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CENTRE FOR AIDS DEVELOPMENT, RESEARCH AND EVALUATION

warren@cadre.org.za
www.cadre.org.za

HIV/AIDS, claims making and the public sphere: Are we being critical enough about the epidemic?

Warren Parker (2005)

HIV/AIDS is an ecological phenomenon that impacts directly on material conditions and lived experience globally. Interventions in response to the disease have occurred at all levels of society. At most levels of intervention, a competition exists between programmes and groups to secure acceptance of their activities, and in some cases there is a strong emphasis on expansion and dominance within the broad response to the epidemic. This direction towards dominance, whether formal or informal, involves ideological dimensions – specifically the framing in the public sphere of the ideas that constitute a given programme or intervention through discourse. Particular representations of HIV/AIDS interventions and research can be understood through a range of typologies as follows: Moral panic - which positions particular groups or sectors and their behaviours and practices as non-normative (for example youth, men, women, Africans); Quantification - which allows for simplification and generalization; Causality - which involves causal claims about lived experience and material conditions, and which is also applied to the intervention at hand; and Legitimation – which integrates research claims alongside endorsement by elites alongside structural partnerships. Constructions employing such typologies are reiterated and perpetuated through forms of communicative power including access to mass media. These discourses, sufficiently reiterated, have the capacity to become common-sense. A critical methodology can be applied to identify and analyse such discourses.

Global and local policy on HIV/AIDS involves contradictory emphases and imbalances. For example:

- There have been strident global calls for massive investment in centralised and top-down interventions for HIV/AIDS – notably via the Global Fund for HIV/AIDS, TB and Malaria and other UN formations. The earliest examples of successful HIV/AIDS interventions, however, have been grassroots oriented low-cost bottom-up activities – for example, the mobilisation of gay men in the US in the 1980s and amongst Ugandan communities in the late 1980s and early 1990s (see Shilts 2000; Crimp 1990; Low Beer & Stoneburner 2004a, 2004b)
- Much has been made of the need to focus on Antiretroviral Therapy (ART) for HIV. ARV programming is a long-term initiative, and whether or not ART programmes are in place, tens of thousands of people are currently dying of AIDS. The provision of palliative care is a long established intervention for providing care and pain relief in chronic illness and end of life care in the context of HIV/AIDS, yet there is no concentrated global mobilisation around this urgent humanitarian need (see Selwyn 2005).
- Large mining and industrial corporates have been feted as a consequence of their uptake and implementation of ART programmes in the workplace, yet analyses and critiques of their role in a range of processes functional to HIV infection – notably labour migration and informal housing – are muted (see Lurie 2003).
- Youth have been positioned as 'the driving force' of the HIV epidemic as a product of sex between young people (see UNAIDS 2004), yet the role of adult to youth transmission and other factors that disempower young people and make them vulnerable

to sexual exploitation are seldom articulated (see Gupta 2002).

- Microbicides have been positioned as a primary intervention to address female control over HIV and as a means to 'empower women' yet this biomedical intervention focuses on preserving (rather than addressing) the status quo of female disempowerment by fostering the continuation of imbalances within marital and other relationships (see Woodsong 2004).

If responses to HIV/AIDS are contradictory and imbalanced, why do certain ideas dominate and others not? Why is critique so muted? Why has social theory not been integrated into our approach to understanding HIV/AIDS? Why does description and assertion of what we need to do (often led by the West/North in relation to the South/East) dominate over any attempts at critical analysis?

Ideology and HIV/AIDS discourse

The emerging phenomenon of HIV/AIDS in the 1980s was very much located in the sphere of public discourse. During this phase, emphasis was placed on biomedical orientations that focused on the viral nature of HIV and modes of infection. These discourses were not without ideological dimensions: HIV infection was attributed to risky sexual practices amongst gay men, Haitians and Africans, and politicking was rife amongst scientists laying claim to the 'discovery' of the virus. This period laid the foundations for explanations of behavioural and social factors that contributed to vulnerability to HIV infection.

Although such research, functioning in concert with the range of responses and interventions, was integral to the development of HIV/AIDS policy, these processes have also formed the foundation for constructing, legitimating and replicating particular interpretations of the epidemic.

The concept of ideology offers an understanding of the relationship between social and material conditions and the ideas that frame social life in any given era. Ideology is expressed through processes of systematically organising, articulating, circulating and perpetuating ideas. Ideology and discourse are thus interdependent, for it is only through discourse that ideologies can be brought into being and sustained.

Ideology can be understood in a neutral way as a systematic and elaborated set of ideas with a relative coherence, or alternately, critically, as ideas that involve subjectivities that include contradictions and distortion. As Lull (2000:13-14) observes: "Organised thought is never innocent; it always serves a purpose. Ideologies are implicated by their origins, their institutional associations, and the purposes to which they are put…".

