Edith Cowan University

Research Online

Theses: Doctorates and Masters

Theses

2006

Networks and narratives: An exploration of their relationship and potential for understanding the actual experiences of women with HIV/AIDS

Purity N. Irungu
Edith Cowan University

Follow this and additional works at: https://ro.ecu.edu.au/theses

Part of the Immune System Diseases Commons, and the Law and Gender Commons

Recommended Citation

NETWORKS AND NARRATIVES: AN EXPLORATION OF THEIR RELATIONSHIP AND POTENTIAL FOR UNDERSTANDING THE ACTUAL EXPERIENCES OF WOMEN WITH HIV/AIDS

BY

PURITY NDUTA IRUNGU

A THESIS SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF

MASTER OF ARTS SOCIOLOGY/ANTHROPOLOGY

AT THE FACULTY OF COMMUNITY SERVICES, EDUCATION AND SOCIAL SCIENCES

DATE OF SUBMISSION: April, 2006

USE OF THESIS

The Use of Thesis statement is not included in this version of the thesis.

DECLARATION

I certify that this thesis does not, to the best of my knowledge and belief:

I. Incorporate without acknowledgment any material previously submitted for a degree or diploma in any institution of higher education;

II. Contain any material previously published or written by another person except where due reference is made in the text; or

III. Contain any defamatory material.

I also grant permission for the library at Edith Cowan University to make duplicate copies of my thesis as required.

Signed   PURITY NDUTA IRUNGU

Date   April, 2006

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

Page

<u>ACRONYMS</u>

AIDS   Acquired Immune Deficiency Syndrome

CDC   Centre for Disease Control

COVAW   Coalition of Violence against Women

FIDA   Federation of Women Lawyers in Kenya

FPA   Family Planning Association

HIV   Human Immuno-deficiency Virus

IDRC   International Development Research Center

IDU   Intra-venous Drug Use

KEMRI   Kenya Medical Research Institute

NASCOP   National AIDS and STD Control Programme

PSI   Population Service Institute

SSA   Sub-Saharan Africa

STIs   Sexually Transmitted Infections

UNAIDS   Joint United Program on HIV/AIDS

UNDP   United Nations Development Program

UNFPA   United Nations Population Fund

UNIFEM   United Nations Development Fund for Women

USAID   United States Agency for International Development

VCT   Voluntary Testing and Counseling

WHO   World Health Organization

ABSTRACT

This study set out to examine literature relating to social network theory and narrative theory in order to explore how their *potential* connection could be used in future to understand and improve the actual life-experiences of women infected by the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS).

The thesis was done entirely by library research using secondary sources but is original in its intent. It includes a critical examination of some of the work of earlier researchers, including Lockhart's (2000) anthropological study of the social construction of 'risk' of AIDS in urban Tanzania. Much previous research studied the problem of HIV and AIDS among women in different parts of the world and the factors that increase their vulnerability to the epidemic. However there has been a tendency to ignore women's own narratives, even though it is only through these that we can best understand their situation and help design and implement preventative and intervention programs culturally tailored to their needs.

Social network theory has provided an important focus in the past for certain African studies, especially those by urban anthropologists interested in male migrant labour. Today, however, it is recognised, that women form their own social networks, both in Africa and elsewhere, and that some are local grass-roots networks, others global, and that both levels provide women with a sense of belonging and identity that earlier writers –mainly European men- chose to overlook or were in no position to study. Networks therefore play an

important part in the lives of women, and this thesis examines some of that past network theory, including that relating to Africa which is usually overlooked in the growing multi-disciplinary literature on networks.

Narrative theory too has origins that recent and more overtly labelled 'narrative' literature fails to acknowledge. Yet though, as we shall see, there are different ideas as to what 'narrative' actually is, all its forms have these things in common: a story, narrator, and audience.

In this thesis I refer to women of all ages and classes in various parts of the world, but I am especially interested in Africa, which is where I am from and about which I have the biggest reason to be concerned.

INTRODUCTION

THE IMPORTANCE OF STUDYING WOMEN'S NETWORKS AND NARRATIVES IN RELATION TO HIV/AIDS

'' Millions of women around the world were already facing a lifetime of hard labour. HIV and AIDS have just turned it into a death sentence.'' Peter Piot – Director of UNAIDS (UNAIDS, 2004).

'' A growing number of the world's new cases [of HIV infection] are women, a 'terrifying pattern' that widely used prevention measures are ill-equipped for.'' Kofi Annan, Secretary General of the United Nations (Wadhams, 2004).

This thesis is concerned with the exploration of experiences of women in the age of HIV/AIDS, to establish how by the use of narratives and the female social networks, the whole society as well as intervention groups and policy makers can be involved in helping to reduce the high rates of HIV infection in women.

I conducted an intensive library search based upon work done by other researchers in this field, and used media reports, radio, television and internet sources of popular culture in a bid to understand the lived experiences of women who bear the ruthless brunt of the epidemic. As a citizen of Kenya, I also draw upon my own experiences and knowledge of women as they face a triple jeopardy, as carers of infected family members, and at the same time, they also

face the highest risk of infection. In addition to this, women are potential

transmitters of the virus to their unborn children through exchange of the foetal

blood. Despite these facts, women's needs are still basically not recognised to be

as important as those of men and children in the society. It is therefore important

that findings of this thesis can be used in the future development of programmes

and policies that will recognise women as equal members of their society,

therefore catering for their individual needs in regards to HIV/AIDS pandemic.

Background of the study

When we talk about HIV and AIDS, we confront our own values as well as

expose the inadequacies of medical and other human services (Aris, 1993). We

are faced with the options of either ignoring the AIDS scourge as it is - a real and

devastating problem, or facing it head on so as to come up with ways with which

we can fight the spread of HIV/AIDS, such as providing the right preventative

tools such as education to the most affected demographics.

Women are at a higher risk of contracting HIV than are men in most parts

of the world, particularly in the developing countries of Africa, Asia, the Pacific, as

well as the Latin America countries and the Caribbean. Women also tend to have

a higher rate of infection than men in the same age group (UNAIDS, 2001). In

Africa, women's peak infection rates occur at an earlier age than those of their

male counterparts. This explains why there are an estimated 12 women living

with HIV/AIDS for every 10 men (UNFPA, 2001). The impact of HIV/AIDS in

different parts of sub Saharan Africa is alarming. Everyday thousands of people

are losing their fight against AIDS, while most continue to live and suffer from AIDS-related infections. In Kenya alone, an estimated 600 people die daily from HIV and other related infections like pneumonia, tuberculosis, malaria and bronchitis. More than 13% of the total population is infected with HIV (FPAK, 2001; UNFPA, 2001).

Despite the efforts made by both local and international organizations, the situation seems to be deteriorating at a very fast rate especially in Sub Saharan Africa (SSA). By the end of 2001, the United Nations estimated that in this region alone, 29 million adults and children were living with HIV and AIDS (UNAIDS, 2002). Women as a proportion of all adults living with HIV/AIDS rose from 43% in 1998 to 48% in 2003 (UNAIDS, 2003).This is important because it adds value to indicate that the proportion of women is almost, if not half of the infected population, and more so, according to reports this proportion continues to grow. According to UNAIDS (2002), women too have a higher percentage of infection than men in the same age group. Given this reality, it is shocking to find that, especially in developing countries, the health of women is not properly addressed. Mothers often sacrifice their own health to cater and care for other family members (Patton, 1994). These problems are magnified by the fact that a majority of societies in Africa are patriarchal, therefore a host of other factors - cultural, economic, political and even to some extent religious, also contributes to women being at a more vulnerable position to HIV than are men. Perhaps it is one reason why

AIDS has reportedly been killing women in developing countries long before it even had a name, or even before a cause for it had been discovered (Koblinsky and Timyan, 1993; Squire, 1993).

In many African countries, as well as in other parts of the world, HIV and AIDS does not discriminate against the age of women (Buve, Agha et al. 2001). For example in Kenya, out of the 2.3 million adults living with the virus, 1.4 million of these are women aged 15-49 years (UNAIDS, July, 2002:190). Furthermore, in Kenya, elderly women bear the burden of caring for those who are infected and, because of poverty, remain at home since they cannot afford to be in hospitals. Elderly Kenyan women who have lost their own children to the epidemic are faced with the care of the HIV/AIDS orphans, and, in majority of the cases with very little help from the government (Berer and Ray, 1993). Women who are in monogamous relationships may become infected with sexually transmitted diseases, including HIV, because of the risky behavior of their steady sex partners, yet these women are considered to be at low risk (Kalichmar, Kiragu and Campbell, 1996).

The onset of HIV/AIDS pandemic and its devastating consequences has left the families especially in developing countries crying for assistance to help them cope, remain solid and perform their crucial roles and responsibilities to its members. According to Nhogo (2004), this has brought into play an impact of HIV/AIDS on generational roles as well as inter-generational relationships. The importance of this is that no matter

what the situation may be, women of all generations continue to be at a more vulnerable position especially in developing countries. On one hand HIV has caused disruption within the family structure in an irreversible way and has shifted the weight and pattern of responsibilities to those members that are ill placed to perform them or in most cases, to those who thought they had already done their part. I will explain this again using the example from Kenya. Older women, as well as a good proportion of older men are providing economic, social and psychological support for their orphaned grandchildren, as well for the sick and dying.

In many cases there has been some degree of reciprocity in the care and support relationship. According to Nhogo (2004), in some situations children have become the primary carers of their older relatives. As a result of this, children headed households have emerged. Again this is important because in most cases it is the girl-child who bears the brunt of the HIV/AIDS epidemic. In Kenya for instance, young girls rather than their male counterparts, especially in the rural areas where the rates of infection are high, are usually forced out of school in order to care for their sick parents and relatives. In the worst cases, when their parents die, they are left to care for the siblings, yet they are still young children themselves. In some cases the young girls who may be forced to 'grow up too fast', and may be confused by the sudden responsibilities they face as head of households leaves them at a vulnerable position and exposes them to sexual abuse, incest and defilement. This is highly suggestive of

inter-generational sexual relationships. Perhaps this is why the statistics indicate that young women between 15-24 years have HIV prevalence of 35%, which is double that of young men in the same age group who have HIV prevalence of 17% (UNAIDS, 2002).

In Kenya as well as in many African countries, sexual issues were considered a matter of secrecy, and until recently it was taboo to discuss such matters in public. This is still the case for some of the cultures that are considered "remote and backward" by Western and even local researchers, for instance the pastoral communities. Some pastoral communities have upheld their cultures strongly, with little influence from the Western world. This makes it hard to discuss the issue of HIV/AIDS with men and women as well as young people in these societies. Efforts by organizations to prevent the rise in the spread of the virus have been thwarted simply because the issue is considered "taboo" or "unclean" for open discussion (Kaleeba, Quigley, Buve and Katabira, 2000).

But with a prevalence rate of 13%of the adult population in Kenya infected (UNAIDS, July, 2002:192; PSI, July, 2002) many institutions, including the government are now breaking the silence and are implementing programs which ensure that HIV is an issue which involves the whole family. Not only did the former president of Kenya, H.E. Daniel Arap Moi declare HIV/AIDS a national disaster on Friday, 26, 1999 (Dawes, 1999) but the current president. H.E.Mwai Kibaki is involved in campaigns that promote awareness in the nation as a whole. As from

Saturday, May 31, 2003, he appeared in a television advertisement advising the nation against promiscuity, urging the youth to practice abstinence, or if they need to be sexually active, to practice safe sex using condoms as a means of protection (0yaro, 2003). In the same advertisement, he emphasizes on the need for everyone to know their sero-status, and encouraged the public to seek the services offered in the voluntary counseling and testing centers set up countrywide.

Consequently, most of these centers have registered a rise in the attendance rates especially from young men and women aged 15-25 years (UNAIDS, 2001). Noticeably, since campaigns began in different countries, including Kenya, women have reported a higher percentage of condom use and a lower frequency of unprotected vaginal intercourse as reported in studies conducted among the African American women in the United States of America (Kelly, Geeta, Kirby and Kirky, 2001)..

Significance of the study

My study is directed towards gaining an understanding of women's experiences with HIV/AIDS as well as exploring how some women have mobilized themselves to promote their health in developing countries, like Kenya, where women's health is still not recognized as a priority.

In 2001, as the world marked twenty years of AIDS, Peter Piot, a leading authority from the UNAIDS took the occasion to lament, ''if we only knew then what we know now'' (Peter Piot, Executive Director,

UNAIDS, July 2002:7). In this single statement, he summed up what the situation is, the fact that the epidemic has turned out far worse than predicted.

But we do know. We know that at this stage of the epidemic, there is still hope and that effective responses are possible to contain the epidemic (only if they are full scale), and that unless more is done today than tomorrow, the epidemic will continue to grow. HIV and AIDS if left to run their natural course will cause devastation on an unprecedented scale. Failure to take action right now will be the most deadly mistake we could possibly make.

Because women are the most affected group, and at the same time make up a higher percentage of the infected population, the future depends on female initiation of change for women are arguably the greatest untapped resource with which to fight the epidemic (Berer and Ray, 1993). Some women's networks in Kenya for example, the Coalition on Violence against Women (COVAW) and the Federation of Women Lawyers (FIDA) have already been involved in the struggle to change behavior and norms, in their fight for female equality and empowerment. Such female networks need to be studied so as to see how messages, ideas and connections are made in the fight against HIV/AIDS and the potential for controlling the epidemic.

Over the last twenty years since the first cases of the epidemic were reported, various organizations, like the Centre for Disease Control (CDC), and the World Health Organization (WHO), have been involved in researching the pattern of the spread of the infection across the world, especially in the worst hit regions of Africa and Asia. Additionally, in this era of HIV/AIDS and global resurgence of infectious diseases like tuberculosis, there is widespread concern and interest about the cultural, economical and political factors directly related to increased prevalence of infectious diseases (Inhorn and Brown, 1997). This approach is of great importance in the positioning of women in the epidemic as 'objects' of epidemiology, economic and socio-cultural matters all affected by the forms of society, social relations and gendered spaces. I therefore explore social structures and female social networks to understand women's position in society.

Urban social networks have been previously discussed by several authors including Epstein (1964), Mitchell (1969) and Hannerz (1980). But the focus has been on male networks, and may have been reflective of the large male to female ratio that predominated in the urban environment. Women may have been viewed as peripheral to the more dominant male networks. Women's networks have since become independent, and their interpersonal relationships are far more complex than meets the eye, and are more than just a situation where they exchange goods and services.

Important information and ideas are also exchanged among these women (Lockhart, 2000).

This study will contribute to what already exists about narrative discourse and social network. By combining these two fields, I suggest a new theoretical direction in the fieldwork methodologies which may in turn have practical implications for HIV/AIDS prevention programs design and delivery. I seek to understand gender relations and the importance of female networks whether the more popular ones like FIDA and COVAW in Kenya, or simpler ones stemming from church or neighborhood activities. I explore the role narratives play, either as entertainment or as a means to convey important messages and exchange ideas (Lockhart, 2000).

Purpose of the study

The purpose of this study is to explore the experiences of women in the age of HIV/AIDS, and to establish how by the use of narratives and the female social networks, the whole society as well as intervention groups and policy makers can be involved in helping to reduce the high rates of HIV infection in women.

Thesis organization

Chapter one reviews the available literature concerning networks and narratives. In chapter two I discuss the issue of gender and the HIV/AIDS epidemic, and the factors that increase vulnerability for women.

This chapter also looks at how the idea of HIV/AIDS being attributed to being a gay man's disease has contributed to the high rates of infection in women as it has gone unnoticed over the years, since it was for the longest time considered impossible to be acquired by women. Chapter three looks at how women have been placed into different categories and how these categories have played a role in increasing the rates of HIV infection in women. This chapter also discusses the experience of women with HIV/AIDS and looks at some of the stories they tell so as to help us understand their experiences, after they are diagnosed with HIV. Chapter four looks at the network analysis and how different scholars defined and used this theoretical approach in earlier studies. This chapter is also concerned with the characteristics of social networks that enable the networks to function effectively. Chapter five gives a deeper understanding to social networks by using case studies from earlier scholars including Elizabeth Bott in London, John Barnes in a Norwegian fishing village, Epstein in Ndola, Zambia and Chris Lockhart in urban Tanzania. Chapter six looks at the importance of language in communication of HIV/AIDS messages. This chapter also covers the origin of the Narratology School, and how scholars have used this theory of narratology in research. Chapter seven discusses how oral literature has incorporated women's narratives in different forms like music, song and dance to recount their experiences with HIV and AIDS as well as educate the public and promote the society's awareness on the dangers of the

disease as well as how to prevent its spread. In the conclusion, I look at the use of global networks as a means of communicating massages on HIV/AIDS, including prevention, care, support and treatment. This chapter also gives suggestions as to how policy planners and program designers and the health authorities can possibly benefit from listening to women's stories, and incorporating these into the intervention programs which can then benefit not only women in their networks, but the society as a whole.

