Eclecticism Beyond Orthodoxies:
African Social Science Research in the Fight Against HIV/AIDS

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Abstract: This study examines the importance of social science research on HIV/AIDS in Africa. There is a dearth of social science research on HIV/AIDS epidemic in Africa as available literature focus essentially on biomedical and epidemiological aspect of HIV/AIDS research and behavioral changes. In Africa however, efforts at preventing and mitigating the impact of HIV/AIDS epidemic will have to consider the social dimension of the epidemic. This study argues for a distinct social science research on HIV/AIDS which will, first, enhance ownership of Africans in participation in HIV/AIDS research; second, developed within a specific African orientation in mind and third, relevant/ essential to Africa. Such research must equally be multi/interdisciplinary involving stakeholders and responsive to the methodological challenges posed by HIV/AIDS research.

Key words: Africa, HIV, AIDS, social science, research

INTRODUCTION

Contemporary scholars have been debating whether Africa, with its constraints of poverty, illiteracy, overhang debt crisis, unemployment, corruption, illiteracy and HIV/AIDS can respond positively to enormous challenges that confront her[1]. Though the debate about Africa's ability to lift itself from this quagmire is yet to be decided, there is an emerging consensus that social science research (SSR) has increasingly been shown to be a key in the fight against HIV/AIDS epidemic[2].

Previous attempts at research efforts about HIV/AIDS have focused mainly on biomedical, epidemiological and reproductive health aspects of the disease and HIV prevention research through education and behavior change[2]. To deny that biomedical HIV/AIDS research is not important in the fight against HIV/AIDS is blasphemous if not absurdity. Yet, biomedical approaches alone will not be sufficient in curbing the spread of the epidemic and mitigating its impact on developing countries. This fact is compounded when available research orientations such as Caldwell *et al*[3] Cultural factors and Philipson and Posner's[4] Rational Choice Model (RCM) theoretical explanations for the spread of HIV in Africa are based on stereotypical views of African sexual behavior prevailing during colonialism, with the latter even assuming that sexual activity and therefore infections are voluntary. Hunt[5] Dependency explanation equally falls into rust and complacency for disregarding culture and behaviour of the people and internal conditions and focusing exclusively on African incorporation into the world economy.

These western orientations have equally gone down in policy options for African countries. Usually, policies towards AIDS are worked along two axes: pragmatism/moralism and coercion/compassion. These reflect the different interests and positions to be found within society[6]. The coercion-compassion continuum reflects a behavioral disposition which emphasizes compulsion, or force in dealing with AIDS victims and in the controlling of the HIV disease as against that which lays emphasis on understanding the social needs and plight of the afflicted and the very fact that every human being is a potential victim of the HIV disease. The pragmatism- moralism continuum reflects a behavioral disposition emphasizing the unethical nature of certain types of sexual conduct (for example that outside marriage) and therefore which are wrong and should not be condoned as against that emphasizing what is practicable rather than ideal[7].

Statistical evidence shows that HIV/AIDS has continued on the increase. UNAIDS estimates that by the end of 2001, 40 million people worldwide were infected with HIV and 22 million had already died of HIV/AIDS since the beginning of the infection. AIDS is the leading cause of death in sub-Saharan Africa; more than 70% of all HIV infected individuals live in this region[8]. In Nigeria alone, with a population of about 120 million, the Joint United Nations Program on HIV/AIDS estimates that 3.5 million Nigerian adults and children were living with HIV/AIDS. HIV prevalence among women attending antenatal clinics in 2003 was 5.8%[9]. This infection rate, although lower than that of neighboring countries, translates to a large population already infected[10].

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This study therefore analyses the contribution that African Social Science Research (SSR) can make in providing a positive response to the above challenges. For this to happen, Africa needs research whose validity can actually be proved by its practical applicability[1]. It also demands that HIV/AIDS research must put greater emphasis on developing African ownership and research initiatives and new innovations in conducting multi/interdisciplinary HIV/AIDS research[2].

African Social Science Research on HIV/IDS Defined: SSR in Africa should be tested by its applicability[1] and such process of research must be linked to its social context and social demand, so as to increase the chances that the outcome of the process is relevant and useful for Africa. African ownership of knowledge is crucial for long term sustainability; and the fact that capacity enhancement and empowerment of the people, communities and organizations are key to creating such local ownership[2]. African SSR is therefore important because it enhances the discontinuation in provider-receiver model of North-South cooperation in research.

