

Investigating HIV/AIDS in southern Africa

Book Review

Webb, D (1997) **HIV and AIDS in Africa**. Cape Town: David Philip.
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The development of effective and appropriate prevention programmes to limit the spread of HIV/AIDS in southern Africa depends on an understanding of the complex dynamics of the epidemic - an interaction between culture, individual action and sociopolitical factors in different times and places. Through the use of both social theory and a geographical perspective, Webb addresses a number of topics implicated in the spread of HIV/AIDS. What makes this attempt different is his in-depth consideration of a number of topics usually given only superficial explanation. In addition, Webb points to the fact that generalization across space is neither desirable nor useful when attempting to understand the HIV/AIDS epidemic and the book therefore, traces a number of topics through the perceptions and experiences of five southern African community field sites. The various sites locate AIDS in the geographical and social settings of migrancy, major road networks, racial suspicion and health seeking behaviour in the context of available health care options. In so doing, Webb provides possibilities for future avenues of research within other localized study areas.

In pursuing the interaction of cultural, individual and sociopolitical factors, the book ranges among a number of different scales. The opening chapter provides some basic information about the HIV virus and the geographical distribution of the disease in the southern African region. The brief introduction to the basic biology of the HIV virus, common modes of transmission and most common forms of HIV testing make for interesting reading but provide little more than the most general information for the uninformed. Webb then goes on to provide a basic explanation of the current HIV situation in southern Africa and finally, looks at the geographical spread of HIV since the first known case was diagnosed in South Africa during 1982.

This first chapter is followed by a methodological chapter in which the theoretical constructs inherent in the present research are outlined, particularly the role of geographical research and structuration theory. Webb indicates that the epidemiology of a disease such as HIV/AIDS has to be understood in terms of an influential triad

comprising the culture of those affected, the political economy of the affected country and individual agency. In contrast to the dominant theoretical methods in health research which have tended to over emphasize the role of macro-processes in the spread of HIV, structuration theory allows for a flexible approach encompassing the influence of both individuals and structures. At the same time Webb moves with current trends in geographical thinking to point to the important influence of place in our understanding of HIV/AIDS.

The following chapter of the book address the woefully inadequate responses of most southern African (South African in particular) governments to the HIV problem and the attempts by non-government organizations to fill the void thus created. Particular emphasis is placed on the politicization of the epidemic and the overt tone of moralization taken by most attempts at HIV education. While pointing out that governments have done little to prioritize the HIV epidemic, Webb indicates that this has mirrored the attitudes of large parts of the southern African population where factors closer to home such as civil war, poverty and malnutrition naturally receive greater priority.

Having considered the macro-processes operating on the spread and geographical distribution of the HIV virus, Webb changes his perspective to consider the individual behavioural characteristics implicated in HIV transmission. Whereas a macro-process approach would allow the determinants of the HIV spread to lie well beyond the boundaries of the individual communities, a behavioural approach considers the actions of individuals rooted within the community. Webb collects data which reflects the general perceptions of sexual behaviours within each of the five field sites and argues that within the southern African context there are a number of motivations for sexual behaviour which fall outside the accepted reasons for engaging in sexual behaviour. Using proxy indicators Webb investigates the sociosexual environment in which HIV is endemic, but infrequently experienced. Teenage pregnancy as a proxy indicator shows societies where traditional alternatives to penetrative intercourse before marriage have fallen away; contraception is either wholly inaccessible or inadequate and where parental control and the provision of sex education is seriously lacking. In addition, the frequent use of sex as a commodity particularly by young girls moving outside of their own age group has been indicted as a means for the spread of sexually transmitted diseases and an increase in teenage pregnancies. The frequency with which females engage in transactional sex further highlights macro-economic processes at work in African countries which have conspired to keep females economically marginalised and with few employment opportunities. Selling sex within and outside of formal definitions of prostitution becomes a viable way for women in Africa to survive economically. Within the sociosexual context mentioned above, Webb highlights one of the greatest failings of all AIDS programmes - the limited use of condoms. Undoubtedly, use of condoms can reduce the transmission of all sexually transmitted diseases, yet they remain underused in all countries, due to erroneous beliefs about the safety of certain partners and wide spread aversion to their use.

