

## **HIV/AIDS and prevention**

A Minor Field Study of discourses of HIV/AIDS and the  
framework for a rights based response in Mozambique

Author:  
Anna Johansen

Supervisors:  
Sari Kouvo  
Sara Stendahl

## Abstract

For this master thesis in human rights, a fieldstudy, within Sidas Minor Field Study programme, was conducted in Mozambique 2004. This master thesis analyses discourses of HIV/AIDS; the framework for prevention in Mozambique and for adopting a rights based approach to HIV/AIDS and development. HIV/AIDS has come to be perceived as a disease 'the others'. The image of the 'African sexuality' as being promiscuous, and as such a promoter of HIV, is a very strong image that connects postcolonial images of the African other with discourses of sexuality and race. A realisation of a rights based approach seem limited since it clashes with discourses of othering that does not fully recognise the right to have rights at the same premises for all.

|   |           |
|---|-----------|
| <b>1. INTRODUCTION</b>  | <b>2</b>  |
| 1.1 AIM AND QUESTION  | 3         |
| 1.2 DELIMITATIONS   | 4         |
| 1.3. DISPOSITION  | 4         |
| <b>2. THEORETICAL POINTS OF DEPARTURE</b>                     | <b>5</b>  |
| 2.1 ON THE CONCEPT OF DISCOURSE                               | 5         |
| 2.2 SOCIAL CONSTRUCTS AND THE CONSTRUCTION OF ‘OTHERNESS’     | 6         |
| 2.2.1 <i>The African Other</i>                                | 6         |
| 2.2.2 <i>The feminine and female other</i>                    | 8         |
| 2.2.3 <i>HIV and othering</i>                                 | 9         |
| <b>3. METHODOLOGICAL POINTS OF DEPARTURE</b>                  | <b>10</b> |
| 3.1 FIELDMETHOD   | 10        |
| 3.1.1 <i>Selected provinces and cities</i>                    | 10        |
| 3.1.2 <i>Selected respondents and the interview situation</i> | 11        |
| 3.1.3 <i>Activities and observations</i>                      | 12        |
| 3.2 METHODOLOGICAL PROBLEMS AND REFLECTIONS                   | 12        |
| 3.2.1 <i>Analysing empirical material</i>                     | 13        |
| <b>4. RIGHTS BASED APPROACH TO DEVELOPMENT AND HIV/AIDS</b>   | <b>14</b> |
| 4.1 THE RIGHT TO DEVELOPMENT, REPRODUCTIVE AND SEXUAL RIGHTS  | 14        |
| 4.2 A RIGHTS BASED APPROACH TO HIV/AIDS                       | 16        |
| <b>5. DISCOURSES OF HIV/AIDS</b>                              | <b>18</b> |
| 5.1 COMPREHENDING A NEW PHENOMENON                            | 18        |
| 5.1.1 <i>Perceptions of the spread of HIV</i>                 | 18        |
| 5.2 THE BEHAVIOUR PARADIGM                                    | 19        |
| 5.2.1 <i>The concept of Risk Groups</i>                       | 21        |
| 5.2.3 <i>Gender and othering</i>                              | 23        |
| <b>6. THE INSTITUTIONAL/PRACTICAL FRAMEWORK</b>               | <b>26</b> |
| 6.1 THE CIVIL SOCIETY, NGOs AND THE FOCUS ON ABC              | 26        |
| 6.1.1 <i>The absence of the concept of power</i>              | 28        |
| 6.2 NATIONAL AND INTERNATIONAL FRAMEWORKS                     | 29        |
| 6.2.1 <i>Poverty and the realisation of rights</i>            | 30        |
| <b>7. CONCLUSIVE DISCUSSION</b>                               | <b>33</b> |
| <b>8. SUMMARY</b>   | <b>35</b> |
| <b>9. REFERENCES</b>  | <b>36</b> |
| <b>APPENDIX 1</b>   | <b>39</b> |
| <i>List of interviews</i>                                     | 39        |

# 1. Introduction

The process of globalisation, can be defined as ‘the growing interpenetration of states, markets, communications, and ideas across borders’<sup>1</sup>, and was introduced during the 16th Century’s colonial expansion and is a process that has continued over time and still, though the colonial empires being long gone, characterises international relations. The impacts of colonial expansion are still reflected states different positions within the system, their access to power and wealth in the present. From this perspective globalisation has been a process resulting in deepened inequality between the rich and the poor, the included and the excluded. The current global HIV/AIDS pandemic clearly reflects this structural inequality in further marginalizing the poor and already marginalized populations in the south. At the same time resources for medical treatment and research is found in the north. These are processes the international community is trying to find ways to respond to. One of these responses from within the system is the introducing of a rights based approach to development by the UN system

In countries such as Mozambique HIV/AIDS is today one of the greatest threats to society as a whole. HIV/AIDS is not only devastating for the medical state of the population but for the economic and social development of the country. According to the WHO the HIV-prevalence in Mozambique is estimated at 15% of the population at a national level, although in regions like Maputo the prevalence is estimated to 18%. Although, many of the actors working with HIV/AIDS prevention believes the actual prevalence to be considerably higher. For young people, aged 15-24, the median HIV-prevalence is estimated at 13.1%.<sup>2</sup> The main routs of HIV to be transmitted usually presented are through unprotected sexual intercourse, intravenous drug use with contaminated needles (shared needles), medical use of contaminated blood or blood products (blood transfusion) and mother to child transmission. Cutting objects where also, among the respondents interviewed for this study, referred to as being a source transmitting HIV, mainly associated with the performing of male circumcision. Unprotected sex is generally perceived as the most common way of transmission by 70 –90%.<sup>3</sup> Adults and adolescents in the reproductive age are the economically most active groups of the population in sustaining the rest of the society. The weakening caused by HIV/AIDS of this age group weakens society as a whole since fewer people now have to sustain a constantly increasing number of dependants.

Since there is still no cure or vaccine for HIV/AIDS the only way of stopping the epidemic is to prevent the transmission of HIV. Knowledge about HIV/AIDS has to be widespread but knowledge is that is far from enough. HIV and AIDS have, since it first emerged, been perceived as a disease of *the others*. In the west HIV has predominantly been associated with the homosexual or/and drug using population. This perception indirectly gives an image that persons not belonging to these categories are ‘safe’. An effort to label AIDS as a ‘democratic disease’ has been made with the intention to raise awareness of the possibility that *anyone* can contract the virus. In the present global view HIV/AIDS is perceived as a disease of the poor. In Sub Saharan Africa an estimated 25 million persons are living with HIV or AIDS, which counts for about two thirds of the estimated 38 million HIV-positives in the world.<sup>4</sup> Therefore perceptions of HIV and AIDS are as equally important to identify and address as contextual factors deriving from economical, cultural or other structures in society as creating the frame for individual actions and decisions.

As an impact of the HIV/AIDS-epidemics people are denied many of their fundamental needs and rights. Individuals and groups who suffer discrimination and lack protection of rights are, in

---

<sup>1</sup> Brysk, in Brysk edt, 2002, p. 1

<sup>2</sup> HIV/AIDS Epidemiological Surveillance Update for the WHO African Region 2002, Country Profiles, s. 29

<sup>3</sup> Jackson, 2002, p. 81, Egerö, Hammarskjöld, Munch, 2001, p. 2

<sup>4</sup> UNAIDS, 2004 Report on the Global AIDS epidemic, 2004, Ex. Summary, p. 5, 6

turn, more vulnerable of becoming infected with HIV and also less able to cope with the burden of living with HIV/AIDS.<sup>5</sup> Mozambique has an estimated population of 18 million. The illiteracy rate is 50% as a total, for women 71%.<sup>6</sup> Access to the healthcare system and education is far from guaranteed for all. Unequal gender structures are also contributing to the difficulties of preventing HIV/AIDS. The Joint United Nations Programme on HIV/AIDS, UNAIDS, strongly emphasises the link between poverty, underdevelopment and the spread of HIV/AIDS. Discrimination and silence about HIV/AIDS in society are also undermining the possibility of prevention. Equality and empowerment of women is as important as access to medication and healthcare in reducing the spread and impact of HIV/AIDS. Therefore the realization of the fundamental human rights, such as the right to health, the right to equal access to education, the right to non-discrimination and the right to participate in public and cultural life become fundamental for the possibilities diminishing the HIV/AIDS epidemic.<sup>7</sup>

The point of departure in this thesis is that how a situation is comprehended determines the response given to it. Since information on sexual and reproductive health are in focus in prevention directed to young people, a focal point of this thesis is to try to put perceptions of the HIV/AIDS epidemic in a context of discourses of gender and sexuality. Further most of the research on HIV and AIDS is conducted in the west, western countries formulate policies for developmental co-operation, and these subsequently set the agenda for the response to the HIV/AIDS epidemic. Therefore perceptions of HIV/AIDS in the sub Saharan Africa can be put in a context of western images of the African Other and influenced by postcolonial discourses.

## 1.1 Aim and question

This thesis deals with the issue of the introduction of a rights based approach to development within the United Nations system and the international community. But its aim is not to analyse the concept of rights based development in itself but rather seeking to discuss this newly introduced tool of international development cooperation in relation to the epidemic of HIV/AIDS. The underlying idea is that how we comprehend phenomenon's permeates the way we respond to them. Therefore discourses of HIV/AIDS are a focal point in the thesis. This in order to have the possibility of discussing what it will bring to apply a rights based approach globally and nationally by placing these discourses within the national institutional framework for responding to the epidemic.

The overall aim of this thesis is to analyse discourses permeating perceptions of the HIV/AIDS pandemic; how these creates a framework for the preventive work at a national/local level in Mozambique and for adopting a rights based approach to HIV/AIDS and development.

- In what way are perceptions of HIV/AIDS in Mozambique discursively permeated and related to discourses on a global level and how do they influence prevention on a local level?

-In what way do these discourses meet, at the national level, with the institutional/practical framework for the response to HIV/AIDS, and can it comprehend a rights based approach?

---

<sup>5</sup> Mozambique has ratified the Bill of Human Rights. Other ratified conventions relevant for this study is CEDAW ratified 16.04.1997, Convention on the Rights of the Child 26.04.1994, and The African Charter 22.02.1989, <http://www1.umn.edu/humanrts/treaties.htm>

<sup>6</sup> [www.unaids.org/ENG/in+focus/hiv\\_aids\\_human\\_rights.asp](http://www.unaids.org/ENG/in+focus/hiv_aids_human_rights.asp)

<sup>7</sup> [www.unaids.org/ENG/in+focus/hiv\\_aids\\_human\\_rights.asp](http://www.unaids.org/ENG/in+focus/hiv_aids_human_rights.asp)

## 1.2 Delimitations

The discussion is narrowed down to focus on prevention and not on care and treatment. HIV/AIDS is primarily viewed from a social perspective in the thesis and it is the discourses permeating perceptions that are in focus, since values and norms become visible in the message conveyed on how to respond to difficult social implications that the HIV/AIDS epidemic are bringing. Further the discussion narrows down by addressing prevention in Mozambique where field studies and interviewing have been conducted, providing with the empirical material that the analysis are mainly based on. While conducting interviews with young people, commonly viewed as the 'window of hope', and the messages of prevention directed to them was the major area of interest since this age group are the most important to target for the future diminishing of newly infected. This is also the case, though perhaps not as continually outspoken, in the thesis. A broadened discussion of perceptions of the concept of rights or a focus of the United Nations framework and the development of human rights are left out. Instead the focus is on placing this theoretical discussion in a specific context of discourses of HIV/AIDS and the response to the epidemic within the preconditions given in Mozambique. And what difficulties and possibilities a rights based approach to HIV brings. There has further not been done any mapping out of the preventive activities in Mozambique or the actors providing these. That would be a task beyond the capacity of this thesis, since the actors, strategies and activities are very divers. Instead the dominance of the ABC-strategy will be discussed with focus on the discourses conveyed within this and overall within prevention.

## 1.3. Disposition

As an introduction theoretical and methodological points of departures are presented. Here the discourses of otherness are the main topic of discussion, and how otherness constitutes a social construction influencing the structuring of power relations internationally and nationally. Thereafter the human rights framework of the right to development and sexual and reproductive health and rights are discussed to give a brief background for the analysis. Chapter four discusses the shift in policy within the United Nations during the 1990s concerning the view on development and sexual and reproductive health and rights since this are relative perspectives and related to the development of an holistic and rights based approach to HIV/AIDS. In chapter five the focus is on the discourses permeating perceptions of HIV/AIDS on a global level as well as locally in Mozambique. And in chapter 6 finally these are discussed in relation the national framework of HIV/AIDS response and the global institutions and international donors conditionality and aim at adopting a rights based approach.

## 2. Theoretical points of departure

In this chapter the theoretical concepts related to the analysing of the discourses of HIV/AIDS and a rights based approach are discussed. Since human rights in this thesis are considered a tool and a framework for conducting developmental cooperation it will not be further explored as a theoretical point of departure. The focus of analysis is not on the discourses of the human rights framework *per se*, instead focus is on discourses of otherness permeating perceptions of HIV/AIDS and how this in turn permeates the possibilities of realising a rights based approach to HIV/AIDS. Hence, in this chapter the dynamics of discourse and otherness are given space and focus, in order to be further developed and related to the framework of development and human rights within the analysis.