We define research here as collecting data on "facts", "figures", "thoughts", "feelings" and "sentiments" on past and present "events" and "experiences"[11]. Theorizing on HIV/AIDS in Africa to have visible impact on combating HIV/AIDS must adopt a scientific approach as expressed by Harding[12]:

Scientific knowledge-seeking is supposed to be value-neutral, objective, dispassionate, disinterested and so forth. It is supposed to be protected from political interests, goals and desires by the norms of science. In particular, science's "method" is supposed to protect the results of research from the social values of the researchers.

However, it suffices to note that there is no way a researcher can completely suspend him/herself from the research. Phenomena should therefore be looked at in relation to the individual(s) who experience(s) the phenomenon. Harding[12] corroborating this view has acknowledged that:

Reflecting on how social phenomena get defined as a problem in need of explanation in the first place quickly reveals that there is no such thing as a problem without a person (or group of those) who have this problem: a problem is always a problem for someone or another.

The above submission establishes a reciprocal relationship between "theory" and "knowledge". Theorizing process both uses and produces knowledge. Western theories developed have been used to generate knowledge which embodies the assumptions on which these theories were based and which ignored the experiences and perspectives of Africa. Thus, a new, more comprehensive, more all encompassing knowledge built up through African reality would have to replace this anachronistic framework.

Harding[12] further argues for the dire need for an African SSR in her incisive argument that:
Knowledge is supposed to be based on experience and the reason the researcher (in Africa) claims can turn out to be scientifically preferable is that they originate in and are tested against, a more complete and less distorting kind of social experience.

Therefore, an African SSR on HIV/AIDS refers to an African inquiry into the social institutions and individual behavior affecting the spread of the epidemic and for developing effective anti HIV/AIDS approaches and response strategies. In the context of HIV/AIDS research, this would imply that our inquiry would be driven by the recognition of the devastating consequences of the epidemic and the realization that intuitive observations are inadequate in explaining Africa's problems. It will also imply that Africans are searching for data that will help them understand their social conditions[1] which would provide insight into not only the behavior of individuals and communities, but also the applicability/and or social implications of possible solutions that have come out of biomedical research[2].

Hitherto, concentrating research effort at biomedical research had relegated social dimension to the background. Social dimension as used in this context covers both cultural, political, economic, gender and human rights dimension of social research. Neglecting to adequately recognize the importance of SSR on AIDS has denied to echo RAWOO[2] Council's view, " a difference in curbing the spread of the epidemic and mitigating its impact" since SSR on HIV/AIDS in Africa will avail "the opportunity of basic knowledge to deepen our insight and understanding of the social determinants and impact of the epidemic as well as applied, action- oriented public policies and health interest which will assist civil society organizations, local communities and private sector in designing effective responses to the disease".

Relevance of African SSR on HIV/AIDS: It is increasingly understood that HIV/AIDS epidemic is not only a health issue alone, but represents a complex medical, social, economic, political, cultural and human rights problem which cuts across all sectors of developing countries[13]. This new realization is bound to have a serious repercussion on how science is currently addressing HIV/AIDS in Africa. Can we say with certainty that research approaches and methodologies in vogue are appropriate or we need to respond and be better adapted to the rapidly changing social context in the south. The role of the social scientist here, though meant to support policies and interventions, should nevertheless be more geared towards helping to reveal and understand problems, rather than being apologetic[2].

SSR needs to be relevant to the development of Africa; it is needed to develop concepts and increase Africa's understanding of HIV/AIDS epidemic.

Research here therefore needs to be pro-active and inspired by demands from the field. It equally must involve "target" communities and groups in order to ensure that the research agenda responds to Africa's needs and enhances Africa's involvement and ownership at an early stage.

African SSR becomes useful because in the first place, it assist in extending the knowledge that has been added to the prevention and management of HIV/AIDS. In the second place, SSR findings on HIV/AIDS are useful tools for promoting behavioral change through effective communication and understanding the specific realities of the group that needs to be addressed i.e. realities that relate to barriers to change (in the context of gender, age, culture, language and sexual practices). Thirdly, since scientific research is not only a cumulative but also a rejective one[1], more knowledge on HIV/AIDS would enable us respond creatively and flexibly to HIV/AIDS and mitigate the impact of the epidemic on African society and to identify and later discard outworn approaches such as the RCM of Philipson and Posner[4] and the cultural predisposition of Caldwell *et al.*[3]. Fourthly, once research has enabled us to define and interpret human actions, we become capable of initiating and directing social change. Issues such as women empowerment can be brought to the centre stage[14] of intervention strategy against HIV/AIDS.

