physical cause to the disease.

→ *People know the limits of their competence*: there are specialists for specific medical (spiritual) problems and some specialists can only be found outside of the own ethnic group. Foreign medical knowledge and assistance is therefore much welcome, - provided it has proved to be efficient.

→ *Women are more powerful than one could expect* when looking at the rather passive role they play in public: men actually fear them because of their refusal to submit to power of men. But women are also very demanding on sexual issues and claim their proper share in the making of love. *In the fight against HIV/Aids, women would play a key-role*.

→ Society as a whole but women in particular vehemently reject *condoms*. Women believe that the man is a sorcerer who wants to infect other people, an adulterer or simply someone who has been cursed and brings malicious death, or/and they fear that the condom may not get out anymore…

→ *Awareness of HIV/Aids* is minimal, exists to some extend in bigger agglomerations. Infected persons are believed to have tuberculosis. In places where people know the virus and its consequences, a person believed to suffer of the disease would probably be excluded from social life and would decide to leave.

→ Finally, it is worthwhile noticing that the Sudanese have no problem to speak about sexual matters on a concrete, neutral and objective manner, - if only the discussion takes place between persons of a same age and a same sex. The people of the Southern Sudan are not ashamed of their

sexual activities and nor of a possibly 'immoral' conduct: their greatest fear is that it could come to an early end…

→ *Changes in the sexual conduct* of people have occurred since the civil war in the Sudan has broken out, forcing both soldiers and civilians to intermingle with other cultures and even with foreigners. While some people living in bigger agglomerations badly lack the basic means for survival, other people (soldiers but also armed youth) have become powerful, do not need parents anymore and can afford to forget about moral scruples: prostitution and rape are the consequences.

→ *Most cultures in the Southern Sudan are said to be conservative*. Changes are probably more difficult to introduce into pastoral societies and villages than into the more sedentary communities and towns, but basically all cultures have the tendency to reject whatever comes from outside: the fear is that the old structures may not resist to change but get slowly disintegrated – perhaps without people being aware of the danger. Worthwhile noticing is the fact that, at least in traditional Nilotic societies, people do not easily (or not at all) allow girls to be married by members of other communities, and this not only because they could fear for the bride-wealth[26].
Many changes nevertheless did occur, some under direct pressure from outside (the removal of teeth, tribal 'identification-marks', the mouth-plates of the *Suri* etc.) some more or less reluctantly: even the Nilotes are nowadays not naked in public anymore and this in spite of their belief that men in clothes do not resemble truly human beings; schools are nowadays accepted everywhere to such a point that they become a political issue if they are not functioning; bore-holes have equally become acceptable to the mind of the people while dispensaries, clinics and more especially the vaccination of children are even welcomed.

[26] …but because a marriage is a social contract between groups of people, not just individuals. Sharing similar values and habits are pre-conditions for a successful relationship between in-laws and relatives.

Considerations and Suggestions on how to render an awareness-campaign on HIV / Aids successful

The following remarks are made by a layman who has no medical background nor any experience in organising campaigns of such a cultural sensitivity. The following remarks and suggestions may nevertheless be of a practical utility for those aid-workers who are not yet well acquainted with the Southern Sudan and its people. If the Sudanese are easy and pleasant to deal with, they can as easily get offended and get deeply hurt in their sensitivities. I hope that the following considerations can contribute to avoid pitfalls and thus facilitate the forthcoming campaign.