CHAPTER ONE

LITERATURE REVIEW

In this thesis, I focus on two main themes, social network theory and narrative discourse in relation to the HIV/AIDS pandemic and its impact in particular on women, in order to try and suggest how they might be relevant as sources of conceptual tools and research methodologies in future research into prevention and control of the disease. As a first step in this direction, therefore, in this chapter I review and critique some of the existing literature on these two themes.

The first part of the chapter deals with social networks. The second part of the review deals with the different kinds of interaction and communication that may be thought of as narratives and especially those that have an impact on women's lives. These include simple exchange of information between parties, whether it is simple face to face conversations or technologically advanced forms of communication.

In conclusion, this review looks at the contribution that the network theory and narrative discourse could possibly make in contributing to future studies of HIV/AIDS that will address women's needs.

Network Theory

According to Kadushin (2000), social network theory is one of the few, if perhaps the only one of the theories which is not reductionist. This

broad body of theory applies to a variety of levels of analysis from small groups to the entire global system. Simply stated, a network contains a set of objects, and the mapping or description of relations between those objects (Kadushin, 2000). The simplest network therefore contains at least two objects and in this case the objects are people. The use of network as an analytical rather than a metaphorical concept dates from Barnes' work in 1954 (Mitchell, 1969:1), and since then the idea has been refined and popularized by anthropologists. According to Mitchell (1969), this popularity seems to have two origins; the first derives from a growing dissatisfaction with structural analysis and consequently search for alternative ways of interpreting social action. The second is in the development of non-quantitative mathematical ways of identifying the various implications of relations among a number of people.

As Mitchell (1969) has stated usefully, Radcliffe-Brown (1952:190) defines social structure as a network of actually existing social relationships. Radcliffe-Brown uses '*network*' in a metaphorical and not analytical sense. His use of this word evokes an '*image*' of interconnections of social relations, and Radcliffe-Brown does not go on to specify the properties of interconnections which could be used to interpret social action. However, Firth (1954), cautions against taking the metaphor to be more than it is. However the metaphorical use of the word '*network*' should not prevent us from expanding the metaphor into an analogy and, use it in more specified and defined ways as Reader (1964) suggests.

In any society, the connections between persons could be in terms of a single link and there are no limits to the number of persons involved as Barnes (1954) discovered in his study of a Norwegian island parish. Katz in Mitchell (1969:110) also defines *networks* as the set of the persons who can get in touch with each other and the *contacts* as the individuals who comprise a network. Interest in the study of networks thus focuses on the characteristics of the linkages of the people to one another rather than on the attributes of these people.

An important aspect of network studies developed by social psychologists has been communication (Mitchell, 1969). Here interest is in the way in which information and ideas diffuse among a given set of people for example within the society. The chains of linkages along which the information can flow here have central importance. Therefore the key factors in communication within the networks include directedness, connectedness, reachability, transmitters, relayers and receivers, strengthening and weakening points (Harary and Cartwright, 1965).

For us to understand social networks in the interpretation of social action, it is necessary to distinguish certain features of these networks as being relevant to the explanation of the behavior sought (Mitchell, 1969). The majority so far have concentrated on the nature of the links among people as being most significant. Barnes (1954) has referred to this as the '*mesh*' of the network while Bott (1955) refers to it as '*connectedness*'. It is this feature which Philip Mayer (Mayer, 1961), as discussed later in the

thesis, sees as distinguishing the social networks of the `Red' and `School' migrants, in his study to explain the behavior of different types of migrants and of settled townsmen in the South African town of East London (Mayer, 1961; Mayer, 1964).

Epstein (1964) also uses this feature to mark off the ''effective networks'' (those which show high degree of connectedness) from the ''extended networks'' (those which are loose knit and exert little normative influence). There seems to be no accepted set of criteria which might be used to distinguish the characteristics of one type of network from another, partly because studies of personal networks require thorough and systematic detailed recording of data on social interaction for a fairly large group of people. "Certainly earlier writers who made use of the notion have not provided enough systematically recorded detail in their accounts to make it possible for readers to check their interpretation" (Mitchell, 1969:11).

There are several morphological and interactional characteristics of networks relevant in describing social behavior. Morphological characteristics are the relationship of the links in the network in respect to each another (Mitchell, 1969). These include anchorage, density, reachability and range. The interactional criteria are the nature of the links themselves and these include content, directedness, durability, intensity and frequency.

In his recent work among women in Tanzania, Lockhart (2000), points out that although the symbolic aspect of social networks has been prominent in urban anthropologies of Africa, few, if any of these studies paid attention to African townswomen. Yet as increasing numbers of women became part of the urbanization process in the years following various African nations' independence, some researchers, notably Little (1973), did begin to shed light on the circumstances surrounding their migration patterns and special position; though their early emphasis was on the women's social and economic marginalization and dependence on men rather than on female networks as such.

Throughout the 1970s and the beginning of the 1980s the research focus on female peripheralization and supposed lack of agency began to change. Much of this change could be attributed to a wider paradigm shift in anthropology as a whole, and partly to the growing influence of gender and feminist theory (Rosaldo and Lamphere, 1974; Ortner and Harriet, 1981). Particular importance of the aspect of this body of work was the stress played upon how such things as women's clubs and trading societies had become powerful female agencies (Rosaldo and Lamphere, 1974).

Anthropologists began to emphasize female agencies in terms of informal methods such as gossip, ridicule and group solidarity in neighborhood market places. These ideas have in turn had an impact upon the discussion surrounding the situation of African townswomen, and

their efforts to define and achieve new forms of female agency and empowerment. African women were also actively seeking and creating spaces to maneuver from within highly patriarchal urban environments, especially through informal businesses and trade activities (Lowe, 1976/77), thereby beginning to define their identity beyond `traditional' notions of work and gender in new urban environment that included such qualities as independence and self reliance. Just as in other parts of the world African townswomen were defining these qualities in terms of their relationships with each other (Little, 1973:25).

According to Ciambrone (2004), social networks in the United States of America –as well as in Africa, play a major role in the lives of women especially in this era of HIV/AIDS. She describes these networks as places where women learn about HIV, as well as how the virus affects a woman's sense of self, pride and place, and in particular in a society that HIV and AIDS are still stigmatized. The networks are therefore important because it is within them that they learn how to repair disruption and restore identities within the society

Narrative Discourse

What are narratives? What are the main ingredients of narratives?

A narrative must have a story (Larson, 1996), although any kind of story is not enough. The term narrative can be used in a wide sense, eloquently summarized by Barthes (1975), cited in Finnegan (1992:17).

Barthes (1975:37) states that there are countless forms of narratives. First, there is a prodigious variety of genres, each of which leads itself into a variety of media, "as if all substance alone could be relied upon to accommodate man's stories". Among the vehicles of narratives are articulated language, whether oral or written, pictures whether moving or still, gestures and an ordered mixture of all those substances; narrative is present in myth, legend , fables, tales, short stories, epics, history, tragedy, drama, comedy, paintings, local news and conversation.

Taking into consideration what Barthes states, I suggest that in these infinite variety of forms, narrative is present at all times, in all places and in all societies; indeed narratives start with the history of mankind and remain largely unconcerned with good or bad literature. ''Like life itself it is there, international, trans-historical, trans-cultural'' (Barthes, 1975:37).

Despite this breadth, the central focus of academics is usually on verbally-realized narrative of which there is now an extensive body of written literature (Caplan, 1997; Curti, 1998; Josselson and Lieblich, 1999). According to Finnegan (1992), the Narratology School partly developed out of structuralism, with special focus on narrative, since narratives form a high proportion of most oral collections, and classic writings including both Propp's work on fairy tale (Propp, 1928), and to a lesser extent, Levi-Strauss on myth (Levi-Strauss, 1969). Some interest in oral texts has also always played some part in communication.

Talk is the heart of everyday existence (Boden and Zimmerman, 1991). It is pervasive and central to human history, in every setting of human affairs, and at all levels of society and in virtually every social context. Schegloff (1986) explains that talk - more precisely talk-in-interaction - provides the fundamental framework of social interaction and social institutions. Moreover, because the concept of social structure is central to the way anthropologists and sociologists view social phenomena and frame their research, there is a connection between social structure for instance in the form of age, sex or class categories, and the feature and manner in which language is used (Goffman, 1983).

Communication is an essential element in human society. In its various forms, it is the basis on which the varying cultures and civilization of the world have rested (Finnegan, 1988). Though this statement is easy to make, questions can be asked about the significance of the forms of communication in the study of society. An example of the significance of the forms of communication would be in an attempt to explain globalization, and how new technological methods have enabled the diffusion of space and time, and how people in different parts of the world can instantly communicate with each other.

In the words of Anthony Giddens (1971), "globalization today is only partly westernization". Globalization is becoming increasingly de-centered. Not under the control of any group of nations and still less of the large corporations, its effects are felt in western countries as well as elsewhere.

The focus of this perspective has shifted from modernization of developing countries to a view of global phenomena that are transforming the entire world.

McLuhan (1967) suggested that 'globalization' is extending the basis of communication and cultural exchange. He argued that the rise of new communication technology, compressing time and space, and transcending national frontiers is bringing into being a "global village" which consequently reduces national division and enhances international understanding and empathy because people are better connected to each other through international channels of communication. At this point, it is important to note that the situation of HIV/AIDS especially among women in the worst hit continents of Asia and Africa could become an international concern through the new technological methods of communication. The plight of women in the epidemic could be highlighted as a way to show the severity of the epidemic to some of the developed countries that are not yet affected by high rates of HIV and AIDS.

The most challenging aspect of narrative discourse for sociologists and anthropologists is to find and select stories that go beyond a "good story" to some kind of wider, theoretical meaning or implication (Josselson and Lieblich, 1999). For example, anthropologist Marianne Gullestad in her essay "Morality of Consumption" set out to investigate the transmission of moral values in twentieth century Norwegian society, to

grasp and understand certain aspects of the structure within which people live their lives and from which they draw meaning (Gullestad, 1996).

Women's networks, like any other social networks are characterized by gossip. Epstein (1964) argues that it is not only important to look at the content of the interaction within a network, for instance how norms are formed and how they are maintained, but more importantly, how they come to be diffused. It is in this respect that Max Gluckman brought about the focus on gossip in the society (Gluckman, 1963). According to Gluckman, gossip functions primarily to maintain the unity of the groups, especially the relatively exclusive and well bound ones such as elites, professions and minorities. Gossip, in an overt sense means to talk about people, but more fundamentally, according to Gluckman, it is a way of expressing and affirming norms. Through gossip, one can bring injury to enemies, or exclude those who may not have sufficient knowledge to gossip. This same message is restated in network terms by Epstein (1964) in the Manchester genre of case studies which he helped develop at that university. Tapping a rather dense network, including white collar workers in Ndola, Zambia, he gathered the story of the affair of Charles and Monica from several sources (Epstein, 1964).

Complementing Gluckman's view of gossip, Paine (1964) emphasized that some individuals manipulated gossip to forward their own interests. By using the example of Charles and Monica (which will be discussed later in the thesis), it is this aspect of gossip in the Ndola

society that enabled information to be spread widely, though sometimes the story may have been distorted from its original form as we will see in chapter six. Epstein, Gluckman and Paine have all contributed to the understanding of the importance of gossip in the functioning of networks. By using this same principle, information about HIV/AIDS might also be spread efficiently, not only among women's networks but to the society as a whole.

In Africa, song, dance and drama comprise a large part of cultural way of life. All social occasions; weddings, funerals, harvesting seasons or initiation ceremonies have special songs composed and dances prepared to accompany them. According to Caplan (1997) in her studies in a Swahili village in Tanzania, the songs and music have a deeper function in the society than simply entertainment. Songs convey a message from those who perform to those who listen. In the same way, different outreach networks for example, COVAW, have been involved in the composing of new songs and street dramas that convey serious messages regarding HIV/AIDS. The chairperson, Ms. Adelina Mwau describes "education as making a difference in people's attitudes and behavior" (Mwau, 2002). Just as COVAW has used song to educate the public, another women's network –MJINI - has used the talking drums and puppetry to target the youth and educate them on HIV and AIDS (Kiragu, 2001).

Telecommunication is another effective form of narrative that has been used in the ongoing campaign against HIV/AIDS. Finnegan (1988) describes telecommunication as communication at a distance including television, telephone, radio and more commonly used, the computer and internet. Within a very short period of time, distance is conquered, so to speak, and space is dissolved. The city and more so the world, writes McLuhan, is, 'obsolete' (1967:12). In addition to this new relations are being made every day as people continue to interact with new people, neighbors, friends or fellow church members, and the nature of their relationships is constantly changing. However even though new relations are made, many people still maintain their old friendships and relationships, and are in constant communication through the new kinds of communication like telephones and computers. Messages are constantly being passed on from one person to the other.

Carpenter (1973) suggests that television actors walk the streets unmolested and yet people hurry home to see them on the television. In present day many of the television networks have adapted new programs namely the reality television show which mainly involve the true accounts of the lives of the actors for example, the popular *Big Brother* and *Pop Idol* shows which are now common in many countries and are in search of young talent. I agree with Carpenter since the actual experience for us today is no longer the important thing, but it is in the photographic image that we place our interests in. Within a short time, the stars of these

reality television series' are soon forgotten by the public and may go unnoticed on the city streets. Yet when the shows are on air, possibly every person is aware of who these people are. Extrapolating from this notion, we can assume that famous people talking about HIV/AIDS on the television or radio, will interest many people. Likewise, if people who are living with HIV/AIDS are given the opportunity to talk about their actual experiences with HIV and AIDS on television, many people will be drawn to listen to them. In the same way, prolonged programs and documentaries on HIV and AIDS aired on television and radio frequently will create public awareness on the effects and impacts of HIV/AIDS. However, in my opinion, care should be taken so that these messages on the epidemic do not become a threat of possible over-saturation, as it is more likely that if this is the case, people may turn away and not care to listen to these messages.

An approach adapted by Mabuse Action against the Stigmatization of AIDS (MASA) – an anti-retroviral therapy program involving HIV infected women in Uganda and Kenya has taken a competition that uses popular culture in African town and cities, and used this as a tool to campaign for young people to test for HIV (Mugyenyi and Wangai, March, 2003). The competition's "*Miss HIV-Stigma Free"* current winner has been involved in campaigns all across East, Central and South Africa to help people realize that being HIV positive is not a death sentence.

In conclusion, the most important thing is to ensure that the message has been put across to women. Depending on the perspective, an overview of national responses can prompt despair or hope. For those living with AIDS, most would bear witness to there being too little done too late, while hoping that more could be done urgently. Widespread HIV/AIDS related stigma and discrimination persist (Bharat, 2002). Stigma and discrimination emerge from, and reinforce other stereotypes, prejudices and social inequalities, especially those relating to gender and sexuality. As long as people living with HIV/AIDS, especially women continue to be discriminated against, HIV/AIDS rates will remain high.

In African countries, women's networks are very popular and they function in different ways to support its female members. One of the ways in which they do so is by organizing funds that each member receives in turn after a specified period of time. In addition to this they also support each other for example by taking care of each other's children should one fall sick, or have some kind of misfortune like loss of a job. But more importantly is the fact that these networks are an effective way of keeping each other up-to-date with the latest going-on of the society. Since members meet frequently, important information is exchanged among them. Tapping into these already existing networks and understanding how each functions, I propose that health authorities, policy planners and program designers could effectively spread the messages of HIV and AIDS to women.

In the next chapter, I discuss the role that 'gendering' of the epidemic has played in placing women in more vulnerable positions than men to getting HIV infection. I will also discuss the factors that promote the increasing rates of infection in women, and how HIV/AIDS once considered a gay man's disease has facilitated the high rates of HIV infection in women, and consequently the high death rates in women.

CHAPTER TWO

WOMEN AND HIV/AIDS: GENDERING THE EPIDEMIC

Recent statistics provided by international, national and local governmental agencies concerned with HIV and AIDS show that 'AIDS deaths' are declining in many parts of the world. Yet also in most parts of the world, in both developing and developed countries, women continue to experience increasing deaths from AIDS. AIDS as a cause of death has moved nearer the top of the list for women (UNAIDS, 2002; Ciambrone, 2004). This is especially so for women who are considered to be at 'risk'; for example; in the United States, the women of 'color'. In developing countries, marginalization of women led to unequal distribution of resources including health services, education and property leaving women dependant on men for survival. 'Woman' is many things in the epidemic as Roth and Hogan (1998) elaborate. The woman is seen as the epidemiology's "partner of", the community's other half, and to the general public, the dangerous sexual outlaws that prey on wayward men"(Roth and Hogan, 1998).

