THEME: HIV/AIDS

HIV/AIDS SHAPING PEOPLE'S LIVELIHOODS PROMOTION PROCESSES: THE CASE OF A VILLAGE HIGHLY AFFECTED BY HIV/AIDS IN BUKOBA RURAL DISTRICT, TANZANIA

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Abstract

Whereas HIV/AIDS has been largely explained and addressed based on the biomedical and African permissive sexuality thesis perspectives, they are not exhaustive. This paper argues that a meaningful life discourse complements the existing approaches to improve our understanding of the reality of HIV/AIDS. Both of the older discourses have resulted into different practices in the livelihoods promotion processes of the people. The paper tries to explain these practices and how have they influenced people's livelihoods promotion processes.

The study is conducted in a highly HIV/AIDS affected area, using the life stories, which are analysed through content analysis. The results indicate that there are different practices according to the different discourses. The article concludes by arguing that looking at the practices and their intentions, some people have been shaped to promote HIV/AIDS, others to suppress it, others to alleviate it, and others to collaborate the more in general community livelihoods promotion processes.

Key words: HIV/AIDS discourse, social arena, strategic actors, strategic rationalities, coping mechanisms, adaptive mechanisms, organising practices.

Introduction

We are living at a moment when HIV/AIDS is surely a discourse of the time. Any discourse deals with the socio-political dimension, basically, arranging and naturalising the social world in a specific way, and in so doing informing social practices (Alvesson & Karreman, 2000:1127-1128). Discourses are regimes of truth and the general politics of truth of each society that is, certain ways of understanding reality or knowledge over reality, excluding or including others (Foucault, 1979), or guiding rationales or stories that underlie human and organisational socio-political and economic behaviours (Kamanzi, 2007). The HIV/AIDS discourse, thus, means a certain way of understanding or knowing HIV/AIDS. In this study, the "traditional" HIV/AIDS discourse refers to the understanding or knowing HIV/AIDS from the biomedical and the African permissive sexuality thesis perspectives (Kamanzi, 2008).

With the biomedical perspective, there is repeated association of sexuality with HIV/AIDS (Vance (1999:47), a basis for a hegemonic medical discourse, basically concerned

> … with symptoms, with depersonalised 'seropositives'. … Medical discourse has shaped the cultural agenda of AIDS in which the person with AIDS, as a full human person, is absent. … To think in terms of exclusive, fixed categories, of a fixed relationship between sex and gender, and to advance monocausal explanations for extremely complex social phenomena, is to be blind to the flexibility of sexual behaviours and to the interrelatedness of risk. … The hegemonic medical paradigm has been ...altogether reductionist (Seidel, 1993:176).

The African permissive sexuality thesis is born with Caldwell *et al.*'s (1989) thesis propagation about the African permissive sexuality. This was an attempt to explain Africa's high HIV/AIDS rates through a distinct African sexuality that is characterised by high rates of partner change and sexual networking. In the

words of Van Eerdewijk (2007:38),

> The conclusion of the Caldwells is that the high degree of permissiveness and little morality on sexuality in Africa allow for multiple partnership and high rates of partner change, and that this level of sexual networking makes it easy for HIV to spread.

The thesis is enhanced by the HIV infection categorisation in terms of patterns (Seidel, 1993; Patton, 1997). The first pattern refers to Europe and North America, with most infections occurring through drug injection and homosexual contacts. The second pattern refers to Africa, with most infections transmitted through heterosexual sex. It is this categorisation responsible for the invention of African AIDS (Patton, 1997).

This HIV/AIDS discourse is important and has generated a lot of practices geared towards dealing with the millions of people living with HIV/AIDS in sub-Saharan Africa in order to stop the spread and the resulting deaths (Packard and Epstein, 1991; Parker, 1995:260; Schoepf, 1995:41; UNAIDS, 2002). However, in line with Kamanzi (2008) whereby the livelihoods of the people become central in HIV/AIDS situations, the agency of people becomes central in engaging in practices geared towards livelihoods promotion in areas where HIV/AIDS has become part and parcel of everyday life. It is in this perspective that the Meaningful Life discourse is argued for.