Co-operation

a) *Making use of existing material, taking into account experiences already made:*

There is one pitfall which is not linked to the Sudan but rather to the persons responsible for aid-organisations: it is the attitude to believe that nothing has been done before their arrival, that everything has to be reinvented and needs to get organised in a different way. In fact, there exists much knowledge about the Southern Sudan and its people, there are many studies which can facilitate a culturally appropriate approach and there are a great number of (negative and positive) experiences made in the methodological or the practical field from which one could profit a lot.
Ignorance of such existing knowledge leads to a repetition of studies – and, more sadly, to a repetition of mistakes.
There may not be so many experiences made in the field of raising awareness on HIV / Aids, but they do exist: a few organisation have used their presence in the Southern Sudan to inform the local population of the disease, and a number of organisation have prepared (or are preparing) plans to implement programmes on HIV/Aids. The knowledge gathered by these organisations needs to be taken into account before starting the own campaign.
Experiences made in other countries are interesting and can be useful if only one keeps in mind that the situation in the Sudan is not the same as the one found in, for example, Uganda, Kenya or even the Northern Sudan.
There are also a great number of *articles* on suitable or non-suitable methods, on the result of past experiences and on a number of pitfalls to be avoided: the organisers of the campaign should take these findings into account and make a positive use of them.

b) *Co-operation with NGOs*

If co-operation and co-ordination with other aids-organisations is important before and during the campaign, it is – of course – equally momentous to make sure that those ‘counter-parts’ who are willing to join the campaign in the Southern Sudan are sharing the cautious and sensitive approach which is suggested in this document. Sharing same ideas and principles is important. Organisations who do not have the time nor the necessary knowledge may do more harm than good, could possibly build up resistance to any further campaign. Even though the temptation to “do something” about HIV/Aids is great (last but not least for impressing potential donors), it is

not advisable to venture into a domain which is complicated and dangerous at a same time. If relief-activities could indeed be an excellent opportunity to spread knowledge about HIV/Aids, it needs to be planned and organised in a professional and co-ordinated manner.
To avoid any kind of misunderstanding, it is therefore advisable to co-ordinate a future campaign at a very early stage (that is at the stage of planning) and to make sure that all interested NGOs want to be part of a *same* campaign.

Choosing the right persons for leading the campaign

The choice of the campaign-leaders will be decisive for the success of the campaign. First of all, there must be the discernment that the objective of the campaign (change in sexual behaviour) is a very bold one, extremely difficult to reach: hard to believe that foreigners (including Africans) could have much influence on attitudes which are (more or less) deeply rooted in the different cultures. The Sudanese are suspicious of outsiders, of people who are, physically and mentally, different. If there are ways to gain the confidence of the people, a foreigner would yet meet with more obstacles than someone from inside the country who would not only know how to behave himself but who would also be trusted and more readily be believed.
If the nationality is important, the personalities of the campaign-leaders is equally of fundamental significance: they must be competent, of course, 'competence' meaning that they must also be aware of the social and interpersonal importance of their behaviour; but most of all they have to be deeply concerned by the issue of HIV/Aids themselves and really be devoted to the final goal of the campaign. Competence alone is not a criteria of selection, personal qualities and attitudes are also of significance. A campaign on HIV/Aids is obviously very different from – say – a vaccination-campaign (where competence alone may almost be sufficient).

Focusing the targeted groups

A campaign which is basically supposed to save the life of people should have no limits. Yet, in a first stage at least it will be necessary to focus the campaign of people and places which seem to be more immanently at risk than others.
The campaign should therefore focus on

a) *the carriers of diseases*: these are people who move a lot, such as soldiers, refugees, traders, persons working in the oil-fields, people engaged by relief-organisations, men in general and 'loose girls' in particular. The mentioned categories of persons "at high risk" are obviously also those least likely to worry about the consequences of their behaviour, for others and for themselves.

b) *the regions where HIV/Aids already exists*: these are big agglomerations in *regions which border either with the Northern Sudan or other countries* (Uganda, Kenya, Congo, Ethiopia). To these region belong *Northern Bhar-el-Ghazal, Shillukland, Anyuak-country, the Boma-region, Eastern and Western Equatoria.* Regions along existing roads inside the Sudan (such as the newly opened road to *Rumbek*) would also need to be given special attention.

c) *cultures where any infection with Aids could have terrible consequences*: such groups are difficult to identify, as sexual habits do not differ so much. To believe our interlocutors, the greatest changes in 'moral' behaviour would be found amongst the *Azande* and the *Toposa*, but at risk are certainly also those ethnic groups which did not get much school-education yet (such as the *Suri*, the *Toposa*, the *Nyangatom*, the *Murle* etc.) and where much sexual freedom is found, especially during the time when people are in the cattle-camps. A very particular case are the *Murle* who have – since a long time – problems of fertility (reason why they send their women abroad for getting pregnant, why they are 'forced' to abduct other people's children etc.): here the HIV/Aids-campaign would need to address even other related issues.

