



English Department  
Faculty of Arts & Philosophy

International Centre for Reproductive Health  
Faculty of Health and Medical Sciences



**Flemish Inter-University Council  
University Development Co-operation**

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7-8 December 2005

### **Debate and colloquium**

#### **“HIV/AIDS-prevention and care. How are the messages being received, interpreted and understood?”**

The fight against HIV/AIDS and ensuing poverty is a major priority for university development co-operation. The scale of the pandemic is terrifying in all its aspects. As we still haven't developed a vaccine which can protect individuals against HIV/AIDS or medication which can cure AIDS-patients, prevention programmes remain an absolute priority. Such programmes pose multiple challenges. Various studies indicate that where the information remains incomplete, where it is incorrect or where it is interpreted in particular ways, the risk of infection may even become bigger. Worldwide, health workers and researchers are looking for ways to increase the efficiency of prevention programmes. They are particularly looking for ways to adapt programmes to local contexts of insertion. This raises questions to do with the “what”, “how” and “when” of information supply and follow-up, as well as questions to do with our understanding of local interpretative practices and their links, especially with health-related behaviour. Hence the theme of this debate and colloquium: “HIV/AIDS-prevention and care. How are the messages being received, interpreted and understood?” HIV prevention is not exclusively a question of more efficient information supply which is oriented to establishing durable practices of safe sexual conduct and responsible risk management. The success of programmes necessarily also depends on what we know about and how we respond to local “sense-making practices”. In its turn, this poses challenges related to styles of language use, strategies of multi-modal communication and interaction, as well as challenges related to local literacies, cultural and ideological framings of interaction, and the complex ways in which populations engage in positioning work when they interact with relatives, peers, sexual partners, educators or prevention workers. The net result of these observations may well entail a rather sobering realisation for anyone who believes that there is a “single” medical reality and message to be communicated to “all” and that this would just be a matter of appropriate “packaging”. Is it ever a matter of “packaging” only? On the other hand, anyone engaged in the field of language, communication and culture faces an equally sobering realisation: that the saving of individual human lives depends on the quality of their research efforts. We simply cannot afford to get it wrong. Intensive interdisciplinary dialogue between health workers, language/identity-workers and educational workers is much

overdue. The debate and colloquium will address various aspects of HIV-related practices in a range of social and cultural settings across the world

Organisers:

Prof. Stef Slembrouck, English Department

Prof. Marleen Temmerman, ICRH

## DEBATE

**Wednesday 7 December 2006:** a public debate (open to anyone interested) around the central theme. The debate will be structured around a set of key questions/issues which are addressed by an international panel of experts with extensive field experience:

- Dr. Rodney Jones, Dept. of English and Communication, City University of Hong Kong
- Dr. Annabel Mooney, Dept. of English Language and Linguistics, Roehampton University (London)
- Mr. Noor Davids, Faculty of Education, University of the Western Cape
- Ms. Rosaria Kunda, Faculty of Education, University of the Western Cape
- Dr. Kristien Roelens, International Centre for Reproductive Health, Ghent University
- Introduction: Prof. Stef Slembrouck, English Department, Ghent University

Venue: Het Pand, Onderbergen 1, Ghent (room: Rector Blancquaert)

Time: 4-6 pm

Entrance: free

<i>Please confirm participation: <a href="mailto:helke.baeyens@UGent.be">helke.baeyens@UGent.be</a> (09-264-3035)</i>
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## COLLOQUIUM

**Thursday 8 December 2006:** a more academic event with research papers by the invited speakers. This event will be open to researchers from the humanities, the social sciences and medical faculties, as well as participants from NGOs and other agencies involved in health care and promotion.

Venue: Het Pand, Onderbergen 1, Ghent (room: Rector Blancquaert)

Time: 10am-4pm

10.00 Introduction – Stef Slembrouck (English, Ghent University)

10.15 Annabel Mooney (English Language and Linguistics, Roehampton University, London), *Stepping Stones to Success: Holistic HIV prevention*

- 11.15 Rodney Jones (English and Communication, City University of Hong Kong), *Aids in Action*
- 12.15 Lunch
- 14.00 Marleen Temmerman (ICRH, Ghent University), *Progress and emerging challenges in preventing Mother-to-Child Transmission of HIV*.
- 15.00 Noor Davids (Education, University of the Western Cape), *Whose messages are they? Re-thinking global interventionism and HIV/ AIDS in Africa*.

Fee: registration is free

Please confirm registration: [helke.baeyens@UGent.be](mailto:helke.baeyens@UGent.be) (09-264-3035)

## ABSTRACTS COLLOQUIUM

### ***Stepping Stones to Success: Holistic HIV prevention***

**Annabelle MOONEY**

*Stepping Stones* is a community development program devised by Alice Welbourn under the Strategies for Hope campaign which was promoted by ActionAid (Welbourn, 1999). While its central purpose is arguably to prevent HIV, the package does much more than this. In this paper, we seek to provide a way of accounting for the success of Stepping Stones, especially in contrast to programs which focus on IEC models (information education communication). Specifically, we argue that the success of Stepping Stones can be accounted for with the models provided by cognitive linguistics. If metaphors structure thinking and action, thought and activity are required to change these metaphors. Provision of information will never be enough. Specifically, the cognitive, cultural and corporeal all need to be taken into account.



