From the social and cultural appropriations of AIDS to necessary political appropriations : some elements towards a synthesis

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Problematisation of AIDS and signifying process : interplay of internal and external points of view

One of the main contributions which biomedical science and national campaigns against AIDS expect from social sciences concerns the very wide subject of the causes and the spread of the AIDS dynamic in Africa. This subject is indeed wide and the expectation is justified, because there is no doubt that many sociocultural and economic factors are responsible for the exponential growth of HIV infection and for its mainly heterosexual transmission, to the extent of provoking certain representatives of biomedical sciences to say that social and biological factors operate as 'co-factors' by multiplying together their deadly effects.

From this perspective, it is often admitted that in the order of factors of risk, some factors which are, strictly speaking, cultural, namely certain traditional rules of society, such as polygyny, levirate and sororate (which all relate to the subordinate status of African women) play an important role in the spread of HIV, although this set of factors is offset by other 'customs' which can act to slow down this spread, such as circumcision or the ban on sexual intercourse after a birth (Caldwell and Caldwell 1993). One cannot say that the papers which deal with these precise factors have really confirmed this generally accepted point of view. In connection with these rules and customs, including those that are supposed to slow down the spread of AIDS, studies of varying and even contradictory cases were put forward, which make these cultural factors somewhat uncertain as a means of explaining the epidemiology of AIDS. At the most, they seem to play a likely but a very variable role, and one which is dependent on other factors that are not, strictly speaking, cultural, but spring rather from the diversity of social and health conditions (Mann and Tarantola 1996; Raynaut 1997).

In addition to this concentration on African traditions, which goes beyond a narrow culturalism, and calls for a more convincing explanation of the risk factors and their relationships (Packard and Epstein 1991), a number of papers at the Sali symposium more or less

confirmed the point of view that the often chaotic changes in present-day Africa have been particularly favourable to the spread of HIV. The deregulation of former family and social orders, the combination of rapid urbanisation and of impoverishment, the economic and political crises are so many developments which create new strategies for survival, notably among an increasing population of young people, where various forms of 'delinquency' and of 'prostitution' develop, which often lead to widespread instability and to significant migrations of people.

Finally, everything takes place as if the spread of the AIDS epidemic in Africa depends on an accumulation of factors, or in other words a process where tradition and innovation, in mutual tension and conflict, facilitate the rapid spread of HIV. Put another way, this is the result of connections or of strong interpenetration between the various groups, social categories and types of population that make up the patchwork of present-day African societies: between town and country, between those who are poor and those who are less so, and between those who are young and those who are less so —particularly between young girls and mature men (Brouard 1994)— and between migratory and sedentary populations (Painter 1994). All these connections can lead to a general fluidity of social relationships, to the benefit, if one can put it that way, of HIV.

In one way, one can say that the social sciences, by shedding light on the multiplicity of cultural, social and economic factors, and particularly on their connections or links, notably in the form of systems of sexual exchange systems (or of sexual networks), which are their clearest manifestation because they bring together people belonging to distinct groups, effectively contribute to an objective and quasi-epidemiological understanding of the spread of HIV, to what one can call its problematisation. Many of the papers presented at the symposium clearly and rightly followed this direction.

Nevertheless, in spite of this problematisation, which is helpful to and supportive of interdisciplinary work with the biomedical sciences, there remain significant reservations or questions, particularly those put forward by demographers at the symposium. They argued forcefully that we do not so far possess sufficient information to explain the epidemic's dynamic and to evaluate its impact, notably on changes in mortality and fertility in Africa. It has to be admitted that this opinion was expressed in the near-absence of epidemiologists, who might have had a different point of view on this vital matter. But it seems that one can only accept to a certain degree the arguments of demographers, after taking into account the great diversity of epidemic situations involving AIDS in Africa. This diversity (Amat-Roze 1993) makes somewhat relative any schematic explanation of the spread of AIDS in terms of a combination of sociological and economic factors, since although this combination of factors is the same in many regions and countries, it is reflected at present by a great diversity in the levels of seroprevalence, which in itself reduces the validity of the argument (Tarantola *et al.* 1997).