Focusing on the most suitable places

The big agglomerations and regional centres will of course be of great strategic importance as it is here where people from different villages meet. Market-places, schools, churches and other popular places are suitable for spreading information, showing films etc.
Market-places provide everywhere the occasion for meeting many people at a same time, but *distribution-centres* are good for spreading information as well; it is there where people gather.
Cattle-camps are places of significance because the many young people found there would have time for discussing the issues; because young people feel free from social pressures, the sexual life in cattle-camp is particularly intense.

Focusing on interlocutors

Formalities and procedures are very important. A wrong approach will spoil the best of programmes. All information should pass through existing social structures.

Chiefs and elders
Chiefs are the most important people, usually very powerful. All information has to start with him and the elders. If one succeeds in convincing them, the roads for information to the people are wide open and one will be able to reach anywhere.
The advises given by the leaders should be carefully listened to and nothing should be done against their will. This may sometimes be difficult to accept and yet it is the only way to succeed.
Calm, patience, respect and politeness are some of the keys which can open the doors to a good understanding and a pleasant relationship.

Age-groups
In many cultures, *age-groups* and *generations* are the most important social structures. The leaders of these groups (both men and women are organised in such groups) will have to get involved.
It will be advisable to address first the age-group which is in charge of the village before talking to the more senior and the more junior ones.

Other prominent persons
In some places, certain people will have a great influence on the people's behaviour. To this category of people belong *spiritual leaders* and the *Father of the Land:* both of them are dealing

with spiritual matters and are able to restore a broken harmony, between the humans and the spirits in what concerns the former, between the humans and the forces found in nature in what concerns the latter. It will be important to respect their authority and to gain their confidence.
The same would hold true for *magicians, witch-doctors* and *specialist who possess knowledge about medicinal herbs.* These people are usually specialised in dealing with very specific health problems and may only get jealous if they have to fear for their own authority; if one should succeed in gaining their confidence, one would already have removed a potential obstacle on the way to more awareness of sexually transmissible diseases.
Poets and *singers* have a great power as well, are able to destroy a whole campaign or can, on the contrary, make a message very popular. Good songs travel fast and reach far, are following people to the wilderness and are present at the dancing-places where young people have mainly sex in mind. A well-known singer from *Tonj*, *Ngoth Malang*, for example, was leading an awareness-campaign on the dangers threatening people who move to urban centres (like *Rumbek*) without being aware of "the war coming out of the sky" (bombardments). Co-operation with such singers can have a great impact and be decisive for the success of a campaign.

The time-factor

Without doubt, the information-campaign on HIV/Aids will be a *lengthy* process. The media which elsewhere facilitate such campaigns (television, radio, newspapers etc.) do no exist in the Southern Sudan; local, oral means will have to be used, the only available 'media' being the human being itself, who will have to carry the message from place to place, across social structures and deep into spiritual domains.
Though there is urgency to spread awareness of HIV/Aids everywhere and without further delay, one should be careful not to waste time by being too much in a hurry: the information needs to be substantial, the ideas cannot just be injected but have to be absorbed by the people. HIV/Aids is yet largely unknown, and the few people who know do not take the necessary precautions. In consequence, there will be need for explanations, discussions, reflections, exchanging arguments. Chiefs and elders don't like to be pushed around, not by people and even less by new ideas. *"Only those who move slowly reach far"*: this saying will hold true for the success (or the failure) of the campaign. The campaign is not only about changing attitudes in sexual behaviour but about changing beliefs. This is very difficult, - everywhere.
The needed time will be a major obstacle to the sustainability of the campaign itself. While great efforts will be (have already been) made in the beginning, the campaign may slowly loose its initial energy. As it will not be possible to measure the success in figures, it will be difficult to know if attitudes have changed; and as the disease is likely to spread while the campaign is going on, one may even doubt of the usefulness of the campaign… This is to say that the campaign can only be successful if one is aware of the problems and does not expect rapid results.