Of greatest concern, Webb then turns to look at community responses to the AIDS epidemic and to individuals infected with the HIV virus. Levels of knowledge across the five field sites was relatively high with a clear differential between rural and urban settings but attitudes towards infected individuals were very negative. Responses to what should be done with HIV positive people were classified as "kill", "isolate" and

"care". In the rural field sites where less educational exposure was found and in areas with endemic violence, the most common response was that people infected should be killed. This idea was commonly linked to the idea of HIV positive people as potential killers, even when those infected were immediate family members. In terms of isolation, certain groups perceived to have high rates of infection have been stigmatized and it is most common for members of these groups to be at the receiving end of calls for isolation. In America homosexuals tended to be on the receiving end of much of the stigmatization while in Africa this tends to be directed at prostitutes. The suffering of an individual for the perceived good of the community is seen to be an acceptable way of combating the spread of HIV within a community. Webb hypothesizes that the stigmatization is lower in communities where strong social networks can overcome poverty and mutual interdependence is common in the community. There was also a great deal of concern about what should be done about AIDS orphans - responses were equally divided between those who thought that the community or the government should be responsible for taking care of them. With southern African government resources stretched to the limit, it is unlikely that government will be able to adequately deal with the AIDS orphans of the future. Webb feels that a response will have to be generated at the extended household level with some form of help made available through the generation of vocational training schemes for orphans and a small allowance given to care givers. Coping mechanisms within affected communities indicate that providing care for AIDS orphans within the extended family is not wholly impossible despite high rates of stigmatization. The existing levels of compassion for AIDS orphans should be utilized at the institutional level in providing solutions for this growing problem.

Finally, Webb turns to the development of HIV/AIDS prevention programmes. He notes that the small number of programmes which have been successful have had a number of common characteristics. They tend to have targeted specific groups; treated STDs; attempted patient-partner follow-up; provided condoms and increased knowledge through a system of peer education. To be effective, programmes have to address more than just sexual behaviour and extend their view to the environment in which sexual behaviour takes place. While levels of knowledge are generally high, perceived risk and vulnerability have remained low leaving the way open for further infection. In addition to raised levels of perceived risk, HIV/AIDS needs to be prioritized in the minds of the general population. A frequent problem in AIDS prevention has been the idea that in the greater arena of problems faced by individuals AIDS rests relatively far down in a list of potential health threats. Poverty, malnutrition and general fatalism prevent AIDS prevention from being seen as an important factor in health promotion. Unfortunately, AIDS cannot be prioritized in communities until other health problems have been addressed or until the disease has been felt in the community. Both options do not bode well for AIDS prevention.

In this book Webb provides an interesting alternative view of the HIV/AIDS epidemic in southern Africa. For those involved in social psychology and the geography of AIDS, the empirical evidence will be of interest, providing proof for frequently anecdotal evidence. The perspective will, however, be very familiar. HIV/AIDS researchers used to a biomedical approach will be more likely to find the perspective of this book new and unique, possibly providing a fresh perspective on the continuing search for a prevention programme with effective results. It is hoped that researchers adopting Webb's methodological perspective will be providing future insights into the HIV/AIDS

epidemic within localized contexts. Holistic views of social, psychological and economic forces, such as this, may offer the solutions required for effective intervention programmes specifically tailored to the needs of particular communities.

Call for Papers

PINS SPECIAL ISSUE

Call for Papers

Truth & Reconciliation Commission

While officially the Truth & Reconciliation Commission's (TRC) work is over - the TRC Report has just been published (October 1998), and the TRC is currently concluding its amnesty hearings of the perpetrators of politically motivated human rights violations - much of its work regarding reparation and rehabilitation still lies ahead. As psychologists, many of us have been assaulted by the brutality of the truths told. We have also wrestled with theories to account for either the brutality or resilience in individuals, and with theories of collective culpability which implicate all in guilt and shame. Requiring "confession" as a mark of therapeutic catharsis - at individual and social levels - we have witnessed many versions of truth, and many meanings of healing and forgiveness.

The *TRC Special Issue* seeks to create a space for critical reflection on the institutional, political and theoretical role of Psychology in this historical process of "truth-telling" and "reconciliation" in South Africa. Has reconciliation been achieved, or is it even possible? Have we come to terms with a past in order to re-negotiate a present or future? Do we have a right to "pathologise" anger or resistance to the advocated healing of confession, forgiveness or amnesty? How might psychological interventions address the diverse and ongoing stresses of survivors of abuse and their families, the TRC workers themselves, and those who contemplate a future in South Africa with deeply fractured identities? These and many other troubling questions are necessarily going to occupy our thoughts and emotions for many years to come. PINS, through the publication of the *TRC Special Issue*, wants to encourage a constructive engagement with the range of complex issues raised by the process of the TRC.

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