Is it still the case that, despite the contribution made by social sciences, the epidemiology of AIDS in Africa is still more descriptive than explanatory? Should one not also consider that other more 'natural' factors of a pathological, biological or genetic type might be taking a lead in the spread of AIDS? And even though one could hope for more conclusive analyses resulting from more closely defined studies —such as those concerned with sexual networks— do we not have to accept for the time being a clear gap between what we can only call a surfeit of factors or possible 'causes' and a lack of really convincing explanations?

It seems clear that social sciences, whatever the present or future results of their work, cannot provide answers by themselves to such questions. More than with any other theme relating to AIDS, the explanation of the factors leading to the dynamic of the epidemic in Africa calls for research programmes that are fully interdisciplinary. This work will certainly not be easy. One only has to consider, for example, the major differences in methodology between epidemiology and anthropology. Carrying out this work will certainly depend on the central or mediatory role which will have to be played by social demography. But this work will in any case be necessary, if we want to unravel more of the skein of factors at issue and make them more capable of explaining the situation.

A second contribution to research on AIDS in Africa is also widely expected from the social sciences. This is quite different from the first, which takes its schematic place upstream of the epidemic, in trying to establish scientific 'causes'. This second contribution can more usefully be regarded as coming downstream from the epidemic and being concerned with the ways in which African populations themselves perceive HIV infection. One sees here something that is keenly awaited from the social sciences, notably by national Stop-AIDS programmes, in the way of evaluations of the impact of information and prevention campaigns. Indeed, as is shown by the number of papers devoted to this important topic, the social sciences, particularly sociology and anthropology, seem more at ease in tackling this question than they do when grappling with the complexities of epidemiological factors which could explain AIDS. One is almost tempted to say that they are the more ready to deal with this question, as their studies generally go beyond the stage of simple evaluations, putting forward the fact that the 'AIDS phenomenon' gives rise to various social structures, which are not automatically the result of official health campaigns. Here again one can talk of an accumulation of factors, but this time not, as previously, of factors which epidemiology would like to identify in concert with social sciences, but more of multiple productions of significations emanating from specific social contexts. The fact that sociology and, above all, anthropology should feel so at ease in this matter, even to the point of appearing somewhat complacent, is not surprising. Through the 'AIDS phenomenon' they study their favourite subjects, the logical systems that govern the ordering and the transformation of institutions and social representations.

But what could indicate an excess of the commonplace or a lack of interest in the specific problems created by AIDS , means in reality that because AIDS affects the bonds of society and transforms the substances of life (blood, sperm and milk) into vectors of death, it deeply undermines African societies (Héritier 1992). This is no doubt a fairly obvious observation, but it is necessary that these disciplines, which claim to have knowledge and experience of the field, should express themselves forcefully, if only to remove any impression of an Africa that does not care about the damage which the epidemic has caused. They certainly did so at this symposium, and added the essential point that messages of information and prevention have somehow hit home, even in remote regions or regions where there are but low levels of seropositivity. To say this constitutes in a way a first level of evaluation, that is to say that many Africans can retain part or the whole of 'messages' concerning methods of transmission or condoms, etc. and can draw some practical conclusions from them about prevention. But this first level is evidently not enough. Even if some information has passed and certainly if it has to be amplified, this cannot be left to the networks of explanations of African societies themselves, particularly not to some of their participants —such as traditional therapists or of religious institutions— who are brought face to face with infected people and are thus obliged to take up some position regarding AIDS (Gruénais 1994). These networks of explanations, or what one can call these signifying processes, are all the more flourishing because they are sustained by a singularly complex infection, as is shown by the three ways of transmission —among which the transmission from the mother to the child in the womb has been found to be particularly complex (Vidal 1998)— by the idea of asymptomatic seropositivity, by its various clinical presentations, by a fatal prognosis which confronts a medicine locally powerless, or again where the object accepted as a protective device also serves as a contraceptive. So that these significations are also in their way problematisations which can bring together certain factors put forward to explain the spread of the epidemic, but can also be alien to them, or which can also signify more literally a conflict between different explanations or official statements, putting forward for example an alternative version of 'reasons' for the epidemic or different ways of protecting oneself against it.

In this respect, three main types of signifying processes or problematisation emerged, and can fairly clearly be discerned, although they are not mutually exclusive. One can describe them as internal or emic, to distinguish them from those which aim to provide a scientific explanation for the epidemic.

