



IDEOLOGY, DISCOURSE AND DOMINANCE IN THE AIDS ERA

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The concept of ideology relates to the clustering of ideas in a way that allows particular notions to be generalised throughout society. Dominant ideologies provide coherence to societies, and are structured in such a way that their dominance is not readily contested or overwhelmed.

Ideologies can be understood in a neutral way as systematic and elaborated sets of ideas with a relative coherence. Alternately, they can be understood critically, as ideas that involve subjectivities, which include contradictions and distortion. The Marxist conception has emphasised the notion of ideology as distorted ideas derived from economic relations of production that are functional to maintaining imbalanced relations of dominance. In this sense, ideology has a negative conception: "The ruling ideas are nothing more than the ideal expression of the dominant material relationships, grasped as ideas; hence of the relationships which make the one class the ruling one, therefore, the ideas of its dominance" (Marx & Engels, 1986: 13).

Dominant ideologies regulate and limit conflicts between classes and other socially and economically divided groups. A critical conception of ideology requires an understanding of how distorted ideas enter into the social domain and become accepted as valid. As Hall (1996) describes it, in the classical Marxist conception of ideology: ideas arise from and reflect material conditions; these ideas express social relations and their contradictions in thought; these ideas provide the motor of history; these ideas are determined by the economic base; there is an interplay between the economic base and the ideas that make up ideology; and there are ruling ideas which are located within the ruling class. Subjectivity is intrinsic to the concept of ideology, and as Althusser observes, "ideology is a representation of the imaginary relationship of individuals to their real conditions of existence" (Althusser, 1971: 104).

Ideology is expressed through processes of systematically organising,

articulating, circulating and perpetuating ideas. Ideology and discourse are thus interdependent, for it is only through discourse that ideologies can be brought into being and sustained.

While ideology usually has to do with economic and structural aspects of society, and the classes and social formations linked to them, I draw on the concept as a means to understand the dominance of ideas in society in the context of the AIDS epidemic. This application of ideology relates to how organisations and interventions have structured and perpetuated particular ideas in order to achieve dominance, which in turn has benefits in terms of securing funding and other aspects of longer-term organisational survival.

Social response to the AIDS epidemic includes mechanisms for simplifying and making coherent complex and rapidly changing material and social phenomena through discourses about the disease. Through processes of organising and articulating ideas about AIDS, particular interpretations are constructed. These constructions function ideologically in ways that give rise to dominance.

AIDS is a disease that extends into the biomedical and social sciences and threads its way through the nooks and crannies of the social fabric. New and complex, it is not readily comprehended. Dominant ideas can be understood as distorted because they are ideological –they involve simplifications and generalisations about what exists, what is true, and what is to be done. Distorted ideas include contradictions and are subject to critique. At the core of dominant ideas about HIV prevention, for example, is the notion that individualised knowledge and sexual behaviour change are interlinked. This notion proposes that, if sufficiently empowered by knowledge, individuals can chart their way through the murky waters of HIV risk. Yet, this individualised view of human sexuality overlooks many fundamental aspects of sexual life. Sex is not necessarily a deeply rational process. Instead, it involves individual-level emotional and physiological responses –and these aspects are interdependent with the relative knowledge, emotions and needs of one's sexual partner. Such “irrationalities”, in combination with sex being the product of interaction with another, undermines the capacity for individualised rational choice making about when and how sex might occur. Sex is also commodified, and subject to wide-ranging power relations that diminish individual choice. These include physical power and sexual violence, gender power relations, social hierarchies (e.g. respect for one's elders), institutionalised power (e.g. of teachers over pupils), economic power (e.g. the possibility of sex being exchanged for material goods), economic systems (labour migration, which breaks up families), as well as other cultural and systemic forms of power.

In spite of these contradictions, many HIV prevention programmes are designed around the concept of rational individual volition, whereby knowledge of the biomedical modes of HIV infection are conveyed almost exclusively, with little attention given to exposing and confronting systems of social power that perpetuate risk to infection.