Women are therefore either a demographic exception, or the idealized case where we see them unbiased (by sexuality) as true pathos of the epidemic (Roth and Hogan, 1998; Ciambrone, 2004). Simultaneously passive, innocent victims and monstrous infectious sexual agents, women up to now lack strong loud voices that give them purchase on the representational and medical systems that engulf them. There is an

urgent need to develop strategies for improving the situation of women with HIV and AIDS. The problems of "speaking of" and "speaking for" instead of "listening to" women speak needs to be approached. Ideologies currently exist as hurdles to women's fight in the epidemic – mainly the identity politics, self representation and the concrete process moving knowledge across the invisible walls that divide the *'knowing'* from the *'known'* (Kaleeba, Quigley et.al. 2000; Mjomba, 2002; Ciambrone, 2004).

In this chapter I discuss what role 'gendered silence' has played in putting women at higher risk in the age of a disease that is leading to devastation in many countries. First I explain the differences between gender, sexuality and sex, as these terms are commonly used and misused in discussion on HIV/AIDS.

Gender, sex and sexuality

An understanding of gender, sex and sexuality is essential to addressing issues in the era of HIV/AIDS, yet the three terms are often confused and inter changed. As explained by Barbara Sunai in a '*Report on the Promotion of Sexual Health: Recommendations for Action (2000')* *'sex'* refers to the sum of biological characteristics that define the spectrum of humans as females and male. *Gender* is the sum of cultural values, attitudes, roles, practices and characteristics based on sex. Unlike sex which refers to the biological/physical differences alone, gender is a series of expectations, norms and behaviors which are differentially based

on sex. Woman becomes 'feminine' and man becomes 'masculine' through a process of social, cultural and political socialization.

Sexuality refers to the core dimension of being human which includes sex, gender identity, sexual orientation, erotic and emotional attachment, and reproduction. It is expressed in thoughts, desires and fantasies, beliefs, values and roles among others. Sexuality is a result of the interplay of biological, psychological, socioeconomic, cultural, ethical and religious spiritual factors (Sunai, 2000). Socio-cultural norms have a significant impact on men and women's sexual behavior, responsibilities and their ability to access information and resources including sexual health care (Rao and Weiss, 1993).

Social construction of gender

According to the report by Sunai (2000), the structure of *Machismo* and *Marianismo,* (which are terms used to describe the Mexican male and female population), influence men and women's exposure to HIV/AIDS. This can be defined in two categories mainly femininity and female sexuality, and, masculinity and male sexuality. This can further be classified into the aggressive and assertive masculinity mainly associated with higher risk behavior; for example drug use and sexual promiscuity; and secondly, the affective and submissive femininity (Kulis, Marsiglia and Hurdle, 2000). It is important to note that the impact of gender identity was strongly mediated by acculturation, not only in Mexico but also in

many third world countries, and therefore, boys and girls were brought up expected to follow this approach. Perhaps this is why even today in many developing countries, women are expected to be submissive, and to some extent, this plays a big role in increasing their susceptibility to HIV/AIDS.

Femininity and Female Sexuality

The term *Marianismo* (femininity) originated from the Virgin Mary to portray the ideal woman to be modest, pure, dependant, weak, acquiescent, vulnerable and abstinent until marriage at which point the woman then becomes obedient and subordinate to her spouse (Sunai, 2000). Though this is not a universal notion, it is common, especially among people following the Catholic religion in most parts of the world. These characteristics are accompanied by a series of cultural norms and expectations. In terms of defining sexuality, "femininity" therefore implies that a woman must be innocent and selfless, placing the needs and desires of her male partners before her own. According to Enos and Southern (1996), a woman is supposed to remain silent and submissive regarding her desires and pains and this is particularly true in developing countries.

Masculinity and Male sexuality

Machismo, the male counterpart of *Marianismo,* applies to the typical construction of masculinity as provider, independent, strong, willing to face danger and dominant. Baker (1996) says that this social

construction of masculinity defines male sexuality as heterosexual, virile and even promiscuous, knowledgeable, aggressive and in control of his environment including the women around him. With this understanding of the differences between masculinity and femininity, we can therefore begin to explore how the two play a role in fuelling the rates of infection in women a compared to men. In the next section, I describe how gender influences women's vulnerability to HIV/AIDS.

<u>Gendered Vulnerability to HIV/AIDS</u>

When describing women's vulnerability to HIV/AIDS there are several factors which increase the chances for women to become infected including biological, social and cultural; gender based violence; commercial sex work, migration and displacement; as well as trafficking and exploitation of women.

Specific biological factors place women at a greater risk of contracting HIV than men. The soft tissue in the female reproductive tract tears easily producing an environment conducive to the transmission of the virus. According to a technical update from UNAIDS (2001), vaginal tissues absorb fluid more easily, including sperm which has a higher concentration of the HIV antibody than female vaginal secretions, and may remain in the vagina for hours after intercourse.

This increased biological vulnerability is often compounded by women's subordinate social status. A woman is more likely to have sexual

contact even when she may not want to, whether she is raped, or because she lacks the power to refuse her partner's demands. When the vagina is not lubricated, the tissue tears more easily, increasing women's risk of exposure to HIV. A European study group in Buve, Agha et al (2001) found that in comparing the risk of transmission from male to female and vice versa, it was estimated that the risk of exposure for women is up to 2 to 5 times higher than men's. However in both men and women, tears in sensitive anal tissues increases the risk of transmission during anal sex, a practice that is quickly becoming common in developing countries like Kenya and Uganda (Kiragu, 2001).

HIV infection is also likely to occur if there is the presence of other sexually transmitted infections (STIs). STIs in women are usually asymptomatic, and therefore likely to go untreated for long periods of time. Furthermore, according to a report by World Health Organization (WHO 1998) the shame and fear of visiting a doctor will also prevent women from seeking screening and treatment. This shame is even greater if the doctor that the woman visits is a man, consequently discouraging her to seek medical assistance. Younger girls too, have a significantly higher risk of infection, mainly because their reproductive tracts contain fewer epithelial cells, which offer less of a barrier against viral infection than the multiple layers of modified epithelial cells found in adult women (UNAIDS, 2002). This is of great concern especially in regions like the Caribbean, Asia, Pacific, and in Africa where 'age-mixing' places young

girls at an increased risk of HIV and STI exposure. Age-mixing means that young girls who might have inexperienced sexual histories tend to be involved in relationships with older experienced men thus increasing their chances of infection. In these regions, there are numerous cases of street children who may be violently raped or forced to exchange sex for survival needs and special favors (UNAIDS, 2001).

Social and cultural factors pause as factors that increase women's vulnerability. In the majority of developing countries, as well as some developed countries, the social construction of femininity also endangers women's health and acts as an obstacle to knowledge about their reproductive and sex health, their bodies, pregnancy and childbirth, contraception and STIs including HIV (Rao & Weiss, 1993). In such places women are socially expected to be virgins until marriage, and stigma is attached to losing one's virginity before then. They also run the risk of never finding a husband. In such cases therefore, sexually active women will shy away from accessing health services and information, as this will imply that they are sexually active and jeopardize their reputations. Such lack of empowering information is devastating, yet cultural taboos prevent discussion of sex in schools, churches and other fora.

Some cultures, for example the Maasai of Kenya, as well as some Latin American and Caribbean cultures, strongly support the femininity/masculinity dichotomy "with all its implications for the gendered imbalance of power" and this inhibits adult women's ability to discuss

issues such as extramarital partners, safer sex, and access to health services (Lockhart, 2000). This is devastating because even when a woman suspects that their partner has been unfaithful, she is not in a position to ask him for fear of either domestic violence, or in the worst scenario in societies where marriage is considered a lifetime commitment, divorce. Women in relationships are also not able to discuss issues of their own sexual pleasure, since a belief that women have sex solely for reproductive purposes while men need the sexual release, is still very common in most of these cultures. Women are therefore left with less negotiating power and become more vulnerable to contracting STIs and even HIV (Rao & Weiss, 1993).

The social construction of masculinity and femininity is also a contributing factor to the risk of contracting HIV infection in that in some societies, for example Brazil and Mexico, the pressure on girls to remain virgins until marriage results in some of them engaging in alternative risky sexual practices, including anal and oral sex (Kelly , Geeta et al. 2001). This also occurs in some Muslim and Arab communities which place emphasis on female virginity until marriage (Goldstein, 1994).

Gender based violence is an extreme form of female disempowerment. According to Blanc (2001), it leads to women's increased susceptibility to HIV infection by limiting their physical and mental freedom. Here the relationship between physical violence and HIV infection is often indirect since women have less power than men when it

comes to the use of condoms, distribution of resources and access to health and social services, thus making it difficult for them to refuse unsafe sex. However the relationship between sexual violence and HIV infection is very often direct and may be manifested in many forms including physical, sexual, and psychological abuse. Rape is one of the more common examples of sexual abuse, and this may include both anal and oral forms of rape which also are contribute to the spread of HIV. Moreover, it is the interplay of forms of violence which are frequently manifested concurrently rather than independently that suppress women's power and increase their risk of contracting HIV infection (COVAW, 2001; UN Declaration of Violence against Women, 1993)

Commercial sex work has also contributed to the high prevalent rates of HIV infection among women. In developing countries, and especially in low income urban, poverty, economic disparity and urban migration are forcing women (and men) into commercial sex work. Here economically vulnerable women are less likely to terminate potentially dangerous relationships, less likely to use condoms and if forced to end relationships are likely to resort to high risk sexual behavior for a source of income. In such instances these women exchange sex for money, food and other favors. According to LeFranc (1996), other women in these difficult situations, for example in Kenya and Uganda, find that they can increase their resource pool by having many sexual partners, thus increasing their risk of contracting HIV/AIDS.

Migration and displacement also play a role in increasing the rate of HIV infection in women. In an essay by Gomez (1996) entitled *Women and AIDS: A Gender Perspective*, the author says that the marginalization of migrants increases their vulnerability to HIV infection. This is true since poverty, language barriers and lack of social support and insurance means that migrants have limited access to health information and services. In Africa civil wars and political instability have resulted in the forced migrations of numerous men, women and children within and between countries. Refugees have an urgent need of basic survival, and according to Gomez (1996), the 'tyranny of the urgent' which prevails in a crisis means that reproductive and sexual health services tend to be overlooked in favor of the more pressing concerns such as food, shelter and safe drinking water. This means that information on HIV/AIDS, as well as preventative measures like the use of condoms, may not be readily available for these refugees in the camps.

In many developing countries, illegal human trafficking, especially that of women and young boys and girls, is a common practice. This is mainly done for the purpose of sexual exploitation and is indeed an increasing factor for the spread of HIV/AIDS especially in third world countries. Young girls from developing countries are trafficked, for example, to developed countries like Australia, Britain and USA for sexual exploitation. Colombia is one of the leading countries in the origin of trafficked women (UNAIDS, 2002). Approximately 35,000 women leave

the Colombia and Peru every year through Ecuador escaping violence in their own countries and in most cases ending up as recruits to work as prostitutes in America and Europe. However, 'trafficking' is a difficult issue as it is often unclear whether women and children are trafficked with or without consent, and with an understanding of type of work they are going to be doing upon arrival. These females present many of the same vulnerabilities and risks for contracting HIV as other commercial sex workers. However their situation is more complicated as in most cases, they are held in captivity, are unable to access health information, are unfamiliar with the local environment, are violently threatened by their pimps and brothel owners, and are living in fear of deportation (UNAIDS, 2002:224).

In conclusion, women have always been at a higher risk of contracting HIV than men and yet for a long time their needs have not been attended to with the same priority as those of men and children. As Berer and Ray (1993) suggest, perhaps this is why HIV and AIDS were killing women long before its cause was discovered. In the next section, I look at reasons why, despite women's greater vulnerability, there continues to be a "gendered silence", and how this silence contributes to high rates of female HIV infection.

GENDERED SILENCE- WOMEN AND THE 'GAY MEN'S' DISEASE

Cases of AIDS and AIDS-like symptoms were reported as early as 1982, only the second year of the epidemic's official existence, according to a report by the Center for Disease Control (CDC, 1982). Even though the symptoms were present, Treichler and Warren (1998) state that before then, women were not tested for the HIV antibody simply because it was thought to be a 'gay man's disease'. In their study involving women in an English country town, Treichler and Warren (1998) came across a woman called "Beverly" who had gone to several physicians since the early 1980s before one diagnosed HIV in 1996. When interviewed by a reporter on a news segment, she said, "they never looked for the disease in me, being how they thought it was a gay man's disease" (Treichler and Warren, 1998). The question remains as to how her physicians missed it considering how by 1988, HIV had been widely proclaimed as "an equal opportunity virus"; transmitted through *what* you do not by *who* you are (Roth and Hogan, 1998). By 1993, several thousand women in the USA had been diagnosed with HIV infection and AIDS, and all over the world the estimates were in the millions (WHO, 1998; UNAIDS, 2001).

Years into the epidemic, long after millions of women globally have contracted HIV infections, why is it still considered unusual for women to be infected with HIV? This leads us into the investigation of silence about women and HIV/AIDS.

According to Treichler and Warren (1998) silence is a complicated cultural phenomenon, with multiple sources and causes. They further explain that when a woman - any woman- in a rich, technologically, sophisticated and post industrial democracy like America for instance, becomes infected with the deadly virus years after knowledge is available to prevent it, then many sites of silence are implicated and many points of intervention have failed. In my opinion, this is also the case in Third World countries where millions of women have been infected, and more are becoming newly infected, despite available information. What can be done to change the broad cultural understanding of women and AIDS so that consequently fewer women will be infected? It is therefore necessary to ask what it is that was known about AIDS, when it was known and more importantly what can be learnt for the future. Obviously, failures, obstruction and silences have hindered the understanding of women's relation to HIV and AIDS.

In his book *'Safety in Numbers'*, King (1993) states that it was the gay population that first contracted the HIV antibody and AIDS in large numbers and they then organized pioneering struggles against the disease and they continue in many places, to bear the brunt of the epidemic. However this should not be misunderstood that HIV/AIDS is exclusive to the gay population. The majority of women, and indeed the general public know the basic ABC of AIDS, (Abstinence, Being Faithful and Condom Use). They know that AIDS is caused by a virus, that the

virus can be transmitted through unprotected sexual contact, sharing of contaminated drug needles, or receiving contaminated blood or blood products. They know that a foetus can become infected through its mother's blood. According to Ciambrone (2004), despite the fact that most women know these facts, they still think of AIDS as it had been initially reported; as a disease of the 4-H- club- homosexuals, hemophiliacs, heroin users and Haitians (in the USA, Haitians are a marginalized group who are often associated with all the previously mentioned groups of people), with homosexuals leading this group. Coincidentally, the members of all these groups were considered to be male and maybe it is for this reason that for so long, HIV and AIDS were not associated with women. This finding is also observed by King (1993).

Compounding the fact that women were previously ignored by research institutes and medical professionals is the fact that the media, state and leisure industries also initially overlooked women's plight. This suggests that the early silences persisted and only in the late 1990s, was emerging cases being made for women worldwide, regarding barriers to diagnosis and care, exclusion from treatment, lack of information about sexuality and reproduction, lack of preventative technologies designed for women, and, lack of resources and services for women and their families (Roth and Hogan, 1998:27).

Finally, most theoretical models of AIDS are still based primarily on research studies of men with HIV. This is an important observation

because gender differences are clearly relevant to diagnosis, treatment and delivery of services. For example, as I discussed earlier, worldwide, women's risk of contracting HIV is linked in complex ways to their gendered social, cultural and economic status. In this regard, I suggest that future researchers could use such relevant information based on women to create models and programs tailored for women. Notably, as Schneider (1988) points out, the AIDS epidemic simply exacerbates the inadequacies of women's existing health care and status in the society, and much has to be done to address these urgent issues. It is now evident that women need far more attention than they needed even before the epidemic broke out. Women need drug treatment, increased care, sustained prenatal care, confidential counseling, sex education and basic survival provisions. It is time to stop thinking of women as dispensable, and their dispensability as a natural order of things, and instead more effort should be made to star recognizing them as a vital part of the society who also require the same treatment as their male counterparts and children. Their health is also equally important.

In the next chapter I discuss ways in which women have been categorized and how these categories have contributed to increasing rates of infection among women. I will examine some of the stories told by women who have been diagnosed HIV positive and how this positive diagnosis has impacted on their lives and on the lives of their families.

CHAPTER THREE

CATEGORIZATION OF WOMEN AND ITS EFFECT IN INCREASING THEIR VULNERABILITY TO HIV

This chapter comprises two sections. The first section looks at the different ways in which women are categorized or represented in the era of the HIV/AIDS epidemic, and how this categorization plays a role in making women more vulnerable to contracting the HIV virus. The second part is concerned with the stories that some women tell about how a HIV positive diagnosis has affected their personal lives and their relationships. I have chosen stories that women have narrated in the course of three different studies.