In the context of HIV/AIDS, social response to the epidemic incorporates mechanisms for simplifying and making coherent, complex and rapidly changing material and social phenomena through discourse. Thought is organised, and through processes of organising and articulating ideas, particular interpretive frames are constructed that function ideologically.

A critical approach to understanding HIV/AIDS discourses requires an analytic framework. This involves a process of identifying types of discourse (and their related ideological dimensions).

The power of numbers

Quantitative epidemiological research has been foregrounded in HIV/AIDS research as a function of the science of epidemiology. HIV/AIDS epidemiology

Discourse and dominance

HIV/AIDS is an ecological phenomenon that impacts directly on material conditions and lived experience globally. Interventions in response to the disease have occurred at all levels of society including organic and relatively informal responses (such as small groups of individuals working collaboratively at community level) as well as formal responses located within the state or other institutions and groups functioning globally, regionally and within countries.

All HIV/AIDS interventions require resources for their activities to be sustained, and larger national and international level programmes are often resource intensive. Similarly, at most levels of intervention, a **competition exists between programmes and groups to secure acceptance of their activities**, and in some cases there is a strong emphasis on expansion and dominance within the broad response to the epidemic. This direction towards dominance, whether formal or informal, overt or covert, involves ideological dimensions – specifically the framing in the public sphere of the ideas that constitute a given programme or intervention through discourse. Ideology thus intersects with discourse processes.

Not all groups or institutions working in the HIV/AIDS field are ideologically oriented in the sense of seeking dominance or expansion. However, at some level or another, any group or institution requires some degree framing of its core ideas, goals and processes to function within society. HIV/AIDS work carries with it a sense of social purpose that is interconnected with moral purpose, of contributing positively to society, and as a result HIV/AIDS programmes, related foundations and donors are assumed to be functioning primarily with the social good in mind. Whilst some degree of competition for resources and related ideological positioning is inevitable, what sets some ideas apart is a concerted direction towards securing competitive advantage through employing a range of strategies that are intrinsically ideological. These processes are situated both within and beyond discourse, extending to a complex of alliances, partnerships and structural relations that intersect with access to **communicative power**.

involves analysis of the relationship between HIV infection patterns, behavioural and contextual factors (primarily demographic), which are employed to inform public health strategy. Epidemiology sets out to identify correlations between contextual risk, behavioural risk and disease risk and/or infection.

Epidemiology is specifically about studying excessive occurrences of disease – and epidemiological methods are primarily quantitative: "Quantification is a central activity of epidemiology because the standard epidemiological measures often require counting the number of cases of disease and examining their distribution according to demographic variables such as age, sex and race" (Friis and Sellers 1999: 11). Quantitative and epidemiological research is also generally associated with a positivist paradigm that emulates the natural sciences, and which in turn constructs a particular conception of objectivity and truth: "Positivists utilise empirical methodologies borrowed from the natural sciences to investigate phenomena. Quantitative strategies serve this positive-science ideal by providing rigorous, reliable and verifiable large aggregates of data and the statistical testing of empirical hypotheses" (Berg 2001:10).

Processes of quantification and mathematical measures, reduced to percentages along narrow indices, divorce understanding of human subjects as constituted through a complex of social interactions that are interdependent with material conditions.

The authority of mathematical constructs, combined with descriptors of distribution, concentration, probability and projections constitute a 'knowledge' of the world that is removed from human social interaction. As a product of these processes, research in general, and quantitative research in particular is intrinsically ideological in the sense that it involves aggregation, simplification, and objectification. It encompasses systems of surveillance that are related to power, and that underpin descriptive knowledge of the world – a process that shifts human subjects into objects (see Foucault 1980).

The concept of causality

Cognitive theories of behaviour have been at the forefront of HIV prevention interventions since the early 1980s and include theories such as the health belief model (Becker 1974), the theory of reasoned action (Ajzen 1980), the AIDS risk reduction model (Catania et al 1990), and theories of social learning (Bandura 1986), amongst others. These theories foreground volitional control over behaviour and assume, in the case of HIV prevention, that an individual will adopt a number of strategies to mitigate risk of infection. Cognitive HIV prevention strategies include, for example, choosing not to have sex, choosing to have non-penetrative sex, choosing to be faithful, choosing to reduce one's number of sexual partners, or choosing to use a condom. What is masked however, are the complex power relations that are integral to sexual interaction. Specifically, any