Contradictions also exist in rationales for intervention programming. For example, high cost centralised and vertical HIV/AIDS programmes led nationally have been idealized. Yet, this is contradicted by a number of examples of more successful responses to the epidemic led by communities themselves at the grassroots level, which have included decentralised local leadership and involved very little financial investment (examples here include the response by gay men in the US in the early 1980s ^[1] and in Ugandan and other communities in the 1990s ^[2]).

Intensive prevention programme emphases on teenagers are contradicted by the need to address high HIV infection rates amongst adults in their mid and late 20s. Biomedical interventions such as microbicides are emphasised as vital areas of investment to ensure “female control over sex” some time in the future. Yet, little investment is made to address female disempowerment in sexual relationships in the present. Emphasis on anti-retroviral treatment as a means for extending life has not been accompanied by emphasis on addressing the ongoing physical and emotional pain and suffering that occurs as millions of people continue to die of AIDS (a product of the many years it will take before widespread and effective anti-retroviral programmes are in place).

So, how have particular ideas about AIDS become dominant? They have developed with a view to making sense of the emerging epidemic. For example, through the use of research and other knowledge-related discourses, which, in the process of their simplification and repetition, have come to constitute a common-sense framework of the epidemic. There have also been statements emanating from elite individuals and organisations that frame the understanding of the disease, articulate contemporary knowledge, and direct policy and forward movement. This process of articulation is led by a wide range of international institutions including research bodies, United Nations organisations, governments and the like, and it is through this process that a dominant world-view (in the global sense), and the resultant common-sense, have been constituted around the epidemic. Because such knowledge emanates from seats of power, it is viewed as rational and trustworthy.

Dominant ideas follow particular patterns of ideological construction that are interlinked and perpetuated through discourse. In this article, I illustrate ideological aspects of such discourses through the example of a South African HIV prevention programme, loveLife, which has been promoted, resourced and legitimated both globally and in South Africa,

leaning heavily on processes of ideological construction.

loveLife was launched in 1999 as a project of the US-based Henry J. Kaiser Family Foundation working in partnership with a number of South African non-governmental organisations. Consistently positioned as “the world’s biggest HIV prevention campaign” by virtue of its massive budget –over \$20-million per annum in the early phases of operation-, it has been feted as bold and innovative by many elite individuals and groups, and has sustained a dominant position in the global HIV prevention sphere through claims to impact.

More recently, however, the programme has been viewed critically, following the understanding that impact goals had been overstated and that other claims were subject to critique. The withdrawal of over \$50-million in funding by the Global Fund for HIV/AIDS, Tuberculosis and Malaria was related to various concerns about the programme’s management and impacts, a significant critique which has had the effect of undermining certain organisational claims. However, dominance may continue to be sustained through ongoing parallel ideological processes.

IDEOLOGICAL DISCOURSE PRACTICES

For ideas to become dominant, they need to be legitimated and sustained, which involves particular forms of ideological discourse practice. I have divided these into three categories – epistemologies (which involve forms of knowledge and ways of knowing the world), legitimating practices, and structural forms of dominance. Ideologies can only be sustained through repetition of their core ideas over time. Ideas may be contested and critiqued, but oppositional discourses are not readily sustained as a consequence of lesser access to communicative power and ideological forms of legitimation. Taken together, these frameworks sustain dominance.

EPISTEMOLOGIES

The power of numbers

Quantitative methods of understanding behavioural and social aspects of HIV/AIDS are central to discourses of the *loveLife* programme. It is through quantification that the founding assumptions of the programme are laid out, and that *loveLife*’s activities and “impacts” have been articulated. The programme’s founding assumptions were grounded in a series of quantitative assertions, such as: 4-million South Africans are HIV positive... HIV infection amongst youth increased by 65 percent in a year... more than a third of babies annually are born to mothers under 18 year’s of age (*loveLife*, 1999).