Denise Ciambrone conducted her doctoral research in Women Studies at Brown University, Rhode Island, USA, in 2002/3 and focused mainly on the stories told by women after an HIV positive diagnosis. She interviewed women, both white and African American, and sought to uncover the different stages these women went through, how HIV disrupted their lives, as well as what steps they took in attempting to mend their 'fractured selves'. Marge Berer and Ray Sunanda (1993) carried out research among women in Europe, interviewing different participants as they sought data for the International Development Research Center (IDRC) and Action Aid in the United Kingdom. Their main aim was to find ways to provide strategies of hope for women whose health needs were still being ignored despite having been diagnosed at an early stage of infection. Chris Lockhart was involved in research in Moshi, a town in Tanzania in 2000 where he was concerned with the effect of HIV and AIDS among women, especially those categorized as 'husbandless', and how their status as women

affected their daily lives as far HIV was concerned. The findings from all three studies reveal that despite their different geographical settings, women generally undergo similar feelings and reactions during the initial stages of diagnoses.

<u>Categorizations of women in HIV/AIDS discourses</u>

In the era of HIV/AIDS popular media, as well as medical and social policies have been involved in efforts to control the spread of the virus. However, they have tended to ignore or to sideline women as victims of HIV/AIDS (UNAIDS, 2002). Women in most societies, and especially those in developing countries, have nevertheless been portrayed as the main carriers of the HIV virus and therefore deemed responsible for infecting their unborn children and their male counterparts through heterosexual contact. However this is not the reality of the transmission of disease as explained by Berer and Ray (1993), and Ciambrone (2004), who show that, the chances of transmission of the virus are higher from men to women, than from women to men. The categorization of women as disease carriers has been linked to a screen onto which other social conflicts such as `race', gender, sexuality and poverty, are being projected in disguised forms (Ciambrone, 2004). An example of this can be seen in a popular African myth that commercial sex workers are mainly responsible for the spread of HIV among male clients and, presumably, this is the common belief in other parts of the world (Kaleeba, 2000; Kiragu, 2001). According to Squire (1993), such popular discourse tends to represent women variously as incarnations of sexual danger, biological power and victimhood.

Women who prefer sex with women have also been targeted. Lesbianism has intermittently been invoked in the media discourse about AIDS with lesbians proclaimed as being at a 'high risk' of contracting of HIV virus. Yet self-identified lesbians show low rates of infections (Squire, 1993; Roth and Hogan, 1998; Griffin, 2000). It is important to note that in most developing countries of Africa, lesbianism is considered a new concept. Most homosexuals have kept their lifestyle a secret for fear of stigmatization and non-acceptance in society. This itself is an indication of the power that fear of homosexuality and female sexuality plays in the HIV/AIDS epidemic, as opposed to the strength of epidemiological knowledge.

More generally, women's femaleness often becomes pathologised in the AIDS pandemic to categories like prostitutes and AIDS mothers to suggest that these women are vectors who infect their partners and unborn children. The woman's own condition is hardly recognized. Roth and Hogan (1998) see women as placed in a precarious position when it comes to their own needs. The inferior position means that they cannot afford to be sick since they are supposed to be caregivers. And, sadly, affected women themselves have been persuaded to think this way, becoming more concerned with the health of others than themselves.

Popular media in both developed and developing countries appears to be preoccupied with the cultural idea of women as sexual disease transmitters. In the history of the press, there has not been a report on any well known woman living with HIV/AIDS. Yet when famous heterosexual basket ball player in the

USA, Magic Johnson declared that he had tested positive for the HIV antibody, there was media frenzy worldwide which included continuous coverage of the story on television stations which aired, surprisingly, in many parts of the world as well as in newspaper and magazine. There was even a book written about the life of this famous ball player (Johnson, 1995). The internet also featured numerous websites which allowed people to air their views about Johnson as well as send good-will messages to him. It was the same for the actor Rock Hudson, who died of AIDS in 1995. This actor was homosexual but did not admit this openly for fear of loss of his star status. A number of commentators, including Schulman (1991), have pointed out that the sympathy and concern characterizing media stories about Johnson's and Hudson's sero-positive status would not have been so evident for a well known woman. Had the same condition been attributed to a female speaker, Johnson's exaggerated claim of having slept with 20,000 partners (Simmons, 1991) would have had connotations not of success and power, but of promiscuity and worthlessness. As a matter of irony, some tabloids did in fact manage to find a woman to blame for Johnson's seropositivity. This only re-affirms what I had said before, women are for the greater part ignored in the epidemic, yet they are the first ones to be blamed.

Over the years, HIV and AIDS medical discourses have continued to dichotomize women by setting up some as being at high risk and others at negligible risk. The latter group is often associated with women either in steady relationships with one partner, or with married women. Thus abstinence and knowing your partner well is offered as a strategy of the 'normal', 'innocent'

woman, while condoms are the resort of the promiscuous or 'unnatural'. Contrary to what many people may believe, however, marriage or having one steady partner does not necessarily ensure women protection against contracting HIV infection; trusted male partners may be involved in other relationships outside the marriage.

One group of women continuously ignored in the HIV era is women in older age groups, fifty years and above. In a recent report by Global AIDS Network (March, 2004), Molly McGinity claims that today older women represent an estimated 14% of total AIDS cases in the USA, and in particular older women represent 18% of female AIDS cases. According to McGinity (2004) nearly all these women contract the virus in trusted consensual sexual relationships. Contrary to popular media representations, many seniors enjoy robust sex lives, and older women more often than younger ones do not bother with use of condoms. These women have an assumed confidence of the sero-negative status of a new spouse or partner met after separation from their previous partner by death or divorce. Since HIV and AIDS are not usually associated with older age groups, seniors are less likely to be tested for HIV, and so be aware and unconcerned of their status. At a time when they least expect it, these older women are suddenly more vulnerable to contracting a fatal STD, in part because of the biological changes their bodies are experiencing. Menopause, for example, can lead to dryness which contributes to abrasions and small tears during sex, which may in turn boost the risk of transmission of HIV. Besides these menopausal symptoms-

fatigue, weight loss and skin rash - mimic those of HIV, so most women are not diagnosed with HIV until they have full blown AIDS.

In conclusion, until recently women have been studied and represented as 'categories' rather than individuals. By so doing, both researchers and media have thus tended to increase women's vulnerability to contracting the HIV virus. This also means they have been allocated fewer resources than men and children in terms of education, treatment and preventative measures to help in their fight against HIV/AIDS. And it is undoubtedly for this reason that now, more than ever, we are seeing many organizations being formed by women, to represent women, in a male dominated world.

Women's experiences with HIV/AIDS

In this section, I look at some of the stories told by affected women as reported in the studies mentioned earlier. Throughout these stories, we see similarities especially when it comes to reactions and responses to the initial diagnosis. Some of the themes here include hopelessness, disbelief, withdrawal, placing blame, putting oneself last and assigning meaning and a sense of self. Because living with HIV and AIDS for women is tortuous, due both to the full health implications of the disease and the ways in which society responds by stigmatizing and discriminating against them especially in developing countries, this section explores how women write and speak about their experiences at different stages of knowing their condition.

While it has been reported that a diagnosis of HIV infection can result in positive outcomes in some women, for example, a change in sexual behavior and improved diets that supports their quality of life (Lockhart, 2000; Buve, Agha et al., 2001), for most, the effect of diagnosis is negative. Buve (2001) explains that an `Anthropology of experience' informs others about research already done, and in this case by listening to the stories of women, we gain further insight into their lives. One such woman is Christine Thomas (Long and Maxine, 1996) who describes the incidents that led to her positive diagnosis. Christine was diagnosed with HIV in 1989. She and her four month old son were in a hospital in Washington DC as they kept getting fevers. Her son was hospitalized first but she later had to be admitted too. While in hospital, the nurses asked her if they could run a HIV test and she agreed but only because she believed she was not infected. When the results came in she tested positive for HIV while her son had full blown AIDS. According to her, the world came "crashing down right before my eyes, and she felt like dirt, like the scum of the earth..." (Long and Maxine, 1996:23). This is a common reaction for men and women who receive a positive diagnosis of HIV.

To many this is the beginning of a life with no meaning, a life condemned to the disease, one that Nelson Mandela likened to "life imprisonment". In October 2003, the former South African president hosted several world famous musicians, actors and actresses as well as famous personalities, in Cape Town, in a concert dubbed '46664: 1 minute for AIDS'. This was the former president's prison number when he served eighteen years in captivity at Robben Island

prisons in Cape Town. The music-led campaign is aimed at raising global awareness about HIV/AIDS and funds to fight AIDS in Africa. People are encouraged to visit the website and download songs in a bid to show their support as well as raise money for this cause.

Initial response to a positive HIV diagnosis is turmoil of emotions, shock, disbelief and a feeling of despair. According to Jarman (1992), in his book "At Your Own Risk" he describes his own experience with HIV after his diagnosis. He writes, *"… I instantly thought I was going to die… I had a three week period to put my life in order, or was it total disorder?"* This kind of disorder is similar to what women describe upon initial diagnosis.

Women and men both feel strong negative emotions when diagnosed positive. However, arguably, it is worse for women since they are the guardians of the present and future generations and instantly panic and worry about their families and what will happen to them after they are gone. Berer and Sunanda (1993) found that among the women interviewed, many decided to keep their 'bad' news discreet, and instead worked harder caring for their children, husbands and partners at the expense of seeking medical help. "They continue to suffer in silence hoping that one, day it would go away" (Ciambrone, 2004:11). Yet through all this, fear of death becomes part of their lives. The knowledge of this severe shock and loss of meaning of life has been successfully used to promote awareness of the disease for example by the UNAIDS and UNIFEM in Africa who have used this opportunity to set up voluntary counseling and affordable testing centers.

Hopelessness is an overwhelming common feeling experienced by women upon diagnosis. Many lose their will to go on (Rao and Weiss, 1993; Long and Maxine, 1996; Ciambrone, 2004). Consequently many contemplate killing themselves while others actually attempt suicide. As mentioned earlier, Christine Thomas said, "*I felt like nothing... I was tired of seeing myself deteriorating… I became suicidal and actually called the suicide hotline" (*Long and Maxine, 1993:24). This state of hopelessness affects women's health decisions. Women, who are intravenous drug users (IDU) and close to getting off drugs prior to diagnosis frequently now give up attempts to stay "clean". As one woman said, *"I had no life, I did not want to live, I was going to die anyway, that's why I went back to the drugs"* (Ciambrone, 2004:25).

Even for those women who suspect they may have been infected with the virus before they were tested, positive diagnosis is still a big blow. Suspecting one is positive does not alleviate despair, as was the case for Kelly. At forty eight years, Kelly had been divorced for nineteen years and not had intimate relationships since. However her long history of intravenous drug use always made her aware that she might have been infected earlier through sharing needles. Yet when she decided to be tested, her reaction was quite similar to Christine's. *"It was hard. I kept thinking God gave me a second chance, and I was doing well. I haven't been feeling screwed up (sick). And now this happens. I just don't wonna deal with it, with people [especially men]"* (Ciambrone, 2004:26).

Many of these women at first refuse to believe their positive diagnosis. They tend to concentrate less on the consequences and impact of diagnosis on

their lives, and more on the inconceivability of contracting the virus. This is especially so for women who have been in heterosexual relationships that they consider monogamous and safe on account of faithful partners. Others consider themselves safe on account of a `low risk lifestyle': namely no intravenous drug use or unsafe sex. Due to this many women question the validity of their positive diagnosis (Ciambrone, 2004:22). For example, Alicia explained that, given her past and non existent drug use history, she thought she was at a low risk of contracting the virus, yet did so. As a single mother doing what she considered socially desirable and admirable, she recalled *"...I was never a pig. When I first found out, I said damn! Why me? I never did this, and I was never bad. I was a good mother and I took care of my kid. It's had to believe something like this can happen to someone like me"* (Ciambrone, 2004:28).

Disbelief is often accompanied by denial which often leads to women to request another test. Julia, another woman interviewed by Ciambrone tells that when handed the results she insisted they were wrong*, "That's not mine...I want to see my paper, that's not my paper"* (Ciambrone, 2004:28). This was a similar reaction to what Heather reaction as recounted to Long and Maxine (1993:27) during their interview: "*I couldn't believe it; I didn't even think there was a possibility."* All this, according to Long and Maxine (1998) and Ciambrone (2004) shows the continued ignorance of women prior to diagnosis.

When subsequent tests confirm their sero-positive status, women are forced to face the fact of their HIV infection but in other cases impending death

and prospect of children losing their mother bears heavily on them (Berer and Ray, 1993; Goldstein, 1994).

Social withdrawal is another problem. For many women HIV infection diminishes self esteem and even leads both to their greater social exclusion and withdrawal. In Griffin's (2000) 'Representations of HIV and AIDS: Visibility Blues', and in Lockhart's (2000) work among women in urban Tanzania, several women in their research samples indicate a reluctance to interact fearing rejection, abandonment and discrimination. Sometimes these feelings were extended to their immediate families. For example, Rachel explained how her feeling of inadequacy and fear of infecting others affected her relationship with her daughter. *"Even though I knew you can't get it that way, yet when I found out it was like, don't touch me, you will get it. And I was so irrational and illogical, I was afraid to hug my daughter, I was so afraid she would get it… But inside I just wanted to squeeze her, I mean, that's my baby"* (Ciambrone, 2004:33-34).

Placing blame is another common reaction following HIV positive diagnosis. For although according to Patton (1994), Roth and Hogan (1998), Lockhart (2000), and Ciambrone (2004), most women do not dwell on the origin of their infection or seek to blame others (mortal or divine) their studies also show that a fairly large percentage did express anger and blame towards those whom they believed infected them. Moreover, in some traditional and developing societies women are forced into early and pre-arranged marriages for their fathers' and male relatives' gain and, the husbands are elderly men with a past sexual history. In such cases, as well as in cases of rape and sexual assault,

women have individuals to blame for their infection, and in some cases their grief and anger may lead them to attempted suicides (Mbiti, 2002).

Putting oneself last is a more common reaction to diagnosis among women, especially in developing countries. Traditional gender roles have prescribed the role of women as the care-givers and nurturers of their families (Koblinsky and Timyan, 1993: Kaleeba, Quigley et al., 2000). This leads women to define the disruption caused by HIV/AIDS on their significant others such as husbands, lovers and children to be greater than the effects the virus will have on their own lives and health. For example, when Adele was first diagnosed with HIV, she did not think of the meaning as well as the impact it would have on her health, instead she immediately worried about informing her lover. *"First thing I thought, I hope I didn't give it to my boyfriend. I couldn't have handled him being sick because of me, which he wasn't, thank God"* (Ciambrone, 2004:27).

Assigning meaning to the disease and a sense of self is common once they accept that they are infected. Women then tend to concentrate more on what HIV means for their own mortality, and relationships (Bury, 1994). Thinking of HIV positive as a terminal diagnosis is now compounded by the stigma they encounter from society. Women feel worthless, undesirable and uneasy about their health, as well as concern for their children's futures. They experience a ruptured sense of self as Ciambrone explains. Consequently, after internalizing the shame and stigma associated with HIV/AIDS, many women start to view themselves in negative terms, as `abnormal' and `dirty', as is reflected in the stories of Christine Thomas (Long and Maxine, 1993) as well as Kelly

(Ciambrone, 2004). One woman, Valerie, told Ciambrone that "HIV infection makes you feel like nothing", while yet another woman, Melissa, said the virus makes her feel "less of a good person" (Ciambrone, 2004:28).

Commonly women who have internalized the social construction of a devalued person with HIV/AIDS feel unworthy of interacting with non-infected 'normal' people. And compounding their need to withdraw from social and intimate relationships is the difficulty of disclosing their positive status to others, especially potential significant others. Most of the women interviewed by Berer and Sunanda (1993), Long and Maxine (1996) as well as Ciambrone (2004) said that in the early years of living with HIV they felt conspicuous, as if people knew they were 'different', 'infected'. Rose says, *"I felt irregular, in the beginning I just felt these people could look at me and know…. I just had a really bad time"* (Ciambrone, 2004:40).

In conclusion, what these characterizations illustrate are the ramifications of life-disruptions on women's sense of self. From what they tell, we can see how they perceive normality and abnormality, the difference between being a regular person and being unusual. According to Ciambrone, among all the women she interviewed, very few could salvage anything empowering from the past to help them incorporate HIV into their lives. Women globally, it seems are faced with the problem of reorganization and reconstruction of their own lives, as well as knowing how to care for their families. This is why they need support systems.

In the next chapter I start to explore the importance of social networks, as well as the characteristics of networks that make them part of a total network.

CHAPTER FOUR

NETWORK ANALYSIS

No [wo]man is an island. Interdependency is the root of humanity and human organization. Social networks, according to Haslett and Walker of Monash University, Australia, provide a valuable conduit for information within all human organization (Haslett and Walker, 2004).

Kadushin (2000:2), states that "social network theory is perhaps one of the few theories which are not reductionist by nature". Every individual is a part of networks within which they are recognized as valid members. There are different types of networks ranging from relatively simple and personal networks of relatives, friends and families, to more complex and larger networks that include work situations, international bodies and more recently the World Wide Web, which connects people globally. In order for us to understand networks, especially those which involve women, we therefore need to begin with an investigation on how networks are formed.

