

# CODESRIA Initiative on the Social Sciences and HIV/AIDS: Toward A Political Economy of Patient Welfare and Rights

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## A Final Report

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### Introduction

HIV/AIDS continues to be a serious crisis in Africa. The challenge it presents to public health and medicine has always been evident and reported in media and scientific literature globally. The response to the pandemic in terms of research expenditures and budgetary appropriations in countries continues to occur predominantly at the biomedical level of intervention. Several scholars have long concluded that this pandemic demands an increased focus on prevention through increased public education while initiating efforts to engage in social transformation of contextual forces that promote vulnerability. Such a critical yet important approach demands a multisectoral response that is anchored in a multidisciplinary framing of the questions and understanding of the complexities of HIV/AIDS and how to successfully combat it. As a part of this realization, in 1999, UNAIDS developed and published a communications framework that invited engagement of researchers and practitioners from multiple disciplines (Airhihenbuwa, Makinwa, and Obregon, 2000). Indeed the Executive Director of UNAIDS, Peter Piot, in recent years has called for what he refers to as 'a social vaccine' to illustrate the location of the pandemic in social spaces which may or may not respond to medical intervention.

Recognizing the seriousness of HIV/AIDS and the need for a multidisciplinary response to the pandemic in Africa, the Council for the Development of Social Science Research in Africa (CODESRIA) convened a meeting of social scientists who research HIV/AIDS in Africa in October 2004. This meeting was a follow up to a planning and methodology meeting that was convened in January 2003 to debate approaches to HIV/AIDS in Africa from multidisciplinary perspectives. In the editorial of the CODESRIA Bulletin (2003) in which most of the original papers discussed at the January meeting were published, Adebayo Olukoshi and Francis Nyamnjoh expressed concern about how the efforts to demedicalize HIV prevention "has been tilted excessively in favour of narrowly conceived and articulated behavioral change issues" (p. 1). Their concern, which has been echoed by many scholars addressing African health issues is the way in which the exclusive focus on behavior "sometimes obscure as much as they reveal" (p. 1) thereby leading to a reproduction of stereotypes and cultural stigmatization that deflect attention away from the critical questions that must be understood only by examining the social contexts of behavior. Such critical question demands a multisectoral analysis of the economic, political, and social cultural dimensions of HIV/AIDS.

Beyond the multisectoral and multidisciplinary framework in successfully responding to the epidemic is the question of identity that has become a central issue in how the pandemic is framed, whose identity is believed to be at question regarding vulnerability and most importantly, whose vulnerable behavior is believe to be the result of identity and culture and thus the blaming and stigmatization of identity vis a vis the vulnerability and spread of HIV/AIDS. For Africa and Africans, the question of HIV spread has always been maintained at the core questions of the *identity*. Ten years ago, Robert Crawford (1994) referred to HIV/AIDS as a disease of signification and a crisis of identity. Although Crawford framed his observation in the American socio-cultural contexts, the question of identity signification echoes a double problems of framing Africa Identity only in the context of a disease or crisis on the one hand and the advancement of non-African solution to address African crises on the other.

As has been debated in other fields such as philosophy, political science, anthropology, literature, etc, the question has always been how African is the framing of African questions, and the solution being advanced? This question is central to this CODESRIA initiative. That is how to actualize the generally accepted view that HIV/AIDS is a crisis that demands multisectoral and multidisciplinary responses. Hence the invitation of a multidisciplinary group of scholars from different countries in Africa to convene and debate the question of the framing of African solutions with HIV/AIDS as the point of departure.