Quantification is central to a range of reports produced by the programme, and quantitative discourses are used to offer an analysis of the contemporary HIV/AIDS context as well as the impacts of *loveLife*. Quantification is also embedded in other discourses –for example, the programme's goals: “loveLife aims to reduce the incidence of HIV among 15-20 year olds by 50 percent over the next three to five years” (*loveLife*, 1999: 2). Other quantifications include numbers of partner organisations, overall budgets, calls to the helpline, estimates of cost-benefit and the like (*loveLife*, 2003; Harrison and Steinberg, 2002). Through such quantification, young people, HIV/AIDS in South Africa, and the *loveLife* programme, are reduced to a patchwork of numerical descriptors put forward as verifiable facts, although sources and means of verification are seldom mentioned.

Quantification carries a particular ideological weight, and, as Peters observes, “Because numbers seemingly expel private interests and ambiguity, they are respected as trustworthy forms of discourse... Precisely because of their reductive and summative capacities, numbers are a powerful symbol system” (2001: 436).

Quantification of social life has the ideological characteristic of appearing value-free, of being objective and sufficiently representative of a social totality, of existing in the present tense, and of concretising lived experience. Any deference to quantification, rigorous or not, carries with it an assumed relation to scientific practices of social research that are ideologically bound to systems considered to be rigorous and methodologically sound. The use of quantification in the discourses of the *loveLife* programme thus carries an implicit relation to scientific rigour and validity.

Causality

The science of epidemiology is grounded in concepts of biomedicine that follow a mechanistic approach to disease. In the case of particular microorganisms, disease is reduced to a single causative factor (e.g. germ or virus), or may be attributed to genetic factors that predispose individuals to disease. It is also recognised that diseases extend beyond singular causes, and that a chain of causality may extend to a range of social and contextual determinants at the individual or population level. Although there is some deference to social factors, epidemiological approaches are largely derived from biomedical assumptions, and have been critiqued because of having a weak or absent theoretical basis (Shy 1997; McKinlay 1998).

loveLife was positioned as the singular programme that would make a

difference as regards youth HIV prevalence in South Africa. This claim had two dimensions: one, that *loveLife* would halve youth HIV prevalence in three to five years; and two, that the programme was demonstrably making impacts. Examples of the latter include: “62% of all young South Africans know about *loveLife*; of those who know about *loveLife*, 76% say *loveLife* has made them more aware of the risks of unprotected sex; 65% say *loveLife* caused them to delay or abstain from sex; among sexually experienced youth who know about *loveLife*, 78% say it has caused them to use a condom; 69% have reduced their number of sexual partners; 63% say they are more assertive in insisting on condom use” (*loveLife*, 2002). Thus, quantification is merged with concepts of causality.

Ideological discourses are often forward looking, claiming that they will bring about change sometime in the future, and in particular, that this change will be singularly or mono-causally provoked by the particular idea or intervention. In this example, claims are made to future impacts alongside claims to present effects bolstered through references to evaluation research. Such claims are made selectively, isolated from broader systems of monitoring and evaluation –for example, in contrast to the massive impacts suggested, there have been no related diminishing of HIV prevalence levels amongst teenagers monitored through the national antenatal clinic surveys.

Youth, modernity and consumption

Modernity is a social process, which has come to be identified with the progressive globalisation of industrial modes of production that has produced “social divisions that intersect with, but are not reducible to, class” (Hall, Held and McGrew, 1993: 3). Globalisation is linked to the development of technology and communication systems that have supported global economic expansion. The concept is viewed by some as a new world order, “a benign force leading us ultimately to the era of converging world incomes... converging institutions as democracy becomes a cultural norm, and cultural richness as people of different backgrounds interact more frequently” (Milanovic, 2002: 2). In other conceptions it has a conspiratorial aspect, and is seen as “a cover concept for global capitalism and imperialism... bringing about increased domination and control by the wealthier overdeveloped nations over the poor underdeveloped countries, thus increasing the hegemony of the ‘haves’ over the ‘have nots’” (Kellner, 2002: 286).