### 2.1 On the concept of Discourse

For this thesis the social constructivist perspective and critical discourse analysis constitutes a point of departure. From this perspective the social world is apprehended as discursively constructed and, as such, social practises are both constituted by and reproducing discourses. Discourses could be explained as being systems of representations through which meaning are constructed and practices are organised.<sup>8</sup> The concept of power is central within discourse analysis. Power lies within the delimitations deriving from discourses in that they creates structures that are also hierarchical. How we comprehend the environment we live in, the context we are a part of are discursively determined since discourses provides us with perceptions of rules, patterns, social identities and therefore social positions.

Foucault perceives truth and knowledge as closely intertwined truth and therefore knowledge constitutes a discursive construction. ‘Regimes of truth’<sup>9</sup> determine what is true; what can be spoken of and what are considered false and not accepted. Foucault points out that from indefinite possible variations existing, statements and narratives that are given preference are alike and repetitive since discourses are historically contextualised and therefore the possibilities of what narratives that can be accepted are limited.

According to Fairclough discourses are not only constituted but also constituting and the relation between social structures and discursive practises are complex and vary over time. Discourses are dialectically related to other social practises; they form social practises such as structures of power and identities and are at the same time formed by these. Discursive practises can have the ability to change structures by questioning them. Though agreeing that discourses and discursive practises can be developed and changed and that variations and difference are occurring according to context, in this thesis the choice is to follow Foucault in that there can be no distinction made between discursive practises and other social practises. According to Foucault an individual is entirely discursive. Humans are not only determined by power but becomes an instrument for exercising and maintaining power.<sup>10</sup> Power is not only delimiting but also productive in that it constitutes and reproduce discourses; creates our social world the way we know it.

‘...power produces knowledge [...] power and knowledge directly imply one another; that there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute...power relations.’<sup>11</sup>

---

<sup>8</sup> Eriksson Baaz, 2002. Quote from lecture given at Gothenburg University. Own translation.

<sup>9</sup> Phillips, Winter Jørgensen, 2000, s. 19

<sup>10</sup> Andersson, Lilja, in Eriksson, Hettne edt, 2000, s. 29

<sup>11</sup> Foucault, 1980 p. 27 in Hall 1992, p. 293

This makes us comprehend the surrounding world in certain ways and talking about it in certain ways deriving from the knowledge and the perceptions we are given. That way knowledge and truth are dialectically related and discourses defines the subjects that we are, the objects that we have knowledge about and organises social practices.<sup>12</sup> Power cannot be considered in terms of one group or one person dominating another; instead power lies within the relation itself and thus includes both the dominated and the dominating participating in the power relation.<sup>13</sup> Therefore the images and perceptions within this relation becomes not only the dominating image of the dominated but also the subordinated image of one self and thus provides a discourse legitimising the division of power within the relation.

Discourses are not closed or self-sufficient but interdependent of other discourses. As will be explored in this thesis discourses on HIV/AIDS draws from, among others, discourses on gender, sexuality and race in systems of representations. Following Hall, discourses makes it possible to construct topics in certain ways in that statements of a topic are made within a certain discourse, which limits the ways of constructing the topic by providing a certain language for talking about particular topics.<sup>14</sup> But as will be shown in the case of HIV/AIDS different element of discourses can be given preference according to the contextual discursive order. In this case giving the result that discourses on otherness and gender are heavily biasing the debate on HIV/AIDS on a global as well as on a local level, while being differently influencing the actual responses to the epidemic in different settings. For example the discourse on HIV as being associated with homosexuality has not been integrated in the same way in Mozambique compared to in the USA.

## 2.2 Social constructs and the construction of 'otherness'

The process of othering refers to the discursive construction of difference and the social effects this produce. The concept of othering is within this thesis used to show how HIV/AIDS has been and still is perceived as a disease of the others; it is someone else's fault and someone else's problem. Hence, as will be discussed within the analysis, the solutions are commonly sought at the individual level, in individual behaviour change. The concept of othering is central within the postcolonial or poststructuralist theoretical framework. The term post colonial is in this case referring to identities, perceptions and relations shaped within colonial history and that remains embedded in contemporary discourses, power relations and positioning in the international community, rather than a time bound historical era after the colonial epoch.<sup>15</sup> The postcolonial discourse is not only a part of the former colonised and colonising countries but also a part of an ongoing global process and as such comprehends all societies. In this thesis the discourse of otherness, rather than applying the broader postcolonial theoretical framework, will be in focus and in the analysis related to the discourses on HIV/AIDS.

### 2.2.1 The African Other

The process of othering is a process of establishing identity and boundaries. Concepts are never merely neutral words but rather labels connoting meanings and values. The term the 'west' or 'western countries' will be used in this thesis. This however does not only refer to a geographical area but to a hand full of countries in Europe and North America. What connects them has more to do with the global distribution of power and recourses than geographical location. The west is a concept created within a certain historical frame. It is based on the idea of a certain kind of

---

<sup>12</sup> Phillips, Winter Jørgensen, 2000, p. 20-21

<sup>13</sup> Hall, 1997, p. 261

<sup>14</sup> Hall, 1992, p. 291, 292

<sup>15</sup> Eriksson Baaz, in Eriksson Baaz, Palmberg, 2001, p. 6

society; developed, industrialised and modern. According to Stuart Hall the concept of 'the west' functions as a tool for thinking.<sup>16</sup> It allows a classification of societies into *western* versus *non-western*, where western equals urban and developed and non-western equals rural and underdeveloped. This way the concept *the west* helps explaining difference and makes comparisons possible of what, and how, societies are far from or perhaps 'catching up' with the west. Lastly Hall states that the concept of the west is functioning as a ideology in that it is hierarchical and that:

‘...it provides a criteria of evaluation against which other societies are ranked and around which powerful positive and negative feelings cluster. [...] It produces a certain kind of *knowledge* about a subject and certain attitudes towards it.’<sup>17</sup>

The concept of the west was not created from an existing entity but came about in close relation to the creation of this entity. In a process of establishing global power relations and structures of production within a framework where European societies were apprehended as the most advanced societies in the world. As such it is a result of the formation of Europe and European identity closely linked with the European expansion and colonisation from the early 15th century. It is both a production of and reproducing the view of otherness in the idea and discourse of 'the west and the rest'<sup>18</sup> as Hall puts it. The view of *the rest* or *the others* tends to mirror the image of *the self*, of the own countries and people but as a distorted image projecting unwanted characteristics and emphasising difference in order to uphold the delimitations between *us* - the norm, and *them* - the un normal. This way the image of an 'African other' became a product created within a framework of colonial expansion and of establishing a European self image that is still reproduced as a component of post colonialism. Africa and Africans were defined in terms of being different from the west and westerners in a dichotomous system of representations, when the west was mind, civilization and innovation Africans were body, nature and passivity.<sup>19</sup> At the same time this belonging to nature and perceived primitivism attributed to Africa has been portrayed as something 'lost' in the western societies and as such something to thrive for. Africa has been portrayed as innocent and untouched by civilisation, as indigenous and authentic and with an exotic and free sexuality not burdened with guilt. As such Africa is the subject of projection of the boundaries constraining the western societies by religiously influenced norms of behaviour.

The contemporary discourse of the African other shows a shift in language where the difference is no longer referred to in terms of race but in culture. Though the contemporary discourses of otherness still contains the elements of the colonial racial discourse in that it 'former racial borders tends to coincide with cultural borders'<sup>20</sup>. And the same characteristics that used to be labelled as characteristics of the black and white race are now referred to as western and African culture. In the context of HIV/AIDS discourse the stereotyped image of the African sexuality as promiscuous are, as further developed in chapter 5, a fundamental and strong lived perception that heavily influence policy and decision making within prevention and choice of preventive strategies. As well, phenomenon as having multiple sexual partners in this context are often portrayed as something authentically African and within the African culture, despite being a practice recurring globally. Stereotyping constitutes a tool for discursive manifestation and reproduction. Within the discourses of HIV/AIDS stereotypes regarding sexuality connected to different populations are in turn connected to the spreading of HIV. Thus associating HIV with certain norm-breaking behaviours creates images of the stereotypical HIV positive as being a

---

<sup>16</sup> Hall, 1992, p. 277

<sup>17</sup> Hall, 1992, p. 277

<sup>18</sup> Hall, 1992, p. 278

<sup>19</sup> Eriksson Baaz, 1992, p. 7-9, in Eriksson Baaz, Palmberg, 1992.

<sup>20</sup> Eriksson Baaz, 2002, p. 110

homosexual, black or a prostitute. Moreover, stereotyping reduces people to a set of a few simplifying characteristics that fixes difference and tends to occur in relations where power are unequally distributed and works as a tool of establishing the other as subordinate and excluded.<sup>21</sup> Therefore the narration of Africa is a narration of exclusion, of not having access to power and wealth, a contemporary image that has a strong linkage to the narration of the primitive Africa that legitimised colonialism.

### **2.2.2 The feminine and female other**

In a framework of otherness, the dichotomous categories male and female perceptions of femininity and masculinity are closely interrelated with other resembling relations of power. As such the 'feminine' characteristics are often subscribed to persons or populations considered subordinate, a concept discursively interchangeable with femininity. Hence perceptions of male and female and the gender order in the European colonial states constituted a fundamental component within colonial discourse and lent its images to the creating of a discourse of the African other. The African was feminised in order to be colonised.<sup>22</sup> The above referred to perception of the oppositional images of the 'west' as versus 'the rest' could as well be applied to male versus female where male represents the mind and sense versus the female nature and sensibility. And further, an image of the actual African women as being suppressed by African men, a projection of the gender order in the European colonising countries, came to serve as legitimising colonialism. This in order to 'save' the African woman and at the same time consolidated the self-image of the colonising as superior both the black men and woman. But simultaneously consolidating the African man as superior of the African woman in acknowledging the African man as oppressing "their women". Generalising perceptions of the victimised African women are present within discourses of HIV/AIDS where, as will be further developed, women are perceived as victims of their husbands irresponsible sexual behaviour but seldom referred to as sexually active themselves.

Gender can be perceived as being an arena in society for constructing and constituting norms for individual behaviour and structures for society. Constituting gender is a collective process that is taking place in relation to others by individuals following, breaking and developing social rules and norms in interaction.<sup>23</sup> Being a man or a woman is something we learn to be. The process of constituting gender is an ongoing process that takes place in relation to society.<sup>24</sup> The individual is part of a continuing process where the individual is active in constituting itself as one of the two genders. Learning how to become a 'man' or a 'woman' is a lifelong process and it is done through responding and adjusting to the norms, traditions and expectations defined by society. Hence different societies, cultures as well as communities, content somewhat different norms and traditions there exists a never-ending variety of femininities and masculinities, though the dichotomous and hierarchical relation female subordination seems a constant. Specific characteristics and expectations of gender categories are discursive and vary over time and in context in relation to other organising discourses in society such as class, religion age or ethnicity<sup>25</sup>. Thus individuals are always part of a bigger framework or context that defines the limitations and possibilities of socially accepted and unaccepted behaviour. Norms for how to be male or female are hence not superficial categories but internalised as a part of the individual's identity. The gender structure is a fundamental discourse that provides us with tools of comprehending the world that we need to create meaning. That way gender is one fundamental

---

<sup>21</sup> Hall, 1997, p. 258-259

<sup>22</sup> Eriksson, Eriksson Baaz, Thörn, in Eriksson, Eriksson Baaz, Thörn, 2002, p. 23

<sup>23</sup> Lundgren, 1992, p. 222

<sup>24</sup> Höglund, 2001, p. 55

<sup>25</sup> Holmberg, 2001, p. 43-44

organising principal for all known societies. Gender identity is created and constituted in a never-ending process in society individually and collectively in all levels of society.

### 2.2.3 HIV and othering

During the 1980s AIDS came to be understood as a pandemic. The spread of AIDS in the west, North America and Europe, was called Pattern One and identified homosexually active men and injecting drug users of both sexes as risk groups. Pattern Two identified 'African AIDS' as occurring among the heterosexually active and non drug injecting population. Pattern three referred to areas where AIDS arrived late, it didn't have a specific demographic or geographic definition but principally associates to Asia. In Cindy Patton's word the identification of patterns in the early stage of the pandemic soon took on a 'narrative life of its own'<sup>26</sup>. The view of AIDS became adjusted to and incorporated into predominantly existing discourses connected to different populations in society, such as views of the homosexually and/or African sexuality as being promiscuous. This way, Patton argues, the misconception was taking ground in North America that it was close to impossible that 'ordinary people', meaning the white heterosexual and native born, middle class population, to get infected during 'ordinary intercourse'. While people that somehow didn't fit in to the norm, unordinary people or people with unordinary sexual habits, were perceived as more likely to contract the virus.<sup>27</sup> The discussion and reporting about HIV/AIDS thus came to focus not on the general need of practising safe as a way of prevention, but *what kind of people* that needed to practise safe sex. This perception, formulated in the western context in the early stages of the pandemic, has heavily influenced global discourses of HIV/AIDS and set a frame for policy and research to develop within. Today, the thought of science as being a socially and culturally embedded activity is widely accepted. Yet, as Eileen Stillwaggon points out, what has been going on for decades within social science has not been mirrored in the research and writings on HIV and AIDS.<sup>28</sup> The discourse of AIDS in Africa is, in Stillwaggon's view, heavily culturally biased and uncritical of its own assumptions that often is reflecting 'what everyone knows'<sup>29</sup> about Africa rather than, or mixed with, empirically justified data. The same stereotypes and 'exceptionalizing'<sup>30</sup> of Africans inherited from the 19th and 20th Centuries colonial and racial discourses are reflected, though differently posed, in the 1980s and 1990s literature on AIDS in Africa.