Fifthly, the relevance of SSR on HIV/AIDS in Africa stems from the realization that the epidemic constitutes both a serious health, economic and social problem with repercussion on developing countries but especially Africa. The epidemic is ravishing African countries at an unimaginable human misery and an astonishing death toll. The virus is creating enormous social problems, orphaning millions of children, debilitating national work force, causing economic challenges and destroying the cultural traditions of the people[15]. We cannot therefore underscore the need for laying "a scientific basis for the formulation of policies"[11].

Although some surveys have already been conducted especially reports from "The Conference on HIV/AIDS in Context", held at University of Witwatersrand in Johannesburg, South Africa in April 2001, "The Regional Consultation on Stigma and HIV/AIDS" held in Tanzania in June 2001 and "The 4th National Conference on HIV/AIDS Research, Achievements and Future Challenges" held in Nigeria in May 2004, more documentation is needed on the average African's life in HIV/AIDS context, their problems and needs. The fire brigade and adhoc approach to research and policy conception on HIV/AIDS would have to be discarded while institutional and collaborative frameworks are established.

Refocusing our research orientation: Africa remains the epidemiological locus of HIV/AIDS in the world. While biomedical and epidemiological research are necessary to help find answers and solutions to the epidemic in the medical realm, in Africa, the answers to the problems that affect other spheres of life including HIV/AIDS lie in social, cultural, political, economic and other processes[2]. Such have led to the dominance of western social science trying to explain the pattern of HIV infection in Africa. These western theories have largely underpinned policy options on HIV/AIDS in African countries. Thus, an African methodological approach and orientation is better poised to unravel western hegemonic discourse, inadequacies and bias on HIV/AIDS research in Africa.

Some identifiable areas for an African SSR on HIV/AIDS according to RAWOO[2] include

i. **Behavioral change and communication:** How effective any communication and health education model is, is dependent on understanding the social and cultural conditions that influence behavior of a target group. In some countries, some behavioral changes models have failed because they adopted traditional, often Western-based health education models (both social, psychological and health behavior model(s) and did not challenge the effectiveness of these models. At the moment, there is little research available on the sustainability of behavior change. Action-oriented research with a multisector and multidisciplinary focus is required to evaluate the processes and impact of interventions.

Failure to effect behavioral change is a failure to communicate. Therefore, to strengthen communication, research is needed to acquire a better understanding of context, sexuality and language for different groups, including constraints on openness. Ethnographic studies are to be explored; participatory methodologies, interactive communication and theatre will also serve as important tools. Discrimination and stigmatization from medical professionals would also have to be explored since this discourages people from seeking consultation.

ii. **Human rights and governance:** This is a critical and yet neglected area of research. For example, it has been widely recognized that women's vulnerability to HIV is connected to discrimination, unequal rights and partner's violence. The hypotheses that the promotion and protection of human rights and HIV/AIDS are inextricably linked should be further explored. Political leadership and good governance has nowadays been identified as a critical key for strong response to HIV/AIDS[15,16].

iii. **HIV/AIDS and poverty:** Research is increasingly unraveling the relationship between HIV/AIDS and poverty. This relationship demands an in depth investigation. It is thus imperative to study the epidemiological patterns (who gets infected and how) in relation to social class, race, religion,

ethnicity and gender as well as the impact of poverty on mobility and migration patterns and how these in turn influence sexual networks and the spread of HIV. It has been shown that AIDS causes poverty even where it did not exist before but when AIDS hits those who are already poor, its impact is more intense- it deepens and prolongs poverty[17]. Although there is widespread agreement that HIV/AIDS, poverty and economic development are inextricably linked, this understanding is not yet reflected in the development models and approaches that are being used to design and implement government policy. For instance, poverty reduction would have to be an integral part of reducing vulnerability to HIV and reducing the impact of AIDS.

iv. **Treatment and care:** Research efforts are increasingly showing that viability of treatment and care at community level is dependent on the effectiveness of the health delivery system[2]. Research efforts need to test various strategies aimed at enhancing effectiveness with emphasis on aspects of access, quality and target group orientation in service delivery (e.g. youth-friendly reproductive health services). Other relevant questions pertain to care models: what successful models of home-based and community-based care exist and what is the role of traditional care structures? What role do traditional healers play in AIDS treatment and care? What referral systems exist among them? What are the determinants of help-seeking behavior? What is the influence of partner violence on help-seeking behavior and voluntary counseling and testing (VCT)? How do attitudes of health workers deter or encourage care seeking by HIV patients?