The first type is where AIDS is regarded as a part of local nosologic or etiological categories. It involves a treatment that is really cultural, both intellectual and practical at the same time, by which the novel and unheard of character of HIV infection is taken away, and even more so its biomedical character, so that its treatment is entrusted to a still active traditional taxonomy. This involves investigating both

the symptoms (such as loss of weight or those which suggest a chronic illness) and the causes, among which witchcraft has a preferred place (Deluz 1998). In fact this 'treatment' is often based on information from 'biomedical AIDS', such as that which suggests that AIDS is not curable by modern medicine. This puts it with other conditions which traditional therapists have always had problems in treating, or those, such as sexually transmitted diseases, which figure on the list of actions that are banned or represent transgressions, notably adultery.

The second type covers interpretations of AIDS which relate to the changes in African societies, particularly along their lines of tension or of breakdown. Here, AIDS is perceived as a new illness, but its novelty is conceived and interpreted as being precisely the result of manifold disorders and licentiousness that affect social relations, notably between the sexes and between different generations (Seidel 1993). This type is built around a certain model of 'contagiousness' of AIDS, which associates the idea of contamination with the increased loss of traditional norms and values or the unbridled multiplication of conflicts within the family or between different generations. In some ways, it fits with certain epidemiological explanations of HIV infection in Africa, which we have seen make social disorder, with its train of prostitution and delinquency, into non-biological factors or 'co-factors' of the transmission of AIDS. But by being considered by the actors themselves as an 'illness of disorder', AIDS is provided with a metaphorical power —that is to say the power to take under its own name problems that are concerned with quite other areas of activity than the biological or that of health— which call for measures and protection clearly different from those put forward by programmes of information or prevention. In this connection, this second type of interpretation often covers the first type, in linking AIDS to a different aspect of disorder, that of attacks on the person or of acts of witchcraft, which like the HIV infection, proliferate along the lines of breakdown of social relations and of a chaotic modernity, and which, like AIDS, can be described in terms of an epidemic.

A third type of interpretation considered various structures of otherness, or more precisely, the relations between oneself and others, who could be near neighbours or people from a neighbouring region but of a different community, or more generally, migrants or roaming individuals, who as far as AIDS is concerned, represent a possible threat to autochthonous or settled populations and sometimes also a threat to their own society of origin, to whom they become if not a foreign element at least a suspect one. Such a type brings us back, once again, to those epidemiological explanations which argue that migration and mobility of people is one of the main sociological factors in the spread of HIV in Africa. And if they fit those explanations, it is perhaps because these constructs of otherness have in their own way taken over epidemiological discourse, but more precisely because they have 'hardened' their existing presentation, concentrating and focussing onto AIDS and how it is spread the problems and tensions over relations with outsiders and migrants, which are present in other

theatres than those of health and epidemiology. Anything which might have sensitive socio-political implications, but which can lead to the practice of avoiding contact with outsiders on grounds of prevention, can lead one to believe that the autochthonous inhabitants are not at all concerned with AIDS or how to protect themselves from it.

But the figure of otherness is also that of the European, the 'white man', whose medical science is so full of discoveries and has given a name or names to this new illness (seropositiveness, HIV, AIDS, etc.), and endlessly tries to organise a campaign against it, by putting forward the condom as the only defence or only 'medicine'. It is he who is perceived as having talked about AIDS in the first place, and from whom —together with the world from which he comes— it all originated (the 'discovery' of AIDS, how it is transmitted, the groups and types of people at risk, the problem of 'contaminated blood' and the admission of a lasting impossibility of curing it), and on whom everything can be blamed. The 'white man's disease' is the harsh metaphor with which AIDS brings forward and condemns another striking example of otherness. Although this can be read in a minimalist sense as the attribution to those who invented the neologism AIDS all that can be said on the medical and health aspects of the subject, the metaphor implies above all that the white man, whatever his words and speeches, could be the veritable creator and propagator of the epidemic. A reliance on some kind of magical machinery, that is to say the technique of blaming another person for whatever one is accused of or is victim of oneself, has contributed in a reverse way to some Western accounts of AIDS and Africa, particularly those which make the African continent the alpha and omega of the epidemic, as well as being both its cradle and its promised land in terms of human catastrophe (Bibeau 1991; Dozon and Fassin 1989). This view gains all the more momentum because other Western accounts of Africa, notably on economic and political subjects, seem to be orchestrating a more general stigmatization. This has led to another metaphor on AIDS as being the 'disease of development' (Miller and Carballo 1989), where the thrust is, however, exactly the reverse, by imputing to the developed world the responsibility for AIDS. In this way, the formula 'white man's disease' can be read in a more 'intellectualised' and political fashion, in support of arguments which see an objective relationship between AIDS and Western Afro-pessimism and between the encouragement to use condoms and Western fears of a demographic explosion in Africa and draconian measures against immigration (Dozon 1991).