loveLife has attached itself to the ideology of globalisation through its construction of youth as consumers, and the linking of this analysis to the programme’s model for HIV prevention through promoting a positive youth lifestyle. This is positioned in relation to the alleged failure of other programmes to get young people to internalise personal risk: “It was thus critical to establish a programme which attracted young people and with

which they wanted to identify and talk about. Recognition that a major influence on post-liberation South Africa is the global youth culture of music, fashion, pop icons and commercial brands led to the positioning of *loveLife* [as] an aspirational lifestyle brand for young South Africans” (Harrison & Steinberg 2002: 4). This vision is perpetuated through *loveLife* publications such as *S'camtoPrint*, which integrate discourses on sexual health, personal reflections, fashion, music, films and the like, interspersed with advertisements for global and local branded goods, Hollywood films, and a general emphasis on the intersections between global and local and the reification of consumption: “Stylish Stepping: Dickies is a hip American clothing and footwear that’s organic, kwaito, pantsula, cross-cultural –and very cool. Dickies is about expression and culture” (*S'camtoPrint* 2003, February 2: 18).

The logic of the interrelation between the two constructions –HIV prevention and consumption– is unexplained. At a common-sense level, it is suggested that if young people pursue the trappings of materialist consumption within the paradigm of globalisation, they will consequently pursue self-preservation by preventing their own HIV infection through identification with *loveLife* as an aspirational lifestyle “brand”.

LEGITIMATION

Moral panic

The concept of moral panic involves construction of a causal relation to a social “problem” that identifies a particular group as a threat to society. In Cohen’s (1972) terms, it is a transitory phenomenon that relies on stereotypical representations against which a range of elites position responses, and which may lead to sustained processes of regulation. Moral panic involves a disproportional emphasis on a particular group or event, whereby “the official reaction to a person, groups of persons or series of events is out of all proportion to the actual threat offered” (Hall et al., 1978: 16). It includes a convergence of events with various stereotypical constructions of the non-normative “other”.

The ideological function of moral panic is legitimation through the implication of truthfulness about particular social events and moments in history, which in turn serves the longer-term process of ideological domination. The “object” of moral panic may be derived from an event or analysis of a singular social phenomenon rapidly devolved into generalisation.

In HIV/AIDS, moral panic discourses have related to the concept of promiscuity and constructions of “risk groups” since the beginning of the epidemic. Historically associated with a non-normative sexual drive,

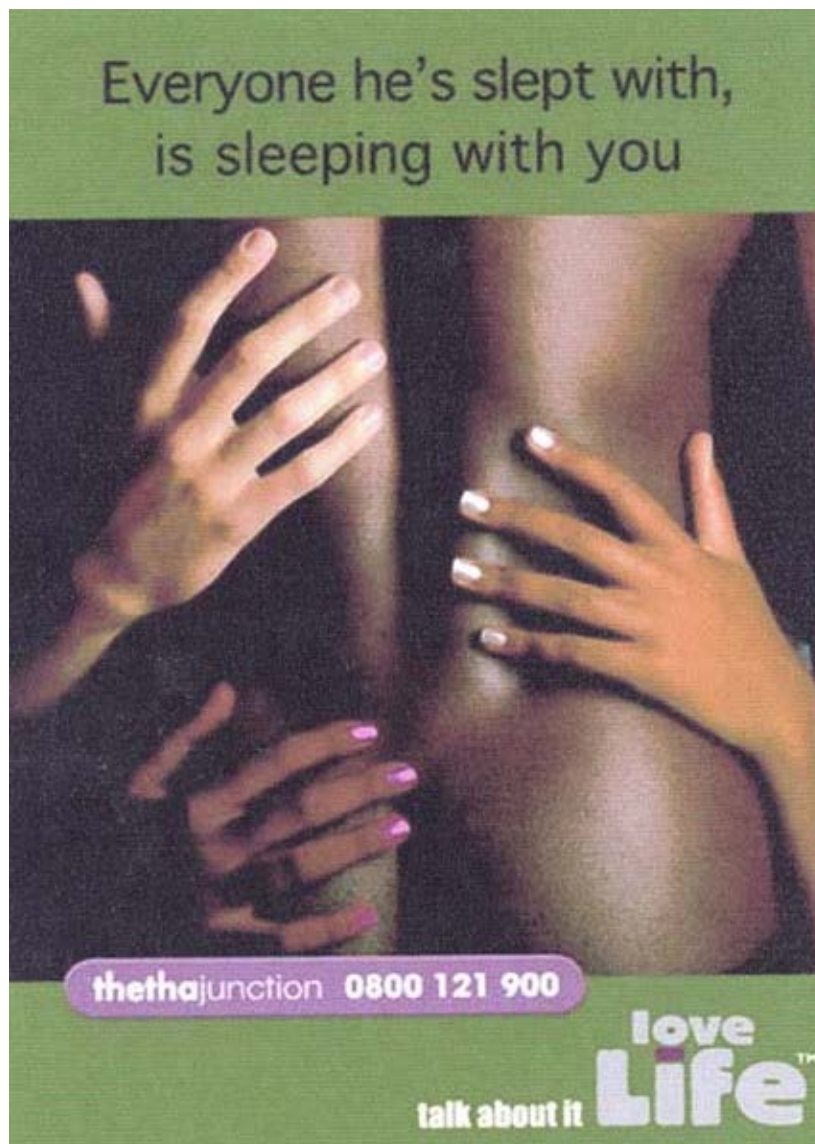
promiscuity has taken on a new weighting in the era of AIDS through an association with individual risk. Promiscuous individuals are seen to widen the pool of infection and identified as the root cause of AIDS as a social problem.

