

# Introduction

The HIV/AIDS pandemic is a global problem that has a profound impact on the world we are living in today. In many parts of the world, the calamity caused by the infection has severely eroded the political, economic, and social fabric. How should we understand the issue of HIV/AIDS in order to curb its transmission? This book provides an answer to this question. It shows that the HIV/AIDS pandemic is not merely a medical problem. It is a complex social, political, and economic problem that crystallizes class distinction, gender inequality, power hierarchy, as well as cultural beliefs.

This book underscores the social and cultural aspects of the disease that have been downplayed or dismissed by the dominant biomedical paradigm. The first three chapters lay out three different approaches to HIV/AIDS, from the perspective of epidemiology, culture, and political economy. The rest of the book employs a combined approach of culture and political economy to delve into eight case studies that include geographic studies of Asia and Africa, and topic studies of commercial sex, ethnicity, young adults, women, drug use, and prevention.

Chapter 1 discusses the fact that epidemiology is about the causes, spread, and control of contagious diseases. The cause of AIDS is the human immune deficiency virus (HIV). HIV is a retrovirus, which means that it is unique in its ability to mutate and change shape. This ability makes it difficult to develop a vaccine, and at this time there is no cure for AIDS. Acquired immune deficiency syndrome (AIDS) is the name given the disease caused by HIV. Since HIV attacks the immune system, we can say that people do not actually die of AIDS; they die of a variety of opportunistic diseases as a result of a weakened immune system.

AIDS does not transmit easily; it cannot be caught from coughs or other airborne agents, and it is not carried by insects. It is most commonly passed through either anal or vaginal sex. It is also passed from mothers to children in the womb, at birth, or through nursing. Intravenous drug users sharing dirty needles are fast becoming a major means of infection, and it can also be passed through blood transfusions.

Plagues are common throughout history, and some of the worst of them have helped bring down empires or even whole civilizations. There is great concern that AIDS will destabilize some countries around the

world, especially developing countries in places like sub-Saharan Africa. Because of the global economy AIDS has spread rapidly and is now present across the globe.

Chapter 2 highlights the cultural dimension of AIDS by illustrating constructed cultural meanings of AIDS, diverse cultural understandings of AIDS, and cultural factors of HIV/AIDS transmission. First, the social and cultural meanings of AIDS are shaped by media discourses about AIDS. In the West, cultural construction of AIDS reflects a fear of homosexuality, prostitution, drugs, deviance, and a sense of xenophobia. In many parts of the world, it is foreigners that are at the center of the blame in the cultural constructions of AIDS. This chapter provides three phases of media constructions of AIDS in the United States, and points out how the media influence the language of AIDS, which in turn helps shape how people think about and deal with the pandemic. Second, cultural factors such as the meaning of sex, sexual culture, sexual practices, gender relationships, and condom use have repercussions on sexual transmission of HIV. Third, different cultures, such as the United States, Haiti, and various countries in Africa, interpret and respond to AIDS differently. Finally, a critique of mainstream media further highlights the cultural construction of AIDS. Alternative media serve as a necessary counterpoint to the mainstream media. This chapter utilizes the cultural dimension of AIDS to critique the epidemiological approach of AIDS.

Chapter 3 discusses the idea that political economy approaches the social sciences with a recognition that the various disciplines within the social sciences are interrelated; that ethnic tribes or inner-city minority neighborhoods are best studied not in isolation, but as part of a larger political economic order that greatly influences their behavior. Anthropologist Merrill Singer is critical of fellow anthropologists who fail to account for this larger context within which smaller cultures and subcultures exist. Singer believes that the influence of large, international or national entities influence the ability of smaller areas to respond to the AIDS epidemic. He sees poverty as creating the powerlessness that is critical in this issue.<sup>4</sup>

AIDS began in America among male homosexuals, a minority group, but a group that included its fair share of middle-class and wealthy members. While they suffered greatly from the inaction of government, they were eventually able to organize politically and get government on their side. Today the disease is growing most rapidly among another minority group that has much less wealth and power: inner-city minorities.

The inner cities of American metropolises have been shaped by larger and more dominant historical forces that have left inner-city minorities with little wealth and little power. Inner-city minorities often lead desperate, hand-to-mouth lives with inadequate housing and little health care. Traditional family bonds have been sundered by high rates of unemployment. Drug use and prostitution have become common. Women are at the bottom of this social hierarchy, with the least wealth and power, and are now the fastest-growing group infected with AIDS. The poverty of the inner city is the result of historic prejudices against minorities that has isolated them and cut them off from employment, property rights, and adequate education.

Chapter 4 discusses the geographic case study of Asia in general, and China in particular, and pinpoints the cultural, political, and economic factors that have fueled the AIDS pandemic in this region. More specifically, these factors include authoritarian government, a colonial history, gender imbalance, intergenerational imbalances of power, migration of labor, economic disparity, and social stratification. In Asia, as a result of the global capitalist economy, unequal distribution of global income, unequal allocation of resources, and unequal access to health care have left those at the bottom of the society

vulnerable to infections. Due to the drastic inequity among the sexes, classes, and generations, most of those infected are marginal to their own societies and the global economy. Moreover, due to the European colonial exploitation in Asia, wealth, resources, and treasure had been plundered away from the region, and the democratic development and modernization had been delayed for 200 years. The colonial history in Asia has a profound impact in the spread and prevalence of STDs.