---

<sup>26</sup> Patton, 2002, s. xi

<sup>27</sup> Patton, 2002, s. xiv

<sup>28</sup> Stillwaggon, p. 1

<sup>29</sup> Stillwaggon, p. 1

<sup>30</sup> Stillwaggon, p. 10

### 3. Methodological points of departure

This thesis is a Minor Field Study made possible by financial support by Sida. The fieldwork included conducting interviews as well as participating and observing of activities carried out by organisations engaged in HIV/AIDS prevention. The fieldwork was done as a joint effort and the interviews were conducted in co-operation with another person. Though two separate theses are written based on the empirical material. It was carried out in Mozambique during two months, March to May 2004, and during the time we had contact with and were helped by a number of organisations and persons. Especially the Swedish non governmental organisation Africa Groups of Sweden, GAS, offered a lot of support by making their extensive network of contacts available, as well as being very helpful with issues of practical nature.

#### 3.1 Fieldmethod

In total 29 interviews were conducted. In the thesis they count for the major part of the empirical material collected. In addition also information such as pamphlets statistical reports and policy documents collected from organisations and institutions are important sources of information. Further, visiting and observing activities of different kinds organised by mainly local NGOs has also been important to contextualise the information given in interviews and documents.

##### 3.1.1 Selected provinces and cities

The provinces visited were selected from a set of different criteria. Due to the relatively short time span within which the fieldwork had to be completed, some practical considerations had to be made. Though it was of great importance to try to get some overview of the preconditions for prevention, the contextual circumstances and the possibilities and difficulties in different areas of the country. The areas and cities chosen for the fieldwork all offered different contextual challenges for the preventive work. Also reasons related to logistics, infrastructure and time had to be considered. All the places visited harboured activities supported by GAS, which gave us access to persons and organisations. This did not, however, limit the respondents, organisations or activities visited to those in direct co-operation with GAS. The three provinces finally selected was, the Maputo province with the national capital Maputo in the south, the Niassa province with the capital Cuamba and the Nampula province with the capital Nampula in the north. In all three provinces young people are gathering. Maputo and Nampula are the two major University cities in Mozambique and attracting a lot of young students from the whole country. In Cuamba, a small town in the countryside, a GATV clinic, with a youth clinic and HIV testing facilities connected had recently been established and were under organisation, the visit here gave an opportunity to get insight in the process of establishing contact and trust among the young population. At Ilha de Moçambique, a small island in the Nampula province, one of the largest secondary schools in the northern part of the country is situated. A lot of young students come here from surrounding areas to study, and to do so they leave their family and stay on their own. Because of these circumstances this group of young are identified as in many ways vulnerable. A youth centre has been established on the island in order to address the situation of the young on the island, high prevalence of HIV being one major problem. Both Maputo and Nampula are big cities with a lot of activities and organisations present. Cuamba and Ilha de Moçambique are small towns where agriculture respectively fishing is the main livelihood and not many organisations, national or international, are active. Though Ilha de Moçambique is one of the greatest tourist attractions in Mozambique as well as listed as a world heritage by UNESCO which are some of the circumstances that has rendered a lot of financial support and attention to the island.

### 3.1.2 Selected respondents and the interview situation

When arriving in Mozambique a few organisations and institutions were already identified as possible respondents but this list was continually completed. The first respondents were identified through our network of contacts within the GAS and also the MONASO, a network of organisations within the field of HIV/AIDS prevention. Dr. Irae Lundin at the Centre for International and Strategic Studies where also of great help in giving access to respondents, institutions and organisation relevant for the study. Further, in connection with interviews, respondents could give leads to others working with related issues. This strategy not only gave insight in how the network of organisations works in this local context, but also gave an opportunity to learn what the actors in the field themselves considered as efforts and organisations of importance. How the other organisations in the field were portrayed also showed the complexity of the civil society.

The aim when choosing respondents was to try to get a distribution among activists and staff working with prevention on different levels in society, of local and international institutions and organisations, but with a chosen focus on activists in local/national organisations and projects. An effort was also made to include young people among the respondents, those working on a volunteer basis as peer educators or activists. Further it was important to include not only NGOs but also other representatives such as the organisations and networks with a religious base since there are each muslim, catholic, and protestant networks addressing the HIV/AIDS situation.

The interviews were mainly semistructured, in some cases unstructured. They were all initially based on a list of questions and topics to be covered.<sup>31</sup> Though it was of importance to let the respondent lead the interview in the sense that it was important to cover *their perceptions* of the HIV/AIDS-epidemic and the possibilities and difficulties *they* acknowledged within preventive work. This in order to be able to trace the discourses of HIV/AIDS in the respondent's view of the situation and how these were translated into activities and strategies for prevention. Hence the interview guide many times just served as a back up or support and the interviews came to range from semistructured to unstructured depending on each respondent and situation. This gave the opportunity to relate to information that came up during interviews and to integrate new topics and questions continually and in accordance to the context.<sup>32</sup> As well observations could be made about topics difficult to talk about among different respondents. The issue of gender equality within organisations showed to be one subject hard to address, especially so in mixed groups. In mixed groups it further became obvious that girls kept their silence and the boys were talking. In order to be able to interview young girls this had to be especially arranged in interviews with girls only. Tape recorder was used in all the interviews except for two and notes were taken during the interviewing. The interviews were, in most cases, held at the organisation or institution where the respondents worked or volunteered, in offices or meeting rooms. A few interviews were however held in other places such as the schoolyard, a guesthouse or at a cafe. An effort was made to make the interview situation informal and conversational rather than as a formal answering of questions. It was important to always be open towards the respondents about the aim of the interviews, our profession and interest in conducting and make sure of the respondent's approval of the situation.<sup>33</sup> Since the aim was to talk about the respondents perceptions and values it was of great importance not to indulge the feeling that there was a 'right' or 'wrong' answer but that the respondent felt relaxed enough to speak freely. For this reason all respondents were promised anonymity, though it can be added that this was seldom asked for as a condition for giving the interview.

---

<sup>31</sup> Bernard, 2002, p.203

<sup>32</sup> Bernard, 2002, p.205

<sup>33</sup> Kvale, 1997, p. 107

### 3.1.3 Activities and observations

Many of the actors engaged in preventive activities use alternative ways of conveying information and debate in the civil society. When the channels for public information and debate, like the public school system and newspapers, are only accessible for parts of the population other means for this must be found. Cultural activities, like theatre and music, functions as a channel for information and a forum where topics of public relevance like HIV/AIDS can be viewed and debated. In this thesis the aim was to try to get a broadened idea of preventive work. Therefore an effort was made to try to visit activities in the different provinces, from awareness raising activities, peer education, social mobilisation on a local level and co-ordination of activities on a provincial and national level to the extent possible. These activities range from 'in school activities' such as speeches given in classrooms by student activists, peer educators, to inform their peers about HIV/AIDS and sexual and reproductive health. The idea behind peer education is that people from the same category, in this case mainly students, are educating others alike, students of the same age, and that this gives credibility and a possibility to reach out to groups that might be difficult for someone from 'outside'. The other main kind was 'out of school activities' carried out in order to reach those of the young that lack the possibilities of going to school but can also be directed to both students and non students. This was often held as events, almost like shows, at afternoons and weekends and typically included information given about HIV/AIDS through dancing, theatre, and music. Sometimes distribution of condoms and pamphlets or other written and printed information was included.

### 3.2 Methodological problems and reflections

The overall impression is that the respondents felt comfortable in the interview situation and showed no reluctance about talking about most of the topics even though tape recorder was being used. Of course this was helped by the fact that most of the respondents were in positions, as activists or employees, with the given task of spreading information and used to address these issues in public situations of different kinds. This, however, also posed as an obstacle in the way that the answers given often showed resemblance and left a feeling of having a bias of what Bernard calls 'response effects'<sup>34</sup>. They seemed to be reflecting the interviewer and what the respondents thought of as being the 'right' answer and the ones expected rather than their own personal opinions. This is of course a methodological problem hence the aim is to trace discourses through personal opinions, but from an other perspective shows the hegemonic nature of discourses and the tendency to adjust to what is apprehended as the 'right' perspective of things.

The overall obstacles and methodological problems were language related. Though many of the interviews could be conducted in English, since the staff and even some activists at organisations and institutions are well educated and English speaking. Though men speaking English outnumbered women, especially among the students it was obvious that boys are more educated than girls in this area. In cases where it was not possible to conduct the interview in English an interpreter had to be used. In Nampula and on Ilha de Moçambique we worked with two different interpreters, Bonciano Hilario and Carlos Belua, both students. They did the simultaneous translation during the interviews. The fact that they were both young and familiar with the surroundings and willing to share experiences, as well as personal views, helped contextualise the interviews and provided invaluable knowledge and insights. Moreover a translator in Nampula, Celestino Vicente, was used to translate from the recorded tapes the Portuguese speaking in the interviews held with interpreters.

---

<sup>34</sup> Bernard, 2002, p. 230

### 3.2.1 Analysing empirical material

The conducted interviews and collected material, such as policy and strategy papers from the organisations visited during the field work, only partly counts for the total empirical material collected. In addition observations, participating in activities and every day life, having informal conversations with friends and others, watching the commercial spots on television promoting condom use or seeing the billboards warning about the frightening and deadly disease of HIV/AIDS, all contributed to the understanding of the situation. These experiences are difficult to quote or give specific reference to but they are vital for the analysis. Especially concerning the interviews the material does not always reflect opinions expressed, there is in some cases very few or no quotation at all where a respondent is explicitly expressing views or perceptions that were by other means exposed on a daily basis. This is in part due to the use of tape recorder and the interview situation, as discussed above, but also that a lot of the ways of communicating is not possible to take notes of. The experience that the majority of English speaking persons were male is an experience that teaches a great deal about the gendered division of power and access to basic rights such as education. Such experiences prove a valuable observation and as such has contributed to the analysis and therefore can't be overlooked or left out in the thesis.

The aim of the study has not been to descriptively map out all discourses and perceptions of HIV/AIDS in Mozambique. Instead the purpose has been to highlight some of the perceptions that are heavy influencing the formulation and implementing of preventive strategies and responses to the HIV/AIDS epidemic. Therefore the empirical material is used as a way of demonstrating these main perceptions. Quotations are being put into the text as to show how these perceptions are expressed and to support the discussion and analysis. In using empirical data to interpret meanings and trying to trace discourses there is always a risk for what Bernard refers to as the 'expectancy effect', that is to 'create the objectives we want to see'<sup>35</sup>. While conducting the interview as well as interpreting them this pitfall has been continually discussed and a carefully effort has been made to avoid it, even though it is an important risk to keep in mind. No full account of collected data is included for the reason that the empirical material possible to review is only a small part of the total material and doesn't reflect it just. Further, all respondents were promised anonymity and confidentiality therefore since a full review of the interviews might give away some of the respondents identities, the tapes and transcribed interviews are held by the author despite of the problems of verifying intersubjectivity and reliability this might bring.<sup>36</sup> Within the analysis numbers will refer to quotations from the interviews.

---

<sup>35</sup> Bernard, 2002, p. 234

<sup>36</sup> Kvale, 1997, p. 109-110

## 4. Rights based approach to development and HIV/AIDS

In this chapter will provide a background of the possibilities of releasing a rights based approach to HIV/AIDS and development by briefly discuss how sexual and reproductive rights and the link between rights and development are viewed from within the UN system. Information on sexual and reproductive health is an important component in prevention. The implications of these perceptions and approaches, in the context of the response to HIV/AIDS in Mozambique will be further discussed within the analysis.

### 4.1 The right to development, reproductive and sexual rights

During the 1990s a shift in policy took place within the United Nations. This was a decade characterised by the end of the Cold War and expectations of the possibilities of international peace. But this decade also proved to be characterised by humanitarian disasters. This was the decade when HIV/AIDS became a pandemic and it was also a decade of conflicts and war, ethnic cleansing and massive violations of human rights. Within the UN-system there was a call for a new agenda for the 21<sup>st</sup> Century to meet these new challenges. The conferences held and the declarations, programmes and platforms of actions adopted together constitutes what Janusz Symonides calls a ‘new human rights dimension’<sup>37</sup> that recognised the interconnectedness between human rights, peace, democracy, and development. And it is within this context that the holistic rights based approach to development was shaped and, by the end of the century, that led to the adoption of the *Millennium Declaration* and *the Millennium Goals for Development*.