This study poses, as its central question: how has HIV/AIDS shaped the promotion of people's livelihoods in highly affected areas? In order to deal with this question, the study posed four sub-questions: 1) what are the behavioural practices resulting from the biomedical perspective in the HIV/AIDS discourse? 2) What are the behavioural practices resulting from the African permissive sexuality thesis perspective in the HIV/AIDS discourse? 3) What are the socio-economic practices that result from the biomedical perspective in the HIV/AIDS discourse? 4) What are the socio-economic practices that result from the African permissive sexuality thesis perspective in the HIV/AIDS discourse?

Materials and methods

Empirical data for this research was collected in a village located along the shore of Lake Victoria, in Bukoba Rural District, Tanzania, near the national border with Uganda. It is an ethnically homogenous village, with the Haya tribe comprising of 98 percent of the total population. The village has a total of around 2000 people residing in about 400 households. The livelihood system of the people in this village is agricultural, based on the banana and coffee farming systems, together with fishing activities in Lake Victoria. Other crops grown in the village include cassava, maize, beans, sweet potatoes, sorghum, yams, ground nuts, tomatoes, and pineapples. Vanilla is a newly introduced commercial crop in the village.

Much as HIV/AIDS was known in the early 1980s in this village, Kessy (2005:20) argues that the period 1996 to 1999 was characterised by a high occurrence of HIV/AIDS illness and deaths and a resultant high number of orphans. This village was famous locally for its open market for cross-border trade (locally called '*Magendo')* for goods smuggled across the national border. This trade boomed in the period 1978 to 1984 when Tanzania lacked most essential goods due to the 1978-1981 war between Tanzania and Uganda (Malyamkono & Bagachwa 1990; Kaijage 1993; Weiss 1993). A popular commodity at the time which symbolised the commodities from this market was *Juliana,* a polyester-like cloth from which shirts and dresses were made (Rugalema 1999:90). This commodity was so ubiquitous that it was linked to HIV/AIDS. HIV/AIDS was often referred to as *Juliana,* or thought to be a "disease or affliction of *Juliana* or *Magendo* traders" (Rugalema 1999:68; Kamanzi 2008).

The first data collection round was done through in-depth interviews from a randomly selected sample of twelve respondents of the Kagera Health Development Survey (KHDS) longitudinal survey in 2004. The Kagera Health and Development Survey (KHDS) is a long-term (11 – 13 years) longitudinal panel survey of the long-run wealth dynamics of households and individuals within North West Tanzania. It entails the resurvey of the panel of households, communities and service providers undertaken in 1991-1994. Respondents include people who currently reside outside their original place of residence. One of the prime motivations for conducting KHDS was that, despite the widely held view that the HIV/AIDS epidemic is a major threat to social and economic development in Africa, household-level socioeconomic data and research which examine the dynamics of the impact of adult mortality on the survivors are scarce for short-run impacts and even less available for long-run implications. Moreover, studies are often anecdotal and results for the general population are speculative (http://www.edi.africa.com/research/khds/introduction.htm) From the in-depth interviews, life-stories were generated, based on a number of issues, among which: shocks (weather, illness, mortality, governance related, etc) and access, use and effectiveness of formal and informal coping mechanisms (credit, cash savings, grain stores, livestock, informal insurance networks, development and funeral oriented

groups). The data were updated in 2009 with more focus group discussions and interviews to understand issues related to practices linked with HIV/AIDS. Content analysis was used to analyse the life-stories and the focus group discussions and interviews. Some of the stories are reported in Kessy (2005).