### The Workshop

The workshop was designed to assemble a multidisciplinary group of professional youths - young scholars mostly either completing their doctoral requirements or has recently obtained their doctoral degrees in mostly African

institutions. Of the Eleven young scholars that participated in the meeting, one of the scholars was an American beginning her career at a US University and two of the scholars were Africans completing their doctorates at European Universities. In addition to the young scholars, three senior/experienced scholars (Dr. Christine Obbo, Professor Abdourahmane Sow, and Professor Collins Arhihenbuwa) were invited to serve as resource persons who will listen and critique the researches presented by the scholars. In addition to the senior scholars, CODESRIA intellectual leadership was present to offer additional critiques and feedback to the scholars. Indeed the perspective of the leadership was particularly critical in helping to locate each of the research project within the vision of CODESRIA. Beyond the leadership is the contribution of Dr. Katy Cisse Wone, who serves as the project leader of this initiative, articulated the central location of women in the broader challenge of seriously studying HIV/AIDS in Africa.

The papers that were discussed at the workshop grew out of a CODESRIA planning and methodology meeting that was held in Dakar in January 2003. Most of the papers were published in the CODESRIA Bulletin, Special Issue 2, 3, & 4, 2003. This issue also marked the 30<sup>th</sup> anniversary celebration of CODESRIA as an institution. The impetus to focus on youth is captured in the multiple meanings of youth as representing a process of ones professional development as well as a process of biological and social development. Perhaps more telling of the meaning of youth in this context is the organizational reference to CODESRIA as a youth institution that is located in a youthful continent with the vision and commitment to launch an initiative to battle a pandemic that is disproportionately crippling the youth of Africa. Thus the focus on the development of professional youths is meant to establish a foundation on which the future of Africa is anchored for developing African solutions for African problems. Thus, as was articulated in the editorial, the future of CODESRIA...depends on the quantity and quality of the African youth.

The two-day workshop was designed to offer opportunity for young social scientists to present their research while the senior scholars offer critique that allows the youth scholars to rethink the goals and method of their researches. The process also offers opportunity for all participants to reflect on their own contribution to the production and reproduction of knowledge in Africa even as they listen to critique, reflections, and debate of a colleagues' paper. Indeed the debate and discussions that follow each paper was perhaps one of the most rewarding experiences of any scholars' professional development. For these young scholars to have benefited from the intellectual insights of experienced researches makes it an unforgettable educational experience. To have had the added intellectual depth of CODESRIA leadership raises the experience to a level that is simply unparalleled. It is their (CODESRIA) detailed contributions to every paper that offer the researcher that opportunity to understand why a broader contextualization of HIV/AIDS will be incomplete without an analysis of the political economy situated on a historical trajectory that maps the past, present, and future of Africans collective experiences. Within this trajectory is the position of women and the disproportionate HIV/AIDS burden they carry as Katy Cisse Wone tackles the question of vulnerability and the construction of solutions that does not always seem to respond to the overrepresentation of burden on women as compared to men. If indeed we are guided to a large extent by epidemiological results of distribution of disease burden, we must begin to develop interventions that allow us to decrease the incidence and prevalence among women. This process is crucial to addressing the multidisciplinary framing that HIV/AIDS demand, by convening a multidisciplinary team of scholars who represent different African cultural identities. The common ties that bind all participants were Africana and social science.

### **Workshop Themes and Discussion Points**

The workshop opened with an overview of the issues around the question of rights and HIV/AIDS in Africa. Christine Obbo offered critical insights on the question of freedom and entitlements as aspects of rights contained in the human rights covenants of the United Nations and what these rights meant for Africans in the context of HIV/AIDS. Some of the questions of rights fall under several contending rights that often pit customary and local rights against contemporary rights that are constructed in the Western world and represented under the rubric of universal rights. The question is less of whether these rights are universal but more of how the assumption of individuality on which these rights are anchored have meanings for African cultures. For example, is the right of African women the question of independence or autonomy? Which is to say if family is so central to African identity, how does the question of independence (e.g a woman's sexual agency independent of men) conflict or compete with the question of autonomy (e.g a woman's sexual agency within the context of husband and family)? These questions were raised not to offer a definite solution but to open a continuous dialogue that does not foreclose on the meaning of womanhood in the context of Africa. An example of this is the question of deciding which of the rights should be privileged when individual right conflict with group rights. A group right that promotes wife inheritance does conflict with the right of the woman to refuse such a practice which, among other concerns, increases her vulnerability to HIV/AIDS if she succumbs to the sexual expectation that occasion such practice. In this situation, As Christine Obbo observed, a multiple strategy to address the practice of wife inheritance may include challenging how such rights subordinate a woman's agency while at the same time exploring available cultural strategies to subvert or counter the practice of wife inheritance where a window exist (stature of limitation) as a period during which the wife has the choice to refuse to be inherited. However, she has to be aware of such a right and have the social and family support to avoid any alienation that may result from her exercising such a right. In this case education is important. But such education should not end at the level of the wife but one that include the family and community. Thus, an analysis of the context that influences her decision (positive or