Who should implement the programme on the local level?

The campaign will only be successful if it is carried by the people concerned. It is no to be limited to big centres only but must reach the villages and cattle-camps. It needs to be integrated into the normal, daily life of the people: it will have to heavily rely on the participation of the people, not only of Southern Sudanese but of the members of each particular culture. An

individual approach is needed. Even though there are many similarities in what concerns the people's beliefs and attitudes regarding disease, gender, sexuality and marriage, there are also very specific rules of behaviour which have to be taken into account. Such rules are often impossible to learn, concern, for example, the way of addressing a person in the right (polite and respectful) manner[27]. Simple questions of behaviour can decide if a message will be received with sympathy or rejected straight away. Also, the belief that "everything is good in the own culture" and that, in consequence, anything bad can only happen in foreign countries and has now been imported because of war, is quite general: it can only be overcome if persons from the own culture become advocates of the cause.

The role of the campaign-leaders coming from the outside is merely to organise – through meetings and discussions – the local campaign by identifying the most suitable persons, to provide them with the necessary information on sexually transmissible diseases and by providing them with the necessary material. Such people would be persons with a medical background and who are – unlike people from outside - already well-known and trusted by the community[28].
The *age and sex* of the person(s) initiating the campaign play a big role in the local perception of the programme. Even though the attitude towards women may have slightly improved, women are generally not the most suitable persons to convince sceptical elders who are not always ready to accept "lessons" taught by women, and surely not on sexual issues. Be careful not to mix up the campaign on HIV/Aids with a campaign for women's rights! A team consisting out of both men and women will be the best solution. Women are crucial when speaking to other women about such sensitive issues like sex. Young people will have problems to convince older persons of anything, but they will certainly be more credible interlocutors for the youth who hate to be always told by older people what *not* do, and this especially in sexual matters.

Messages people are likely to understand

Our short survey of the people's attitudes and their behaviour in sexual domains may help to find some arguments for a change in behaviour. Different people will choose different approaches. Personally, I would refrain from trying to explain the problem in medical details and, for example, not insist on a 'knowledge' which we only believe to possess. It is enough to explain that "we don't really know" to integrate the HIV/Aids problem into their own understanding of things in general and diseases in particular. We can, in any case, agree that HIV/Aids is a curse, - but *a curse which is striking the whole world* and which therefore cannot find a local explanation nor get a local solution… More important are the arguments for the need of *protection and prevention*, both very fundamental principles in the people's self-defence when threatened by dangers and diseases: the idea of changing behaviour is – as the study shows – not foreign to the Sudanese cultures, well on the contrary, it is one of the basic principles governing their attitudes when confronted with certain persons or under specific circumstances. People are *fearing* spiritual matters, unknown or potentially hostile persons, but most of all they fear the consequences of their (bad) behaviour and their 'mistakes' could have for the welfare of their families.

[27] For the Nilotes, such culturally appropriate terms of addressing people would be the ox-names (such as 'Majok-kuje', "Mac Olal', 'Kwacakworo' etc.); such terms would correspond to the English 'Sir' or 'Lord'.
[28] Such persons could be found amongst current community health-workers who have already been trained either by Unicef or by other NGOs.