Social network analysis

Radcliffe-Brown defines social structure of actually existing social relationships (1952:190), but as Mitchell explains Radcliffe-Brown used the use of networks metaphorically and not in an analytical sense. His (Radcliffe-Brown) use of the word *network* therefore evokes an image of the interconnections of social relationships, but does actually explain the properties of these

interconnections which explain social actions and behaviors. For example, if we look at the female networks metaphorically, we will be looking at the links between women, at who is connected to whom, but we are not looking at the nature of their relationships, or how this nature affects their relationships and behavior. This is the same way that McIver's definition of a society as a *web* of social relations, fails to specify the characteristics of these relations (McIver and Page, 1962).

It is not surprising therefore that "networking" is a term that has been used and abused a great deal, and because it has been used to describe so many processes and approaches, its actual meaning and its potential use are severely diminished before it has had a chance to be understood (Maguire, 1983). In general terms, Maguire states that networking can be defined as a purposeful process of linking three or more people together, and of establishing connection and a chain reaction among them. This process is not new in itself, of course, but in recent times it has become the focus of research in many 'applied' areas such as mental health, social services, and community development.

Mitchell (1969:2), defined social networks "as a specific set of linkages among a defined set of persons with the additional property that the characteristics of these linkages may be used to interpret the social behavior of the persons involved ". John A. Barnes (1954:43) defined networks analytically, describing them as "a set of points which are joined by lines, the point of the image are people or groups, while the lines indicate which people interact with each other." This more analytical approach falls in line with what Reader (1964)

earlier pointed out. He cautions that the use of the term *network* as a metaphor to show the interconnections between people or groups subsumes, and tends to obscure several different aspects of network relations such as connectedness, intensity, status and role. Reader suggested instead, that we use the concept in more specific and defined ways, and Barnes (1954) did this in his study of Bremnes, a small Norwegian fishing and farming community.

Barnes (1954:43), concerned with describing the fishing village of Bremnes as a social system, argued that it could be seen as composed of three analytical categories or, networks. These were the territorial, economic and the countrywide networks. The economic field involved the herring fish industry in which men engaged in activities for a relatively short time, while the countrywide field constituted the entirety of social relationships through kinship, friendships, acquaintances or common interests between the rural community of Bremnes and people elsewhere. This field could be seen as a network of connections with difficulty to draw boundaries. The territorial field could be seen as a hierarchy of units with each higher level incorporating lower levels (Barnes, 1954; Hannerz, 1980). This field had quite a stable structure, new members were not common and neighboring could become a frame for organizing relationships lasting over long periods of time. This was used as an administration and voluntary association. Today, networks have some similarity to this kind of association in that they are close-knit and members do not move around much, and likewise, new members are not very common in such groups. A good example is in the kind of network found in different suburbs in developing countries. The people in

higher level income will tend to form local associations which will more often than not exclude the people in middle and low level income suburbs, and vice versa. Coincidentally, the women in these types of situations will also tend to form territorial networks for this reason.

The second field Barnes investigated in Bremnes was based on the fishing industry. Its units were fishing vessels and crews, marketing cooperatives, and herring oil factories organized by interdependency rather than hierarchy. The internal structures of these units tended to be relatively fixed.

The third field was made of kinship, friendship and acquaintances. Here their inter-personal links were continuously changing without giving rise to stable groups or overall coordination. Each person, according to Barnes, was in contact with a number of other people, some of whom were directly in contact with each other and others who were not. This is what he refers to in his definition of networks:

"The image I have is a set of points, some of which are joined by lines. The points of   the image are people or groups and the lines indicate which people interact with each other. We can think of the whole of the social life as generating a network of this kind…" (Barnes, 1954:43).

Using the concept of social network in Bremnes, Barnes found that in his analysis of class, mostly people interacted with relative equals, and social differentiation within a group was rather limited. Mitchell however criticizes this notion of social network as the connections between persons were thought of in terms of single links, and there were no parallel lines, yet there were no limits to

the number of persons involved. This criticism is important because it strengthens the relationships between people today, and these relationships are not drawn upon as single links as people from different social groups, class and backgrounds are in constant interaction

Networks can be analyzed in depth using a variety of techniques and analytical variables (Barnes, 1954; Mitchell, 1969). Maguire (1983) explains that some of the more critical dimensions of the *dyadic* or two person links in a network include *multiplexity* -the number of roles or relation- that connect two people, *symmetry*, or the balance of power and profits, and *intensity*, or the degree of commitment in a link. According to Maguire (1983), the dimensions of the entire network and its sets of links can be described. For instance*, range* which is roles connected in a link, *density*, or the extent of the inter-linkage among the people, and *reachability,* or the average links needed to connect any two people through the shortest route. These characteristics will be explained fully in the next section.

In conclusion, networks are important to everyone. As stated earlier, interdependency is the root of humanity and human organization. And whether we look at networks metaphorically or, far better, analytically, they help explain how people act or behave towards each other.

Characteristics of social networks

Nearly everyone who has previously used social networks in interpretations of data has found it necessary to distinguish their features or characteristics. As far back as 1960's the majority have concentrated on the

nature of the links among people in the network as being the most significant

feature of the network. Barnes (1954) and Bott (1955) refer to this as the 'mesh'

and 'connectedness' respectively. This is similar to what Mayer (1961) observed

in his work among the 'Red' and 'School' migrants (explained further in Chapter

Six). Yet according to Mitchell, there also seems to be no commonly accepted

set of criteria used by researchers to distinguish the characteristics of one

network from another. And this is mainly because, in order to study personal

networks, one requires meticulous and systematic detailed recording of data on

social interactions of a fairly large number of people, which most previous writers

who used the notion of networks failed to provide data for us to question their

interpretations.

From early work already done on networks, there appears to be both

morphological and interactional characteristics which are likely to be pertinent in

any attempt to describe social behavior adequately. Barnes (1954), Bott (1955),

Epstein (1961), Katz (1966) and Mitchell (1969) all agree that the characteristics

of a network refer to the relationship or patterning of the links in the network in

respect to one another. These include anchorage, density, reachability and range

and these are the morphological characteristics. On the other hand, interactional

criteria refer to the nature of the links themselves and include content,

directedness, intensity and frequency. I pursue these network characteristics

further.

Morphological Characteristics

    a) Anchorage

When writing about Bremnes, Barnes (1954) had in mind the general set of linkages that stretches within and beyond the confines of the community. His use of *mesh* refers to the network as a whole, and is not related to any specific reference points in the network; sometimes this is also denoted by the term 'total network'. This idea is however a broad generalization. For us to be able to understand the mesh of the 'total network', we need to understand the set of interconnections and linkages within this particular network. In regards to this, for us to be able to understand how a female network functions as a whole, we need to understand the different linkages between members as this is what holds the network together in a 'mesh'.

Mitchell uses an example of the behavior of a child in classroom towards another. He says such behavior may be conditioned by the fact that the child's mother knows the other child's mother. The network links in this case tends to go beyond the classroom to the parents of the children (Mitchell, 1969:12). The researcher therefore needs to know how far he needs to trace the linkages which are significant to explaining the behavior of the people they are concerned with. In the same case, women in a network may have linkages with each other that go beyond the fact that they are in the same setting. For example, these women may have children in the same school which means that they may meet outside their network, say in parent-teachers conferences, alternatively, the women may have husbands who work together. In such cases, women who have other

relationships with members of their networks outside a particular network setting

will presumably have an influenced behavior towards each other; perhaps they

will have closer friendships, than with those whom they only see in the network

meetings

Mitchell and Barnes stress the need to trace these linkages a *reference or*

anchorage point, since a network must be analyzed from some initial starting

point, this usually being the specific individual a researcher wishes is interested

in (Mitchell, 1969). For example, when Epstein conducted research in Ndola,

Zambia, he used a man called Ponde as his anchorage to analyze a particular

incident – (see Chapter Six). Looking at the female networks today, there is a

need to trace the individual who will be the reference point. This is more often

than not the person who has regular and frequent contact with majority of the

members, and possibly has an influence on their behavior and decisions.

The idea of a network is being anchored on an individual or group has

also been developed by Elizabeth Bott in her book *Family and Social Networks*

(Bott, 1957)*.* Bott says that the reference point of a network could be a joint

network i.e. of a couple and the relationships they have with other persons. This

will be discussed in chapter six. In addition to this, Barnes (1954) and (Jay 1964)

agree that a network can be anchored on a group. A network anchored on a

group suggests that a link connecting one group to another means that these

groups as wholes, are in some sort of relationship with each other. In the study of

women and their networks it is important to key in all ideas on anchorage,

especially in regards to HIV and AIDS, as we look at women as individuals, as an

integral part of a joint network (marriage) and finally as part of a larger network. This will help in or understanding of impact of HIV and AIDS on the lives of women, and how they have endeavored to help and support each other.

b) Reachability

Harary and Cartwright (1965) define the general idea of reachability in a segment of a network as the degree to which a person's behavior is influenced by his relationship with others, and how the person can use these relationships to contact people who are important to him. This can also include how the people who are important to him can use these relationships to contact him. Reachability merely means that every specified person can be contacted within a stated number of 'steps' from any given starting point. Barnes' idea of the mesh can be used to explain this. If a large proportion of the people in a network can be contacted within a relatively number of steps, then the network is said to be compact. This could be compared to one where a smaller proportion may be reached in the same number of steps.

The significance of reachability lies in the way in which the links a person's network might be used to channel information, including judgments and opinions, especially when these serve to reinforce norms. This is important in reinforce the role that women's network play in their lives especially in the era of HIV/AIDS. Reachability means that vital information on the disease, in regards to prevention, transmission, care, treatment and support, can be passed on to them. Both local and international agencies involved in the struggle to alleviate of the plight women need to understand the reachability of these women, and see

how such information can be channeled to a majority of the female population in the fewest steps possible.

c) Density

According to Mitchell, density has been regularly confused with reachability. He cautions, like Bott (1957), that it is easy to define reachability (or connectedness) as the extent to which people known by a family know and meet each other as independent of the family (in Bott's study of family and marriage). However, it is also possible that the family unit has made and maintained linkages with the other people as a family, not necessarily independent of each other. Maguire (1983) explains that if there are more links among the network members, i.e. the members are connected to each other in more than one way, then the network is said to be dense. A woman may have a neighbor, who is also her sister or relative, or a workmate, and in addition to this, they may both belong to the same network, therefore there is more than one link connecting these two women.

However, in sociological analysis, interest is primarily on reachability since norm enforcement occurs though transmission of opinions and attitudes along the links of a network. A dense network may also imply that this enforcement is more likely to take place than in a sparse network, but this is not necessarily the case. The pattern of the behavior among the people in a network should be taken into consideration as this is important in influencing the nature of the relationships of these links, both in dense and sparse networks.

d) Range

In any given network, some people have many direct contacts while others have few. The first order range of people directly in contact with a person on whom the network is anchored (which might also be a group or a joint network) is likely to be significant feature in the network.

Kapferer (1966) has used the idea of range. He explains that range is made up of the number of people in direct contact with the anchorage or reference point, in combination with the social heterogeneity of these individuals. As an example, a woman in a particular network who has contact with ten people of widely differing social backgrounds, say politics, economic, health and social backgrounds, will definitely have a wider range network than a woman in contact with ten people of the same general social background. I agree with Kapferer in that the social backgrounds or heterogeneity of a person's network will influence the type of information an individual is exposed to, and in this case, a wider varying heterogeneity means that such an individual is exposed to a broader and varied range of information. This is especially important for networks that deal with HIV prevention and transmission, as each member who may have a different background presumably has a contribution to make.

<u>Interactional characteristics</u>

These are concerned with the behavior of the individuals, as well as the behavior towards other within the network. This may be termed as the characteristics of the interactional process itself and includes content, directedness, frequency and intensity of interaction.

a) Content

The relationship between an individual and others mainly serves a purpose, or some interest or gain, which either or both parties consciously recognize. This is what we call the content of the links in a person's network (Mitchell, 1969). Among other possibilities, this content may be economic assistance, kinship obligation, religious cooperation, or simply, friendship. Caplow (1955) refers to this as the idea of 'ambience'.

Earlier, writers laid emphasis on the content of the links in the personal networks. In his 1961 paper on *gossip, norms and social networks,* Epstein uses content to refer to the content of the flow of information (gossip) through the network. He says…"what we observe are a number of individuals conversing together, recounting experiences, exchanging news of acquaintances and friends, discussing personal matters or ideas…an important part of this conversation is made up of gossip...viewed then in terms of the content of interaction, the network may also be seen as a series of links in a chain of gossip" (also in Mitchell, 1969:21).

The content of a link in a social network is not therefore observable but must be inferred by the observer in his/her study. Networks which contain a single content are said to be uniplex or single stranded relationships, while those with two or more contents are referred to as multiplex or multi stranded relationships.

b) Directedness

An important point to consider in networks is whether the relationship between people is considered to be oriented from one person to the other, or if the relationship is reciprocal. This is important in our investigation of female networks. Questions arise as to how women come together to form a network, for example, a woman may be introduced to a network by her friends, yet she may not necessarily share the same feeling of joining the network. In such a case, the relationship is not reciprocal as the woman may join the network as out of her respect of her friendship with the other women, but not out of her voluntary decision. This applies also to the choice of friends in daily life, as a person X may choose another to be her friend, without having her choice reciprocated. In such cases (the person X, and the network) and their choices, have a completely one directional relationship (Mitchell, 1969). In the networks described by Bott (the London families and social networks) and Barnes (the Norwegian Island fishing community), the contents were largely kinship, friendship and neighborliness, which could be taken to be reciprocal. This is also likely to be the case in our investigation on female networks presently and therefore directionality may not be very relevant. Each of the members of the networks has something to gain by being part of it.

However it is important to note that directionality has a role to play in the networks. For example, in relationships that may not be necessarily reciprocal, like employer-employee or patron-client relationships, the flow of information is influenced and attitudes, norms and gossip are determined by direction in which

it flows. For example, in the case of Ponde (in Epstein's paper) he behaved differently when speaking with his peers and neighbors, as opposed to when he had to speak with people of higher authority like the administration police or the chief. The content of the relationship was also varied as he was more candid and detailed with his friends, but was rather cautious and vague when he spoke to people with higher authority.

c) Intensity

According to Mitchell (1969), the intensity of a link in a personal network refers to the degree to which individuals are prepared to honor obligations and feel free to exercise the rights implied in their link to some other persons. In most cases the intensity of a person's relationship is greater with a relative or a close friend, spouse, than it is with a neighbor or workmate.

Reader (1964) refers to this as the 'strength' of the ties which bind person to person and the willingness with which members are prepared to forego other considerations in carrying out these obligations. In investigating female networks, especially in developing countries where women continue to be subordinate to males, the intensity of relationships within a network, and their dedication and readiness to empower themselves will presumably transcend such circumstances of inferiority and subordination and allow them to fight injustices like violence, abuse as well as the lack of access to education and health facilities, all vital in their fight against HIV and AIDS.

Sometimes, face to face interaction is not a necessary condition for the obligations entailed in the relationships to be honored. Srinivas and Beteille, (1964) describe the relationship of migrants who have a left an Indian village with those remaining behind. "Many of those who have left the village continue to influence its social life…often they return at harvest time to collect rent from tenants; several send remittances to relatives every month. They revisit it during occasions of marriage, birth and deaths." Building on this, we find that even in female networks, when one of the members has some misfortune, especially in this era of HIV/AIDS, and may be hospitalized, or even die from the disease, the other members continue to care for and support her children and family. Likewise on occasions of birth, marriages and deaths, the total network is involved and offers their moral and financial support.

d) Frequency

This simply means the regularity of contact within the links of the social network. According to Mitchell (1969), a high frequency of contact does not necessarily imply high intensity in social relationships. For example, contact with our school mates, work mates and colleagues may be regular and frequent, but the influence of these groups on our behaviors may be less than that of our own friends or kinsmen who we may come into contact with less frequently and irregularly. In most of the grass root level female networks as well as larger networks, members have a day set aside for their meetings, which may be weekly, fortnightly or monthly, and these means that this is the only time that some members meet with the others (COVAW, 2001). However, some of the

members may be neighbors and may meet regularly in common places like markets or churches. In such cases however, one might find that one woman may have a more intense relationship with another whom she sees weekly or fortnightly, as opposed to her neighbor whom she may see on a daily basis.

In conclusion to this chapter, female networks are usually made of a circle on friends whom they rely on for social support and help, and with whom they share common interests or traits like ethnic backgrounds, religious orientation, geographical location, age and even number of children. The characteristics of the network determine or influence the way in which the network functions as a whole or 'total network', and more importantly investigates how members behave towards each other, and how they influence each other's behavior. This is important in the empowerment and encouragement of women to fight HIV/AIDS. It is important to look at how the morphological characteristics of networks, namely, anchorage, reachability, density and range; as well as the interactional characteristics including content, directedness, intensity and frequency can be used to help scholars and researchers to better understand female networks. In my opinion, this understanding of female networks is important because it will contribute greatly to program design and delivery which will be most effective in reducing the rate of infection in women. In the next chapter we look at the work of different writers in different parts of the globe in relation to social networks. This will lead us to see how their work can be related to our focus women's networks.