The declaration on the right to development was adopted already in 1986. The Declaration states that:

‘the human person is the central subject of development and therefore an active participant and beneficiary of the right to development: states have the right and the duty to formulate appropriate national development policies that aim at the constant improvement of the well-being of the entire populations and of all individuals’<sup>38</sup>

The right to development is a right for everyone to enjoy and a duty of the state to uphold, though it is not limited to be a right but also a responsibility of the population and individual to promote. Development is seen as a participatory process that involves all levels of society. The civil society shares responsibility with the state to bring this right into realisation, which is a move from the perspective that human rights are the states full responsibility.<sup>39</sup> The right to development has then been reaffirmed and strengthened by the conferences in Rio on environment and development, the Vienna conference that stated development as an ‘universal and inalienable right and an integral part of fundamental human rights’. The conference of Social development in Copenhagen and the Beijing conference on Women further stated this perception in 1995. In 1996 the Commission on Human Rights adopted a resolution on the right to development.<sup>40</sup>

Parallel to the shift in policy regarding the right to development and the emerging of a rights based approach to development, new perspectives of sexual and reproductive rights have gained influence. The International Conference on Population and Development, ICPD, in Cairo 1994 did signify a change in policy:

---

<sup>37</sup> Symonides, in Symonides edt., 1998, p. 4

<sup>38</sup> Declaration on the Right to Development art. 2:3

<sup>39</sup> Baxi, in Symonides edt., 1998, p. 100-101

<sup>40</sup> Symonides, in Symonides edt., 1989, p. 6

‘Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have capability to reproduce and the freedom to decide if, when and how often to do so.’<sup>41</sup>

From the previously dominating top down approaches focusing on demographical issues, family planning and reducing fertility, states now came to adopt the concept of sexual and reproductive health and to focus on individual needs and rights. This also brought a new perspective where adolescents and women’s rights to make decisions concerning their sexuality and sexual life came into focus. Demographic change would be brought by the empowerment of individuals. And further, empowering people would be a strategy to alleviate poverty.<sup>42</sup> This came to be the first international conference where sexual and reproductive health and rights were acknowledged as human rights:

[...] reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents.<sup>43</sup>

These are groundbreaking conceptions on the individuals versus the states responsibilities and possibilities of governing, where a bottom up strategy of claiming rights is seen as the tool of realising human rights. Still the possibilities of the individual to make these claims have to be given by the states in providing a framework where claiming rights is not only politically sanctioned but where the infrastructure to realise these claims are in place. Even though being somewhat controversial the *Programme of Action* was signed by 179 countries and in 2004 90% of these have adopted policy and or legislation in accordance with the objectives set by the conference. Further the conference didn't manage to reach consensus concerning *sexual rights* specifically, as in the quotation above *reproductive rights* are recognised as human rights though not including sexual rights.<sup>44</sup> Since recognising sexual rights included the right to make individual choices of sexuality it was controversial. The program of Action states that:

‘Equal relationships between men and women in matters of sexual relations and reproduction, including full respect for the physical integrity of the human body, require mutual respect and willingness to accept responsibility for the consequences of sexual behaviour. [...]’<sup>45</sup>

Even though stating that it was a huge obstacle to define sexual rights specifically, especially women's rights, as human rights. Issues relating to women’s rights to make decisions about sexuality and reproduction are difficult to address since they preconditions a recognition of the female sexuality equal to male sexuality as normal and healthy. As such these issues challenge gender relations and structures resting on female subordination and are very controversial and in opposition of one of the most fundamental structures in society.

The World conference on Human Rights in Vienna 1993 was also of great importance in that it called for integration of a gender perspective in all human rights practices and the elimination on all forms of gender based violence, discrimination, sexual harassment and exploitation. This, together with the conclusions from Cairo, was further developed at the World Conference on Women in Beijing 1995 in recognising that reproductive and sexual health and rights essential for women’s availability to participate fully and equally in society.<sup>46</sup>

---

<sup>41</sup> Programme of Action, 2004, paragraph 7.2

<sup>42</sup> Bergman, Ylva, edt, 2004, p. 4-7

<sup>43</sup> Programme of Action, 1994, Paragraph 7.2

<sup>44</sup> Bergman edt, 2004, p. 14

<sup>45</sup> Programme of Action, 1994, paragraph 7.34

<sup>46</sup> Bergman edt, 2004, p. 55

The Millennium declaration was adopted in 2000 at the United Nation Millennium Summit. The declaration brings all the newly developed perspectives together in a holistic human rights approach to development and as such sums up the new agenda for the century to come. In the summit it was further agreed on the need for a set of time bound and measurable goals targeting the critical developmental issues and the eight *Millennium Developmental Goals* was formulated. The millennium declaration recognises development as concerning all aspects of human life and society and that in order to enhance sustainable development all these issues, including gender equality and HIV/AIDS that are identified as severe obstacles for development, have to be approached simultaneously.

## 4.2 A rights based approach to HIV/AIDS

In 1998 UNAIDS and the UN High Commissioner for Human Rights in co-operation published the *International Guidelines on HIV/AIDS and Human Rights*. The guidelines are meant to be a tool for states to translate and implement human rights into practical strategies and responses to HIV/AIDS. In the first guideline is recommended that:

‘States should establish effective national framework for their response to HIV/AIDS which ensures a coordinated, participatory, transparent and accountable approach, integrating HIV/AIDS policy and programme responsibilities across all braches of government.’<sup>47</sup>

In a short summary the following guidelines are further developing the content of guideline one. They include recommendations of reforming legislation and public health so that they address issues raised by HIV/AIDS, work against discrimination and protect vulnerable groups. States should further promote and support community based organisations work, and access for all to prevention, education, care and support. States should collaborate with the community at all levels and in all sectors; community based organisations work with consultation and prevention and develop codes of conducts with the private sector as well as participating in joint international programmes within the United Nations system. The overall point made here is that states are responsible of the national HIV/AIDS situation and that the state constitutes the actor responsible for its population. But there is also an emphasis on the importance of adopting a multi sectoral approach, of involving all sectors and levels of society, including the civil society and the private and commercial sectors. There are no distinctions made between separate kinds of responses, prevention and awareness raising efforts are recommended as well as care and support for people living with AIDS as equally important and interdependent parts of the national response.

In the UNGASS declaration, *United Nations General Assembly Special Session* (on HIV/AIDS), the HIV/AIDS epidemic is continually put in and viewed from a framework of Human Rights.

‘Recognising that the full realisation of human rights and fundamental freedoms for all is an essential element in a global response to the hiv/aids pandemic, including in the areas of prevention, care support and treatment [...] Recognising that poverty, underdevelopment and illiteracy are among the principal contributing factors to the spread of HIV/AIDS.[...] Stressing that gender equality and the empowerment of women are fundamental elements in the reduction of vulnerability of women and girls to HIV/AIDS’<sup>48</sup>

The UNGASS declaration emphasises how poverty and marginalization often includes unfullfillment of fundamental human rights such as an adequate standard of living, food security,

---

<sup>47</sup> International guidelines on HIV/AIDS and Human Rights. 2004, In this thesis only the summary are referred to, the full document can be found as a pdf file at the UNAIDS website. [www.unaids.org](http://www.unaids.org).

<sup>48</sup> UNGASS, 2001, art. 16, 11, 14

and the rights to education. These in turn are factors that are contributing to the spread of HIV/AIDS. Poverty brings denied access to health care and services, medication, a daily intake of nutrition and is increasing the human body's vulnerability of contracting HIV/AIDS.

In the report from the conference on HIV/AIDS in Bangkok in May 2004 it is stated that 'AIDS is an extraordinary kind of crisis; it is both an emergency *and* a long term development issue.'<sup>49</sup> The major challenges identified are the 'female face of the epidemic' since the share of women contracting HIV is increasing. In sub-Saharan Africa women counted for 57% of people living with HIV in 2003 and the report points out gender inequalities as being a major contributor in this. Young people between 15 and 24 today count for about half of the infected population in the world and reaching out to this group is identified as a huge challenge within the preventive work. Further scaling up treatment programmes and providing antiretroviral therapy, providing public services and scaling up prevention programmes are considered key issues to address, especially in low-income countries. Tackling stigma and discrimination are considered equally important as creating infrastructural conditions for response since the silence about HIV reduce the effectiveness of preventive measures taken, among other things it stops people from testing. The final major challenge identified is the neglect of orphaned children as a result of both parents dying from HIV/AIDS and the lack of resources of caring for these children properly. Especially countries in sub-Saharan Africa face these challenges.<sup>50</sup>

Within the UN system it is at a policy level clearly stated that the HIV/AIDS pandemic must be approached holistically. This perspective recognises the HIV/AIDS epidemic not only as a medical emergency but also as a social, economical and cultural challenge. It is further stated that there is an interconnection between preventing HIV/AIDS, treatment and realising human rights and that human rights therefore must be translated in to strategies and programming in all sectors and at all levels.

---

<sup>49</sup> 2004 Report on the Global AIDS epidemic, Ex. Summary, p. 3

<sup>50</sup> 2004 Report on the Global AIDS epidemic, Ex. Summary, p. 3, 4

## 5. Discourses of HIV/AIDS

This chapter will focus on discourses of HIV/AIDS and how it relates to discourses of otherness. It will be explored how perceptions of HIV and AIDS as originating from *somewhere else*, being brought in to the country by *someone else*, and effecting *someone different*, has rendered the perspective of HIV/AIDS as a *disease of the others*. The next chapter will then conclude the analysis by placing these discourses in the framework of a national response and international financing and conditionality.

### 5.1 Comprehending a new phenomenon

Though the first cases of AIDS that was discovered in the 1980s seem to have appeared almost simultaneously in different places of the world, the general opinion was pointing to Africa as the place of origin.<sup>51</sup> In research and policy, which to the larger extent originates from the western countries, the theory presented holds Africa as the place of origin.

‘Debates continue as to how, where, when and even why HIV first affected humans. Some have attributed AIDS to God as a punishment for sexual promiscuity. Others have blamed biological warfare experiments that released the virus into the global population, either deliberately or accidentally. Another line of thought is that polio vaccines, widely given in Central Africa in the 1950s and 1960s using monkey serum, could have been contaminated with SIVs. [...] Recent analyses of stored vaccine to test this theory, however, has not yet found any trace of SIV or HIV. The most probable route of transmission would appear to be from cuts or bites: people hunting wild monkeys and chimpanzees for food, or keeping them as pets, could have bitten and acquired the virus that way.’<sup>52</sup>

The possibility of the polio vaccine, a program implemented by western states in the context of colonialism and tropical medicine as a means of ‘saving’ a dying continent, as being the vector of the epidemic has been dismissed as not very likely. A very seldom referred to theory of the origin of HIV is one occasionally described to us in Mozambique, that HIV is just one more plague in the long line of a western imperialistic strategies to disempower the African people.<sup>53</sup> The purpose here is not to create a debate on the plausibility of each theory but to give a short reflection of how, among a set of unproven theories, one gets preference. Framed in the context of post colonialism and otherness, consequently, the theories of the polio vaccine as a promoter of the HIV-epidemic are held *untrue* until proven otherwise and the theory of bites from apes is held for *true* until proven inaccurate. The current situation presents no verified source or origin of the virus, which leaves a series of possible scenarios.

#### 5.1.1 Perceptions of the spread of HIV

Within the perception of the dynamics of the spread of HIV in Mozambique the view of HIV as originating and being brought in from outside is vital. The peace agreement in 1992 constitutes a turning point for the country in every aspect. It is commonly considered one of the main reasons for the large-scale HIV/AIDS epidemic that the virus has been introduced by returning war refugees. Two remaining contributing factors considered being key vectors in the spreading pattern of HIV are migration and commercial sex..

---

<sup>51</sup> Patton, 2002, s. xi

<sup>52</sup> Jackson, 2002, s. 4

<sup>53</sup> The Nobel Peace Prize winner Wangari Maathai statement that she believes AIDS was created scientifically as a biological weapon for warfare, has caused reactions for being provocative. Dagens Nyheter 09.10.2004

'Labour migration is one of the most obvious contextual factors. To separate men –or women- from their families, is to 'invite' the transmission of HIV. Classical examples are migrant workers on contract, living in one-sex compounds, with access to alcohol and commercial sex.'<sup>54</sup>

These factors are depicted as interdependent. The areas in the central part of the country where majorities of refugees, from surrounding countries with an already high HIV prevalence, and displaced persons returned to and settled following the peace agreement today coincides with areas of considerably high HIV prevalence. Migration also occurs within the context of urbanisation where both men and women and children migrate to 'urban nucleos' in order to find work to maintain a livelihood. Students migrate within the country for education, educated migrate for work. The large transportation routes are also considered a source of spreading the virus. But the kind of migration that seems to be perceived as responsible for the incidence of HIV is migrant workers that goes out of the country for work, miners that works in South Africa, and then bring the virus home to their wives and girlfriends,

'Men who admit to have resorted to commercial sex explain doing so by the fact of being working or searching for a job away from home [...] We know, for instance, that more than 50.000 miners from the southern part of the country are currently emigrated in South Africa. [...] And HIV rates are very high in South African mines.'<sup>55</sup>

On a policy level it is emphasised that neither women nor men could hide behind the label 'migrant worker', though in practice the Mozambican male miners working in South Africa are the ones perceived as an especially strategic group to target within prevention.

Religion is further an arena for constructing otherness, which is visible in the respectively perceptions of the spreading patterns of HIV. These two singled out quotations shows a catholic image of muslims other and, secondly, a islamic image of the catholic other and they both target the others norms of reproduction and sexuality as being a cause of the spread of HIV:

'...You know that for Muslims, the musulmans, it is normal to have about 5, 6, 8 wives. [...] ...so its a dangerous thing, because if they are married I believe that they don't use a condom, because it is a wife. [...] So if today he is with another girl and another day with another one. So if one of these girls are infected it means that all three girls will be infected. So this is a Muslim problem.'<sup>56</sup>

'Well, here we have two classes, Muslim and non Muslim peoples [...] Muslim people don't have occasional sexual relations and then people who are not Muslim, for them occasional sexual relations is a normal act. The Catholics are speaking about abstinence but it depends for the peoples, ok.'<sup>57</sup>

HIV as a problem of the others is manifested in these views. The perception of the hierarchical structure of otherness is also present in not only referring to the others as different but to have a behaviour that is inconsistent with the norm of the own group. And to place the blame of social difficulties within this behaviour is in accordance with the functioning of discourses of otherness, as will be further discuss in the following section.