HIV/Aids is transmitted sexually but its impact has little to do with sexuality: it's all about life and death! This could indeed be a very important argument, for the Sudanese understand sexuality as the means which allows human beings to overcome death and to reach a kind of immortality and eternal life (on earth). Traditionally, sexual activities led to problems at home or in courts but it did not lead to death: if people could be made to understand (and to believe!) this, the issue of HIV/Aids would surely be taken very seriously.
The best method to increase the awareness of sexually transmissible diseases would therefore consist in building up on *existing* knowledge and attitudes and in *widening* the local concept of prevention into this purely physical (sexual) domain. But any attempt to change behaviour by teaching scientific knowledge would, on the contrary, be bound to remain a cry in the wilderness.

What one should be careful about when spreading information on HIV/Aids

While explaining the consequences of the disease, one should be careful not to create a future problem by stigmatising the victims of HIV/Aids. As our investigations have shown, a carrier of the disease is likely to be isolated within society and will have a lonely and difficult life. It is therefore important to explain right from the beginning that it is not the disease itself but the people's lack of self-control in sexual matters which is dangerous.

There will be the question of the use of *condoms*: as mentioned earlier, condoms are not acceptable (yet) and considered to promote prostitution or to open the way to 'free sex'. Condoms can be an issue in big agglomerations and refugee-camps, but hardly in places where they would not be found in any case and where people would only understand that they are - once again! - deprived of something essential which could save their life. In those densely populated places one may also instruct people on the different types of preventive measures, in order to avoid that people believe – as it has happened – that contraceptives for birth-control would also prevent people from getting infected by the HIV/Aids virus.

In the other, more remote areas, the issue of condoms should only get addressed at a later stage, when the problem has been well understood and when the people themselves ask for advice. As mentioned, the question of the availability (and the cost) of condoms will be another problem which must get solved before one could possibly think of 'introducing' condoms in remote areas, or even in cattle-camps…

Methods of spreading the message

a) *Visual Material*

"People believe only what they see", a *Didinga* interlocutor stated, suggesting that visual demonstrations (videos etc.) would be the best means to impress people and to convince them of the 'truthfulness' of the statement or the reality of the danger. In places where the people have already some knowledge of sexually transmissible diseases in general and HIV/Aids in particular, videos could be shown in *schools, churches, dispensaries* etc. One could also make a deal with

those people who are showing sex-videos, asking them to insert some clip on HIV/Aids in their pornographic shows; as the people watching those videos are precisely the people in danger of getting infected, such a 'method' could prove to be fruitful (at least one would surely reach the people)[29].
It is not advisable to show videos in places where the awareness of sexually transmissible diseases is low or non-existing. People have tendency to link what they see to specific places such as towns or refugee-camps which are known to produce prostitution and all other types of bad behaviour; they would not believe that such things could happen in their own, well-guarded community.
By showing people infected by the HIV/Aids virus, videos are putting a stigma on such persons but even on persons who may suffer of a different diseases (such as tuberculosis etc.). As "*people believe what they see",* explanations would not help to convince a community to treat an infected person in a human way: the victims of HIV/Aids would become also the victims of social disdain and get excluded from any normal life. In this sense, video-shows could become a real disaster for the infected persons, for other sick people and finally for the whole community. In conclusion regarding the possible impact of videos in smaller communities, one should warn and say: "handle with care!"

b) *Printed material*

Printed material is most useful of course for people who are able to read. Even though a majority of the people living in the Southern Sudan are still unable to read, there is yet an increasing number of educated persons, this including of course school-children.

There exist books providing *information* in an easily understandable, clear and even an entertaining way, as for example the booklet "*Talking* Aids, - A Guide for Community Work"[30]. Such information is certainly extremely useful for all people involved in the campaign, possibly also for other interested groups of people, the school-teachers, officers, administrators etc.

Comics are generally much appreciated by children, soldiers and adult civilians alike. The criteria is of course again literacy, and there might be the problem of language as well. Ideally, these pamphlets should be written in the major languages of the Sudan. Comics should be illustrated by Sudanese artists, perhaps even by bigger children in schools.
Posters, finally, can be a good means of increasing awareness, but as the message has to be kept simple, posters are really useful only once the people have already learnt about the problem.

c) *Discussions*

Group-discussions could be held even in very remote places, as some interlocutors said, taking place within the frame of age-groups. No age-group should be neglected, and married women should also take part (women's associations exist but not everywhere).