Campaigns against AIDS: between pragmatism and political will

Finally, all these interpretations taken together show that the 'AIDS phenomenon' in Africa cannot be treated only as a medical or health matter, which it might naturally seem to be. They provide highly social responses to a problem of pathology and epidemics. More than

any other such problem, it is difficult to confine it to what can be said by the biomedical disciplines and by programmes of information and prevention. These interpretations are not mutually exclusive, although they have an effect on each other, and they lead to the creation of an excessive amount of significations—a real overflow— as if AIDS could only be considered in conjunction with the totality of problems and tensions which affect African society.

So one can say that this overflow of signification is all too likely to produce a certain confusion, a sort of over-dependence on the messages which are intended to staunch the epidemic —all the more so because it leaves in suspense a whole range of questions and suspicions. Where does AIDS really come from? Why does medical science put forwards a method of protection which also stops one from procreating children? Why are drugs for AIDS not available in Africa? Are the condoms sold or given away in Africa really reliable? All these questions which are asked by various African populations (and are also asked for their own ends by certain traditional healers or by religious organisations, who then give their own replies and propose other 'treatments' for AIDS) and leave the impression that official statements on AIDS conceal something of significance or are meant to serve other ends than those to which they are addressed.

In the face of this great quantity of interpretations and of questions, the social sciences, as one can see in many of the papers, are in their element, in order to justify more precisely their existence, and to show how a society, a social group or a given context, devises intellectual and practical replies to the problems of AIDS. And although one might think that the social sciences would have as their only interest the production of information, without worrying about how it could be usefully applied, they are in fact found to be close to the preoccupations of programmes of prevention.

In fact, what these various responses show above all is that AIDS has become a major social fact in Africa, and that, as has already been noted, it is the campaigns of information and prevention that have given it this important dimension. Even if the results of these campaigns do not correspond exactly with their aims, or if some of the information is mixed up with material from other less reliable sources, and may possibly be challenged in order to justify arguments against protection, it still remains true that AIDS makes people think and react, and that it figures more and more often in social interactions during daily life. In a way, therefore, one can argue without hesitation that these campaigns should continue and should be extended, so as to reach people who are still inadequately informed.

Nevertheless, it is also clear that these programmes cannot continue and be extended, without taking precisely into account the 'reality' made up by the diverse complexity of interpretations of and responses to AIDS. New campaign techniques are needed that are free from too rigid or uniform a character, where the conveying of a message is conceived of only as a mechanical affair of imparting knowledge to the ignorant. More precisely, they should have a more pragmatic approach, that is to say they should be based on the signifying

processes and problematisation, which are produced in their own context by the populations. This should be done, not so that the programmes of prevention should give them some legitimacy, but more that they should institute a dialogue with the people. In other words, these pragmatic programmes would not only enrich and vary the messages, but ensure that they should contain responses to the multiform structures of the 'AIDS phenomenon', thus setting up around it what one can call a public forum.