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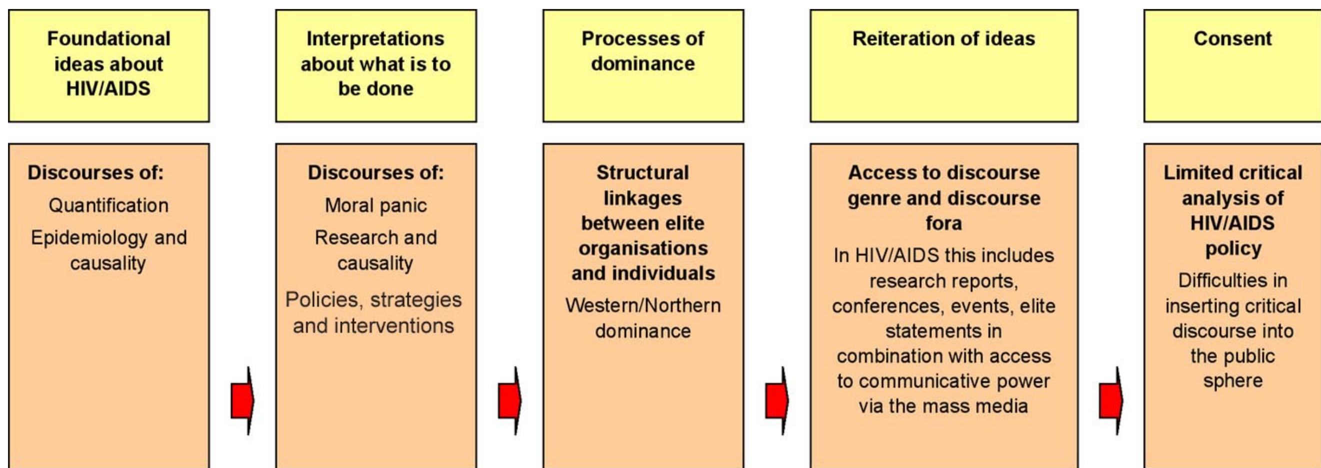
act of sex, consensual or not, involves more than one individual, and sexual activity thus implicitly involves dynamics of power. In the case of consensual sex, for example, any conscious HIV prevention strategy needs to be referenced to power relations between sexual partners that reshape the concept of willed behaviour.

It is noted, for example, that an individual may adopt the strategy of staying faithful to his/her sexual partner, but still face infection because of an unfaithful partner; a young person may be coerced or persuaded to engage in sexual activity by a person older than themselves, towards whom trust and authority is a culturally determined norm; emotional needs for love, comfort and support may overwhelm imperatives for HIV risk reduction; physical needs for food and shelter may be exchanged for sex as a matter of survival; desire for material goods such as fashion items, cell phones or money may foster transactional sexual relationships; fear of physical violence may influence sexual decision-making within an established relationship; differential power relationships within the family or within school and other institutions pose risks for coercion, child sexual abuse and rape; and fragmented social contexts, along with poor policing and justice systems contribute to sexual violence and rape (Parker 2004).

Other contextual factors that influence and exacerbate HIV risk include poverty, unemployment, labour migration, rapid urbanisation, and war. Thus, in relation to quantitative research, given underlying complexities, causal pathways between behaviour and HIV infection are poorly established.

Discourses about response to HIV/AIDS include assumptions about causality – whether they have to do with behavioural aspects of HIV prevention, or interventions to do with care, treatment and support. It is these concepts of causality – materialised as strategies, policies and interventions – that constitute global HIV/AIDS discourse, and it is these concepts that

Figure 1: Processes of dominance in HIV/AIDS discourse



need to be subject to critical analysis in relation to contradiction.

The legitimation of ideas

The dominance of ideas and particular interpretations of HIV/AIDS involve processes of legitimation that are oriented towards bringing about and sustaining dominance and expansion. Legitimation has to do with simplification and reiteration: "[ideological discourses] are the arrangements of political thought that illuminate the central ideas, overt assumptions and unstated biases that… drive political conduct" (Freeden 2001:6).

Legitimation shifts ideological discourses into the domain of common sense through focusing on rationalising particular representations. Legitimation also has to do with reinforcing the right to dominance of particular ideas, whether or not that right is a product of consensus.

Legitimation is achieved through particular forms of discourse – for example, through moral panic – as well as through structural relations between elites.

Moral panic

Moral panic involves the identification of a threat to a community or society that is personified through identification with an individual, group and/or social practice that is advanced through discourse and explicitly or implicitly infers a call to social action. Moral panic discourses "arise because, as with all sociological phenomena, threats are culturally and politically constructed, a product of the human imagination" (Goode & Ben-Yehuda 1994:151).

One aspect of the ideological dimension of moral panic is that it works from the position of what is normative, identifying an 'other' who are imbued with negative non-normative characteristics. Ideological direction is thus given to and 'us-and-them' dichotomy.