More recently, the “risk group” aetiology of HIV/AIDS has shifted from the margins of particular contexts of infection (e.g. sex work or truck driving) to a focus on less homogenous groups. There has been a particular emphasis on youth, reinforced by its supposed propensities for risk-taking in general, and sexual risk-taking in particular. These discourses are central to an explanatory model for a generalised vulnerability of all youth to HIV infection. As Warwick and Aggleton observe, discourses about young people put forward a dangerous sexual pathology that presents as “a priori and without question, the view that young people as a group are unknowledgeable, irresponsible in their relationships with others, immature and easily led” (2000: 99).

Within the context of the *loveLife* programme, the moral panic rhetoric is regularly invoked through conflating and exaggerating teenage promiscuity. For example, “*LoveLife*’s design responds to the fact that the sexual behaviour of teenagers drives the epidemic in South Africa. This assertion is based on the large proportion of the South African population that are under the age of 20 years (40%), a significant number of whom report high-risk sexual behaviour...” (Harrison and Steinberg, 2002: 2-3).

The rhetoric of youth “driving the epidemic” positions youth culpability as a legitimate construction of causality in relation to HIV/AIDS, and draws on statistics to reinforce this view. Whilst apparently true and common sense, the statistics conflate sexually active teenagers at risk of HIV with all young people below the age of 20, described as 40% of the population. This construction masks the fact that three quarters of those under 20 range in age from 0-14, and are highly unlikely to be engaging in “high risk sexual behaviour”. Equally, many young people under 20 are not sexually active. This moral panic construction drums up the proportion of young people at risk, reinforcing the notion that all young people can be lumped together irrespective of age and other demographic, economic and cultural factors.

A visual example that reinforces moral panic is provided through a *loveLife* billboard campaign that shows an image of black male torso embraced by multi-hued arms and hands, which was presented alongside the slogan “Everyone he’s slept with, is sleeping with you”. Here, the myth of youth promiscuity is reinforced, with the attribution of blame oriented towards male black male youth, whilst representing young females as irrepressibly, sexually licentious.



Evaluation and impact claims

The process of evaluation involves the assessment of concepts and interventions with a view to establishing the potential or actual relationship between certain activities and their outcomes. Evaluation is directly linked to policy and strategy, and provides guidance as to whether activities and programmes are meeting stated objectives and should be continued in their present form, be modified, or discontinued.