## 5.2 The Behaviour paradigm

Since HIV is sexually transmitted, sexual behaviour has been in focus of the discourses of HIV/AIDS. Preventive strategies, campaigns and efforts tends to emphasise a focus on *sexual behaviour* in terms of *who* is conducting an unsafe sexual behaviour in relation to who they are,

---

<sup>54</sup>Egerö, Hammaskjöld, Munch, 2001, p. 11

<sup>55</sup> PEN, p. 3

<sup>56</sup> Interview no 8

<sup>57</sup> Interview no 19 (Sheike)

with *who* or *how* they have a sexual relation. This dominating 'behavioural paradigm'<sup>58</sup> sets a discursively biased framework where the debate on HIV and AIDS comes to focus on moral aspects of behaviour. Different sets of perceived characteristics of certain groups of people are correlated to the spread of HIV. The perception of promiscuity as a promoter of HIV versus non-promiscuity as a mean of prevention is a very strong perception within the discourses of HIV and AIDS, though a bit differently interpreted due to contextual variations. The behavioural paradigm and the focus on sexual behaviour consistently permeates perceptions of the HIV/AIDS pandemic; in the west mainly homosexual practices have been its objectives and seen as promoters of HIV. In the African context, where the epidemic is to such an extent heterosexual, focus has instead been directed to the perceived promiscuous sexual behaviour of the general 'African'. Also the apprehended large and constantly changing number of sexual partners is a recurrent theme. The behavioural paradigm applied on the HIV/AIDS situation in Africa comes to support, as well as supporting, an image of Africa and Africans as the exotic others, thus placing individual practices in a racially and culturally biased framework. In the western discourse the African populations seem to constitute one homogenous population, 'the social 'Other', vastly different from Europeans in culture and social norms.'<sup>59</sup> The image of African promiscuity is a fundamental component in the discourse of the African other, and as such poses as a long-lived narrative image hard to eradicate. Literature on AIDS epidemic tend to reflect this image and 'posits epic rates of sexual partner change [...] for which empirical support is lacking.'<sup>60</sup> In a policy report the World Bank states that behaviour affects the spread of AIDS and concludes that:

'In the absence of a cure or vaccine, the key to arresting the spread of HIV is changing behaviour'<sup>61</sup>

Even though the above referred to report dates from 1997 these views on the correlation between behaviour and HIV prevalence are continually predominant within policy, research and preventive strategies. In the UNGASS declaration of commitment on HIV/AIDS it is recognised that:

'[...] that effective prevention, care and treatment strategies will require behavioural changes [...]'<sup>62</sup>

By choosing not to problemize what is included in the concept of behaviour, or clarify the exact ways for HIV to transmit from one person to another the debate comes to lie open for referring to sexual practising or *behaviour* in a generalising manner. The concept *relation* becomes seemingly exchangeable with specific sexual practises rather than referring to a social bond. Terms used are among others homosexual sexual relations, becoming almost exchangeable with anal penetration versus heterosexual sexual relations as exchangeable with vaginal penetration. This not only narrows sex and sexual relation down to penetration, or intercourse, but also determines how and by whom this can be performed; in a way that relates to discourses of perceived morally adequate sexual behaviour for men versus women, homosexuals versus heterosexuals. Further on, in only relating to sexual relations and stating partner change as a promoter of HIV without giving the number of unprotected intercourse any significance, the *behaviour*, or sexual activity, in itself is depicted as problematic. The message conveyed is that having an active sex life is morally wrong and that individual sexual preferences are what needs to be targeted and restructured in a way that responds to the norm of adequate sexual behaviour. Whether a relation includes intercourse at all or especially unprotected intercourse becomes a neglected topic. In a joint strategy paper

---

<sup>58</sup> Stillwaggon, 2003, p. 1, 3

<sup>59</sup> Stillwaggon, 2003, p. 4

<sup>60</sup> Stillwaggon, 2003, p. 3

<sup>61</sup> World Bank, 1997, p.?

<sup>62</sup> UNGASS, 2001, art. 23

from UNICEF, UNAIDS and WHO on young people and AIDS dating from 2002 the introduction establishes that

‘...in areas where the spread of HIV/AIDS is subsiding or even declining, it is primarily because young men and women are being given the tools and the incentives to adopt a safe behaviour’<sup>63</sup>

On the local level it is the experience that behaviour is a very central concept and a key factor for actors dealing with HIV-prevention.

‘...we (the church) are talking about changing behaviour of individuals, we need to motivate them to change behaviour, [...] more than 80% of these new infections are caused by sexual intercourse, and it means they have to change their behaviour...’<sup>64</sup>

This shows a shift in policy from the above mentioned World Bank report; during recent years the term behaviour has been added the term safe in order to avoid the pitfall of conveying images of ‘good’ versus ‘bad’ behaviour.

‘We have learned over the years that the American and European models were emphasising a little bit too much on the individual responsibility [...] so you need to find a balance between developing, I don't like the behaviour change because it is like saying from bad to good, I would like to say behaviour development, towards a safe behaviour.’<sup>65</sup>

Though there is still a lack in definitions on what can be included in the concept safe behaviour. Even if policy documents do not explicitly apply the behavioural paradigm in its analysis of the dynamics of the AIDS epidemic, in the end behavioural modification is generally what is promoted as a preventive strategy. This must, in Stillwaggon's view, ‘be seen as implicitly accepting the primacy of differences in sexual activity in explaining differences in rates of HIV.’<sup>66</sup> Given that condom is used, the number of intercourses is not that significant. In practice, in preventive work, it is a dilemma and a very delicate matter to dig deep into the private matter of sexual practice and make it a topic of public debate. And at the same time avoiding getting lost in labelling ‘good’ and ‘bad’ sexual practices without conveying inaccurate images of having an extreme or promiscuous sexuality and blame individuals of conducting immoral or reprehensible behaviour. Though preventive strategies have to be formulated and implemented somehow, and these issues have to be dealt with. The responses differ from promoting abstinence as the only safe alternative to promoting and distributing condoms and classroom-education on condom use.<sup>67</sup>

### 5.2.1 The concept of Risk Groups

Another topic, closely related to behaviour, is the identification and targeting of risk groups This is a development of the thought of risky sexual activities that goes further and also connects practices to certain groups in society considered to share a common pattern of risky practices.

‘There was a conception, ten years ago, that the problem of HIV/AIDS, was related to high risk groups. And that were on the one hand prostitutes, or girls who were making an income by having sex with different men, and then we had the truck drivers, this was the traditional high risk groups.’<sup>68</sup>

---

<sup>63</sup> UNICEF, UNAIDS and WHO, *Young people and HIV/AIDS, Opportunity in Crises*, 2002, p. 6

<sup>64</sup> Interview no. 7, p. 3

<sup>65</sup> Interview no. 26, p. 3

<sup>66</sup> Stillwaggon, 2003, p. 15

<sup>67</sup> In Nampula, for example, we were invited to an occasion where activists from the organisation PSI visited and informed about sexual and reproductive health and condom use in an adult literacy group.

<sup>68</sup> Interview no. 26, p. 3

This view of one the respondents, with long experience in working with HIV prevention in various countries within international NGOs, reflects global actors view on risk groups as being something of a remnants from the past. Within policy and research there has been a shift that has moved from using the concept of *risk groups*, to replacing it with terms such as *target groups* or *groups of the population with risky behaviour*. This shift is deriving from the perception of the concept of *risk groups* as placing blame on defined groups. Somewhat contradictory, the empirical experiences from this study show that risk groups are in actuality used within the area of HIV prevention. In *PEN*, Mozambique's *National Strategic Plan to Combat STDs/HIV/AIDS*, the identification of groups with a risky behaviour, labelled as *vulnerable groups*, constitutes a point of departure for the formulating of strategies for prevention and care. The term *vulnerable groups* and not *risk groups* are used in *PEN*. However, many respondents, working with preventive efforts, refer to these interchangeably.

'...focus on risk groups like drivers, students, health workers, company workers, police and soldiers. We are only working according to what was written by the ministry of health, as well as other organizations. [...] ...what we want to do is to work with the vulnerable groups.'<sup>69</sup>

The way this respondent is referring to the same categories as *risk groups* respectively *vulnerable groups* and, elsewhere in the interview, as *groups at risk* reflects how these concepts are used exchangeable by actors working with HIV/AIDS prevention in practice. This experience seems to reflect the perception of risk groups as a fundamental and strong lived perspective within the discourse of HIV. The issue of concern here is not the concept in itself i.e. the choice of words, but the connotations they bring. A *risk group* is defined from various socially or demographically related characteristics: age, occupation, class, sex or others. These characteristics are all related to identity, therefore being identified as belonging to a risk group comes to reflect *who you are* rather than *what you do*. This way of implicitly connecting risk of HIV transmission to identity impacts the perception of *what kind of people* that can be or cannot be at risk of getting HIV. In the west the homosexual population has been considered a risk group. In Southern Africa as well as in Mozambique, where the epidemic has by large stuck the heterosexual population sub groups within this, sex workers and truck drivers among others, have been the ones considered bearing an extra risk. The aim here is not to question this analysis; the probability of sex workers to be vulnerable seems plausible. It is merely to point out that the definition of groups with a somewhat extreme behaviour putting them at risk indirectly connotes the message that the not extreme - the *normal* population with an *accurate behaviour* is not at risk. Further, this sets the impediment for at what level in society or what actors the responsibility for prevention and care could be placed on. In *PEN* an effort has been made to categorise determinants of the HIV/AIDS epidemic at different levels in society and how to respond to it:

Determinants of a macro-economic nature. They are those that can only be coped with in a long term, the response to which shall be contemplated within the framework of the socio-economic development plan of the country. These are the determinants related to *poverty, unemployment, illiteracy, migration, etc.*

Determinants of socio-communitarian nature. They are those that can only be resolved at medium date, in schools, workplaces, events and social meetings. These are: *sexual taboos and traditions, woman status in terms of her weak negotiating capacity in sexual relationship, economic dependence, resort to commercial sex, resort to sex for benefits, social resistance to the use of condoms, little access to education, low quality of health services.*

Determinants of a personal nature. They are those that depend essentially on a person knowledge, attitudes and practices. [...] The determinants of a personal nature are: *no use of condoms, multiplied partners, lack of access to health services, vulnerability to STDs, lack of information.*<sup>70</sup>

---

<sup>69</sup> Interview no. 20, p. 2

<sup>70</sup> *PEN*, s. 10

Initially structural factors are established as determinants of the HIV/AIDS epidemic and as such must be addressed on a national level and on a long-term basis. The concepts of macro-economic, socio-communitarian and personal levels functions are used as a tool of categorising determinants but also connects these to different levels of society. Phenomena occurring as an impact of poverty, such as little access to education (socio-communitarian) or health services (personal determinant) are defined as to be *resolved where they occur*, on a community or personal level in society. From a social constructive perspective this categorising becomes somewhat idealised. A contextual factor always influences the individual choices and actions. For example *no use of condom* might be considered as a personal choice. Though, practical circumstances, as whether condoms are available for individuals to purchase, has very much an impact on the possibilities of making the personal choice of using them. Social, cultural or religious discourses also influence the personal choices made. The individual level cannot be separated from the society and the macro level but must be seen as interconnecting and interdependent of each other. Poverty, health care system, access to education or the legal system as well as gender relations and norms of family structures and distribution of power within society are all factors contributing to the possibilities to make 'a personal choice'. Therefore the apprehension of HIV transmission as being about individual choices and responsibility is a perception that becomes problematic. Within the frame of otherness and the discourses of HIV and AIDS, the perception of the individual choice/responsibility creates an image that possibilities to prevent on a structural/national/global level seem limited. Policy and research do generally establish that 'reducing risky behaviour involves efforts on all levels'<sup>71</sup> and points to the state as an important actor and to poverty as a structural promoter of the HIV/AIDS pandemic. But by at the same time emphasising individual sexual behaviour, the responsibility/blame comes to be placed on the individual, and individual behaviour are depicted as the as the most important factor to target.

### 5.2.3 Gender and othering

In literature on HIV and AIDS in Africa there is a tendency to present practices represented in every society as a special case. Sexual practises that occur in southern Africa and *everywhere* in the world are depicted as characteristically African behaviour.<sup>72</sup> Prostitution, premarital sex or changing sexual partners being phenomenon not very typically African but often treated and presented as such. The perception of Africans, or at least African men, as promiscuous or extremely sexually active is very much vital yet today in the image of the dynamics of the AIDS epidemic in southern Africa. The large number of constantly changing sexual partners is seen as promoting the spread the HIV. That includes the number of premarital partners as well as the partners after marriage. This image not only conveys a perception of extreme sexual activity but also an image of the male African sexuality, since normally men are the ones talked about and talking about having multiple sexual partners.

The female sexuality is a subject seldom treated likewise. Women's sexuality or sexual practices are instead depicted in relation to something else. The sexual practices within marriage here constitute the normatively positive female sexuality, its purpose directly corresponding with the reproductive role of women in the family and society. By choosing to continually give reference to certain sexual practices, and never of others, an image of an overall female sexuality is indirectly given. The contexts in which women are expected to practice sex is presented, but also the contexts that are left out becomes important. The underlying message conveyed is that sexual practices in other contexts than the presented are against the norm and as such becomes *un-normal*, i.e. *wrong*. The image of female sexuality and expected sexual activity among girls reflects discourses on gender and can sometimes have severe implications when being translated into practice:

---

<sup>71</sup> Jackson, s. 87

<sup>72</sup> Stillwaggon, 2003, p.3, 13

‘And some girls they don't want to use condom. [...] Why, I don't know. But if you use condom, they go Ah!, No, you think I am a bitch. I'm not a bitch, why you want use condom with me? [...] You don't trust me...’<sup>73</sup>

This young man explains the difficulties suggesting condom use can bring. In that girls interpret the suggestion as a labelling of them as breaking the norms of expected behaviour for girls. They don't want to be seen as girls ‘sleeping around’, since this is one of the biggest sins according to the gender norms for female sexual behaviour. Having multiple sexual partners is for men communicating masculinity. But for girls, what is communicating femininity is to abstain, to control their sexuality.