Results

This section presents data from the life-stories, focus group discussions, and interviews. The presentation is based on the HIV/AIDS discourse in terms of the behavioural and socio-economic practices resulting from the biomedical and African permissive sexuality thesis perspectives. The section winds up with presentation of other practices beyond the HIV/AIDS discourse. In all the practices, the actors behind them and the intentions are presented.

Behavioural practices

The main actors behind the behavioural practices in the biomedical perspective are the infected category and the services community category. While the infected category is composed of people living with HIV/AIDS, the service institutions category is composed of the health institutions, the business community (owners of kiosks, shops, and private health institutions), and the civil society organisations – CSOs – (NGOs and religious institutions) and the government. Each actor has specific practices and intentions as summarised in Table 1:

The main actors behind the behavioural practices in the African permissive sexuality thesis perspective are categorised as those infected with HIV and the service institutions. While "the infected" category is composed of people living with HIV/AIDS, the "service institutions" category is composed of the health institutions, the business community (owners of kiosks, shops, and private health institutions), and the CSOs – (NGOs and religious institutions). Their behavioural practices and the intentions are summarised in the Table 2:

Socio-economic practices

The main actors behind the socio-economic practices in the biomedical perspective are categorised within the service institutions, which are mainly the business community (owners of kiosks, shops, private health

Table 1: Behavioural practices viewed from the biomedical perspective

Actors	Practice	Intention
People living with HIV/AIDS	Use of anti-retroviral drugs	Prolong life
	Diet control	Enhance immunity
	Use of traditional and modern drugs	Treat diseases
Health institutions	Procuring/acquisition of lots of drugs	Availability of drugs
	Engagement with HIV/AIDS education	Behavioural change
	Engagement with HIV/AIDS testing	Know HIV/AIDS status of clients
Business community	Procuring/acquisition of lots of drugs	To alleviate HIV/AIDS related health hazards
	Procuring nutritive foods/drinks	To improve people's immunity through nutrition
CSOs and government	Emphasis on the use of medical services	Improve health
	Emphasis on the use of condoms	Decrease HIV infections

Table 2: Behavioural practices viewed from the African permissive sexuality thesis perspective

Actors	Practice	Intention
People living with HIV/AIDS	Avoiding sexual intercourse	Not to infect others through sex
	Having sex with many partners	Infect others through sex
	Avoiding to know HIV/AIDS status	To feel safe in order to have unprotected sex
	Disagreeing with HIV/AIDS status results	To feel safe in order to have unprotected sex
Health institutions	Procuring/acquisition/distribution of condoms	To have protected sex
Business community	Procuring/acquisition/distribution of condoms	To have protected sex
CSOs	Preaching the relationship between HIV, sex, and heaven	Stop sexual promiscuity

Table 3: Socio-economic practices viewed from the biomedical perspective

Practice	Intention
Selling different types of drugs Advertising drugs Getting the most current drug prescribed by the government	To make profit through getting more of the infected and affected customers
Selling medical services Advertising services Getting the most modern medical equipments	To make profit through getting more of the infected and affected customers

institutions), whose practices and intentions are summarised in Table 3:
In the African permissive sexuality thesis perspective, the business community is central, again. The owners of the kiosks, shops, and private health institutions are involved in practices of advertising and selling different types of condoms and anti-retroviral drugs (ARVs). Their intention is to make profits through getting more of the infected and affected customers.

The above practices with the respective actors and intentions stem from the HIV/AIDS discourse, which is characteristic of the biomedical and African permissive sexuality theses. There are, however, more practices that seem to go beyond the HIV/AIDS discourse.