negative) should be completed. Education in this case includes the preparedness of health interventionist to conduct such contextual analysis.

### **The Challenges of Social Science in the African Contexts**

The question of where the education of the woman about her choice ends and the education of the interventionist about the context for her decision begins is an example of the challenges faced by social scientists. The question of the singular focus on individual behavior at the exclusion of contexts of behavior has been the single most troubling aspects of social science. Troubling in the sense of how social science has promoted the notion of universality of problems and solutions through its celebrated theories and models mostly constructed in the United States. A major finding of the consultative meetings that lead to the development of the UNAIDS communications framework (Airhihenbuwa, Makinwa, & Obregon, 2000) was that the focus on individuality is a major limitation of social science. The way in which the examination of the cultural logic assumed in social science and other process of knowledge production must become a central focus of African intellectuals in what VY Mudimbe referred to, in the *Invention of Africa*, as “epistemological vigilance”. Indeed the need to challenge Western orthodoxy not for its wrongness (since it may very well be effective in the context that gave it birth) but for its unAfricanness has to be a central intellectual project for social scientist working to address HIV/AIDS in Africa. A contextual framework should engage a cultural project that examine the complex roles of culture as articulated in the PEN-3 model (see Airhihenbuwa, 1995) to include the positive - supportive aspects of culture that promote the desired behavior, existential - unique cultural values that pose no threat to health (in this case HIV) but must be recognized in the cultural context such as the Laobe’s teaching of sexuality and sensuality to younger Senegalese women (Niang, 1996), negative – individual, institutional, and social values and practices that promote vulnerability to HIV.

In the absence of a complex analysis that engage the range of possibilities in cultures, some researchers have engaged in a form of culturalism - blaming cultures, in most cases African cultures, for HIV/AIDS and other health problems they can imagine. Some have even gone as far as looking for what is wrong in African culture without ever examining what is right with African culture so that you promote the positive while at the same time discouraging the negative. It is as though the problem is culture and the people who live them. In this way Africans are blamed for being cultural since Whiteness (often represented as Western scientific logic) is believed to be acultural. For example, it is assumed that only African Americans and the other hyphenated Americans have culture. The majority Whites is constructed as acultural. It is even more telling in the debate around the question of the status of women. When women are oppressed in African, it is constructed as cultural. A similar oppression in the US and Europe is constructed as gender. The gender discourse is in itself problematic as interrogated by Oyeronke Oyewumi (1997) in the *Invention of women*. Other critical social science challenges that emerged from workshop presentations and discussions are presented below.

*Open versus closed behavior strategy* - The tendency to measure program effectiveness based on the degree to which a particular health behavior, such as condom use, is publicly acclaimed. It was noted that even though condom is not publicly mentioned on television or radio in Senegal, it is widely used. In fact, condom is used and distributed more in Senegal than some other countries where condom is promoted on television and radio. What matter is to focus on strategy that works rather than assuming a universal process (condom promotion in public media) for achieving the same goal (condom use). The point here is not to discourage media promotion of condom but to dispel the illusion of a universal approach to program intervention.