The stereotypes in the discourse of othering are not just existing in on a global level, but are incorporated in self-identification and very much represented in the Mozambiquan HIV/AIDS discourse. One informant sums up the perspective on young people and HIV in a very representative way:

‘...The life is not sex...because a lot of youngs, when they go to the discotheque, they drink some beer, one beer, two beers...they think: ah, I have to find someone just now [...] we have to correct our mentality about this question, this idea that all the time we have to...because we have condoms, we have to make sex all the time – no! The nice way is for you to have just one woman, one wife and one girlfriend...’<sup>74</sup>

His view reflects many aspects of the discourses of HIV/AIDS framed in discourses of otherness. He is depicting the young people around him as being sexually active, curious and experimental, but doesn't refer to this as just normal among this age group, instead he refers to this activity as a malfunctioning mentality, the sexual practicing, especially multi partnered, is apprehended as problematic in itself. Also the image is given that having a very active sexual life and changing partners is common for any young person, fuelling the image of the extremely sexually active African. This is at the same time giving at hand that it is usually men that conduct this practise by stating that they should be content with one woman only. This is stating the gendered division of power within a relationship, and that a man should, since it is his responsibility to make the decision, change his behaviour for a better one. This indirectly also makes a statement about the gendered and different male and female sexuality where women are mysteriously absent in the discussion about sexual practises and decision making. And by this conveying an image of girls and women not being in a position to make independent decisions about their own sexual life or activities. The equation does not completely sum up, with girls either being powerless and passive, or the extent of sexual activity and partner change, attributed to boys but not girls, is something of an overstatement. Finally, the solution to this problematic (male) behaviour of having to much sex with to many different partners identified is to reduce the sexual activity. Abstinence or being faithful instead of focusing on making sexual relations, with- how- or whenever they occur, safe are suggested as the best solutions.

Of the young people living with HIV young women are reported to become infected at an earlier age than men. A new report from UNAIDS, UNFPA and UNIFEM states that:

‘At its heart, this is a crisis of gender inequality, with women less able than men to exercise control over their own bodies and lives. Nearly universally [...] there is also a culture of silence around sexual and reproductive health. Simply by fulfilling their expected gender roles, men and women are likely to increase their risk of HIV infection.’<sup>75</sup>

---

<sup>73</sup> Interview no. 8, p. 1

<sup>74</sup> Interview no. 8, p. 4

<sup>75</sup> Women and AIDS, Confronting the Crisis, 2004, p. 7

There are a certain victimisation of African women in only acknowledging woman's sexual practice to take place in situations where 'they do it because they have to', either for money as prostitutes or in a 'sugar daddy'-relationship, or by social necessity within the marriage. These images together are conveying a picture of a very unequal gender structure, where men are stereotypically portrayed as active and powerful and women as passive and subordinated. This is done in almost a narcissistic manner. In drawing a picture of African gender structures, a perception is mirrored of idealised gender orders in western societies that lacks sensitivity for the endless variations that occur in the very diverse region of southern Africa, as well as in the 'western society'. This is not to say that gender relations are not unequal or that women do not suffer from subordination and lack of power in either of the regions, but to say that analyses of gender and sexuality suffers from being discursively biased by the beholders own perceptions. And depicting Africans in general as the social other in relation to the west and the African woman as the social other in relation to both the western man and the African man.

## 6. The institutional/practical framework

In this chapter the discourses on HIV/AIDS, explored in the previous chapter, will be discussed in relation to the existing preconditions at the national level to comprehend and respond to the epidemic. It will further be discussed how discourses and practical frameworks are permeating the possibilities of adapting a rights based approach to HIV/AIDS.

### 6.1 The civil society, NGOs and the focus on ABC

There are many diverse organisations engaged in preventive work in Mozambique at all levels in society. Additionally there are organisations, community based and at national level, working with care and mitigation for people already living with HIV/AIDS. The strategies vary from peer education to social marketing, to integrating education and awareness raising into ordinary activities within community based organisations such as traditional dancing and singing or literacy groups. The priorities and messages in the different strategies vary depending on the actor behind it as well as on the audience or target group it is directed to. For example it was obvious how the commercial spots on TV were mainly directed to a young urban population, since the main part of the population with access to TV can be found in urban areas. In rural areas the symbol, the red ribbon, was visible on large scale and the common apprehension among the respondents was that 'Everybody knows that AIDS exists'. But apart from knowing Aids exist and kills, there is an enormous amount of, sometimes clashing messages, conveyed. For a teenager on the break of being sexually active the confusion it might bring when, for example, the catholic church promotes total abstinence from sex before marriage as the only safe strategy while others strongly are promoting condom use as the only safe strategy, can easily be imagined.

'And when it comes to prevention it is only this about abstinence, and this about condoms and being faithful. And then they show technically how to use a condom on a wooden penis...but it is all about....it is so technical But it is very little about attitudes and what behaviour is and how it changes, this about gender, power relations... that it all comes down to in the end. [...] It might not be so easy the first time having sex to use a condom when you are feeling insecure and does not know how it works. [...] And then you are not told that it can be difficult the first few times. It is a lot about being a man and being able to do it. But that you get young people to understand that sex might not be so important in the beginning but that it is important to have a relationship and that they can talk about feelings and so on. That it is a mutual experience.'<sup>76</sup>

The dominance of the use of the ABC-strategy within HIV/AIDS prevention illustrates this diversity and contradictions of preventive messages. ABC is a strategy used by many of the actors engaged in prevention on all levels, the biggest youth organisation as well as the religious networks. This is a strategy primarily directed to young people and aiming at behavioural change. A stand for Abstinence, B for Being faithful and C for Condom use. The ABC strategy are viewed differently by different actors, in the UNAIDS 2004 report on AIDS it is described as follows:

'...combination prevention includes various safer sex behaviour strategies that informed individuals who are in position to decide for themselves can choose at different times in their lives to reduce their risk of exposing themselves or others to HIV. These are often referred to as the ABCs of combination prevention.'<sup>77</sup>

Uganda is often posed as an example of the effectiveness of the ABC strategy, in reducing HIV prevalence during a ten-year period since 1992. But this was achieved by combining a number of different strategies including community mobilisation, promoting NGO activities, strong

---

<sup>76</sup> Interview no. 14, p. 3, 4

<sup>77</sup> UNAIDS, 2004 Report on the global AIDS epidemic, p. 73

leadership, an open debate, destigmatization and increased condom use. These elements are emphasised as important for a successful prevention campaign by UNAIDS in the *2004 Report on the global AIDS epidemic* by UNAIDS.<sup>78</sup> Basic AIDS education and awareness raising still seem to be crucial elements of prevention but information alone is not enough to affect attitudes and practices. Therefore the UNAIDS is promoting a comprehensive prevention approach where different elements addressing all modes and dynamics of HIV transmission are included.<sup>79</sup> Perceived like this the ABC approach appears to be a pedagogic way of promoting individual choices within a framework of information of routes of transmission that is easy to convey publicly. Though the experiences from the fieldwork give a contradictory image:

‘people need to change their behaviour, either by adopting the AB strategy, abstinence and being faithful, and the last resort you know, to use condom...’

ABC is reduced to AB and C is perceived as a last resort. In this perspective the ABC strategy has been turned into a discourse of behaviour. Hierarchical structures for different kind of behaviour where AB is ‘good behaviour’ and C is absent or referred to as somewhat of a failure. This is commonly a religious perspective, catholic as well as islamic and protestant. But AB(C) in this perspective is not limited to religious organisations but are similarly approached similarly by other actors. The approaches further vary within networks, for example approaches between congregations or provinces. A further exploration of these various ABC approaches is left out here and instead the focus is on some of the common features of the ABC strategy showed in operation. ABC viewed from a frame of the behavioural paradigm and otherness almost seems to bring the effect of preserving moralistic values and unequal gender relations rather than being a tool for strengthening individuals in making their own choices.

‘Sex with multiple partners is the major vehicle to spread HIV, which becomes increasingly risky, the higher the prevalence of HIV. [...] Mutual monogamy is a social ideal in most societies, and sexual fidelity to one loyal partner is an effective protection against HIV. Men, in particular, are likely to both report and indeed to have more extramarital sexual partners than women. [...] Women also engage in casual sex, often as a means to secure survival for themselves and their children.’<sup>80</sup>

‘In many countries in Sub-Saharan Africa, casual sexual encounters between older men – sugar-daddies - and younger girls are common; the men search for uninfected partners and the girls may be lured into a relationship or drawing material benefits from it. [...] As a result, girls may infect their boyfriends, and young men may risk marrying an HIV-positive woman.’<sup>81</sup>

This view of the transmission chain may well be reflecting a common route of transmission in its practicalities. Starting to have sex at an early age is generally considered to bring a greater risk of getting infected with HIV. Especially so for young girls that are considered a specifically vulnerable group. However what is important to note is that this description is also reflecting the major themes within the behavioural paradigm discussed in the previous chapter. Based on the field study the problem of sugar daddy relationships are something the majority of the respondents referred to as commonly recurring and perceived as problematic. Though it was depicted somewhat different. What is depicted here as young girls engaging in these relationships for material benefits was rather described as necessities for survival when parents can’t provide for them, or as teachers forcing their students into sexual relationship as a trade off for giving them their grades.<sup>82</sup> These examples put the ‘material benefits’ into a different context of poverty and unequal gender relations as promoters of HIV. While adding the dimension of power distribution the discussion can go beyond the focus on morality connected to individual

<sup>78</sup> UNAIDS, 2004 Report on the global AIDS epidemic, p. 73

<sup>79</sup> UNAIDS, 2004 Report on the global AIDS epidemic, p. 71

<sup>80</sup> Egerö, Hammarskjöld, Munck, 2001, p. 18

<sup>81</sup> Egerö, Hammarskjöld, Munck, 2001, p. 17-18

<sup>82</sup> Interview no. 12, p. 3

behaviour and shift to addressing the fundamental discourses permeating the possibilities of prevention.

### 6.1.1 The absence of the concept of power

The issue of power was seldom addressed at all, far less the issue of unequally distributed power or intergenerational or gendered power imbalances as promoting HIV/AIDS.

‘But sexual abuse, or lets say, the intergenerational sexual relationships with a very big power imbalance, is not a problem of teachers and students. [...] it could be anybody. [...] I have seen it in so many meetings, someone brings it up and then everybody talks about it for the next two hours and they are all so morally disappointed. [...] But I would prefer to talk of a more general gender problem, the imbalance between, lets say generally, older men and younger girls. I think that is the problem. And how are we going to address this power imbalance, and if we can address that, then the problem of the teachers will be solved also.’<sup>83</sup>

The issue of teachers abusing girls was one of few subjects coming up during interviews that somewhat went beyond individual behaviour and aimed at structural causes relating to discourses in operation. (There are no available statistics on the issue and therefore the discussion of the actual number of cases is here left out.) In the case of defining target groups generally the issue of power are not explored or discussed as a factor that makes these groups important to reach for preventive purposes. One example being that the police are considered a ‘risk group’ because they are working at night and thus has the opportunity of extra marital and occasional. The *variable being away from home* is here the one referred to as explaining these why the police are a vulnerable group. Being away from home might be the factor that presents the opportunity but there is no automatic causality in being away from home at night and contracting. The possibility that policemen in power of their profession might take advantage of the status this occupation brings and manifesting it by demanding sexual favours is not explored. Whether this scenario is or is not the case in reality is not the point here. The point is to illustrate the absence of the dimension of power within the debate and policy of HIV/AIDS prevention. The respondent giving this explanation was referring to the identification of vulnerable groups in the PEN. This shows the importance of national policy not only to make statements but also to problemize and contextualise in order to provide the organisations and activists not only with directions but also a tool that they can relate to in practice. In working with a certain category in prevention the actors must know *why* this group is important to target and not only that it is important.

In the discussion concerning A and B, the possibility of C seems almost left out as if it is not an option. It seems to be assumed that sex generally equals unprotected sex. The solution identified becomes to target the fact that people are having sex and try to restrict the behaviour and not to make it safe. The discussion comes to emphasise how to live ‘right’ concepts such as ideals and loyalty are associated with preventive strategies. It becomes an embedded message that if you stick to the norm HIV will not ‘reach’ you since immoral individual behaviour is what promotes the epidemic. Education about sexual and reproductive health with realistic information about sex is a difficult task. It is easier to give out the message of abstaining or being faithful as the right behaviour than addressing discourses on gender, family and power by addressing sex as good and healthy if it is self chosen, consensual and protected. Though, sexual and reproductive education has newly been integrated in the curriculum in Mozambique since the need of a forum for discussion and increased knowledge among young people has been identified. But the tools are not given to the teachers in the form of education and it might pose a huge obstacle for untrained teachers to address issues of sexuality in a classroom situation with their students.