[29] If merchants should be reluctant, authorities could possibly encourage them to accept an approach which elsewhere is used for informing people on the danger of smoking tobacco.
[30] By the International Planned Parenthood Federation, published by the Macmillan Press LTD, London and Basingstoke 1988.

d) *Theatre-playing*

This could be an excellent way to render the information less boring, more entertaining; as a theatre-group could travel from village to village, the message could reach even very remote places.
Theatre playing would probably have to remain restricted to the major languages (Dinka, Nuer, Zande – Arabic?). As I have never seen any theatre-playing, I don't know really if the idea would be acceptable to the people; however, as young children are used to play some kind of theatrical games and as the youth in general loves to play dramatic roles, it does not seem impossible that one or several theatre-groups could be formed. The success of such a group would of course depend on the material support it would receive.

e) *Songs*

Songs are a traditional way of spreading news and providing information. But they need to be *very* good to become popular; bad songs would rather have a negative effect. The problem of the 'poet' would consist in providing a basically very negative piece of information with some kind of positive and more joyful message. Regional *song-contests* could encourage singers to concentrate on the problem.

d) *Schools*

Information on HIV/Aids should become a major topic of instruction in schools. Sex-education should start at a very early stage, partly because the children do not learn much about it from their parents and partly because Sudanese children "play sex" at an early - and sometimes very early - age.

e) *Instruction of soldiers*

This is, apparently, already underway. Because of its utmost importance, any campaign on HIV/Aids should make sure that the information is not only spread in a vague and general manner but really goes into the depth of the problem. Sexual education should be part of the curriculum of the army and get supervised by competent personnel.