*Direct versus indirect strategy* - Linked to the question of open and closed strategy is the notion that effectiveness is based on direct forms of communication as opposed to indirect ones. In fact, cultures of proverbs and adages place a higher premium on indirect form of message transmission. This way of having a conversation without necessarily naming the subject of conversation is the foundation of forms of relationships in communities that transcends nationality, generation, and educational status in Africa. Francis Nyamnjoh mused about whether we should not be studying HIV/AIDS without mentioning HIV/AIDS. This is not unlike the current HIV/AIDS stigma project in South African in which Collins Airhihenbuwa and his colleagues are studying stigma without mentioning the word stigma. Nyamnjoh has been able to study the multiple contextual factors that collectively shape behaviors that we construct to explain why people are vulnerable to HIV. He did this by looking at consumerism and the way in which it has altered notions of female agency in modern Africa. It is not enough to wonder why a young girl may have multiple sexual partners and then blame her for refusing to heed messages design to decrease or eliminate her vulnerability to HIV, but to contextualize the world of the young girl by using consumerism as an entry point. By so doing one begin to understand the question of young peoples autonomous agency and new forms of identity (within the African communal reality) that are expressed in coded languages like *diskette* and *Thiof* (Nyamnjoh). A broader reconstruction of the contexts in which sexual expectations occur allow us to develop a response that is contextual rather than individualistic. A broader contexts also allow us to resist the temptation to blame program failures on behaviors such as the believe that non-adherence to fixed time (African time) makes ARV compliance difficult. It was noted that when the expectation is considered to be important and central to one’s livelihood, Africans are always on time. Farmers often do not need reminders to be in their farm at the same time in the morning nor do market women miss their regular time for opening their stalls at the market for customers. Indeed the question of a lack of precision in the telling of time in African often is

the result of a concern that this cultural way of being may lead to problems with compliance and adherence to AIDS treatments

*MSM as identity or sexuality* – The question of sexuality as a form of identity is central to the construction of men who have sex with men. Indeed, this category was created to emphasize the importance of focusing on behavior rather than identity. The primary reason was that gays were blamed for HIV/AIDS and heterosexual men who also had sex with other men did not see themselves to be vulnerable to HIV since the focus was on identity and they did not see themselves as gays.

*HIV estimates versus population based prevalence:* One of the critical areas of discussion was the issue around why we continue to base HIV rates on estimates from projection based on women who visit antenatal clinics. Indeed this issue remains a vexing one in the debate between those who provide the resources (Western countries and UN agencies) and intellectuals and public health workers in African countries that receive these resources. South African, in 2002, became the first African country to conduct a nation-wide population based sero-prevalence and behavioral impact survey (Shisana et al). The South African survey was possible because it was funded by the Nelson Mandela foundation. The source of funding here is significant because we know very well that he who pays the piper calls the tune. It is the case that the tune for what to study in Africa and how to study it has always been called from the West. In fact, the pipers have been mostly non-African Whites. In a 2003 articles entitled “Let it be Sexual: how health care transmission of AIDS in Africa was ignored” David Gisselquist and colleagues argued that the Western fixation on African sexuality was one of the reasons it overlooked other roots of HIV transmissions notably use of injection in the hospitals and clinics. In fact, these authors reported that their meta-analysis of the published work on HIV/AIDS in Africa lead them to conclude that “general population studies through 1988 suggest that medical exposures were responsible for more African HIV than sexual exposures.” (p 151). The point here is not to endorse or reject this conclusion in terms of the proportion of HIV transmitted in the clinic (it is generally agreed that some of the transmissions do occur in the clinics) but to question the politics of science that normalized sexuality as the only transmission route worthy of research investigation while ignoring other routes of transmission.

### **The Focus of CODESRIA projects**

The following are the key discussion points that were generated from the projects that are being supported by CODESRIA. The workshop was to provide an opportunity to critique and offer feedback to the investigators on how to strengthen their research protocol. The following is to briefly describe the key points that were highlighted in the presentations. Even though a presentation may have triggered the point that was being discussed, it was clear that such a discussion had merit for other projects that were represented at the meeting.