For example, in Côte-d'Ivoire, where I work on the dynamic of traditional remedies in the context of AIDS, a number of traditional therapists and sometimes syncretist religious movements (which mingle aspects of revealed religions, such as Christianity, with aspects of local paganism) hold that prevention by the use of condoms by infected people is not effective (Dozon 1995). They propose as an alternative another type of prevention, which involves, on the one hand, forbidding any reference by these people to seropositiveness or to AIDS (which they argue is equivalent to death), and thus any reference to condoms, and on the other hand, in keeping with traditional logic, a ban on any sexual relations, so that any breach of this injunction should be understood by those concerned as a major risk of death. We are here in the presence of a system of prevention, based essentially on magico-religious principles, which are very clearly different from those on which modern methods of prevention are based in terms of biomedical science and an appeal to the 'informed consent' of the population, particularly over the use of condoms. At first sight, one could argue that campaigns against AIDS should not take into account this alternative system of prevention, because it leads to confusion among the people involved about what their illness is, and because it imposes sexual abstinence which is far removed from any informed consent. But to the extent that it sets itself up in opposition to the official messages about prevention, and does so on their own ground, that is to say on the grounds of effectiveness, it seems on the contrary highly desirable to propose that confrontations should take place. Rather than leave this alternative method of prevention to the world of informal activities, it would be better for the health authorities to accept its existence, and to discuss it openly with its supporters and propagators, not necessarily to stigmatize them, but to show that the use of condoms has a greater effectiveness in all cases.

In another area, but still adopting a firmly pragmatic approach, the symposium took up, believe me with great enthusiasm, the question of a condom for women. Enquiries of women (Le Palec 1995) have shown that they would be sufficiently receptive to this further protective tool, seeing in it a means better adapted to their protection during their relations with their partners than the 'usual' condom, besides giving them the possibility of using it as a means of contraception. These enquiries will no doubt need to be confirmed by more thorough and wider investigations. But in any case, one has the right to ask why the condom for women has been ruled out almost everywhere, and to ask this particularly as concerns Africa, where women are highly exposed to infection by HIV, and its relatively high

cost is not sufficient argument to justify such an omission. Far from wanting to promote condoms for women at the expense of those for men, should we not envisage, at least as an experiment, anti-AIDS campaigns that would put forward the possibility of choosing either the one or the other of the two condoms? In addition to the interest which women might find in this, might this not also be a way of making clearer the main mode of transmission of HIV?

In sum, many of those who intervened in the symposium agreed that, when one takes into account the importance of the epidemic and of its signifying process, the 'AIDS phenomenon' in Africa would justify much more mobilization than that which has so far been undertaken. But they also agreed that this mobilization should extend well beyond the framework of organisations concerned only with health, for which it is normally conceived and put into practice. Because of its presence at the heart of social life in contemporary Africa, its closeness to the principal lines of tension between the sexes and generations, between autochthonous and allogenic peoples, etc., the 'AIDS phenomenon' has become a highly political matter. It is proper for such a statement to be made by those engaged in social sciences, who can only note that if AIDS infection is the subject of many appropriations in the social and cultural fields, it remains for the time being well outside the scope of any appropriations in the field of politics (Fassin 1994). More precisely, this means that it is incumbent on African states, particularly those which enjoy some stability, but also, where these exist, on political parties, trades unions, and the various associations that have been formed within civil society (notably associations of people living with HIV) to give an extra amount of will and political action to national Stop-AIDS programmes.

Nevertheless, such political will cannot depend only on African States and their internal capacity to mobilise activity. It clearly also concerns North/South relations and ought to transform itself into a refusal to accept the permanent institution of two types of AIDS: one in the North, which will somehow reach a level of stability and will no longer be taken as a death sentence, and the other in the South, which will continue to extend its pandemics and its status as an incurable disease. This is why the question of making available to Africa the progress in the field of therapeutic treatment of AIDS is such a central one. Whatever the scale of difficulties in the way of this, either from the financial point of view or that of the medical follow-up of great numbers of African patients, it is necessary to deal with this question as a matter of principle and to accept as both an ethical and political imperative the need to make such treatment available in Africa (Dozon 1998). Working towards this goal is something that African States themselves can strive for and something that will dissipate the widespread suspicion in Africa, which is likely to compromise programmes of prevention, that the North regards AIDS as a means to stigmatize Africa or dump on her the North's own iniquities.

Bibliographie / Bibliography

AMAT-ROZE Jeanne-Marie, 1993, « Les inégalités géographiques de l'infection à VIH et du sida en Afrique sub-saharienne », *Social Science and Medicine*, *36* (10) : 1247-1256.