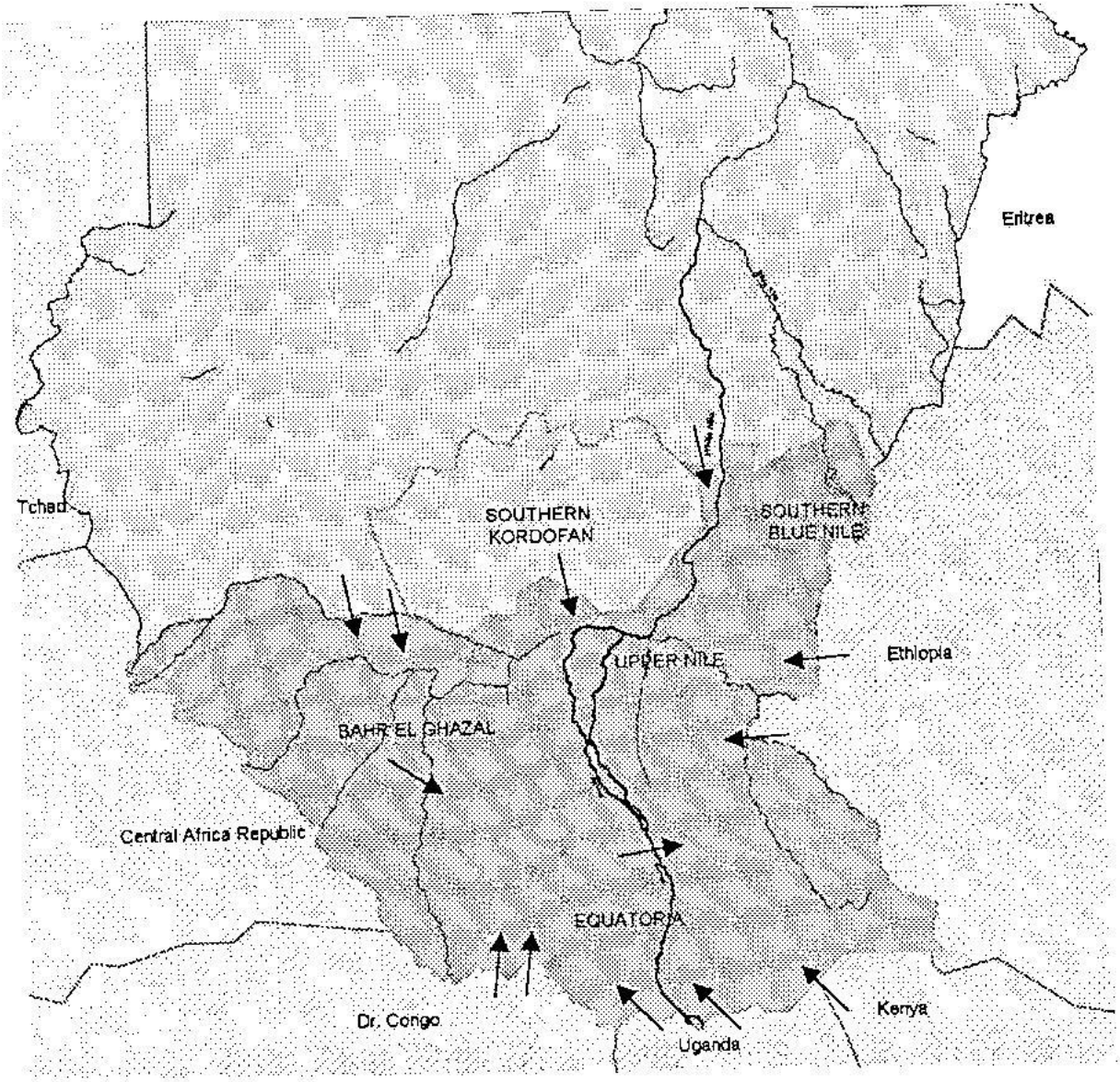
f) *Churches*

Religious education usually includes lessons on sexual behaviour, but such moral messages have (though for more social reasons) always been received at home – apparently without showing the desired results. The participation of church-leaders will nevertheless increase the credibility of the campaign, at least in places where the churches are not considered to be hostile to the culture.

Conclusion

Targeting people who are already at present at a high risk of getting infected and cultures which are - mainly because of their geographical situation - potentially at risk, the campaign is more likely to be successful if it is conducted by competent and trusted people from the different cultures. It is important not to concentrate on big villages only but really crucial that the information reaches the most remote places; this can only be done if local people are mobilised. The information should not concentrate on scientific arguments and thus lead to contradiction but build on *existing* values, attitudes and patterns of behaviour. Preventive measures should, for the time being, equally correspond to existing methods (avoidance of dangers); the use of condoms should not be part of the message, except in bigger agglomerations where condoms are available and where some kind of awareness can already be found. The campaign should respect local authorities (chiefs, elders etc.) and take profit of existing social structures (namely age-groups). Attention should be paid on age and sex, partly in order to avoid to hurt sensitivities, partly in order to have an easier access to people and to be more readily believed. Stigmatising infected people should be avoided at all costs, as this would only cause new and very serious social problems. The methods should be adopted to local circumstances as well, but songs and discussions are likely to be the most efficient ones. Videos should only be shown in bigger agglomerations and in regions where people are already aware of the disease, but not in villages.

The STD Routes to the Sudan



Better communication, faster transmission of diseases!

- **the borders with good access by road carry the highest risks *(such as the border with Uganda or the one between Northern Bahr-el-Ghazal and the Northern Sudan)***

- **the risks are more limited along the borders *between Kenya and Kapoeta* where the roads are bad, this also in direction of *Boma and Ethiopia***

- **three possible routes from the North to the South:**
  - **the *railway* to the whole of Bahr el Ghazal**
  - **the new highways to the *oil-fields* in Western Upper Nile with their foreign workers, Chinese and other Asians ec.**