---

<sup>83</sup> Interview no. 26, p. 9

## 6.2 National and international frameworks

Mozambique has adopted a multisectoral approach for responding to the HIV/AIDS epidemic. The National Strategic Plan was completed in 1999 and introduced in 2000. A National Council for Combating HIV/AIDS, CNCS, has been established and it works closely with the ministries of youth and sports, ministry of health and ministry of education, which are central actors within the multisectoral approach. Further, there are provincial councils established throughout the provinces that are responsible for co-ordinating responses at provincial and local levels. Though, with the heavy dependence of external donors for financing, doubts can be raised concerning the possibilities of a realised national ownership of the national response. According to the PEN, 86% of the programmes and projected are financed by external donors.<sup>84</sup> This concerns not only the official responses, NGOs at all levels are also in a situation of dependence and this dependence sets the frames for their strategies and activities:

‘...and we talk about which area we must go because our office is in Maputo, but UNICEF wants to work in other provinces of Mozambique and we think to work in other province. In this moment we are waiting to UNICEF to choose the province, I think maybe it is in Inhambane or Gaza, it is probable.’<sup>85</sup>

Many of the organisations that engage in preventive activities are in dependence of external financing. This way policy and priorities of global actors, such as organisations or countries, directly effects activities on the local level since the support is often, though not always, channelled directly from donor to implementing organisation. The implications this brings can, as showed in the quotation above, be that organisations are forced to relocate and establish activities in areas they are not accustomed with. There is currently a much greater representation of organisations in urban areas in Mozambique and there is a great need for rural areas to be comprehended and reached by preventive strategies on the same premises. But the possible difficulties of conducting preventive activities are not to be underestimated for organisations that are not anchored in the area or community where they work. For example in a rural area a university student from the city are in many senses representing the social other, which can pose as an obstacle. It can further be viewed as an obstacle in it self that this process of outsourcing is initiated top-down by external donors and that this way they become the ones identifying the needs in local communities.

There is an existing comprehensive strategy for reducing poverty and promoting development as well as an institutionalised framework for implementing it in Mozambique. The Action Plan for the Reduction of Absolute Poverty, PARPA, also called PRSP, was approved in 1999 and includes a multisectoral approach involving all levels in society. It incorporates the national population policy, the Food Security Strategy, the National Strategic Plan to fight STD/HIV/AIDS, the post-Beijing Action Plan and the integrated National Social Action, Employment and Youth Programme.<sup>86</sup> The holistic approach as a tool for promoting development is stated in PARPA. Though economic growth is its main objective and a goal is set to reduce poverty by 30% until 2010. During the 1990s following the peace agreement growth rates were high in Mozambique. Though it must be noted that there is little information on the distribution of the increasing wealth and therefore GDP doesn't constitute a very trustworthy measure of development. The PARPA seems mainly operational at the national level, though organisations and donors active in Mozambique are all relating to it. As one of the respondents put it:

---

<sup>84</sup> PEN, s. 11

<sup>85</sup> Interview no. 5, p. 1

<sup>86</sup> UNDP, Report on the Millenium Development Goals, p. 7

‘...there is not one donor here, as I understand it, that doesn't have it as a condition, so that all projects that goes by ministries, such as Sida, than they say be in accordance with the Millennium Goals and the UN and it has to be PRSP [...] The PRSP in Mozambique is very good. It is based on a study on poverty [...] so they actually know where poverty is and what it looks like. [...]60% of the state budget are financed by donors, and if they say they only want projects in accordance with PRSP then so it will be. All the documents a very good. Then they are not being implemented for different reasons. It is probably not mostly about corruption but it is about capacity problems.’<sup>87</sup>

### 6.2.1 Poverty and the realisation of rights

The theme of the Bangkok Conference on HIV/AIDS held in May 2004 was ‘Access for all’.<sup>88</sup> In connection the global fund for HIV, Tuberculosis and Malaria has set up a goal to distribute antiretroviral medicine to 15.000 persons in Mozambique within the next year. The Global fund to Fight AIDS, Tuberculosis and Malaria was constituted in 2002 as an independent foundation. The purpose of the fund is to "attract, manage and disburse recourses"<sup>89</sup>. The fund is not an implementing organisation but is relying on existing institutions and structures. The fund has a comprehensive approach to AIDS, TB and Malaria-responses and all three must be included in the strategies and programmes that are given funds. But with, as one respondent pointed out, there is a total of 400 practising educated doctors in the country and the biggest clinic in Maputo having the capacity to administrate a total number of patients on retroviral medicine of 300 a year.<sup>90</sup> From this perspective the possibility of suddenly distributing antiretroviral medicines to 15.000 persons in the country seems as a task impossible to fulfil. Access for all requires infrastructure and recourses of hospitals and clinics. But it is also required that patients have the possibility to visit the clinic regularly and at a daily basis since the medicines needs to be taken at the same time every day. The patient also needs to have access to other related standards as a daily and regular intake of healthy and nutritious food. Presently all these required preconditions are simply missing for the major part of the population. Since medicines and treatment are expensive and demand administration not available in Mozambique, except for the very few fortunate, the goal of the Global Fund seems to lack possibilities of being implemented. In order to be able to distribute these amounts of antiretroviral medicines there has to be a functioning infrastructure for this. Creating this infrastructure include reducing poverty, create a vital health sector with clinics that people all over the country has access to, eliminate unemployment so that people can afford a adequate standard of living, create an educational system that has the capacity to fulfil the right to education for all.

Poverty cannot be viewed as limited to economical factors but has to be given a broader definition. In Pettiti and Meyer-Bischs writings on the linkage between poverty and lack of human rights they claim that poverty and poor populations are made invisible in the international system. That marginalization is a mechanism of exclusion that leaves a poor person without legal rights. Poverty is increasing everywhere, within all countries and are no longer a peripheral phenomenon but becoming universal. Poverty renders all other human rights inoperative because when the right to an adequate standard of living is not fulfilled all other human rights are violated since they will be practically impossible to fulfil since the structure for managing this is not there. The poor, Pettiti and Meyer-Bisich argue, constitutes a reminder of the weaknesses on democratic systems and of the inconsistency of the contemporary established economic system. And the reaction to this is to make these errors of the system, and the impoverished people invisible. The essence of poverty lies not as much in lacking material recourses as in marginalization and

---

<sup>87</sup> Interview no. 2, p.4, 7, own translation.

<sup>88</sup> [www.ias.se/bangkok/start.aspx](http://www.ias.se/bangkok/start.aspx)

<sup>89</sup> The Global Fund Annual Report 2000-2003,

<sup>90</sup> These numbers are estimated by an activist at one NGO and may perhaps be inaccurate. The purpose of referring to them though is to point at the, sometimes huge, gap between global goals and policy and what is in reality possibly to implement.

exclusion, in not being recognised as entitled to rights on the same premises as the rich. A poor person always carries the burden of having to prove of their 'right to rights'.

'A poor person hardly exists and can only lay claim, modestly, to 'poor' rights. We have gradually become accustomed to consider the poor person as 'having exhausted his entitlement. [...] they must prove they have no weak points, otherwise they will find themselves accused of bearing responsibility for the deprivation of their own rights. [...] it is much easier like that, as it means that society will not need to face up to the gap in its arrangement'<sup>91</sup>

This way of seeing, poverty and rights are interdependent of the discourse of otherness. Within, which, as Pettitti and Meyer Bisch also points out, the poor populations are depicted as a mass, sharing the same stereotyped characteristics; refusal to work, dependence and passivity and abnormal sexuality, that are distinguishing for the social other within whatever context these others are found. The same characteristics, oppositional from the norm, that marks the exclusion of poor populations in relation to the well off are thus the same as those given to the African other in relation to the western norm. Mozambique is one of the most poverty struck countries in the world. In UNDP's developmental index Mozambique is ranked as 170 of 173 countries. Poverty is in itself for many reasons one of the greatest contributing factors of denying a population its human rights. The most simplistic reason are of course the lack of recourses required to establish the infrastructure for fulfilling the right to health care, education or an adequate standard of living. In order to fulfil other rights such as the right to personal security these rights are in turn dependent of the fulfilment of the fundamental human rights.

'Human Rights has gone global not because it serves the interest of the powerful but primarily because it has advanced the interests of the powerless. Human Rights has gone global by going local, imbedding itself in the soil of cultures and worldviews independent of the West, in order to sustain ordinary peoples struggles against unjust states and oppressive social practices.'<sup>92</sup>

The experiences from the study tell otherwise, that human rights has a long way to go before being locally embedded. Few respondents referred to the concept of rights spontaneously. In the context of working for eliminating discriminations of people living with HIV/AIDS the concept of rights came up. Human Rights were otherwise absent in the discussions as a framework or a tool for prevention, except in policy where a rights based approach is gaining influence. Though within the concept of human rights the language of the global and local level is clashing. All actors address the same issues but from different perspectives and with different labels. In the context of poverty and denied access to everything for the majority of the population human rights seems an abstract concept. And human rights going local seem rather an optimistic claim.

What must be recognised is that a violation of rights becomes a spiral of further violations. In that sense rights truly are indivisible. A person lacking the access of a place to live or food to eat will face huge difficulties of assimilating other rights such as basic education. This way a vicious circle is created within the context of poverty that hinders long term and sustainable development. The responsibility of realising and ensuring the fulfilment of basic human rights is placed on a national level, on the government to ensure that the population possesses the rights they are entitled to. But the tools and recourses for this have to be within reach. In a framework where the state financially has to heavily rely on external donors, and therefore are conditioned by these donors, the framework for action becomes somewhat limited. Boundaries for possible strategies are defined on a transnational or global level but have a direct implication locally on how the government can approach the situation, and further on the civil society's possibilities of

---

<sup>91</sup> Pettitti, Meyer-Bisch, in Symonides etd, 1998, p. 157-159

<sup>92</sup> Ignatieff, 2003, p. 7

action in that the organisations within the civil society are heavily dependent of external financing.

The United Nations and the human rights were established in a world order with the sovereign nation state as the organising principal, held together by discourses of nationalism. Today the nation state does not up bring the same authority in the competition with other strong actors and the international arena has become a global arena accessible to a diverse set of organisations, companies and networks with no regard to national borders. The possibilities for a human rights regime and a rights based approach to development to become realised seem limited since it requires to be monitored everywhere and by all actors at the same time. The shifted policy in foreign aid has, during the last decades, gone from welfare to development co-operation and then to a rights based approach to development. Though global initiatives and development co-operation remains co-operation on unequal conditions that are further establishing unequal positionings within the international system. This way a human rights regime does *serve the interest of the powerful* by creating an environment for exercising goodwill at a global level and not create an actual framework for realisation of rights and sustainable development on the local level in globally marginalized countries like Mozambique.

Claiming the goal of access for all highlights the differences in capacity of states within the system to care for its population, it makes it visible that some can and others cannot. And further this visualising of difference comes to bring credit to the western states for 'helping out' the others less capable. Rather than addressing the unequal distribution of power and resources as a promoter of HIV, the HIV/AIDS pandemic is again depicted as someone else's fault and someone else's problem. This way HIV is not limited to be a medical problem but a social, economic and political issue and initiatives with the prefix rights based must take this complexity into consideration and treat rights as interdependent and interconnected in order to truly be rights based.

## 7. Conclusive discussion

How we comprehend phenomena permeate the way we respond to them. Therefore the perceptions of HIV/AIDS is discursively influenced. The discourses on HIV/AIDS are closely interrelated with the discourses on gender and the postcolonial views of the others. The behavioural paradigm as a dominating discourse on HIV/AIDS is placing the determinants of HIV on an individual level. Individual sexual behaviour comes to be in focus, and structural, contextual determinants such as poverty and unequal gender structures not addressed. Within this frame for prevention some conclusive marks can be made:

*Sex is addressed in terms of moral not power or rights.* Sexual and reproductive rights and health are an important part of prevention but it does not challenge fundamental discourses, women's lack of negotiating power in a relationship is identified as a problem but still it is seldom problemized in the practical preventive efforts.

*Information on sex tends to be 'technical'.* Information generally focuses on how to use a condom, how the virus is spread and so on. This knowledge is of course of crucial importance for young people but it doesn't problemize underlying causes and as such addresses a few of many possible determinants. ABC constitutes a message that is easily distributed since it provides a guidance of behaviour. In the long-term perspective though, the messages of good versus bad behaviour conveyed by the ABC seem rather to preserve and redistribute unequal structures that are in turn promoters of the spread of HIV.

*There are clashing messages.* Different actors convey different messages. The messages about abstaining form sex before, and to be faithful within, marriage as the only possible strategy of protection mainly provided by religious actors clashes with the message of condom use promoted by other organisations. These two extremes are perhaps really two sides of a coin. One side, in its eagerness to be able to have an open debate of sex to eliminate the images represented by the other side of sex as immoral or sinful, comes to reproduce images of promiscuity and overemphasise the number of partners and sexual experience the common young person has. In this both perspectives are referring to individual behaviour and, even if from completely different angles, manifests and reproduce existing and unequal discourses on sexuality and otherness.

*External donors are setting the agenda.* Since the preventive activities are dependent of external donations it is a problem for NGOs to control their own agenda. To the extent, for some actors, that the activities organised are not the ones they themselves believes in as effective but the ones there are money provided for by external donors. Because, as reasoned, it is better to do some activities than to do nothing when the entire next generation are threatened to be wiped out. Put in that perspective the enormous influence and power that lies within the hands of external donors of determining the development of the HIV/AIDS pandemic becomes obvious.

*Rights based approach are not discursively operational.*

If the essence of poverty lies within exclusion perhaps the essence of a rights based approach lies within inclusion in order to be operational. If human rights is a tool for thinking, than maybe the perception of poor people as beholders of rights is the crucial element. The postcolonial framework and the discourses of otherness together with the dominance of the behavioural paradigm are in opposition of a rights based regime, they are in my view colliding perspectives. The entitlement of the *right to rights* requires going beyond the discourses of otherness as permeating international relations. A holistic rights based approach is discursively permeated as well. The way of thinking must come first for the possibilities of translate a rights based approach from policy to implemented strategies.