*Determinism and problematizing economic indicators:* A critical areas of research is the use of language in a manner that it reproduces the very oppressive forces whose gaze one wishes to deflect, subvert, and particularize. The language of determinism is a language of linearity when one is looking for a singular, linear cause and effect relationship. Such a language is quite limiting when one is studying complex interacting forces that go beyond a single factor. Economic indicators and social economic status are good measures to understand outcomes assuming an even playing field. However, if one measures income of individual without accounting for the income of their local and national government to provide discounted medications (for example), the buying power of the individual in comparison to a peer in a high resource community will be misunderstood. Indeed, in the United States as has been done in Europe for some time, wealth (assets over liability) is now considered to be a better predictor of certain behavior outcome than the exclusive use of income at the individual level. Comparing two individuals with the same income, education, and occupation (three classical SES measure) without factoring into the equation the responsibility these two individuals have to their family will likely obscure the relative power position of the two individuals. This is even more critical in Africa where individuals who assume a middle class status may be seen by family members as a family (the extended family) assets rather than the assets of the person and their spouse and children alone.

*The paradox of national GDPs and HIV/AIDS rates in the context of inequality and inequity:* An example of the confusion that often occasion the use of acontextual economic indicators is the paradox of HIV prevalence and national resources in Africa. South Africa and Botswana are among the richest nations in Africa but they are also among the ones with the highest rate of HIV/AIDS. Indeed, countries like Senegal and Mali are among the poorest by measures of economic indicators, but they are among the lowest rates of HIV in Africa and indeed the world. In the case of South Africa, however, an intra-country analysis will reveal a racial inequity that produces economic inequality that necessarily explain the differential rates of HIV where the Blacks/Africans bear the heaviest burden.

*Politics of the budgetary process – MOH and MOF/Economy:* Since HIV/AIDS demand a multisectoral response. it is not enough to ask how the ministry of health is responding to HIV/AIDS but also to ask how the ministry of finance is responding given the broader impact of the pandemic on nations economy. A critical point that was made was the way in which the minister of finance could be considered to be the minister of Economy since this organ of the government determines and operationalizes national priority for budgetary appropriations. The challenge is to contextualize the nature of relationships and expectations of both ministries (health and finance). As Olukoshi observed at the meeting, while the minister of health has the nations health problems as a priority even though international assistance maybe sought, the minister of finance's measure of success seem to be increasingly based on their ability to align their nations economic priority with a global market that is dominated by the West. In so doing the minister may

engage in a decision that would seem to subordinate the country's path to self-determination to the whim of a Western economic ideology constructed as a universal market solution. Such differential roles and expectations of two ministers in addressing a pandemic like HIV/AIDS must never be overlooked as African scholars offer a contextual analysis that is anchored in a political economic framework of a nation.

*Donor/recipient relations (TRIP):* Ahmadou Hampate Ba once observed that the hand that gives is always on top. The donor/African relationship has been marked by the donors' heavy hands that throw solutions at Africans who are expected to accept these solutions without questions. A classic example is the signing of the TRIPS (Trade-Related Aspects of Intellectual Property Rights) agreement. The TRIPS agreement while setting a global standard for the production of generic drug made it illegal for a poor country to export or import drug from another poor country. Not only does this prevent African countries from buying AIDS drugs from Asia (India and Thailand) and South America (Brazil), it effectively prevents any potentially future pharmaceutical trading relations among African nations. This represents a direct assault on the central premise on which African Union, a collective regional body, was founded. Indeed, it remains to be seen what this also means for HIV treatment being developed by traditional healers in Senegal and South Africa. Thus the intra-regional collaboration and economic partnership that is praise worthy in the European Union's success is proscribed at the foundation of the African Union. Beyond this heavy donor hand that dictates, African leaders, like Mbeki (his polemic on HIV/AIDS notwithstanding), who have confronted this issue as a new form of imperialism have found their pan-African agenda derailed as the new global hand that gives use their media power to redefine African leaders while retreating for African commentators to finish the job of denouncing such leaders. The focus on individual behavior has led to the demonizing of South African President Thabo Mbeki as a foe of HIV/AIDS (based on his wrongly questioning the relationship of HIV to AIDS) even though he was providing more funding for HIV/AIDS in South Africa than many other African leaders who sang many tunes to acknowledge HIV and AIDS. What was missing was an acknowledgement of how President Mbeki's political position could not be divorced from the battle that he and his government were engaged in with the pharmaceutical industries in Mbeki's quest to expose the heavy hands that is crushing African AIDS sufferers. Indeed, as Didier Fassin (2002) argued, Mbeki's position could not be fully examined without locating within the context of apartheid South Africa whose legacy has left in place a politics of distrust. In a recent article in the *Lancet*, Lynda Fenton, remarked "although many elements of Mbeki's approach to tackling the epidemic are regrettable, it is useful to consider the role of poverty as a factor contributing to the spread of HIV/AIDS."