Chapter 5 states that the most severe AIDS epidemic in the world is in sub-Saharan Africa. As of 2007, an estimated 22 million people were infected, including 1.9 million new infections. South Africa, with 5.7 million cases, had the highest rate of infection of any country in the world. The disease first reached epidemic proportions in the Kinshasa region of the Democratic Republic of Congo and then spread into eastern Africa and later into southern Africa. The hardest hit areas have been eastern and southern Africa.

Before the African epidemic, AIDS was considered primarily a disease of gay men and intravenous drug users. In Africa it is primarily passed on through heterosexual sex. There are several possible reasons for this difference: weak immune systems from malnutrition, genital lesions caused by a high prevalence of untreated STDs, and a pattern of concurrent sexual relations that expose a maximum number of people at a time when the infection is most virulent. The weak social and economic position of women in southern and eastern Africa is also a factor, as they are more vulnerable to the sexual demands of men. In West Africa, where women traditionally have more social and economic power, the disease has been much less devastating.

Where there has been strong government leadership the disease has been more easily contained and rolled back. Where governments have been in denial, as in South Africa, the disease has been devastating. Remnants of colonialism, including institutions such as the World Bank, have also had a negative influence on controlling the disease by insisting on such things as privatization of the health care system.

Chapter 6 illustrates the cultural, political, and economic factors that affect sex workers' vulnerability to HIV infection. The chapter begins by presenting feminists' diverse standpoints on sex and commercial sex. It then discusses different state policies on sex work around the world. Following that, the chapter examines the cultural, political, and economic factors of HIV/AIDS and commercial sex in Senegal and Asia. In Senegal, since women traditionally do not receive education, divorced women are usually unable to gain employment and are forced to shoulder the responsibilities for their children because of little or no education or skills. In this case, they turn to prostitution as a last resort and distance themselves from the community and family that were the focus of their lives. Similar to the case in Senegal, many prostitutes in Asia choose the profession because they need to support their children, siblings, and parents, or because they are divorced or disowned by their families. Some children are even sold into prostitution by poor parents. Throughout Asia, youth is an essential prerequisite for sex workers, and young girls between the ages of 10 and 16 are in high demand by clients.

Chapter 7 scrutinizes the population of women, ethnic women, and young adults in their relationships with HIV/AIDS. For each population, this chapter provides both the alarming statistics and the complex factors of culture and political economy to explain each group's specific vulnerabilities to HIV infections. Gender is a crucial factor in determining individuals' vulnerability to HIV infection. It is usually men who determine when and how often to have sex, and whether or not a condom is used. It is also

men who usually have multiple sexual partners, which increases the opportunity for them to transmit HIV to their partners. Global research has proven that gender norms, gender inequality, and poverty intensify and fuel HIV transmission for women. In many parts of the world, cultural norms demand that young women maintain sexual abstinence but encourage young men to experience sexual adventures. The cultural imperative leaves young women vulnerable with inadequate knowledge about sex, STDs, and HIV/AIDS. In many developing countries, certain sexual practices such as dry sex, widow inheritance, and ritual cleansers enhance both women and men's vulnerability to HIV transmission. Due to poverty and rapid social transformations, transactional and intergenerational sex is prevalent in many developing countries. In these relationships based on power and economic inequality, young women are placed in a vulnerable position and are susceptible to abuse, exploitation, violence, and HIV. Young people are caught in a cultural milieu that valorizes virginity in girls and active sexual behaviors in boys. They also encounter a contradiction between abstinence education and a sexualized culture that is suffused with sexual images and appropriates sex in the sale of commodities.

Chapter 8 discusses the issue of AIDS being communicated between intravenous drug users through the sharing of infected needles. Those infected in this way often pass the disease to others through sexual contact. This is the major reason that AIDS is now an epidemic in American minority ghettos, and it is the major cause of epidemics in Eastern Europe, including Russia. A solution to this problem is to provide clean needles to drug users. In the United States there are moral objections and even legal barriers to this solution. Simply informing those at risk of the dangers they face has not proven effective. The lure of drugs and sex and the human feelings attending these acts often discourage rational behavior.

Prevention of AIDS requires programs that change established cultural behaviors. This means the use of clean needles, but it also means changing sexual behaviors. Keys to reducing sexual transmission include using condoms and limiting the number of sexual partners, or "zero grazing" as it is called in East Africa. Successful programs to stop AIDS require government support and funding. Some of the most hopeful programs involve peer counseling to raise the consciousness of vulnerable youth. The goal is to give young people a sense of empowerment through helping them to understand the political, social, and economic forces that have shaped their consciousness and their behavior.