v. **HIV/AIDS and stigma:** Stigma is a mark of discredit of a person or group. Stigma can manifest itself in a variety of ways, from ignoring the needs of a person or groups to psychologically hampering those who are stigmatized[9]. Stigma and discrimination which fuels the epidemic equally hampers efforts at prevention, caring and supporting people, families and communities living with HIV/AIDS. Efforts at breaking the silence by involving religious leaders, policy makers, artists etc. are a sure way to break the jinx.

vi. **Behavioral, sociocultural and ethical dimensions of ART and other new technologies:** As biomedical research explore new HIV prevention and treatment technologies, research is needed to understand and assess the behavioral, social, cultural and ethical issues that are related to the introduction of these technologies in developing countries. Since such issues will vary from country to country they will need to be addressed within the specific sociocultural context of each country. In other words, research is needed to adapt innovations and interventions to a particular social and cultural context. How for instance will poor

countries with weak public health services utilize Antiretroviral Therapy (ART) to treat HIV infected people? These obstacles are made against the backdrop of access, high cost, treatment failure, complicated dosing regimens, toxicities and side effects, patients' adherence and drug resistance. What are the limitations of antiretroviral drugs to prevent mother-to-child transmission (MTCT) in socio-cultural context? What about acceptance of female-controlled protection methods, such as female condoms and topical microbicides, to reduce HIV transmission in different cultures?

vii. **Social dynamics and epidemics:** It has increasingly been argued that HIV/AIDS is influenced by social, cultural and political changes. Research effort is indeed needed to look into these dynamics in order to be better prepared and to guide interventions that could prevent further spread of HIV. Benjamin[17] and UNICEF[18] Fact Sheet for example have established a relationship between conflict, civil war, natural disasters and HIV/AIDS. Equally, Hunt[5] has established a link between migration and mobility to the epidemic. More research effort is needed to ascertain the sociocultural applications of these findings.

viii. **Sexuality:** Little is still known about the sexual behavior of men, women and young people. Western -based models of sexuality have dominated research agendas and have often formed the basis for culturally inappropriate programs. Yet understanding sexuality and sexual behavior is key for the development of behavior-change approaches. More insight is therefore needed into what people say and think about sex; into issues of violence, gender and sexuality; and into masculinity and sexual practices and taboos. There is need to therefore focus research into issues of sexuality and sexual behavior which could make better use of existing ethnographic studies that often contain valuable and rich material on these issues.

ix. **Young people and other vulnerable groups:** Young people who constitute the future of African society are increasingly becoming at risk of HIV infection. It is therefore important to influence their sexual behavior at an early age by a thorough understanding of behavior traits that put them at risk of contracting HIV/AIDS. If this feat is achieved, there is a chance to influence their norms and values. Research is needed to develop culturally and socially appropriate interventions targeted toward young people. Women who have inadequate access to resources, particularly food, resort to coping strategies that put them at greater risk of HIV/AIDS[17]. More insight into behavior and attitudes of vulnerable groups needs to be addressed. Behavioral change messages focusing on abstinence, use of condoms as a dual protection method, both for family planning and for HIV/STI prevention and others should be adopted. More

insight is also needed on mediated school based intervention programs[19]. Depending on the local situation, research efforts must also be targeted toward other specific vulnerable groups, such as adolescent girls, intravenous drug users, sex workers, children infected and affected by HIV/AIDS and orphans.

RESEARCH APPROACHES

African SSR would have to adopt appropriate research approaches and methodologies that have congruence with reality. Theoretical and methodological assumptions that serve the function of obscurantism and mystification would have to be discarded. Some of these approaches include:

i.   **Multi/interdisciplinary HIV/AIDS research:** Emphasis had hitherto been given to biomedical research in order to understand the biology of HIV and to better develop cost-effective and affordable prevention and treatment technology. Research on epidemiology/demography and social statistics necessary to treat and compare prevalence and to make projections, has also been in the forefront; so also is research on public health, especially in the area of health promotion and education. Increasingly however, there is a call for research to be brought from different fields for mutual reinforcement and to become a multi/interdisciplinary approach.

