

HIV prevention

Medical model misses crucial understandings

Information is widely available on HIV/AIDS yet the pandemic rages on. **Sepetla Molapo** spoke to mineworkers about their attitudes to HIV and discovered diverse cultural understandings that he believes could be used in prevention models.

You may be among the many people who are wondering why, given the information on HIV/AIDS, how it is contracted as well as how it can be prevented, it nonetheless, continues to increase.

You may also be aware of the many explanations that try and make sense of this puzzle. Here I examine how people relate to, and make sense of HIV/AIDS messages to try and understand this increase. My investigation took place within an effective AIDS programme that includes treatment and prevention. This provided me with an audience that constantly consumes messages of HIV/AIDS.

I explored how migrant mine-workers understand HIV/AIDS and how they understand the body and sex. I believe if we can establish how these men express this, we will be in a better position to formulate preventative strategies. I am talking about prevention strategies that do not think of the body merely as an object awaiting discovery by science but as an active 'subject'.

I recognise, therefore, firstly, that culture is of paramount importance in this process. Secondly, my

investigation cannot be without problems since the practice of science forms the dominant understandings of body and sex. So an attempt to think about appropriate preventative strategies might challenge the status quo.

I chose a mining context for two reasons.

The first is that in the post-apartheid era mining companies have been at the forefront of antiretroviral therapy. It was in mining that major efforts at providing treatment and prevention programmes took place and it was in these companies that major HIV/AIDS programmes unfolded. Not all mining companies were enthusiastic about providing antiretrovirals, so while some like AngloGoldAshanti pioneered initiatives, others reluctantly joined later.

My second reason for choosing miners relates to the nearness of my university to a major mining town, which allowed for easier access to the people. It was here, in one of the business units of AngloGoldAshanti that I spent over eight months conducting interviews with migrant mineworkers around their

understandings of HIV/AIDS and their views on sex.

These men were from Lesotho, Mozambique and the Eastern Cape and were from different age groups and occupational strata.

In exploring the various ways in which people understand HIV/AIDS, it is important to investigate how the messages of HIV/AIDS are expressed in the language miners themselves use.

Company messages around HIV/AIDS enabled people to understand and also gave rise to HIV/AIDS conscious people. However, because people are not empty buckets but possess knowledge about the world and how it works, the company's message of HIV/AIDS gives rise to a variety of responses that people bring to understanding HIV/AIDS.

HIV/AIDS IN CONTEXT

Communicating what HIV/AIDS is, requires that the scientific messages are put into languages that people speak. This localisation of the AIDS message enables a multi-lingual way of communicating about HIV/AIDS including what it is, what causes it and how it can be prevented. This means that scientific messages, usually communicated in English, become accessible to all employees.

In this way new local versions of what HIV/AIDS is, often through metaphors in these languages, finds expression. Because these metaphors come from outside scientific talk they can trouble the neat boundaries of a scientific world view. Some of the miners I interviewed had accepted the scientific view and I call them 'conservatives'. These are

men who strive, often with difficulty, to live in accordance with the message of safe sex put forward by the company AIDS programme.

There is another group of men who like the 'conservatives' believe that HIV/AIDS is real, and understand how it is contracted, and its consequences. But they nonetheless sometimes knowingly engage in sex without the use of condoms. I refer to this group as 'risk-takers'.

When I asked the 'risk-takers' why they knowingly engage in unsafe sex, they talked about the need sometimes for a deep unobstructed *connection* with a woman. Use of a condom interferes with this yearning to connect with someone of the opposite sex. Not all women, they argue, can trigger this yearning, but it seems that voluptuous women are the more likely candidates. This yearning for connection sometimes overrides the knowledge these men have concerning HIV and its dangers.

The third group concerns men who are 'traditional moralists' (I hate this term but I do not have a better one yet!). These men share similar characteristics with 'conservatives' but they have a different understanding of what medical experts call HIV/AIDS.

For 'traditional moralists' HIV/AIDS is not a result of a virus called HI which attacks the body's immune system. Instead, they see it as a result of the violation of taboos regulating sexual conduct. These violations generate a dangerous 'substance' that is passed from one person to another during sexual intercourse.

Yet though these men have a counter-explanation to a scientific one they nonetheless see the use of condoms of great importance. Their different explanation still reinforces the message of safe sex given by the company's programme. Yet the values that lead to compliance with the message of safe sex lie outside the

logic of mainstream prevention programmes.

The fourth group is the men that I call 'radicals'. 'Radicals' are men who engage in political talk about HIV/AIDS. For 'radicals' what medical experts call HIV/AIDS cannot be understood independently of the politics of post-independence Africa.

For 'radicals' HIV/AIDS is a deliberate invention of countries and groups that formerly benefited from colonialism and continue to benefit from neo-colonialism. Now that colonialist's privileged exploitative position in Africa has been challenged, they have devised other means to undermine the freedoms of independence. So 'radicals' are united by a rejection of the existence of a virus called HI which results in AIDS.

If HIV/AIDS does exist, 'radicals' argue, it is because 'whites' have created it and its source is the condom. 'Radicals', as a consequence, reject the use of condoms and their message of safe sex. This is not to say that 'radicals' live as they please. Most of them seem to have conservative sexual practices.

CONCLUSION

It is immediately striking that the men in this study understand HIV/AIDS in different ways. This challenges established ideas that present mineworkers as a single mass.

An example of this is C Campbell's *Letting them die: why HIV/AIDS programmes fail* (2003). It seems that the historical link between mine work and recruitment in rural areas informs how researchers conduct studies among mineworkers. Mineworkers are portrayed as traditional men without exploring what traditional means. The discussion above however, challenges this representation of mineworkers. They are more complicated and

terms like 'traditional' do little to capture the dynamics of their lives.

The different ways these men understand HIV/AIDS, also suggest that communicating on HIV/AIDS, is not a straightforward medical affair. Rather, it needs to be seen as a complex process where people understand the world in diverse ways. How people understand HIV/AIDS cannot be seen independently of their world views on health and the body.

HIV/AIDS is not communicated in a vacuum but within contexts that are charged with competing meanings about sexually transmitted diseases and also with the politics of historically racialised relations. These realities might explain the continuing spread of HIV/AIDS. It is this dynamic that may help explain the controversy around former President Thabo Mbeki's handling of the HIV/AIDS pandemic.

Also evident is that approaching HIV/AIDS mainly as an epidemic of ignorance prevents opportunities to see it as an epidemic of desire. Most strategies informing safe sex practices are underscored by the perception of sex determined by biology. This ignores the extent to which sex is also informed by social and cultural issues. Consequently, the role of social and cultural issues in formulating prevention strategies is never fully explored.

Some mining companies are beginning to consider 'traditional healers' in their prevention strategies. What remains to be seen is how they will be incorporated. This is particularly interesting because, as we see above, localising the message of HIV/AIDS opens it up to further re-interpretation. LB

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