In the early phases of the HIV/AIDS epidemic, there were only a limited number of interventions addressing HIV prevention. These interventions engaged relatively well-defined and geographically contained “target” groups, and as a result it was possible to identify, monitor and evaluate them directly against programmatic outputs, and to draw conclusions accordingly. In the context of a generalised HIV epidemic, however, there is a wider complex of mechanisms that relate to how it is individually perceived. Beyond the many formal interventions in place, other discourses and experiences frame individual constructions and responses to the epidemic, including internal psychological processes; interaction

with others through dialogue; sense-making that includes a location in socio-cultural responses to the epidemic; knowing a person who is HIV positive or who has died of AIDS; being HIV positive oneself; and so on.

HIV prevention interventions are notoriously difficult to evaluate in an advanced epidemic, since causal attributions cannot readily be made, as individuals are subject to wide-ranging formal and informal influences. In addition, it is difficult to demonstrate what might have happened without the particular intervention in place. Causal impacts are often claimed, however, with the ideological effect of legitimating particular interventions.

In the early phases of the *loveLife* campaign, evaluation activities were mainly small scale, using small sample sizes. Yet, claims were made to national level impacts. For example, a survey with a sample size of 141 was presented as follows: in this “*national* survey almost half of the respondents (41.8%) perceive *loveLife*’s aim to ‘encourage safe sex’, while 23.4% felt that it aimed to prevent HIV/AIDS and 35.2% felt that it was to warn about the risks associated with sex such as teenage pregnancy” (*loveLife*, 2001a: 19). Similar claims were made on the basis of other surveys with small sample sizes. Where larger surveys were conducted, there have also been attempts to link “exposure to *loveLife*” with significantly reduced levels of HIV prevalence (see AIDS, 20: 952-958).

STRUCTURAL DOMINANCE

As illustrated above, dominant ideological discourses are developed through epistemological approaches linked to forms of legitimation. Such legitimation is strengthened when it is endorsed by elite individuals and organisations, and further strengthened when such linkages are structural (ie. between organisations).

loveLife has, over the years, obtained wide-ranging elite endorsements and developed many structural linkages. Within South Africa, the organisation is linked to elite political and business figures who sit on its various advisory boards, as well as having organisational linkages to a range of foundations, corporate funders, and the government. Nationally and internationally various elite individuals have endorsed the intervention, whilst the programme is promoted in various settings in conjunction with its founding funder, the Henry J. Kaiser Family Foundation (KFF).

loveLife has been endorsed by wide-ranging individuals including former US Presidents Jimmy Carter and Bill Clinton and former South African President Nelson Mandela, amongst others. *loveLife* events have included

Hollywood stars such as Kevin Spacey and Chris Rock, and entertainment figures such as Bono. Richard Holbrooke, CEO of the Global Business Council on HIV/AIDS, said: “*loveLife* is one of the best examples of good practice in the world today”). Peter Piot, UNAIDS Director, said: “*loveLife* is one of the greatest programmes I’ve ever seen because the driving force is young people themselves”. Stephen Lewis, UN Envoy for HIV/AIDS in Africa, said: “*loveLife* is an inspired combination of a hard-hitting media campaign and services to youth, bringing together an absolutely forthright discussion of all of the most difficult issues”. In South Africa, then Deputy President^[3] Jacob Zuma said: “we see *loveLife* as a hugely creative, rather daring and audacious, forceful youth-focused programme”. Molefi Sefularo, Minister of Health in the Northwest Province, noted that “*loveLife* is beginning to help the youth and government of South Africa to turn the tide of HIV in this country”. These quotes are drawn from *loveLife* brochures (e.g. *loveLife*, 2003) in which they appear without reference to their historical contexts, thus obtaining the ideological benefit of creating the impression of ongoing endorsement.

Linkages to corporate structures are positioned as public-private partnerships that involve “in kind” relationships of sharing. The South African film distribution company, Ster Kinekor, and the films it distributes, for example, are widely promoted through *loveLife* publications. Partnership with the South African newspaper group Independent included an obligation to promote the *loveLife* helpline alongside HIV/AIDS articles, and the newspaper group is involved in printing and distributing *loveLife* publications.