BIBEAU Gilles, 1991, « L'Afrique, terre imaginaire du sida. La subversion du discours scientifique par le jeu des fantasmes », *Anthropologie et Sociétés*, *15* : 125-147.

BROUARD Nicolas, 1994, « Aspects démographiques et conséquences de l'épidémie de sida en Afrique », *in* Jacques VALLIN (éd), *Populations africaines et sida*, Paris, La Découverte/CEPED : 120-174.

CALDWELL John, CALDWELL Pat, 1993, « The nature and limits of the sub-saharan african AIDS epidemic », *Population and Development Review*,*19* (4) : 817-848.

DELUZ Ariane, 1998, « Sida, femme et sorcellerie en pays Gouro (Côte-d'Ivoire) », *Gradhiva*, *23* : 121-126.

DOZON Jean-Pierre, 1991, « D'un tombeau l'autre », *Cahiers d'Etudes Africaines*, *XXXI* (1-2) : 135-157.

—— 1995, « Médecine traditionnelle et sida. Les modalités de sa prise en charge par un tradipraticien ivoirien », *in* Jean-Pierre DOZON et Laurent VIDAL (éds), *Les sciences sociales face au sida. Cas africains autour de l'exemple ivoirien*, Paris, ORSTOM-GIDIS : 187-193. (Colloques et Séminaires).

—— 1998, « Une nécessaire politisation du sida en Afrique », *Journal du sida, 102* : 18-21.

DOZON Jean-Pierre, FASSIN Didier, 1989, « Raison épidémiologique et raisons d'Etat. Les enjeux socio-politiques du sida en Afrique », *Sciences sociales et Santé*, *7* (1) : 21-36.

FASSIN Didier, 1994, « Le domaine privé de la santé publique. Pouvoir, politique et sida au Congo », *Annales. Histoire et Sciences sociales*, *49* (4) : 745-775.

GRUENAIS Marc-Eric, 1994, « Qui informer au Congo : malades, familles, tradipraticiens, religieux ? », *Psychopathologie Africaine*, *XXVI* (2) : 189-209.

HERITIER-AUGE Françoise, 1992, « Ce mal invisible et sournois », *in* Claude THIAUDIERE (éd), *L'homme contaminé. La tourmente du sida*, Paris, Autrement : 148-157. (N° spécial *Autrement*, Série mutations 130).

LE PALEC Annie, DIARRA Tiéman, 1995, « Révélations du sida à Bamako. Le "traitement" de l'information », *in* Jean-Pierre DOZON et Laurent VIDAL (éds), *Les sciences sociales face au sida. Cas africains autour de l'exemple ivoirien*, Paris, ORSTOM-GIDIS : 109-121. (Colloques et Séminaires).

MANN Jonathan, TARANTOLA Daniel (eds), 1996, *AIDS in the World II,* New-York, Oxford University Press, 616 p.

MILLER Norman, CARBALLO Manuel, 1989, « AIDS : a disease of development ? », *AIDS and Society*, *I* (1).

PACKARD Randall, EPSTEIN Paul, 1991, « Epidemiologists, social scientists and the structure of medical research on AIDS in Africa », *Social Science and Medicine*, *33* (7) : 771-794.

PAINTER Thomas, 1994, *Migrations and AIDS in West Africa. A study of migrants from Niger and Mali to Côte d'Ivoire*, New-York, Primary Health Care Publications Series, Care, 98 p.

RAYNAULT Claude, 1997, « L'Afrique et le sida : questions à l'anthropologie, l'anthropologie en question », *Sciences Sociales et Santé*, *15* (4) : 9-36.

SEIDEL Gill, 1993, « The competing discourses of HIV/AIDS in sub-saharan Africa : discourses of rights an empowerment *vs* discourses of control and exclusion », *Social Science and Medicine*, *36* (3) : 175-194.

TARANTOLA Daniel *et al*., 1997, *The status ans trends of the HIV/AIDS/STD epidemics in sub-saharan Africa. Provisional report*, Abidjan, Côte-d'Ivoire, December 3-4, 1997. *Official Satellite Symposium of the X^th International Conference on STD and AIDS in Africa,* 34 p.

VIDAL Laurent, 1999, « La transmission. Le sida et ses savoirs », *L'Homme*, *150* (sous presse).