

## **EDITORIAL**

### ***SPECIAL ISSUE: SOCIAL APPROACHES TO HIV/AIDS***

Early on in the epidemic, social scientists' contribution to HIV-prevention involved designing and evaluating traditional health educational programmes which sought to change peoples' sexual behaviour by providing information about sexual health risks and how to avoid them. However, a growing amount of research is pointing to the limited role that information about health risks plays in shaping sexual behaviour amongst all but the wealthiest and best educated members of any society. Consequently, social scientists are now faced with the challenge of exploring ways in which sexualities and health-seeking behaviours are shaped not only by health-related information, but also by identities, discourses and representations which are constructed and reconstructed against the background of the particular social and cultural settings in which people live and work.

The aim of this special issue of **PINS**, entitled *social approaches to HIV/AIDS*, has been to highlight some of the conceptual tools which social psychology provides in the task of advancing our understandings of sexualities and health. Social scientific research into HIV/AIDS could be significantly enhanced through a more intensive engagement with the rich tapestry of theoretical debates which already characterise social psychology. It is hoped that the contributions to this special of **PINS** begin to highlight the importance of theoretical frameworks for understanding the complexity of HIV/AIDS, and consequently produce more finely tuned intervention programmes.

In their study of discourses of gender, power, and sexuality, Strebel and Lindegger, highlight the complexity and the shifting nature of these discourses. There has been a tendency in earlier work on the gendered nature of HIV/AIDS to depict women as victims, which is problematised by Strebel and Lindegger. They do this by looking in detail at two dimensions of women's discourses, namely, power and responsibility. While it is clear that women are disempowered by economic and other structural forces, they are at the same time capable of critically reflecting on, and challenging, the power relations of their lives. By tracing the discourses of their women subjects, Strebel and Lindegger identify a (potential) shift in how women position themselves as sexual subjects. These "new positionings" allow a dialogue to take place between sexual and sexualised subjects, amongst women, and between women and men.

The understanding of and intervention in HIV/AIDS significantly depends on how the "subject" of AIDS is conceptualised. Social psychological approaches to HIV/AIDS in sub-Saharan Africa have been dominated by individualistic perspectives. In *practice* this has been evident in the dominant role that information-based health education has

played. In the *research* field this has been reflected in the highly individualistic nature of KAP-type (Knowledge - Attitudes - Practices) survey instruments that have dominated social scientific work in this area. The social representations approach presented by Joffe thus questions the conceptualisation of the "subject" by challenging these individualistic conceptions, and instead focuses on "group-based understandings of health issues". Such an approach opens up the possibility of viewing "sexual behaviours", such as condom use, as the result of socially negotiated norms rather than individual decisions. The potential usefulness of the social representations approach seems not as yet to have been noted in South African discussions and literature on HIV/AIDS, and it is hoped that Joffe's thorough analysis of this European body of research will stimulate research on social representations and HIV/AIDS.

Even in the seemingly private interaction between a mother and her infant, that of breastfeeding, the social domain is visible. This is the thrust of Richter and Griesel's argument in their exploration of the ongoing debates and controversies about how to minimise the likelihood of vertical transmission from HIV-positive mothers to their infants through breast milk. In other words, the advice given to HIV-positive mothers about breastfeeding their infants, or not, cannot simply be based on biomedical information which fails to take account of the complex web of social and cultural relations that determine childcare generally, and in particular, breastfeeding practices. Breastfeeding, while located in cultural practices of childcare, is also about the interpersonal relationship between the mother and her infant, or as (Kleinian) psychoanalysts like to emphasise, between the breast and the infant. Richter and Griesel remind us of the multiple and complex set of social relations which surround the issue of HIV-positive mothers breastfeeding their infants.

The continuing critique of individually-based conceptualisations is evident in Campbell and Williams's article where they argue that sexual behaviour change, such as increased condom use or appropriate attendance at STD clinics, involves complex re-negotiations of people's social and sexual identities at the collective level. They suggest that the main challenge facing social scientists involved in the design and evaluation of HIV-prevention programmes is to develop social and community level indicators for understanding the complex web of social, cultural, and community level dynamics which shape sexuality, and which enable or constrain health-enhancing behaviour change. All the contributions to this special issue of **PINS** make a case for the *social* embeddedness of sexual behaviours and practices with regard to HIV/AIDS, without necessarily spelling out the implications for the design and evaluation of prevention programmes. This is what Campbell and Williams try to address in their attempt to operationalise some of these social insights in the context of an actual programme evaluation.

An area that is redolent with stereotypes about sexual behaviour is adolescence, and hence it is essential to critically evaluate the research on adolescent sexuality before being able to set new and appropriate research agendas. Catherine MacPhail's review of the literature on adolescents and HIV in developing countries notes a serious limitation in much of this work, and that is, that it has been characterised by overly descriptive and empirical accounts. More recently the literature from the "developed world" has started to take account of the sociality of adolescent sexuality, as well as the fact that sexuality is contested and negotiated by adolescents themselves. MacPhail

points to the ways in which this literature could inform much needed research in this area in South Africa.

**PINS 24** ends with three book reviews by Anil Bhagwanjee, Suzanne Leclerc-Madlala, and Catherine MacPhail on HIV/AIDS, and issues of public health.

Another special issue of **PINS** is planned for the end of 1999, and that is on the *Truth and Reconciliation Commission*. The deadline for submissions is **30 June 1999**, and the editor of this issue is Lindy Wilbraham, Department of Psychology, Rhodes University, Grahamstown, 6140. See advert in this issue for more complete details.

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