

CONFERENCE ON HIV/AIDS VULNERABLE GROUPS, HUMAN RIGHTS AND DEVELOPMENT. November 15-16, 2007, Gaborone, Botswana

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This conference was the response by an *ad hoc* group of administrators, university academics, medical personnel and social workers to the recurrent problems of HIV/AIDS. Financed partly by professionally concerned agencies, by government and by the fees of participants, we were struck by the absence of any speakers or participants who were sufferers, family members or friends. Were any representative or groups of sufferers invited? We were told by an organiser that none were.

Botswana's demographics are a feature of this so far intractable problem. Botswana's population is little more than 1.56 million, added to by an uncertain migration from neighbouring countries. The population is scattered over nearly 590,000 square kilometres, mostly agricultural and pastoral, but the urban population is increasing steadily. The prevalence of HIV/AIDS is slightly more than 37%, but the statistics may well be incomplete because of the population spread and its mobility. The Botswana life expectancy is barely 31 years of age. Medical and other services have to cope with widely scattered communities, often with scanty water and no electricity, difficulty of access and where social and medical services are sparse, rudimentary but improving.

Moreover, the geographic and personnel problems of offering appropriate education are exacerbated by the persistence of conservative Christian and "traditional" beliefs and phantasies of sexual behaviour. However, some young, more urban and better educated men and women, and the efforts of gay, lesbian and human rights groups are beginning to influence attitudes and even in the press, TV and radio there are signs of a better understanding and tolerance. But these signs are still few and not very influential.

No doubt the aims of this conference are praiseworthy, but because they were overpowered by administrative concerns, contributions from the social sciences and humanities were almost totally submerged. Of the twenty-five presented papers only two were given by a psychologist, and she was criticized for being "too scientific" and too concerned to "change peoples' minds" - accusations that she robustly rebuffed. A

literary expert who elaborated the psychological impact of the use of such terms as “scourge” was attacked for his criticism of the Old Testament. Therefore psycho-social questions about how best to mobilise behavioural and attitude change were barely touched on.

Throughout the Conference both speakers and audience showed little or no appreciation of the relevance of psychological theory and research to the problems of a country suffering from widespread HIV/AIDS. It was as though modern applied psychology had never existed. We would have expected papers and discussion about the following fundamental problems: How are group attitudes formed and modified? How is group behaviour modified? What are the psychological effects of stigmatizing on the readiness and ability of groups to cooperate rationally with treatment? In what ways do socio-economic class, poverty, education, remoteness from urban influences, and the prevalence of imposed government decisions make rational thinking about HIV/AIDS and their psychological and social consequences difficult? And this last set of interacting problems influences sufferers, their families and friends, and administrators and the medical profession.

Neither the speakers nor the audience referred to those individuals and groups who were not officially labelled vulnerable, indeed there was only some oblique reference to migrants who seemed to be largely excluded from mainstream programmes. It would have been interesting to learn more about how some individuals are unaffected by the dehumanising “pandemic”, and are not hiding behind behaviour denial. It disturbed us that a conference in part devoted to “human rights” included a speaker who was not challenged when she rejected human rights as “an imperialistic concept” - as though Africans had no business to be concerned about such fancy notions as how decision-making could be made more democratic?

The Conference thrust was towards issues of administration, and its successes and failures in dealing with basic problems. One theme was concerned with such vulnerable groups as children, the elderly and rural people. It was felt that boys were disadvantaged compared with girls and this raised issues of conflict between “traditional” and “modern” society. In the modern family there is less interaction between parents and children, and in particular boys play a smaller part than girls in caring for others and are therefore more distant from their mothers. Modern families, moreover, are weakening the traditional roles of males and this too creates urban-rural tensions. This raises questions about how traditional roles and relationships cause problems for designing strategies for the diagnosis and treatment of rural people. It was, for example, only mentioned in passing that diagnosis and treatment might be improved if there were articulate forums, independent of government, in which problems that are often ignored could be discussed. How, for example, could rural attitudes to HIV/AIDS be made more understanding? How could education and information be more relevant, hopeful and meaningful for both rural and urban people?

Only two papers referred directly to human rights: one plitudinously called for “inspiring and empowering” leadership, but was little interested in the problems of those being led in authoritarian societies. The other rather mysteriously called for “recovering past traditions, beyond mythology and distortion ... not only for the purposes of self-identification but also in order to help us meet the challenges and problems of today”. Neither seemed aware of the inevitable contradictions between a past rapidly changing,

and a more urban present in which psychological questions need to be investigated to understand attitudes towards and understanding of modern medicines – social and physical. In these papers, and many others, there was a marked coyness in considering the changing patterns of sexual relations – straight and gay – and how they may be related psychodynamically to the spread of behaviour that makes HIV/AIDS more risky.

A provocative psycholinguistic paper was entitled “Scourge of our convictions: Lexical sabotage in the discourse of HIV-AIDS”. Metaphor, we were reminded, is not solely linguistic, but has socio-cultural and psychological impacts. Words can condemn to death. They can distance individuals and groups from a problem, trivialise or exaggerate it, buttress denial or oversensitise. The speaker argued that the use of the word “scourge” is “a powerful, though largely subconscious, driver of fear and stigma due to the history of the word as a synonym for divine punishment and particularly its use in the Bible to refer to punishment” The wide use of this and other biblical terms, in such a heavily Christian society as Botswana fortifies resistance to rational approaches to understanding and dealing with HIV/AIDS. It may powerfully strengthen denial. A speaker from the audience went further: “If the believer believes hard enough, he or she, whatever the wickedness will be forgiven” – and is then psychologically free to carry on as before. But if the HIV/AIDS sufferer is sexually “wicked” then treatment may be deservedly ineffective. Either way, self-deception or denial is reinforced and resistance to consistent treatment is jeopardized.

The psychologist’s two papers investigated: “Psychological effects of HIV/AIDS awareness campaigns on children: a Botswana study”, and “Psychological challenges of HIV/AIDS: Why behaviour change is so difficult to achieve”. Her first paper was an empirical study of children aged from 4 to 7 years who were asked to draw a picture about AIDS and tell a story. The children shared such fears and misconceptions about AIDS that suggest they are quite unable to understand the information that children are given. Her second paper was no less discouraging and suggests that denial and self-deceptions are actively strengthened by information and counselling that is based upon fear and ignores hope. Social-cultural questions were neither presented nor discussed. How do individuals and groups develop beliefs about their freedom to control their lives? If the ancestors, parents, teachers, government, God are ultimately in control of our lives, then we individuals cannot be held responsible if we infect ourselves or others.

Overall the conference was heavily bureaucratic and weighed down with very limited empirical studies. There was no signs of collaborations between Psychology, Sociology and Anthropology, and few attempts to contact the enfeebling dependency syndrome – the learned helplessness – so prevalent in a society dominated by paternalistic (though well-meaning) government and the debilitating effects of religion, ancestor-worship and a conservative, authoritarian educational system. The problem of poor political commitment and lack of skills at local government was too glibly blamed on “structures foreign created” – as though more than 40 years of independence has had no psycho-social influence. It might have been more interesting and informative had the conference included members of HIV/AIDS support groups and therefore attempts being made to centre on the double-stigmatization of HIV/AIDS. Now sufferers are victims of an “us” versus “them” culture, and from the stigma of the disease itself.