CHAPTER FIVE

UNDERSTANDING NETWORKS USING CASE STUDIES

In order to understand the importance of networks, I earlier on looked at how some of the first researchers used social networks, either metaphorically or analytically. The potential of social networks as a means of examining the structure of social relationships in a society is relevant. As we begin to 'think within networks', we are able to construct their relevance not only within society, but for the purpose of this study, within the female networks. I have discussed how women's narratives effectively communicate the impact of HIV/AIDS on their lives and those of their families. I have also discussed networks, and how different characteristics of networks play a role in connecting people, therefore information can be relayed from one person to another. In this chapter I explore how researchers have studied networks in different parts of the world, and how their findings may be relevant in improving the situation for women in these networks globally in regards to HIV/AIDS.

Several anthropologists have studied networks but notably, the idea of networks was developed by Mitchell (1969) and Barnes (1972). In my research on social networks, I chose five different researchers and pursued the contribution they have made to an understanding of social networks and their importance in maintaining relationships in society. These are Barnes in his 1954 study of Bremnes which is a small Norwegian fishing and farming community;

Bott in her 1957 study of networks and marriages of London families and how each of the spouses maintained different networks and how this impacted on the type of networks they acquired as a couple; Mayer in his 1961 study of the Red and School Xhosa group in south Africa; Epstein in his 1969 study in Ndola, Zambia and the importance of gossip in the network as a means of communicating and enhancing movement of ideas from one person to the other; and finally, Lockhart in his 2000/1 study of 'husbandless' women in Moshi, in urban Tanzanian. The different types of networks these scholars describe help us to understand networks. I compare these networks with present female networks to gain an insight into how best we can use these networks to communicate the prevention, treatment and counseling as well as education on HIV/AIDS.

The Beginnings in Bremnes

First to use the concept of network analysis in a specific sense was John Barnes (1954) in his study of Bremnes. Barnes, who was interested in the use of network analysis in complex societies, chose to study Bremnes, a small Norwegian fishing and farming community. Barnes made certain discoveries about the nature of the relationships of these people towards each other. His main concern was describing the social system of this community in order to understand relationships of the members of the community, as earlier discussed in Chapter Four (pg 59). Barnes analyzed the conception of class in the Bremnes community and he discovered that the people in this community interacted with relative equals and social differentiation was rather limited. People could live in

an interconnected network with a conception of three classes (those above, those below, and those at the same level), yet in a generally egalitarian manner.

Taking Barnes' study of Bremnes community into consideration, we can apply his findings to contemporary social structures, and more particularly to women's networks. For example, the territorial system can be observed in women's networks that are formed by higher income level groups of women. Such networks are usually tightly and closely knit. Interaction among members is based upon their position in society. An example of such a network is FIDA-Federation of Women Lawyers in Kenya, which is a network formed by women lawyers and where movement into such a network is limited as interaction is between women lawyers; women in other professions are excluded.

Networks of this nature are formed on the basis of individuals' similar characteristics which include wealth, high status jobs, and in some cases, shared home locations in suburbs and estates. However, majority of female networks would presumably be likened to the third system of Bremnes that of kinship, friends and acquaintances, which Barnes investigated as discussed in Chapter Four (pg 59). Such networks welcome new members willing to join, and the members are often in contact with each other. An example of this network would be the grass-root self help groups which are aimed at supporting and improving the life of the women in a particular society and their families. Many of these networks have extended relations between the members. In my opinion, such networks could be more effective if incorporated into the efforts made by local, international, government and non-governmental organizations in the fight

against HIV/AIDS. Relevant and appropriate information on HIV/AIDS in regards to prevention, care and treatment, counseling and support will presumably reach more women within such an extended network, as opposed to one where the interaction between members is limited to a particular group of women.

<u>Elizabeth Bott on Networks and Marriages</u>

According to Hannerz (1980), the study on Bremnes by Barnes (1954) did not make much of the network concept. However, Elizabeth Bott found these ideas of networks inspiring and made them a focus in her book which appeared a few years later, *Family and Social Network (1957).* In this book, network analysis was used as a framework to study life in the city. Bott's research was part of an interdisciplinary study of twenty 'ordinary families' in London, mainly focusing on the marital relationship between spouses. Bott went on to explain that children were peripheral to this study, as the networks they formed were often dependent on the relationships which their parents formed. Twenty families took part in her study and data was gathered through interviews with spouses.

Bott's hypothesis derived from the study was that "the degree of segregation in the role of husband and wife varies directly with the connectedness of the family social networks" (Bott, 1957:12). She designed three kinds of organizations of family activities: complementary organization where the activities of the spouses are separate, and different, but fit together as one whole; interdependent organization where the spouses carry out activities independently of each other; and finally, joint organization where the spouses

76

engage in activities together (Bott, 1957:14). According to Bott, the more a couple's associates had contacts with each other, the more connected the couple's network was said to be. This was the same idea that Barnes had of the 'mesh'. According to the perspectives of this study, each couple had a network of their own consisting of the people the spouses interacted with directly.

From her study Bott found that only one of the families she interviewed had a close knit network. This was the family with the most segregated marital roles (complementary and independent organizations). Close knit networks developed where men and women in marriages had grown up in the same local area and continued to live there with their neighbors, friends and relatives as stable members of their network. In such cases, each spouse continued to live in their earlier relationships or networks. Because outside associates were in touch with each other, they could impose consistent normative pressure on the spouse to conform to the rules already established for their respective relationship. Consequently, the spouses had fewer opportunities to become fully involved with each other, and their respective groups or networks also have less chances of interaction with each other. The spouses need not become wholly dependant on one another as they would if they lacked stable outside links (Bott 1957:15).

In comparison to this close network is the loose knit network, which was created when spouses were in one sense or another, mobile, and were making new contacts with people whom they did not know neither have any links to the spouses' earlier relationships or their network partners (Bott, 1955; Hannerz, 1980). In such cases continuous outside demands were weaker, and spouses

had to rely on each other for help, support and security. They came into contact with other socially and geographically mobile people, consequently having diversity in the set of neighbors, and networks that they joined.

In what ways can Bott's study of London families therefore relate to my study of women's networks? Significant aspect of Bott's research implies that in order to understand the nature of women's relationships within a group, it is necessary to look at women as part of a partnership such as marriage. Relationships between husbands and wives influence how women relate to people in their network, while on the other hand, the nature of the relationship with women's network members will presumably also affect how they relate to their husbands. For example, if a woman has a stable set of outside associates, and a close knit relationship with neighbors, friends and relatives whom she has known all her life, she may be obliged to discuss issues that affect her and her family (in this case HIV and AIDS) with her 'clique' or network members rather than with her husband. She is also more likely to heed advice she may given by her network members. On the other hand, a woman in a loose knit group, for example in the cases where both spouses have moved from their original geographical area and may not have a close 'intense' relationship with her newly made friends, and will be more dependent on her husband. It can be assumed that in such a case the woman may be more comfortable discussing issues affecting her like HIV/AIDS with her spouse, as her network members may not have a huge impact on her decisions and behavior. Therefore, she has a better opportunity of discussing sexual matters with her spouse and may presumably

be in a better position to negotiate safer sexual practices with him. In addition to this, a woman in such a relationship has better chances of accessing education and information on HIV/AIDS, together with her husband. Involving men in prevention of the spread of HIV is crucial.

<u>Red and School Xhosa</u>

The next network study which I discuss involves research conducted in Africa by Mayer (1961). I have chosen to analyze this study because it raises another dimension of networks; one which tries to explain how individuals within a particular network may or may not be influenced by factors like Westernization or urbanization. This in itself is an important factor which determines how preventative tools and education is received especially by communities in developing countries.

Networks became increasingly popular in Anthropology and Mayer's (1961) study of a group in South Africa is one example of looking at social life in network terms. The Rhodes-Livingstone group of people was centered on what was labeled as a type B African urban community; those found in a new town under European control but with a large African population. Type B African communities meant that these societies had incorporated European/Western culture into their own networks and culture. These people labeled as type B Xhosa were contrasted with those people classifieds as type-A communities, those that appeared to reject new European culture (Mayer, 1961; Hannerz,

1980). Many of these towns like East London in South Africa came into being at the period when many African countries were European colonies.

Mayer's suggested that East London, South Africa was different from other towns in the copper belt, Central Africa, for example Ndola, Zambia where Epstein (1964) conducted his study. One noticeable difference between these towns was the level of regulations on 'black' people by the 'white' people was stricter in the South African town. No transactions between 'blacks' and 'whites' were allowed. East London was also ethnically less diverse, as the main ethnic group was the Xhosa as compared to Ndola, Zambia, which had considerably more ethnic groups. Mayer, in his research argued that Xhosa could be divided into several major groupings. He distinguished between the townspeople born in East London, and the migrants from the rural areas. Among the migrants, there was a clear contrast between their cultural orientation which he called Red and School (Mayer, 1961:11). These differences were already clear in the rural areas.

Red Xhosa were supposed to be constant traditionalists earning the design from following their own beliefs and traditions and by smearing their faces and bodies, and the blankets they wore with ochre (Mayer, 1961; Hannerz, 1980). They rejected most of the ideas and practices brought by Europeans including Christian religion and missionary education. School Xhosa, on the other hand were Christian converts who had taken on many of the values, understandings and external signs spreading from the culture of White colonizers. In large areas of Xhosa land, the two groups with differing lifestyles

coexisted with somewhat restrained contact between each other. Few people moved between groups over the years under study.

According to Mayer, in the countryside, Red and School Xhosa were peasants with no difference in the occupation among those who migrated to East London. The urban lives of Red and School turned out different. The former made little use of what the town had to offer as they tried to come as close as possible to the arrangements they were used to from the countryside. They therefore engaged in beer drinking, traditional dances, ancestor worship, and often got together to reminisce and gossip about people in rural areas as well as rural life. Interestingly, as Mayer explains, the migrants who engaged in such interactions were also those who already knew each other in the country in more or less ascribed relations as kinsmen, age mates and neighbors. Mayer concluded that, in network terms, this meant that the characteristics of Red migrant network was a unitary set of relationships, drawn from both the rural and urban ends, and close knit as a whole. Perhaps the Red migrant could be compared to the couple in Bott's study who maintained their close network of relationships they held with their respective peers before marriage. There seems to be reluctance in both cases to form new bonds with new people, rather preferring to maintain previous relationships.

The School migrant however was prepared through cultural orientation to take part in the wider range of activities they encountered in the urban areas, for example, in their social life, education, sports, amusement and whatever little political activity there may have been (Mayer, 1961: 14). In some of these

activities, partners could be long-settled townspeople, while in other cases they could be other School migrants who (unlike Red migrants) were not necessarily from the rural areas. The School migrant therefore had in effect two networks, linked to each other through him. One of these was in the country tending to be rather tight knit in the nature of rural society, the other, in the town, which could be loosely knit as one associated with different people and in different activities. The individual School migrant was more likely to be involved in a process of one-way change rather than alteration (Mayer, 1961). In the urban atmosphere, there were fewer pressures turning them back to their rural area of origin. In contrast, the Red migrant built into the town environment, the homestead in the country. I would suggest that perhaps the School migrant can be compared to the couple in Bott's study that moved away from their original residence and was faced with the opportunity forming new relationships with the people they met.

Mayer built upon Bott's reasoning concerning the connection between network formation and normative pressure. Red Xhosa, in a town sense, chose to maintain a close knit network, and his values led him to a set of partners known to him, and to each other, thus giving stability in their lives. This is similar to the close knit couple in Bott's study who had a segregated conjugal relationship and had to conform to the normative pressures of their old network. In both cases, the individual's opportunity for future changes is limited. School Xhosa, knowingly or not, opted for a greater continued freedom of action by getting into company whose hold over them was less persuasive.

<u>The Grapevine: Gossip and Network</u>

Anthropology scholars have, over the time, studied gossip as part of community life. Gluckman (1963) in his essay on gossip and scandal explained the function of gossip in society, though in my opinion this essay does not make use of network concepts and generally remains in the framework of structural-functionalism. Gluckman views gossip serving primarily to maintain unity of groups, thus serving the purpose of affirming and expressing norms.

This is the idea that Epstein (1969), also cited in Mitchell (1969), restated in network terms in the paper he wrote for the Manchester University genre case studies. In this study, Epstein followed his informant Ponde's movements around Ndola, Zambia. By doing this, Epstein was able to trace out the nature of various social contacts Ponde made over a limited period of time. While Epstein was in Ndola, Zambia, he selected two areas for intensive study, one an old location near the copper-belt region, the other in Kabushi, which was more of an urban town area, made of fast growing populations. Epstein was able to arrange for his informant Ponde to live here in Kabushi.

The incident

I describe the following incident related by Epstein (1964) in detail as it is pertinent for my research into how gossip circulates in a community, and how it is useful in the movement and relay of ideas and information.

One day, the informant Ponde, called in at one of the houses in his

neighborhood in Kabushi. He was met by a young lad who explained that he was

the younger brother of Charles, the occupier of the house. Ponde was told that

Charles was at out of town, and when Ponde asked when Charles would be back

the lad appeared reluctant to respond so Ponde left.

The reason for Charles' absence emerged shortly afterwards. It appeared

he had been found committing adultery with a girl named Monica, who was the

wife of Kaswende. Kaswende was employed as a lorry driver to distribute beer

throughout the country. As a result, Kaswende was frequently out of Ndola for

days at a time as his duties took him on long journeys. During his absence,

Charles and Monica used to meet in Kaswende's house. Somehow, Kaswende's

suspicion became aroused and he asked his younger brother to keep an eye on

Monica whilst he was away. One evening when Kaswende was away, his

younger brother called at Kaswende's house, and when he received no answer,

he sought to force his way in. Charles thought that the best way out of the

awkward situation was through the window, but the window space was too tiny,

and in the scramble to get away, Charles lost a shoe which was kept by

Kaswende's brother. Upon return, Kaswende was duly informed and he

immediately sought Charles. Confronted with the evidence of the shoe, Charles

was forced to admit his guilt, and Kaswende gave him a severe thrashing.

However, he warned him that this was not the end of the matter, and he would

beat him every time he saw him. Kaswende assaulted Charles on two further

occasions, and therefore Charles decided to leave Ndola. This incident is also cited in Mitchell's 1969: *Social Networks in Urban Situation.*

There is nothing unusual about adultery in urban and rural Africa. However, what is of interest here is not the incident itself, but how within a short space of time, the researcher was able to hear the story from a number of different sources. This suggested that the affair was known to, and probably had been discussed by quite a wide range of people.

For instance, Epstein received the story from Ponde who in fact, did not hear the story in 'the course of his work', but from his side neighbour, Besa, a young man who was employed as a market supervisor. Besa and Kaswende (the husband in question) had been classmates and had grown up together and were still close friends. One day, Ponde was visited at his home by a close friend Simon, an African welfare assistant. They were discussing adultery when Ponde came in, and when Simon left, Besa told Ponde the story of Charles, Monica and Kaswende.

Epstein also heard the story independently from Margaret, whom he had come to know through her husband who was a member of many African organizations (Epstein, 1969). Margaret and her husband were well known through the copper belt. Margaret knew the story first hand from Monica, with whom she had attended boarding school at Mindolo. Margaret had also heard the story from her neighbor and friend Mrs. Mutale while they were combing out each others' hair. She too had been in boarding school with both Monica and

Margaret. In turn, Margaret had related the story to a number of women, and a friend, Nicholas, who hailed from the same district as Margaret.

Finally, Epstein heard the story from his second assistant, Phiri, a townsman who also knew Charles. Charles and Phiri had met at first when they boxed against each other in a scout jamboree. They also met again when Phiri came to work for Epstein in Ndola, and this time the introduction was made by Monica, who hailed from Mufulira district like Phiri. Phiri and Monica had grown up together though they were from different tribal backgrounds. He himself had heard the story while visiting Monica's mother, who was living in one of the settlements a short distance away from Ndola. Phiri also heard the story from Nicholas, with whom he was good friends and formed a regular drinking group at the 'Beer Hall'. Nicholas confided to Phiri that he was concerned about the whole matter as he was indirectly involved. Monica had a friend and confidante, Alice, whose husband was also a businessman and away from time to time. Sometimes, Monica and Charles would meet at Alice's house, but soon Alice became fearful that her husband might find out, and even doubt her own moral stand. She therefore arranged another rendezvous for her friends to meet, but it was too late as her husband already found Monica's clothes in the house, and chased Alice away. At this time, Alice was Nicholas' mistress, and this is what led him to disclose his fears of indirect involvement to Phiri (Epstein's second assistant). He accused others, mainly Margaret, of being gossip mongers and spreading false stories about him, and as a result his (Nicholas') wife was threatening to divorce him.