Practices beyond the HIV/AIDS discourse
The main actors behind these practices can be categorised as the infected, the affected, and the service institutions. The infected category is composed of the people living with HIV/AIDS, whose practices and intentions are given in Table 4:

The affected category is composed of orphans, widows, widowers, and the family or relatives of the deceased head of household. Their practices and intentions are summarised in Table 5:

The service institutions category is composed of NGOs and social groups, whose practices and intentions are presented in Table 6:

Discussion of the findings
HIV/AIDS is a social arena, that is, "a place of concrete configurations between social actors interacting on common issues" (Bierschenk & Olivier de Sardan 1997: 240), that has engaged a number of actors, resulting into practices aimed at promotion of their livelihoods. However, Long and Long (1992), view an arena as an interface where the different actors present their understandings, interests and values, a battlefield of knowledge. The confrontation between the actors in terms of presentations of their understanding, interests, and values assumes the agency capacity which, according to Emirbayer and Mische (1998:963), is

> a temporary embedded process of social engagement, informed by the past (in its habitual aspect), but also oriented toward the future (as capacity to imagine alternative possibilities) and toward the present (as a capacity to contextualise past habits and future projects within the contingencies of the moment).

The different actors in the HIV/AIDS arena (people living with HIV/AIDS, private and public hospitals/ health centres/dispensaries, shops/kiosks, government institutions, NGOs, etc.) are strategic actors, which are composed of people presenting themselves as one, depending on the issue at hand, this time the HIV/AIDS phenomenon. The engagement in confrontations of the different actors is due to their different backgrounds, mandates and experiences and therefore different viewpoints, perceptions, objectives evolve into their different intentions, which can be summarised as strategic rationalities, that is, evaluative mini-discourses, carrying the intentions of the strategic actors in a social arena. For example, while most of intentions of the people living with HIV/AIDS and the

Table 4: Practices beyond the HIV/AIDS discourse by those infected with HIV

Practices	Intention
Regularly reviewing wills	To have proper distribution of property after death of the infected
Keeping money in the bank for children	To leave firm beginning for children
Buying plots for children	To leave firm beginning for children
Constructing houses for children	To leave firm beginning for children
Joining burial groups	To reduce burial expenses
Joining savings groups	To have financial insurance

Table 5: Practices beyond the HIV/AIDS discourse by the affected

Actors	Practices	Intentions
Orphans/widows/widowers	Seeking assistance from NGOs	To be able to sustain a living
	Seeking assistance from government	To be able to sustain a living
	Seeking assistance from other family members	To be able to sustain a living
	Seeking assistance from other community members	To be able to sustain a living
Family/relatives of the deceased head of household	Disintegration and joining other families	To be able to sustain a living
	Involvement in more income-generating activities	To be able to sustain a living
	Division of property of head of household	To manage property
	Seeking assistance from NGOs, government, individuals	To be able to sustain a living
	Returning home of distant relatives	To assist the family
	Sending children to formal education	Prepare them for future
	Joining savings groups	To have financial insurance

Table 6: Practices beyond the HIV/AIDS discourse by the service institutions

Actors	Practices	Intentions
NGOs	Engagement in financial and material assistance	To help the infected and affected
Social groups	Burial activities	To facilitate burials
	Savings activities	To facilitate financial insurance
	Socialization activities	To enjoy life

orphans/widows/widowers have a strategic rationality of struggling to survive, for the business community, it has to do with an opportunity to make profits. For the religious institutions and NGOs, it gives an opportunity to realise their identities by meeting what they have defined as visions/missions/objective to fulfil.

The strategic rationalities characterise the social arena with struggles, negotiations and accommodations (de Sardan & Bierschenk, 1994; de Haan, 2000), which manifest and result into particular practices, depending on how the social arena is perceived. If the social arena is perceived as vulnerability, that is, insecurity of human well-being and survival (Blaikie *et al.*, 1994:9; Brons *et al.*, 2005:3; Kamanzi, 2007), then the strategic actors are involved in practices which could be characterised as 'coping strategies' for shocks. With prolonged perception of permanence of the situation of vulnerability, the strategic actors develop adaptive strategies to deal with the stress (Chambers & Conway, 1992; DfID, 1999: section 1.1; De Haan, 2000). Coping and adaptive strategies deal with the interpretation of HIV/AIDS as a shock and or stress, particularly for the people living with HIV/AIDS and the affected people, such as the family of a deceased head of household, the orphans or widows or widowers. These get involved in practices that deal with the HIV/AIDS situation as a problem.