*Access and its focalization on drugs:* The meaning of access should be expanded to look beyond ability to obtain drug but rather to examine the social structure that supports health and well being. For example, food availability and eating balanced meal plays a critical role in successfully managing HIV. For persons living with HIV who have no access to ARV, access should include availability of nutritious food and having a supportive family and community that continue to affirm the persons humanity as a member of the family and community particularly in an environment of HIV/AIDS stigma.

*Pricing, Competition, & Power:* The question of donor/recipient relationship should also be examined in the context of how market dominance is maintained. The pricing and discounting of product such as the seeming benevolence of the giant pharmaceutical industry to discount AIDS drugs for African countries effectively preempt any aggressive efforts by African countries to develop these drugs within their countries. It would seem cheaper, in the short run, to buy these discounted drugs rather than invest in home grown solution. In a sense discounting drug is a way of preventing competition to maintain power and dominance over the production and distribution of the drug even the price is every high for African countries not having the global support to develop their own drugs.

*Wealth, debt, and Marketing Normalization:* It will be incomplete to frame a political economic analysis of a regional strategy for dealing with a pandemic without factoring into the equation African debt crisis. The presence of these debt allow a certain degree of control over the extent to which these nations can pursue an economic policy of self determination. For example, it is important to understand the wealth/debt location that frees Mbeki to engage in certain political position in a way that Obasanjo of Nigeria may not be able to do given Nigerian foreign debt and continuous reliance on foreign resources for its domestic agenda.

*Agency, identity and living with HIV:* The status of a new identity that results from living with a HIV/AIDS is often ignored. How these persons are viewed in terms of societal moral and philosophical codes and how these persons view themselves may be very different. As Ebrima Sall aptly observed, studies on morality anchored on African philosophical thoughts is crucial to framing a collective response to the pandemic. Studies focusing on the question of the morality and philosophy of identity is important to unveil the hidden codes, often spiritual, on which morality is anchored.

*Group identity and gender – female street kids:* It is the case that when we study street kids we often fail to define what we mean since the term have different meanings in different context. Moreover, we often fail to include young women. The focus on young women in research projects on street kids will invariably challenge the researchers to define street kids and then explain the differential level of vulnerability that results from being a female street kid. For example when one talk about street kids involved in group sex, how does their location create an expectation amongst them to engage in a behavior that leads to vulnerable for all participants?

*Private sector and defining HIV needs:* Studying HIV/AIDS in the private sector in Africa is timely and important. However, it should be clear what the population of interest is. The interest of management may be different from the interest of employees. Since it is not uncommon for there to be relationships to develop in the work place, the work place provide an opportunity to demystify issues around HIV/AIDS in a manner that may be more challenging to do in

the family. Therefore, the focus, the goals and objectives of the project must be very clear. For example, is the project focus on policy with a goal to prevent the discrimination against persons living with HIV/AIDS?, or is the focus to create an environment where the availability, use, and discussion of condom become normative in the organization? Identifying the population of interest (policy makers versus employees) and the problem to be addressed enables the researcher to focus their intervention based on a sound and tested methodology for such study. Once the problem and population are identified, it is possible for the researcher to examine plausible and feasible intervention that have been developed for the problem that was identified not only at the individual level but at the contextual level.