However overwhelming the details may be, this is an example of how one incident can flow within the community through different channels of people, some of whom may be in direct contact with each other, and others who did not know each other. An act of adultery triggered a chain of gossip, and even came to affect the relationships of other people who were not directly involved to begin with. Likewise, I presume that in the same ways that gossip is passed on from person to person, we can use the female networks to pass on information on HIV/AIDS to different people. Information on HIV/AIDS in regards to prevention, transmission, care, help and support, as well as statistics on how devastating the disease is can presumably be channeled effectively through different links in a network. This diverse means of communication can affect the understanding of how ideas, in this case, ideas on HIV/AIDS, circulate. Presumably, the rate of new infections in women could diminish, and those already infected can be encouraged to seek help, support and treatment.

Social networks in urban Tanzania

In his recent study of women in urban Tanzania, Chris Lockhart (2000) established that the lives and relations of women were conditioned in large part by the satisfaction of the most basic needs under conditions of extreme poverty. Because of the high cost of rent and food, as well as basic needs, life in Mwanza, Tanzania ensured that women's most fundamental and persistent need was to acquire money. Life in the urban areas was different from the rural villages. The women who found themselves in the urban areas had grown up in rural areas where subsistence farming almost totally precluded the need for hard currency.

Consequently, in the urban environment the women's economic situation and need for survival became determining forces in their lives. The most important strategy for survival involved turning to other women who experienced the same poverty induced conditions as themselves, therefore forming extensive yet locally situated networks of exchange and cooperation. These networks were characterized by distinct flows of material goods and pragmatic services. Money was redistributed and therefore the cost of living for those who were members of these networks was reduced. Similarly in many female networks in developing countries, women are in the same economic situation and form these kinds of the networks where they seek material support as well as practical services. They come together to find ways to ease the burden of livelihood and find ways to survive that will benefit all their members.

In this study of women in Mwanza, Lockhart (2000:152) discussed four such networks which produced a particular unique and necessary relationship. They were namely, *Kwanza, the Samaki, Kanisa and Mwalimu* networks.

Kwanza social network revolved around the eldest member, a widow from Sukuma region who worked as a nurse at Bugando Hospital. She was respected for both her health care skills and her dignified manner. She had a very strong opinion concerning the mistreatment of widows in Tanzania and was not afraid to express her viewpoint. Apparently, she was not representative of other widows in the area as she spoke a fair amount of English, owned a small house and other people seemed to see her as relatively wealthy and successful rather than a poverty-stricken widow. Despite this, her dignified manner and respected

occupation translated into strong and influential ties among many people of the neighborhood, particularly the other women of Kwanza network. She was the anchorage or reference point of this network as Barnes (1954) would say.

In addition to the nurse, the *Kwanza* network consisted of diverse individuals including a widow from Rwanda and two married women. The Rwandese woman had escaped the war in Rwanda and had been living in a refugee camp where she witnessed and experienced violent acts on almost daily basis from the guards. She managed to escape from the refugee camp to Moshi on a truck in exchange for sex with the driver. The women in this network lived in one general area - Bugando Hills. The majority of these women worked in the immediate area selling fruit and vegetables, or in the local shops.

Mwalimu network referred to 'mwalimu' - teacher, because the two eldest members were teachers at the same primary school in Mwanza. The women struggled to make ends meet and despite a strong education, ability to speak English and formal employment, they would go for months before receiving their salary from the government. One of these women was married but complained that her husband took most of the money she earned as a teacher; the other was recently widowed and was embroiled in a legal battle with her late husband's relatives over a small piece of land that belonged to her late husband. In the same network were other women mostly from Sukuma region. The women worked in small businesses selling fruit, vegetables, fish and other food items.

The third social network, *Samaki* network referred to as 'samaki' (fish) because most of its individuals sold fish on one of the major roads that skirted the base of Bugando Hills. Most women sold fish caught the same day from Lake Victoria, and had a steady stream of potential customers, mainly workers going to and from the large industrial area along the shores of Lake Victoria. The eldest member of this network was a teacher, but not at the same school as the teachers from the *Mwalimu* network. She was also a close friend to the nurse from *Kwanza* network.

The fourth network was *Kanisa* (church) network. The members had a weekly practice of attending Catholic mass as a group, usually meeting early Sunday morning to discuss the bible and pray before the mass. They were a tightly-knit group, often referred to as a 'sisterhood'. The women in this network were from diverse backgrounds. One was a part time secretary, another owned a popular neighborhood grocery/salon based at her house. She earned enough money to employ two other women from the network. Some of the women in this network also sold fruit and vegetables in the main market, and depended heavily on the own neighborhood for customers for their small business endeavors.

The women in all the above networks were from different backgrounds, but all lived in Bugando Hills. They had common characteristics that brought them together mainly the struggle for daily survival. In such networks, the members of one network knew those of another, and each member was concerned with the welfare of all other members. Such networks are common especially among those who have middle and low incomes level classes in

developing countries. These networks are formed by women to empower themselves.

These kinds of networks that Lockhart studied can be compared to the community of Bremnes in that they are to some degree territorial. Not only were the women in these networks from the same regions, but the networks were also stable and close-knit. In addition, many of the women in these different networks came to find new situations in the urban town of Moshi, within which they incorporated into their lifestyles. They were more like the School Xhosa migrant in Mayer's study in East London. However, once they formed these networks, it was rare for women to move from one network to another, or to be a member of two of these networks simultaneously.

In conclusion, networks have been of great interest to anthropologists as they are an important source of identifying the nature of relationships and links between its members, as well as how the network fits into the whole, the society. It is important to mention that the use of networks as part of research largely died out in anthropology by the mid 1970s as most of the earlier scholars who had used the approach in the 1960s turned away from what White refers to as problems of 'fluid social structure' to the study of transactions, ritual enactment, symbolic action and contemporary themes of cultural anthropology, which failed to capture the interests of networks in the society (White, 2004). However the study of networks is regaining its popularity as a research methodology in recent times. By examining the contribution of anthropologists like Lockhart (2000) to the understanding of networks it is apparent there are two broad yet inter-related

issues in respect to social network. These can be related to the female networks

under investigation. The first encompasses an interest in material aspects of

network formation and maintenance including flow of various kinds of goods and

services. Women come together in networks with an aim to support each other in

terms of food, money as well as services, and entertainment. The second

involves the symbolic aspects of the network and centers on the flow of

communication in relation to the definition of a shared set of norms, values and

ideals. This knowledge of networks can be applied to the importance of

communicating information of HIV/AIDS, as well as to some extent by giving a

voice to women to express their experiences with HIV/AIDS.

In the following chapter I begin the investigation of the role of narratives as

part of the women's lives, together with other forms of literature, and suggest

how these can be applied effectively to fighting HIV/AIDS.

CHAPTER SIX

NARRATIVES: LEARNING TO BE HUMAN

Human beings are born with an astonishing capacity to learn. By the age of eight, a normal child has developed fantastically complex and subtle modes of behavior which enable it to 'fit' into the family and society. This includes eating, dressing and ritual practices among other habits of its culture. At this stage however, the child acquires knowledge mainly by observing and imitating what the other members of his family and society do. The technical term for one learning the traditions of the society is enculturation (Brock, 1969). This involves different kinds of learning for the young children to achieve a human level of existence. According to Schirato and Yell (1996), a fundamental characteristic of human societies is that a population of a given society tends to behave in the same general way under the same circumstances. These ways of behaving are learned rather than instinctive. The ability of human beings to develop and pass on complex cultural patterns is dependent upon language. Narratives and thus oral literature are of great importance in the conveying of information from one person to the other and this is the focus of this chapter. Writing or written literature mainly extends the human ability to store and communicate ideas. Oral literature and the performing arts also, are of importance because through them people are able to not only express themselves, but also are able to communicate and share ideas with each other as well as transmit and sustain their traditions and culture. In addition, society is able to modify some of its

traditions and beliefs and change them as globalization and new technology sets in. In so doing, society is able to contest those that may be considered outdated and 'primitive', or 'in contravention of human rights', for example the female genital mutilation of young girls in some societies in Kenya.

There is a long-established view that people's achievements in the physical sciences and technology have outstripped their powers to control these people, and that it is up to the biological and social sciences to provide a necessary understanding of human nature (Argyle, 1969). As a result of this one most pressing social problem is concerned with trying to decipher the relationships between people, and how these relationships are an essential part of human nature. Human beings are reared in families in which they are completely dependant at first, and in which they acquire most of their learned behavior. Many social problems therefore consist of the breakdown of communication, interaction and cooperation between different classes or groups of people and I suggest that this is the reason why, though partially, women are more affected by HIV and AIDS in developing countries: - because of a breakdown in communication between women and their spouses, or other lovers in regards to sexual matters. Some women tell their stories of their experience of HIV/AIDS in the form of narrative, and should be encouraged to do so, likewise in drama, song and poetry. I would suggest that every health authority, policy maker and program designer incorporate these stories and messages into their work in the fight against infection. They can also go further and redirect such

narratives back into the wider social network of women, and men, where health messages can be effectively heeded.

<u>Role of language in social interaction</u>

Human beings are unique in that they have developed a particularly complex way of communicating with each other, namely language. Language is particularly used to convey information to others. In addition, it can be used to make suggestions about solutions to problems, as well as to offer opinions. In this way it plays an important role in enabling two or more people to work together at a joint task, discuss problems and make decisions.

Speech is most frequently used to influence the behavior of others (Schipper, 2000). In my opinion, when women in networks speak of their experiences with HIV and AIDS either as the victims or as care-takers for those who have been infected and their families, they succeed in evoking emotional feelings of sadness, compassion, pity and sometimes even empathy from other people. In so doing they give us an insider's view of what it means to be living with HIV and AIDS, but they also enlighten us on areas that have been given less attention and yet are of great importance in the fight by women against HIV/AIDS, for instance health and education accessibility.

According to Argyle (1969) and Schirato and Yell (1996), speech can be used for the expression of emotions and attitudes, and for self-presentation. Most human social interaction consists of conversation which is usually a mixture of problem solving and information conveying on the one hand, and sustaining

social relationships on the other. Topics of conversation reflect the shared interests of those conversing. Therefore, in this study, we would expect the main focus to reflect the need to empower and educate women, thus providing them with necessary tools to fight HIV/AIDS.

In the course of social interaction verbal interaction needs the support of non verbal communication (Argyle, 1969). These bring into effect *'how'* something is said as opposed to *'what'* is said. According to Schegloff (1986), conversation therefore depends on a visual- gestural channel and the subtle combination of the two. Speech is often accompanied by illustrations or a flow of gestural movements, mainly of the hands. Schegloff (1986) suggests interaction can do this in several ways: through batons which are movements that time, accentuate or emphasize a particular word or phrase; through ideographs or movements that sketch a path or direction of thought; and through kinetographs, which are movements that depict bodily action. These illustrations are probably learned by watching other people and the style of gestural accompaniments are different in different cultures. Health authorities, policy makers and program designers involved in the fight against HIV/AIDS need to be aware of these cultural differences when they verbally or visually present information to a society, as this will determine what is accepted or rejected by the group in focus.

The next section deals with the academic history of use of narratives as forms of communication. I then investigate how even the earliest studies of narratives contribute to present understanding of narratives and their potential use in fieldwork and research.

Broadly speaking narratology is the critical and theoretical study of numerous forms of narrative discourse. More precisely it designates a theoretical movement with its origin in the French structuralist thought of the 1960s and 1970s notably, for example that of Lévi Strauss. A narratological approach is characterized by a concern for narrative structure, and how structure shapes the narrative. It scrutinizes the internal relations of a narrative's component parts and dissects how these relations are constructed in any given aspect of the narrative text, for example plot, narration and sequence of events. For a narratologist, these structures are what bring narrative text into being, and provides them with meaning. The text structure can therefore be read as a system in its own right that interacts with any apparent message the text contains (Scholes, 1981).

According to Scholes (1981:12) narratology as a theoretical school evolved initially in France, while its origin lays much earlier in Russian formalism. In particular, Vladimir Propp's *Morphology of the Folktale (1928)* anticipated many of the methods of narratological analysis by the breakdown of Russian folktales into a finite number of constituent parts; that is to say into its morphological functions and spheres of action. Stripping narratives to their bare bones in this way was to become a mainstay of narratological analysis. Thus Propp distinguished two crucially different aspects of narratives which he christened *'fabula'* and *'siuzhet'*. *Fabula* simply meant the content of the story while *siuzhet* designated the form that the telling of the tale imposed on the content. Propp argued that the latter was of paramount importance and that the

97

study of narrative form was the only viable methodological approach for the comparative analysis of folk tales (Propp, 1928:5). It was this insight that paved the way for a generation of theorists who founded the movement known as 'narratology'.

The birth and early development of narratology is best understood within the context of structuralism (Propp, 1928; Scholes, 1981; Finnegan, 1988) and the assumption that narratives, being of a linguistic nature, contain structures that can be analyzed. The Swiss scholar Ferdinand de Saussure (1910-11) distinguished between the 'signifier' and 'signified', which was later recast by various narratologists as the 'narrated' and 'narrating'. The first designated the set of events recounted by the narrative and corresponds to Propp's *fabula*, while the second referred to the manner of representation or way in which narrative is structured as a signifier- similar to Propp's concept of *siuhzet.* This became the focus of narratological analysis: not only *what* a narrative represents but also *how* it is represented it.

According to Finnegan (1988), as applied to literature, the narratologists drive towards a systematic overview of narrative structure soon resulted in sophisticated categorizations of narrative time, narrative plot structure and narrative voice. One of the clearest illustrations of plot based narratology is Roland Barthes' *Introduction to Structural Analysis of Narratives (1975).* Based on this Barthes drew on literature from a vast array of genres and eras to demonstrate the ways in which the underlying events of the story could be reorganized, rearranged and re-presented by narrative discourse. In my opinion

this is important in analyzing the quality of the information on HIV/AIDS that is narrated by women in their networks, and how they interpret and understand this information as their personal experiences, and more importantly how they relay these same messages to the others in society for the effective impact on the community's lives. According to Barthes (1975) special attention should be paid when narrative is rearranged or re-presented as it is easy to misinterpret or distort the messages contained in these narratives. For example the number of events may be changed during narration or events may be narrated in a different number of times from their occurrence. Interestingly because of this, one narratologist Genette (1967) observed that the various positions of narrators dramatically affect our understanding of what they tell us. His work therefore added another dimension to Propp's *fabula* (content) and *siuhzet* (form of narration), that of narration itself. This is important because it enables us to not only differentiate between what is narrated and how it is narrated, but also by whom and when it is narrated.

In female networks especially in Africa, seminars held to educate women on HIV/AIDS are likely to have more impact and be better appreciated by women if they are presented by female rather than male officials (WHO, 1998; FHI, 2000; Lockhart, 2000). Women will definitely be more comfortable speaking to other women, and rely on them for advice on HIV and AIDS, and be evasive and secretive with male officials who may unknowingly intimidate women. Some other factors that may influence the responsiveness of women in society includes class and social status; for example, women in lower income earning situations are

more likely to relate and be open to others in similar situations while now in Kenya it is more common for groups like teachers or nurses to be in networks with other teachers or nurses. In much of Africa, ethnic background is even more pronounced in the rural areas where many people from the same tribe live in particular regions. Therefore stories, songs and dances performed in a local language have a better chance of being understood and the meanings not misinterpreted. This can be contrasted to the situations in towns where, as for example in Kenya, the fusion of tribes requires the use of a national language; in this case Swahili is more commonly used in narrations and performances like song, poetry and drama.

As the narratology approach grew in intellectual prominence it spread as a movement beyond France to America, Israel and throughout Europe. However the popularity of narratological project began to wane after the advent of deconstruction and ensuing loss of confidence in structuralism. Its approach of dividing narratives into categories tended to be limiting, and different narratives and stories from different cultures were reduced to the same rudimentary structures. As a result of this, narratology discourse became less popular over the years, and narratives were more frequently treated in terms of particular cultures.

Narratives and media

Most of us spend much of our time telling stories, gossiping with and about friends and telling jokes. All cultures seem to make stories an involving and

enjoyable way of creating sense and meaning in the world. Systematic study of narrative suggests that stories in whatever media or culture have certain features and that these particular media are able to tell these stories in different ways (Hathaway, 1995). According to Schipper (2000), in media studies narrative theories are used to try to understand the devices and conventions governing how stories are organized into sequence, and the invitation this may make to the audience to become involved in various ways. This is important especially in this study of female networks. The main aim is to educate women about HIV/AIDS, the whole society needs to be involved - above all women themselves- and to participate in activities which will help promote public awareness and improve health standards for everyone. The success of using such media as tools for education can then be measured by the effective transmission of HIV/AIDS education not only to women, to every member of society. However, I would like to add that it is important that women's networks are recognized as an integral part of the community, without lumping them together with the other networks already in existence.