### ***AIDS in Action***

**Rodney H. JONES**

People in the AIDS world are no strangers to the word *action*. Action is something which others don't take enough of, something which activists valorize, something which Act Up tells us equals 'life'. In this model, action is a code word for a complex set of social practices and public policies that coalesce around certain kinds of social relationships and social identities like doctor, patient, official, citizen, expert, novice, victim and oppressor Action is political.

This paper will also concern itself with action, but not on such a grand scale. Instead it will consider the relationship between AIDS, action and social power on the micro-level of the situated encounter, encounters in which, for example, individuals engage in unsafe sex or find themselves the recipients of advice about AIDS. Understanding how messages about AIDS are integrated into concrete and situated strips of action, it is argued, is essential to understanding how those messages are received and interpreted, and how they become part of the moment by moment claims and imputations of identity through which power is exercised and resisted.

My discussion is based on data from a number of studies conducted around the issue of AIDS and discourse in the gay communities of Hong Kong and China including a diary study of sexual behavior (Jones, Yu and Candlin 2000), a study of the modes of delivery of

information about AIDS (Jones 1999, 2002, forthcoming), an ethnographic study of internet use and sexual risk (Jones 2005 a, b, c), and an analysis of the stories gay men tell about unsafe sexual encounters (Jones and Candlin 2003). The framework through which I approach the data is called *mediated discourse analysis* (Norris and Jones 2005, Scollon 2001), a perspective on discourse that focuses on the actions and social identities that different kinds of cultural tools (such as condoms, information pamphlets about AIDS, HIV test kits) make possible, and how these actions are arranged in chains, each action arising from previous ones and leading to later ones, which form the social practices that define communities and other social groups.

Dominant models of AIDS prevention and risk behavior posit a rather unproblematic relationship between discourse and action in which discourse is seen to inevitably lead to 'knowledge' of a certain type which precipitates or mitigates against certain kinds of behavior. Such a model, however, is unable to satisfactorily answer questions like why individuals with sufficient information about HIV transmission persist in behaviors that potentially lead to infection. An approach which focuses on situated social actions provides an alternative way of understanding the relationship between discourse and sexual risk behavior, a way which sees sexual encounters as complicated, historically sedimented chains of mediated actions occurring at the nexus of multiple and complex cycles of discourse. Practical implications of this approach for AIDS prevention and education are discussed.



### ***Progress and emerging challenges in preventing Mother-to-Child Transmission of HIV.***

**Marleen TEMMERMAN**

Every day about 1,700 children are newly infected with HIV. 90% of these infections occur in sub-Saharan Africa. As access to antiretroviral (ARV) treatment—particularly for children—remains limited in most African settings, at least one quarter of these children die before the age of 1; up to 60% die before their second birthday; and most die before the age of 5. Despite recognition of the magnitude of the problem, about 90% of women with HIV in sub-Saharan Africa do not have access to interventions to prevent mother-to-child transmission (MTCT) of HIV-1. They have a 15% to 45% risk of MTCT, varying with the length of breastfeeding. For a woman with HIV in these settings with access to a program to prevent MTCT (PMTCT), which includes single-dose maternal and infant nevirapine (NVP), the risk of transmitting HIV to her infant is about 13%. The risk is higher if she breastfeeds. In contrast, new HIV infections in children are increasingly rare in many other parts of the world. In Brazil, Europe, and the United States, long-course, triple ARV prophylaxis is provided to a woman with HIV during pregnancy and childbirth, and the risk of transmitting HIV to her infant is less than 2%. Consequently, it is estimated that in 2004, less than 200 children were infected with HIV in North America and Western Europe combined. Better adapted strategies are needed to prevent mother-to-child HIV transmission in highly infected areas.



### ***Whose messages are they? Re-thinking global interventionism and HIV/AIDS in Africa***

**Noor DAVIDS**

Of the AIDS pandemic in Africa, three things are true: people are still dying; the current messages of HIV prevention are not sufficient and we need to re-think how the world has framed its response. While the AIDS pandemic has essentially been defined as a bio-medical phenomenon, the socio-economic context of HIV/AIDS has not sufficiently been recognized as a primary factor contributing to the spread of the pandemic. The framing of the

pandemic in this way ensures a medical solution, while denying easier access for treatment of mainly poor and previously colonized communities. This is but one of the many contradictions in the present approach to the HIV/AIDS pandemic.

Educational prevention programs often lack authenticity and local input. Policy formulations are often reflective of dominant and lofty ideals which are impractical and removed from the real life experiences of the implementers – teachers, field workers, and those who should receive the message, the youth. The disconnection between the domain of practice and the domain of producing the messages exposes the need to rush back to the drawing board – “as we simply cannot afford to get it wrong” (again).

Whether we will get it right depends on how serious we are in recognizing the need to develop strategies to challenge and remove the many obstacles that deny access to treatment and continue to cause human suffering. Is it message-insertion we need to end the pandemic? Or greater local contribution and participation towards creating environments which capacitate and empower instead of reproducing suffering and relationships of dependency and inequality?