*The problematics of language of intervention:* A major struggle in intervention program is the tendency to name the problem before examining and defining it. For example if one says someone is ignorant of the causes of HIV/AIDS, the apparent solution will be to educate the person. Some years ago, some African Americans were believed to be ignorant of HIV/AIDS because they responded to a survey in which they indicated that one can get HIV from donating blood. It was immediately suggested that education was the solution to such ignorance. A further exploratory study reveal that such response was not a function of knowledge but of belief that a white health care workers could intentionally infect an African American donating blood. This was the legacy of years of medical atrocity visited on the black body that culminated in the Tuskegee Syphilis study (Gamble, 1997). A common 'diagnosis' of policy makers to deny the seriousness of AIDS as a problem in their country is to say that such person is in 'denial'. Yet, some of these responses may be quite logical, although unfortunate, if we examine deeper the reason behind such a response. Earlier experience with 'denial' reveal a desire to protect certain national image in countries that relied on tourism and agriculture exports for their economy.

*Connecting intervention to gendered realities:* While using Senegal as a model country is helpful for other Africa leaders to acknowledge the outcome of determined and consistent political will, Professor Sow cautioned about overemphasizing such praises for Senegal so that it does not lead to a false sense of security in the country. A major concern often expressed in countries with low prevalent rate may be the tendency for such praises to mask the differential impact of HIV on women compared to men. In the past 10 years for example, the rate of HIV among women in Senegal has quadrupled while at the same time it has not doubled among men. The reality is that the new HIV faces in Senegal are the faces of women. As articulated by Dr. Katy Cisse Wone, such a margin of difference between men and women should demand a major focus on the impact of HIV/AIDS on women in budgetary appropriations and research focus. Indeed, it should be unacceptable to conduct HIV research in Senegal without focusing on women. Moreover, if Senegal is the exemplar nation and has this gender differences in HIV/AIDS impact, the reality for other African countries should be quite disturbing.

*Caring, Household and Belonging:* There is a strong interest in focusing on family as a strategy for HIV/AIDS prevention, care, and treatment in Africa. At least, three of the projects presented were focused on home based care, particularly the role of caregivers (notably women) in the household. While caregiving in the home may be the point of departure in these studies, what may often become the focus is the role of the woman and her culture in care and support of a family member living with HIV/AIDS. Stated differently, how would women normally care for sick family members and what are some cultural resources (not medicinal) that either prove to be supportive or problematic in their efforts. Assuming the researcher is able to frame this culture and gender question, the focus becomes, how is this process the same or different from HIV/AIDS. One point of discussion was how the focus on home based care should force us to examine the nature and meanings of household. For example, there are a number of persons who returned home to their family in African after they become terminal of AIDS in other countries. The capacity of the family to care for loved ones at home and abroad has been stretched to a breaking point. Moreover, the phenomena of returning home to die may raise the question of where one can call a home, even though the tendency is for family to accept their loved ones, including those who went abroad and cut off communications with their family at home. Yet, another issue around home based care is how some government have found this to be a convenient excuse to not provide adequate support for HIV/AIDS. The rhetoric about home based care becomes a perfect excuse for knowing what to say but providing no meaning support for either the families that are strained by the demand of loved ones who are sick, nor any meaning prevention or treatment program at government institutions that should assume leadership in tackling the epidemic in their country. A political economic analysis is thus critical to framing what is home based care and what role has it played in HIV/AIDS in each country.