The programme’s founding funder, the Henry J. Kaiser Family Foundation, has actively promoted *loveLife* at a wide range of organised events including sponsored sessions at international AIDS conferences, as well as through its relation to policy groups such as the Global HIV Prevention Working Group and a partnership with UNAIDS called The Global Media AIDS Coalition. In working group publications and in coalition reports, *loveLife* is promoted as a case example of an innovative and full-impact intervention. In a 2003 working group report, for example, under the heading “Taking Youth-Oriented Prevention to Scale in South Africa”, it was noted that: “Although research has identified a broad range of prevention projects that appear to produce significant behavior change, few such projects have been brought to scale... *loveLife* – a partnership between the South African government, more than 100 community-based organizations, US foundations, and the corporate sector– is scaling up on a nationwide basis a comprehensive package of proven prevention approaches, with the goals of reducing by one-third the number of young people who engage in high-risk sex and of encouraging a substantial percentage of young people to delay initiation of sexual activity”.

Structural linkages and access to various forums for communication thus become opportunities for reiteration of core ideas and claims about the *loveLife* programme.

CONSENT AND CRITIQUE

Particular interpretations of the HIV/AIDS epidemic, as well as concerted action in response, tend to emanate from organisations that have structural and related communicative power. The lack of critique affirms such power. However, dominant ideological constructions are not readily critiqued, even though their ideas may be contradictory. In the examples above there are many avenues for critique: philosophical, theoretical, methodological, empirical and political. Nevertheless, as illustrated, dominance is attained through a complex of relations to parallel ideologies that are deeply embedded –for example, concepts of scientific validity in relation to quantification; youth as materially driven consumers within a context of globalisation; and legitimation through “research findings”. Equally, endorsements by elite individuals and structural relationships with other organisations are not readily subjected to critique.

Access to discourse fora to perpetuate ideology involves the capacity to disseminate and perpetuate particular ideas through the media, research reports, conferences, events, websites and other mechanisms. Such access is endemic to *loveLife*, its funders and programme partners, which has allowed for ideological reproduction over time. Whilst critical responses and critique may exist in relation to ideological constructions and claims made, it does not follow that such critique may be inserted into the public domain, since access to discourse fora involves resources and concerted action. Thus, dominant ideologies are readily perpetuated through an apparent “consent” derived from limited access to discourse fora.

Critique is also itself dependent upon ideological practices –i.e. the transition of ideas into organised forms of thought, and the mobilisation of such ideas through accessing discourse fora. Without this level of organisation, consent to dominant ideas is maintained by virtue of the consequent “silencing” of opposing thought.

It is important to point out that critique is not a process of contesting “truths”. There are no ultimate truths in ideology. The purpose, instead, is the adoption of an evaluative approach directed towards achieving transparency, as opposed to being informed by a particular moral purpose.

The methodology of critical analysis I have offered is usefully illustrated by using the *loveLife* programme as an example. However, this model of

analysis is not unique to *loveLife*. Many ideas and interventions related to HIV/AIDS include similar patterns of discourse, ideological attachments and resistances to critique. Methodologically, the starting point is to reflect on such interventions through understanding their contradictions.

Dominant ideologies mask contradictions, and limit critique as a product of their dominance. HIV/AIDS interventions linked to other dominant ideologies may perpetuate inequality and marginalisation as a product of such linkages. The overall purpose of critique is to make contradictions and ideological processes transparent. In the absence of avenues for critique, we are bound to pursuing approaches to address HIV/AIDS insufficiently thought through, not adequately subjected to rigorous analysis, and that may, as a consequence of such lacunae, cost many lives.

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[1] See Crimp, D. & Rolston, A. (1990) *AIDS DemoGraphics* (Seattle: Bay Press).

[2] See Low-Beer, D. & Stoneburner R. (2004b) "AIDS communications through social networks: Catalyst for behaviour changes in Uganda" in *African Journal of Aids Research*, 3(1). 1-13.

[3] Replaced in office in 2005.

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