ii. **Involving stakeholders in HIV/AIDS research:** Involving social actors and stakeholders in civil society, government and private sector in the process of preparing and implementing HIV/AIDS research is a sure way of making research more responsive to the needs of end users and beneficiaries for whom the research is intended and to ensure its relevance[2]. Since we have argued that HIV/AIDS is not only a health-sector problem, various organizations and institutions including the public and private sector, civil society organizations, academia, donor agencies, local communities and People Living with HIV and AIDS (PLWHA) must be involved. The overwhelming demand from students, academics, civil society organizations, grassroots social movements and the media have not been matched by rigorous knowledge of social science research on HIV/AIDS in Africa. While traditional and rigid African Universities and Educational systems have been slow to respond to the demand imposed by the epidemic, civil society agencies and NGOs have been industrious to tap into the project funding for promoting AIDS-related educational services. The relative success of the NGO's, FBO's and civil society organizations has forced the academic institutions to respond to the demand imposed by the HIV/AIDS epidemic and the realization that vertical programming will not produce the expected result of local ownership.

iii. **Particular methodological challenges posed by HIV/AIDS research:** The most problematic aspect of HIV/AIDS research is that it is fundamentally about sex and intimacy. There are few cultures where this is talked about openly. It is therefore very difficult to find out what sexual habits people have and what meanings are attached to sex in different cultural contexts. Yet, an understanding of this is likely to be vital in designing effective approaches and messages for behavior change. Research methods that can address this have to be developed. Challenges are posed to both qualitative and quantitative research with regard to methods that can be used best in HIV/AIDS research. While new methods, such as verbal autopsy, are being explored, the usefulness of, for example, historical research is being proven with regard to youth sexual socialization and culture. The same applies to ethnographic research where oral testimony, life histories, participant observation and biographies are providing insights that cannot be obtained through other methods. The reliance on focus group discussions in much applied research has been questioned, while in-depth interviews also face the question of research bias[2].

AREAS OF RESEARCH AND COLLABORATION

Both basic and applied social research is necessary in Africa. Basic research needs to question the principles on which existing models for intervention are based, such as the health education models. Moreover, such research seeks to understand the social factors and institutions that influence individual behavior and society's response to the epidemic. Operational and action-oriented research are needed to find answers to problems that people and organizations at different levels face in their daily struggle to deal with the realities of HIV/AIDS surrounding them. Action research makes use of different types of instruments, but always involves the target groups in research, planning, implementation, monitoring and evaluation.

Multi/interdisciplinary cooperation and interactive research approaches involving actors in government, civil society and the private sector in the research enterprise should be high on the agenda. The need to emphasize collaborative research and HIV/AIDS advocacy has been argued by a Chilean social critique:

If our influence begins to expand, it means that our relationships and therefore the constituents of our environment have also developed. This is a factor we need to bear in mind because even though our actions may begin in one small area, their influence can project very far. And there is nothing strange in thinking that others will decide to accompany us in this direction. After all, the great movements throughout history have followed this same course- logically they began small

and then developed because people felt that these movements interpreted their needs and concerns[20].

Researches are therefore not to be seen as isolated individuals of whom others have no importance but people who in understanding HIV/AIDS epidemic are trying to ensure an effective organization of ideas and an efficient analysis of the powers that claim control over people's lives, values and attitudes.

Cooperative research linkages especially for the Civil Society Organizations (CSOs) and Non-Governmental Organizations (NGOs) have an enormous potential in African SSR. This case is made because these organizations are spatially and well located within the space where the HIV/AIDS epidemic is ravaging Africa. Promoting networks of African Universities working with CSOs and NGOs is one sure way of facilitating exchanges of research information, investigating skills and developing the capacity to utilize local resources to fight HIV/AIDS.

Research capacity at universities and research centers can be enhanced through support for human resources development (research training in particular), infrastructure, facilities and networking. Human resource development can take different shapes e.g. provision of fellowships for longer-term training as part of a framework for collaboration in either the South or the North or short-term training programs for research staff (in the South or North). Sandwich programs have equally been found useful tools to enhance collaboration between institutions[2].

CONCLUSION

A look at current research on HIV/AIDS in the world has shown a bias towards biomedical, epidemiological and reproductive aspects of the

epidemic at the neglect of social science research which has increasingly been shown to be effective in the fight against HIV/AIDS. It is in the context of ensuring and developing ownership of research initiative that this work has argued for the need of a distinct African SSR which considers the socio-cultural dimension of HIV/AIDS in Africa. The universalisation of theories on HIV/AIDS has led to a particularistic dominant discursive hegemony i.e. western "explanations" and understanding of what is considered to be an HIV/AIDS research in Africa. This dominant discursive framework privileges certain institutional approaches, modes of enquiry and certain research agendas and in the process, relegates the non-western approaches to irrelevance. There is thus the need to understand the current emphasis on SSR on HIV/AIDS that is home made with holistic planning and policy, adopting a multi-sectoral and inter/multi disciplinary response to the epidemic.

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