### **Africans in the context of globalization**

Given the foregone, there is a need for Africans at home and in the diaspora to forge an alliance that nurture meaningful reciprocity at the intellectual and methodological levels. Such an alliance is needed to centralize African ways of knowing in the context of its political economy to produce a sound and effective strategy to conquer AIDS in Africa. One example is to problematize the contexts of the science and politics that surrounded the production of Kemron (a drug that was promoted to be an AIDS cure in DRC) and was later found to be a hoax. Such scientific deception (not exclusive to African nations) ought not to be the point of reference for disengagement but a point of reference for alliance to seek other legitimate alternatives. For example, traditional healers in different African countries have been working to offer alternative and social scientist have a role to play in examining their contributions and promoting them when found to be positive.

*Theories and question of objectivity:* Theories for developing programs should be understood as a cultural production rather than any universal truth. Objectivity can only have value within the framework of the subjectivity (discipline, culture, language, etc) that gives it meaning. To be convinced of one's absolute objectivity is to reveal one's subjectivity. That we are subjective does not diminish the legitimacy of our project, it provides it a context within which the logic can be examined and understood. This is also true for the question of ethical standard in the production of knowledge. To conduct a research to study the behavior of Africans with little or not reference to research by Africans on the subject threads on ethical quicksand. It is not possible to study the behavior of Americans and French without anchoring such work on researches by Americans and the French. Nothing less should be expected of research in Africa.

### **Methodological challenges and the question of scientific rigor**

Indeed, it is in the process of framing the question that the method should emerge. However, a researcher studying African cultural contexts of HIV/AIDS and African behavior will need to employ methods that offer the most value in generating information in an African contexts. Given the years of distortions and misrepresentations that invariably leads to stereotypes of Africans, qualitative research has become a critical component of our research project.

In conducting qualitative research, the moderator is the key to the quality of data obtained. It is important that an assistant moderator be trained to take notes while the moderator focus on guiding the conversation. Once data are collected, at least two persons should code the data separately to ensure intercoder reliability. Having a co-moderator to take notes and having at least two persons coding the same data for results comparison are two of the most commonly violated rules of conducting qualitative research.

### **Conclusion**

The two day workshop was designed to offer young scholars the opportunity to present their research that is being supported by CODESRIA. Three invited senior scholars and the leadership of CODESRIA had the opportunity to critique the research so that the researchers can strengthen their research methodology. Overall, four primary questions that emerged as a key to guide the framing of their research questions and the structuring of their findings.

1. *Will research lead to SOCIAL TRANSFORMATION?* The question of social transformation is central to research in Africa. Rebuilding the cultural, historical, economic, political, and intellectual fabrics of the continent is central to any research project focusing on a pandemic that shore up the fractures in these fabrics.
2. *What is the POLICY Implications of research results?* It is not enough for these researches to be conducted and published. It must address the policy implications. It must address how policy makers are to use this information in forging alliance with other institutions to collectively work toward transformation.
3. *What is the POLITICAL ECONOMIC Anchor?* The theme of the workshop was "Toward A Political Economy of Patient Welfare and Rights." HIV/AIDS research in Africa must address the issue of rights and the role of the political economy as discussed in this report. For example the nature of the relationship that must be engaged between the minister of health and the minister of finance/economy. Whatever the policy implications concluded in number 2 above, it must be translated into the political economic reality for the policy to have meaning.
4. *Will your method produce results and meanings that will be AFRICAN?* This last question is central to CODESRIA's mission and the question of how social science can make a difference in Africa. By focusing on African, some might question whether or not every scholarship produced by African (including those that impoverished African cultures and blamed them for HIV and other health problems) should be considered African. The challenge is more in the process employed to frame the questions and problems and construct the solutions. A non-African can employ a method and produce results and meanings that is African. What is certain is that individual based strategy does not work for Africans and African in the diaspora regardless of the identity of the researcher. For the method and results to be African, it should justifiably be anchored in theory and method that are proven to be relevant for Africans.

A follow up meeting has been scheduled for late March, 2005 in Malawi. At that meeting, researchers are expected to share some preliminary findings from their research. This should provide another opportunity to provide feedback on how the analysis is being framed. The feedback should help the scholars to finalize their analysis and preparation of their papers for presentation at the ICASA conference in December 2005 in Abuja, Nigeria.

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