The greatest challenge to a holistic and rights based approach lies within its definition, to be *truly holistic*. Therefore the discourses of otherness biasing developmental cooperation need to be addressed and challenged in order to present the ability of a rights based approach that recognises everyone's rights to make decisions about their bodies, sexuality and sexual identity. A rights based approach that doesn't have the ability to go beyond predominant discourse of gender lacks the ability of broadening the concept of reproductive rights to be more than the right to decide the number of children. A right that rests on the assumption of traditional heterosexual marriage as being the 'natural' state of living for all people and that does not entitle people to break this norm but only to make slight changes within it. Thus if these norms are constantly reproduced within the same system that claims to work for gender equality it can never reach its goals since it doesn't challenge the most fundamental preconditions for it and thus merely treats the symptoms and not the disease itself. In the case of HIV, poverty and unequal gender relations are identified as very important determinants and promoters of the further spread of HIV. The rights based approach could possibly provide a tool for problemizing and demonstrate these discursively permeated structures and address the issue of power within societies. But for this to happen the political will to do so is crucial, as well as the infrastructural preconditions. A huge task not very probable to become realised since the power of discourses is hard to break. The remaining obstacles are many. Condoms are still controversial and a subject creating conflict. The Catholic Church is globally proclaiming resistance of the use of condoms. And the right winged religious organisations in the USA are a huge power factor promoting conservative ideals and are gaining influence by being important donors of preventive campaign in many countries. Within an international framework where postcolonial discourses are still being an organising power, what preconditions for a realised rights based approach are there in reality?

In order to realise human rights as *universal* the discourse of the *right to rights* for everybody must be not only a policy or a claim but a discourse in operation, an actual belief and an attitude globally shared. The possibilities of this major task to become realised seem limited since it would require a fundamental change of the international community such as change in production structures and distribution. This puts the realisation of a universal human rights regime as a rather utopic mission. What would it mean if all people actually had the right to rights, if human rights were actually to be realised for everyone?

## 8. Summary

The overall aim in this master thesis is to analyse discourses permeating perceptions of the HIV/AIDS pandemic; how these creates a framework for the preventive work on the national/local level in Mozambique and for adopting a rights based approach to HIV/AIDS and development. The empirical material was collected during field studies in Mozambique, in March to May 2004, and was supported by Swedish Sida within the Minor Field Study program.

The social constructivist perspective and discourse analysis constitutes a theoretical point of departure. Discourses are produced by, but are also reproducing, social structures and practises. In perceptions of HIV/AIDS, discourses of otherness are central. The image of the 'African Other' was produced in relation to the establishing of a European identity during the colonial era. The process of othering is a process of establishing difference and borders between the included and the excluded. Postcolonial theory points out how perceptions shaped within colonialism remain embedded in contemporary discourses and structures international relations.

Within the United Nations there has been a shift in policy as a response to the changes at the global arena during the last decades. A new agenda was needed and within this context a rights based approach to development has been adopted that recognises the interdependence between development and the fulfilment of basic human rights. Accordingly, a rights based approach to HIV/AIDS recognises the links between poverty, violation of rights and the spread of HIV/AIDS.

When HIV was first discovered it came to be perceived as a disease of the others. In the United States HIV was mainly associated with homosexuality, which came to influence the misconception that 'ordinary people' was safe from contracting the virus. This perception has in other contexts been translated to be people who do not fit into the norm. Perceptions of HIV/AIDS have come to incorporate, and be incorporated into, predominantly existing discourses on gender, race and sexuality. The image of the 'African sexuality' as being promiscuous and as such a promoter of HIV is a very strong image that connects postcolonial images of the African other with discourses of sexuality and race. In addition the dominance of the behavioural paradigm, where focus is on individual behaviour as promoting the spread of HIV, are emphasising the focus on individual sexual behaviour.

The behavioural discourse is influencing the preventive work. In identifying routs of transmission the image of the social other are influencing the identification of 'risk groups' as are often coinciding with people outside the norm. The dominating ABC-strategy offers alternative of behaviour to reduce the risk of spreading HIV. In practice, A for abstaining from sex and B for being faithful are by many actors posed as the only safe alternative and C for condom use are depicted as a 'last resort'. Posed like this, and not as options for the individual to choose from, ABC comes to be a manual for good versus bad behaviour. Sex and sexuality together with education on sexual and reproductive health and rights are important within the preventive work. But sex is generally addressed in terms of moral and not in terms of rights or power. Unequal gender structures are generally not problemized but are rather manifested and reproduced.

The preconditions of a realised rights based approach seem limited since it clashes with the dominating discourses of othering, creating boundaries between the included and the excluded, within the international community. To realise a rights based approach to HIV/AIDS and development, a change in discourse would have to take place that recognises the *right to have rights* for everyone.

## 9. References

- Lilja, Mona, Andersson, Erik, *Makt och emancipation, några teoretiska reflektioner*, in Eriksson, Leif, Hettne, Björn, ed., *Makt och internationella relationer*, 2001, Studentlitteratur: Lund
- Baxi, Upendra, *The development of the right to development*, 1998, in Symonides, Janusz, ed. *Human Rights: New dimension and Challenges*, 1998, UNESCO Publishing: Cornwall
- Bergman, Ylva, ed, *Breaking through, A Guide to Sexual and Reproductive Health and Rights*, RFSU, 2004, [www.rfsu.se/files/23200-23299/files\\_23208.pdf](http://www.rfsu.se/files/23200-23299/files_23208.pdf), 12.10.2004
- Bernard, H Russel, *Research methods in anthropology: qualitative and quantitative approaches*, 2002, Alta Mira Press: USA
- Brysk, Alison, *Introduction: Transnational threats and Opportunities*, in Brysk, Alison ed, *Globalization and Human Rights*, 2002, in University of California Press: London
- ICPD, *Programme of Action*, 1994, UN Doc. A/CONF.171/13, [www.un.org/popin/icpd/conference/offeng/poa.html](http://www.un.org/popin/icpd/conference/offeng/poa.html), 12.10.2004
- DN, [www.dn.de/Dnet/Classic/article/0/jsp/print.jsp?&a-329506](http://www.dn.de/Dnet/Classic/article/0/jsp/print.jsp?&a-329506), 23.10.2004
- Egerö, Hammaskjöld, Munch, *AIDS; The Challenge of this century, Prevention care and impact mitigation*, 2001, Sida, [http://www.sida.se/Sida/articles/16300-16399/16347/AIDSSChallenge\[1\].pdf](http://www.sida.se/Sida/articles/16300-16399/16347/AIDSSChallenge[1].pdf), 10.02.2004
- Eriksson Baaz, Maria, *The white Wo/Mans Burden in the Age of Partnership, A Postcolonial Reading of Identity in Developmental Aid*, 2002, PADRIGU, Göteborg University: Göteborg
- Eriksson Baaz, Maria, *Introduction – African Identity in the Postcolonial*, in Eriksson Baaz, Maria, Palmberg, Mai, ed., *Same and Other, Negotiating African Identity in Cultural Production*, 2001, Nordiska Afrikainstitutet: Stockholm
- Eriksson, Catharina Eriksson Baaz, Maria, Thörn, Håkan, *Den Postkolonial paradoxen rasismen och 'det mångkulturella sambället'. En introduktion till postkolonial teori*, 2002, in Eriksson, Catharina, Eriksson Baaz, Maria, Thörn, Håkan, ed, *Globaliseringens Kulturer. Den postkoloniala paradoxen, rasismen och det mångkulturella sambället*, 2002, Nya Doxa: Falun
- Global Fund, *The Global Fund Annual Report 2000-2003*, [www.theglobalfund.org/en/files/annualreport\\_executivesummary.pdf](http://www.theglobalfund.org/en/files/annualreport_executivesummary.pdf), 14.10.2004
- Global Fund, *How the Fund Works*, [www.theglobalfund.org/en/about/how/](http://www.theglobalfund.org/en/about/how/), 14.10.2004
- Government of Mozambique, *National Strategic Plan to Combat STDs/HIV/AIDS 2000-2002, Quality and Coverage*, (Collected from organisation during the fieldstudy)
- Hall, Stuart, *The west and the rest: Discourse and Power*, in Hall, Stuart, Gieben, Bram, ed, *Formation of Modernity*, 1992, Polity press, The Open University: Great Britain
- Hall, Stuart, ed, *Representation, Cultural Representations and Signifying Practices*, 1997, The Open University: Great Britain

- Holmberg, Carin, 2001, *Det kallas kärlek, en socialpsykologisk studie om kvinnors underordning och mäns överordning bland unga jämställda par*, Anamma Böcker: Viborg
- Höglund, Anna, 2001, *Krig och Kön, Feministisk etik och den moraliska bedömningen av militärt våld*, Uppsala University Library: Stockholm
- ICPD, *Programme of Action of the International Conference on Population and Development*, 1994, UN Doc.A/CONF.171/13 (1994) [www.un.org/popin/icpd/conference/offeng/poa.html](http://www.un.org/popin/icpd/conference/offeng/poa.html), 12.10.2004
- Ignatieff, Michael, *Human Rights as Politics and Idolatry*, 2003, Princeton University Press: USA,
- Jackson, Helen, *AIDS Africa, Continent in Crisis*, 2002, SAFAIDS: Mauritius
- Lundgren, Eva, 1992, *Gud och alla andra karlar, en bok om kvinnomisshandlare*, Natur och Kultur: Finland
- Patton, Cindy, *Globalizing AIDS*, 2002, University of Minnesota Press: USA
- Pettiti, Louis-Edmond, Meyer-Bisch, Patrice, *Human Rights and Extreme Poverty*, in Symonides, Janusz ed, *Human Rights: New dimension and Challenges*, 1998, UNESCO Publishing: Cornwall
- Winther Jørgensen, Marianne, Phillips, Louise, 2000, *Diskursanalys som teori och metod*, Studentlitteratur: Lund
- Stillwaggon, Eileen, *Racial Metaphors: Interpreting Sex and AIDS in Africa*, 2003. Ordered from author at [estillwa@gettysburg.edu](mailto:estillwa@gettysburg.edu)
- Symonides, Janusz, *New Human Rights Dimensions, ObstaclesChallenges: Introductory Remarks*, in Symonides, Janusz ed, *Human Rights: New dimension and Challenges*, 1998, UNESCO Publishing: Cornwall
- Symonides, Janusz, *HumanRights: Concepts and Standards*, 2002, UNESCO Publishing: Cornwall
- UN Fact Sheet, *The Millenium Development Goals and the United Nations Role*, [www.un.org/millenniumgoals.MDGs-FACTSHEET1.pdf](http://www.un.org/millenniumgoals.MDGs-FACTSHEET1.pdf), 14.10.2004 (via UNIADS)
- UNICEF, UNAIDS, WHO, *Young people and HIV/AIDS, Opportunity in Crises*, 2002, (Material collected from organisations in Mozambique)
- UNAIDS, *2004 Report on the Global AIDS epidemic*, 2004-10-04, [www.unaids.org/bangkok2004/GAR2004\\_html/ExecSummary\\_en/Execsumm\\_en.pdf](http://www.unaids.org/bangkok2004/GAR2004_html/ExecSummary_en/Execsumm_en.pdf),
- UNAIDS, International guidelines on HIV/AIDS and Human Rights, [www.unaids.org/en/in+focus/hiv\\_aids\\_human\\_rights/international\\_guidelines.asp](http://www.unaids.org/en/in+focus/hiv_aids_human_rights/international_guidelines.asp), 10.10.2004
- UNAIDS, [www.unaids.org/ENG/in+focus/hiv\\_aids\\_human\\_rights.asp](http://www.unaids.org/ENG/in+focus/hiv_aids_human_rights.asp)
- UNAIDS, UNFPA, UNIFEM, *Women and HIV/AIDS: Confronting The Crisis*, 2004, [www.unaids.org/NetTools/Misc/DocInfo.aspx?href=http://gvaodoc.owl/WEBcontent/Docum](http://www.unaids.org/NetTools/Misc/DocInfo.aspx?href=http://gvaodoc.owl/WEBcontent/Docum)

[ents/pub/publications/External-Documents/UNFPA\\_UNAIDS\\_UNIFEM\\_womenAIDS-en.pdf](#), 2004-10-04

UNDP, *Report on the Millenium Development Goals*, 04.10.2004,  
[www.Undp.org/mdg/MozambiqueMDGreport.pdf](http://www.Undp.org/mdg/MozambiqueMDGreport.pdf).

UNGASS, 2001, [www.unaids.org/html/pub/publications/irc-publ03/aidsdeclaration\\_en\\_pdf.pdf](http://www.unaids.org/html/pub/publications/irc-publ03/aidsdeclaration_en_pdf.pdf), 20.10.2004

University of Minnesota Human Rights Library, <http://www1.umn.edu/humanrts/treaties.htm>,  
05.02.2004

WHO, *HIV/AIDS Epidemiological Surveillance Update for the WHO African Region 2002*, Country Profiles, [www. Who.int/hiv/pub/epidemiology/en/regional\\_overview-en.pdf](http://www.who.int/hiv/pub/epidemiology/en/regional_overview-en.pdf)

World Bank, *Confronting AIDS*, 1997, Oxford University Press: USA

# Appendix 1

## **List of interviews**

Total: 29 interviews

Women 11 (9 interviews with only one woman, one with 2 women, one with 3 women)

Men 14 (12 with a single man, two with 2 men)

Mixed groups 4 (both men and women present)

Mozambiquans 23 (representatives of community based and national organisations)

Foreigners 6 (representatives of foreign organisations)

Religious leaders/representatives 3

Interviews conducted in Portuguese 11

Interviews conducted in English 14

Interviews conducted in Swedish 4

Tape recorder was used in all interviews except two.