To some strategic actors such as the business community, NGOs and religious communities, however, HIV/AIDS as a social arena is not perceived in terms of vulnerability, but as an opportunity. In such a perception, the strategic actors are involved in the struggle to appropriate whatever profitable elements accrue from the arena. While for the business community HIV/AIDS is an opportunity to engage in practices with intentions of generating profit, for NGOs and religious institutions engagement is with practices that realise their identities. As HIV/AIDS is found in restrictive structural environments, those who take it as an opportunity engage in competition in business and offering services. Competition that can be seen by practices such as getting different health goods and advertisements, for example, becomes an indication of the power asymmetries between the actors through competitive advantage. Such practices resulting from power asymmetries are called 'organising practices', that is, manoeuvres or diligent responses that less powerful actors engage in so as to achieve their desired goals in their encounter with a powerful actor (Kamanzi, 2007, following Nuijten, 2005) in an arena. The power asymmetries could be determined by the differences in

social, economic, and political statuses.

Not only should HIV/AIDS arena be seen in terms of only the HIV/AIDS discourse through the biomedical and African permissive sexuality thesis perspectives, but also through a meaningful life discourse (Kamanzi, 2008). The discourse is based on the livelihoods framework, that is, a tool that attempts to capture the interaction between available resources, the vulnerability context, and transforming structures; it is about how people construct livelihoods by drawing on a range of assets and entitlements (Toner, 2003: 772). According to De Haan (2000:9), "livelihood is sustainable if it is adequate for the satisfaction of the self-defined needs and proof against shocks and stresses". From the practices beyond the HIV/AIDS discourse, it is clear how the people in HIV/AIDS prone areas engage in activities to satisfy their self-defined basic needs for their children, their families, and for their community at large and to have proof against the shock and stress of HIV/AIDS.

Thus, with the use of HIV/AIDS as an arena, it is possible to understand how the different actors are engaged among themselves to produce practices aimed at their livelihoods promotion. While some practices are directly linked with the HIV/AIDS discourse, others go beyond it to a meaningful life discourse concerned with the livelihoods promotion. This is because, much as a dominant discourse shapes actions of the people, due to the agency capacity of the people, these very people can go beyond the existing dominant discourse to adopt other(s), so long as their livelihoods are being promoted. It is for this matter that Munyonyo's (2007:1) idea becomes relevant:

> people and communities perceive and deal with HIV/AIDS as one of the many problems and tensions they experience as affecting their well being rather than perceiving and dealing with it as the single most significant problem

Thus, when dealing with HIV/AIDS, the community goes beyond applying strategic mechanisms to deal with HIV/AIDS as only a shock, but also as an opportunity for business and cooperation, and identity realisation.

Conclusion

This study had questioned how HIV/AIDS shaped people's livelihoods promotion in highly HIV/AIDS affected areas. It can be argued that HIV/AIDS shaped people's livelihoods promotion through three HIV/AIDS discourses: the bio-medical perspective, the African permissive sexuality thesis perspective and through the meaningful life discourse. The latter seeks to go beyond biomedicine and sexuality to incorporate practices to address people's self-defined needs, shocks and stresses.

A closer look at the intentions, however, reveals that some people have been shaped to promote HIV/AIDS through practices of infecting those who are not yet infected; other people have been shaped as suppressors of HIV/AIDS through practices that reduce HIV/AIDS infections and deaths; others have been shaped as people with a palliative role towards the infected through actions that reduce pain, and; yet other people have been shaped by HIV/AIDS to get more and more into collaboration towards the HIV/AIDS affected community. It cannot be over-emphasized that for a more comprehensive understanding of the livelihoods of the highly affected HIV/AIDS areas, a meaningful life discourse is necessary for the situational analysis and interventions.

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