For example, in relation to constructions of youth and HIV/AIDS, young people are identified as 'the other', and are causally located at the centre of the HIV/AIDS epidemic. This discourse has been used in South Africa in the construction of the loveLife programme along the following lines:

> *Already more than 4-million South Africans (10% of the population) are HIV positive. Conservative estimates are that in excess of 10 million South Africans will die of AIDS in the next 5-10 years. In the past year the rate of HIV infections among adolescents aged 15-20 years increased by 65%… failure to influence the sexual behaviour of this age group will have incalculable consequences for the scale of the HIV epidemic in South Africa (loveLife1999a:1).*

This moral panic discourse serves an ideological purpose in drawing attention away from the specific conditions that contribute to youth vulnerability to HIV – for example, coercive sexual encounters framed by high age differentials between sexual partners (and related adult culpability), and many contextual factors including family breakdown as a product of labour migration, gender disempowerment, and the like (see Kelly & Parker 2000; Kelly, Ntlabati, Oyosi, van der Riet & Parker 2002a).

Similarly, discourses around microbicides have relied on generating moral panic in relation to constructing African men as 'the other' relative to female disempowerment with an emphasis on positioning African men as dispassionate, uncaring, promiscuous and hypersexual.

Quantification and causality are linked within discourses of moral panic through simplification and reduction, and allow particular constructions appear legitimate and common-sense.

Elite endorsement and structural linkages

Ideological discourses have to do with particular forms of power and dominance. Elites personify structural power – for example, political leaders, leaders within the civil service, leaders within corporate formations including the mass media, leaders within educational institutions, all of whom are functional to decision-making that affects public policy and social process. The concept of elite can be extended to include what might be termed 'opinion elites' whose capacity to inform social processes is not specifically embedded within structural formations, but whose opinions and representations shape and inform world views and

political processes – for example entertainers, religious leaders, academics – whose opinions are valued within society.

Elites are important to processes of legitimating ideas in the sense that particular discourses devolve to particular individuals by virtue of their structural/elite positioning.

Elite discourses have been widely used to legitimate particular ideas about HIV/AIDS. These discourses occur within particular historical moments and are expanded through access to communicative power via the media. Research reports, conferences, events, and statements by elites all provide access to mass media.

The elites who are most vocal, and whose opinions carry the most weight, are largely located in the global West/North and it is their voices that shape understanding of the global East/South. In relation to elites, much has been made globally of the concept of partnership between organisations, yet partnerships that occur globally and locally are more likely to involve powerful elites – moreoften than not, involving government and corporates – than marginalised groupings such as people living with HIV/AIDS, community-based and non-governmental organisations.

Consent and critique

Particular interpretations of the HIV/AIDS epidemic as well as concerted action in response tend to devolve to organisations that have structural and related communicative power. Lack of critique affirms this power.

At some level, consent around what is to be done is embedded within the structures of society, and within ideological discourses that frame what may be known. This is, however, also related to power in the sense that dominant groups are far more readily able to define the boundaries of discourse.

Consent is related to power – part of which is reiterative, part of which is expansive (in that it occurs across multiple genres of discourse), part of which is related to access to discourse fora (such as conferences, events, statements by elites), and part of which is embedded within relations between elite groups. Although dissenting viewpoints may exist, these are compromised through lack of relative access to discourse fora.

The purpose of critique is to bring about a crisis of legitimacy in relation to dominant ideas by exposing contradictions. Critique however, is dependent upon the range of practices that occur in constituting dominant discourses – i.e. the transition of ideas into organised forms of thought, as well as mobilisation into discourse fora that are positioned to articulate critique. Without this level of organisation, consent to dominant ideas is maintained by virtue of the 'silence' of opposing thought. Critical discourse thus requires concerted action.

Critical ideas about HIV/AIDS largely emanate from contradiction, but it takes particular forms of analysis to identify and articulate contradictions. We can know of, and indeed experience, many of the contradictions outlined above, but drawing them out into the public sphere is no simple process. Critical thinking is, however, a necessary first step.

Critique of dominant ideas is oriented towards identifying and unmasking contradictions and related differentials of power. The approach is essentially an evaluative one that is directed towards achieving transparency as opposed to being informed or directed by a particular moral purpose.

The contemporary environment of HIV/AIDS is one of consolidating dominance of particular strategies, policies and interventions, and the concretisation of these through discourse in the context of power (ie. access to discourse fora; structural linkages between organisations). The HIV/AIDS discourse environment fosters largely uncritical perspectives of dominant ideas in spite of contradictions. In the context our lived experience in a contemporary epidemic, we need to reassert the role of critical analyis, of theoretical perspectives informing action and of critical debate.

Note

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