Commonly, most media try to understand narratives especially in terms of their possible social and ideological roles. A good example of such narrative definition given by Brinson (1992:2), is that "it is a way of organizing spatial and temporal data into a cause-effect chain of events with a beginning, middle and an ending that embodies a judgment about the nature of events." This is true particularly in the stories that women (see chapter four) tell about their situations and experiences with HIV/AIDS, how in the beginning they are HIV negative, in

the middle they discover their sero-positive status and in the end tell how this news bears upon their lives. Taking this much further, is what Propp (1928) meant when he said that no matter what the surface difference of narratives may be, it is possible to group their elements into character, spheres of action and functions which move the story along, sometimes in a predictable way.

When we look at narratives, we need to remember that they are bound up with the times and social orders, and, the cultures which produce them. This is why, for example, narratives by women often reflect the submissiveness and subordinate position they find themselves in, especially in developing countries. This might also explain why women may not be able to discuss sexual matters openly, as traditionally it is taboo. Propp's original study was concerned with fairy tales in a period when many women died during child birth, resulting in new roles of step mothers who were considered wicked. Fairy tales might have come into existence as imaginary and fictitious stories, mostly made up by children as a way of escaping reality since their tales always had a happy ending. Women's narratives about HIV/AIDS may also be seen to some extent as fairy tales in that during their initial stages of discovery about their sero-positive status they continue to live in denial, hoping it is not true and that the disease will eventually go away (Ciambrone, 2004). Today however, fairy tales and children's stories and poems tend to have some gruesome endings for example Humpty Dumpty, Jack and Jill, and Rock-a-by- baby. This in my opinion is of importance because it helps children to understand and experience grief knowing that sometimes there are unhappy endings. If this is to be applied to the era of HIV/AIDS, it

brings out the grim reality of the epidemic. The fairy tales with happy endings can be compared to those women who on discovering their sero-positive status; and fearing what will happen to their husbands, lovers and children after they die, live in the illusion that they are not sick, and thrust all their efforts into caring for their families at the expense of seeking medical assistance.

It is also useful to look at what Todrov, a Bulgarian structural linguist, argues in regards to narratives. He says all stories begin with equilibrium where potentially opposing forces are 'in balance'. This equilibrium is then disrupted by some event setting in train a series of other events which eventually closes with a second but totally different equilibrium or status quo (Todrov, 1977). For a long time it has been an accepted assumption, especially in developing countries that women are the weaker gender who need to take a back seat to their male counterparts when it comes to decision making on issues regarding health, development, education and others matters. We can take this to be the initial equilibrium that Todrov (1977) refers to in his work. Yet today, because HIV and AIDS has disrupted the lives not only of women but the whole society, more women are overcoming such cultural constraints and taboos and becoming more involved in the fight against the disease, and in the process empowering themselves as 'authors' and narrators of their stories. This is a different equilibrium.

Narratives are important because they tell and interpret experiences, hence mediate between an inner world of thought and feeling, and an outer world of observable actions and states of affairs (Scholes, 1981). They provide a

powerful medium for learning and gaining understanding of others. In this case women living either as victims or carers for sick relatives afford insights into what others have not experienced. They paint a clear picture of hardship and denial. As Mardsen and Lin say, telling a story is a 'relational act' that implicates the audience, and one that is effective not only *is* about something but *does* something (Mardsen and Lin, 1982).

Rosaldo and Lamphere (1974) state that telling stories allows narrators to communicate what is significant in their lives and how these things matter to them. Stories like those of women with experiences of HIV and AIDS, either as carriers or as carers, therefore have the potential to move others to see, and act out life in one way rather than another, not because the stories tell us of the usual round of affairs, but as Rosaldo points out, "because narratives often reveal more about what can make life worth living rather than about how it is routinely lived" (Rosaldo and Lamphere, 1974:99).

In conclusion, I have discussed narratives at length and how they form an integral part of human daily life. I argued that human beings are social beings, by virtue of constant communicative interaction via narrative, some of which have entertainment function. What makes people different from other primates and other animals is their unique extensive ability to use language for communication and expression of their desires and needs. In addition, this unique capacity is used to teach children the traditions of culture, what anthropologists refer to as enculturation. In this chapter, I also briefly looked at how non verbal communication and cues are necessary in order to make verbal communication

intelligible. In this chapter I also looked at the origin of narrative analysis in Russia in the late 1920s and at how it spread in popularity and gave rise to structuralism which itself waned in the early 1970s. Another use of narratives has found its way back into fieldwork and research. Listening to stories we are able to gain an understanding of people's experiences and at the same time acquire important information and messages. In some cases stories tend to influence the way others behave and live their own lives. And this is where their great potential lies. For instance, when women tell how they acquired HIV through contaminated intravenous drug use or through unprotected sexual activity, it may prompt younger girls to change their lifestyle and sexual patterns. On the other hand, men's attitudes are affected in that by listening to women's narratives, they have an understanding of how suppressing women and their rights to education and health accessibility contribute to their high levels of infection.

It is not enough for an ethnographer to observe a particular network, it is also necessary talk and listen- that is o say participate in a "relational act" (Mardsen and Lin, 1982). Narratives as stories or accounts are the essential part of ethnography, but in the case of women stories on experiences with HIV/AIDS, they can now become a bench mark by which to assess one's interpretations of what is observed or heard. Clearly, stories operate in the society not only as entertainment but and a way to sustain values and traditions while conveying important information, but as a catalyst to changing values and behavior.

In the next chapter, I discuss how women have involved the whole community in the fight against HIV/AIDS by the use of different kinds of

narratives, both oral and written as well as in performance. I explore the role of

technology and globalization and how this is helping create global awareness

and prompting international concern and support.

CHAPTER SEVEN

USE OF NARRATIVES IN THE FIGHT AGAINST HIV/AIDS

The 'oral' nature of unwritten literature

According to Finnegan (1992), cultures possess both written and unwritten traditions. Written traditions are well known, for example, plays of Shakespeare in the English language. Written works by African authors are less well known. Oral forms of literature are more likely known, understood and better appreciated by particular cultures and not recognized outside them. This is why some oral stories, for example performed in rain dances, may be misunderstood by people outside the group to be some form of ritual involving 'voodoo', or witchcraft. Moreover, oral stories are usually hard to record and re-present, unlike the written stories. Written texts are reproduced and can be read by anyone who speaks the language. Oral stories require much more attention and contextual knowledge, and sometimes involvement of the observer.

For Finnegan, literature is a way of teaching and learning, and, in its wider sense, comprises print or written material plus oral tradition and performance – including dance. Viewed in a cross-cultural framework with a synoptic wide ranging vision, oral literature and written traditions therefore lead into spoken language, text, literary analysis, media studies, popular culture, information technology and communication (Finnegan, 1988:2-,3), and into such areas as

books and magazines, journals and novels, and oral performances like dance, poetry and drama.

Oral literature is significant because of the actual *performance*, which according to Finnegan, is the most basic characteristic of oral literature though it is constantly overlooked in analysis. Oral literature is by definition dependent on a performer who formulates it in words on a specific occasion. And the nature of performance itself according to Finnegan can make an important contribution to the impact of the particular literary or narrative form being exhibited. Consequently, for example, if we consider the various performances that women in networks use, or might use in future, as a means to educate the public about HIV/AIDS, the meaning of their messages cannot be separated from the actual nature of the performance; for example how they speak or dance, who speaks or dances and when they do, who leads the network conversation or the dances as well as who constitutes the dance group, and how all these impact on the audience or side players. Components of narratives such as expressiveness of tone, gestures, facial expressions, humor, reaction of the audience, interplay of passion are indeed an integral and flexible part of the performance, but unfortunately are not usually captured in recording and interpreting instances of oral literature. This is the very same problem which confronts network analysis, where there is difficulty in capturing and recording of the details of what occurs in face to face interactions. For us to understand the importance of narrative performance we need to go further and study the process of performance and audience reception as they actually take place in space and time.

<u>Music, song and dance</u>

With this in mind, I will therefore begin to look at the importance of music, song and dance as a form of communication in society, and in this case communication about HIV/AIDS, for it cannot be overemphasized just how significant the medium of dance is in practically all African cultures. It is indeed arguably one of the most important ways in which women's networks' in Africa have incorporated, or could potentially incorporate, their narratives into the performances to convey powerful educational messages.

According to Finnegan (1988:125) musical arts tend to be equated with their written forms, so that if something is not written it is assessed as not "really" music and not worthy of scholarly study. In traditional western musicology "music" is defined as the musical work rather than for instance the process of playing, singing or act of performance. The emphasis on text is reinforced by western education where formal music is usually taken to consist of *learning* to read music. Finnegan found this to be true in her study in the early 1980s in Milton Keynes- a music making English town in Buckinghamshire (Finnegan, 1988). One of her findings was that conventional English vocabulary supported the popular view that music was essentially constituted by written text involving formal music training (notation, music theory and written examinations) in local schools and conservatoire settings. As with oral literature this definition of music as text leaves out essential elements of the art form as actually practiced by the performing musicians and experienced by the audiences. This further misleads us to what people actually do and value in music, especially in the context of

performance. As we study the importance of music we need to explore both musical practices (performance) as well as the musical theory (text). At this point I would like to compare this western view of music as text with that of the Taita community of Kenya, and how they view music not as text, but a form of entertainment and a means of conveying important information on HIV/AIDS.

Dance in Africa is not a separate art but a part of the whole complex way of living. Dance translates every day life and experiences into movements and is therefore a spontaneous emanation from the people. This dance, for example the Taita dance, is based upon the spoken language and is a means of communication through which it is possible to demonstrate emotions, beliefs, life activities and other reactions through movements (Green, 1996). Rhythmic movements express love, hate, joy, sadness, amazement and fear among other feelings. There is a dance for every occasion in the people's lives, sowing of seeds, harvesting periods, puberty and initiation rites, hunting, birth and death as well as life after death. There are rain dances, sun dances, courtship dances and thanksgiving dances – such as among the Idoma of Nigeria, the *Odabr* or the New Yam. Especially composed traditional songs accompany the dance.

For the Taita in Kenya, dance is intricately interwoven into the fabric of life as a preserver and transmitter of the culture from one generation to the next. It is used as a tool for instruction, education, and preparation of the young for adult roles. Dances like the *Mwazindika* give meaning to the stages of life and status transfer. The dance and songs contain a mosaic of information and skills that are meant to assist an individual cope with life in the community. Accompanying

dance is the most integral part of music, and though some dances may be performed by men and women as separate groups, the majority of dances involve every member of the community. In such a dance, the dancers, as well as the instrument players are involved and great respect is accorded to all involved. In most cases they have elaborate and flamboyant costumes which are also part of the communication process. Participation in the dance is beneficial to all involved in terms of physical, emotional, social, intellectual and aesthetic development, and though the repetitive nature of the songs, chants and choruses, every member has a chance to hear and interpret the messages the song carries (Mjomba, 2002).

Global Women's Network is an organization made up of women involved in empowering women in the community especially in the HIV/AIDS pandemic. Though it is based in USA, women are educated globally by the use of the internet. In addition, the plight of women globally is highlighted in their websites thus creating awareness of the devastation that HIV/AIDS is causing. According to a report by this network (2001), the importance of song and dance as discussed above has already been used by one of women's network – *Saidia Mama Women's Group* -in the coastal Taita tribe to sensitize their community about the impact of HIV/AIDS not only on their own lives but on the wider social network as well. The women have composed a dance called *Kishawi* whose theme is how to prevent the spread of the deadly virus. Consequently, they have won the funding support of UNAIDS and UNIFEM.

While *Saidia Mama Women's Group* songs have been tailored to suit the theme of HIV/AIDS and are original compositions, others take the tunes of already popular songs but have the words altered to fit the theme. These songs carry straight forward strong messages that are easy to understand. The dance is performed by both men and women performers as they move among crowds they require for their audience to join in the choruses, which reinforces the message. In one of the dance songs, the soloist remarks that *"Ukimwi ni hatari, kwa maisha yako, jikinge na ukimwi wacha usherati"*, can be translated as "HIV (virus) is devastating and there is need to protect oneself, be faithful and not promiscuous". Once the soloist says this, she will then urge the audience to repeat it. Such a dance is popular in market places and at formal and informal functions like fundraising meetings, weddings and parties.

Herrick (2001) suggests that when we express emotions and thoughts to other people in the form of song and dance our main goal is to influence them and engage them in rhetoric. Such a dance like *Kishawi,* however, goes further. It is not only used to influence rhetoric or an idea but it is used to influence behavior in a manner consistent with that idea. Through dance, culture is made and re-made, in accordance with the new challenges every new day brings. Dancing is not simply a reflection of expression, but can also be by itself an active agency for change, representing the image of how people see themselves and how they can adjust according to the best plan of livelihood. Dance can thus be used as a combination of entertainment and education to instruct and inform, and is now being used in developing parts of the world as an innovative

approach to bring about social change (Singhal and Rodgers, 1999).

Edutainment, as it is sometimes called, is the process of purposely designing a

media message such as that of HIV/AIDS prevention, to both entertain and

educate with the aim of changing of overt behavior. This is what the Saidia Mama

Women's Group, and the network from which it emerges from among the Taita

aims at doing.

In Lesotho, the Maratholi Theatre group has successfully used popular

media, dance and music to sensitize and mobilize a rural community into

decision making in regards to issues change on issues such as sanitation and

family planning (Zakes, 1993). In Nigeria, use of popular theatre by the Bukisa

Women's group to educate members of their community on breast feeding,

health issues and HIV/AIDS itself has even extended into isolated rural

communities that cannot be easily reached through mass or print media

(Gumicio, 2001). Drawing from these effective and successful experiments, it

would therefore also seem possible to reduce the rate of HIV/AIDS as well other

sexually transmitted infections by the use of song and dance performed, for

example, by women recruited from existing social networks.

Even in developed countries dance has proved effective. In Australia,

international bodies such as UNICEF and UNAIDS have identified areas where

Aboriginal communities have little or no access to the print media. Through the

popular use of Network of Education Theatre (NET), established in 1996, they

have educated communities on HIV/AIDS. Similar networks have also proven

successful in remote towns in India, and in the United Kingdom (Gumicio, 2001) which is overwhelmingly urban.

In connection with what I have argued about women's groups and networks working with regional and international bodies to help decrease the rate of HIV infection, there are two important points to take into consideration. The first point to consider is that regional and international organizations work with and introduce these ideas to the networks at local level, for example the use of both male and female condoms, need to be compatible with local culture. Here there is need to remember that in most African societies women are far less involved than men in many of the decisions in the public domain. Teaching women about use of condoms and the dangers of their partners' infidelity may not therefore be sufficient in controlling the spread of HIV, as men still hold the upper hand. In such cases organizations need to recognize this fact and find ways in which to empower women and give them a public voice with which they can bridge the inequality gap. This can only be done by incorporating women's grass-root networks and their narratives, and only be successful when regional and international organizations act on an equal basis with women locally.

Secondly, if these messages of HIV/AIDS presented in dance and music are to be successful, local and regional (governmental and non governmental) and international bodies involved in the fight against the epidemic need to be sure that they are well equipped with the tools to respond to HIV/AIDS. For instance, in Uganda, there was a reported shortage of condoms as large numbers of people responded to calls for safer sexual behavior through the use

of condoms. It is not just a matter of inter-marrying the use of dance and music performance with the message of HIV/AIDS prevention; it is also a matter of improving services and their delivery to the people. This in my opinion is the only way that we will achieve our goal of effectively reducing the rates of new infections in women.

<u>Drama</u>

I have demonstrated the need for a detailed study of women's social networks and of narratives concerning sex and sexually transmitted diseases as useful to designing of education programmes on disease prevention. I have also stated that dance as a form of oral literature or narrative performance has great potential in such programmes in Africa. I now examine in depth the nature of another closely related performance of potential use: drama.

Drama as a form of entertainment and education is common in Africa and other developing countries, but it is necessary for us to know what actually to count as drama. Rather than define it, it seems better to point to the various elements which tend to come together in what we usually refer to as drama. Most important is the idea of enactment (Finnegan, 1992; Caplan, 1997); of presentation through actors who imitate persons and events. This is also associated with other elements appearing to a greater or lesser degree at different times or places, for example plot, linguistic content, music and dance. Stories are often enacted in the sense that the speech and gestures of their characters are imitated by a narrator. Occasionally the story teller may move

among the audience. Among the southern Bushmen in Africa there is an attempt to make actors resemble certain people or animals by the use of paint, skins and horns as they portray dramas representing different stages in hunting (Green, 1996). Drama is therefore not 'self contained' but depends on other additional elements for its full effect. This, according to Finnegan (1992:22), is heightened by the frequent use of music and dance. It is also common in some cases for the narrator to begin a song in the cause of narration, and for this to be taken up antiphonally by the audience acting as chorus. In this way the audience partakes in the enactment, i.e., audience participation. Such characteristics of drama come into the repertoire of the Ugandan *Babas Women's Group* that has already harnessed their network talent in the fight against HIV/AIDS.

Through street and community outreach, a women's network group called Babas has taken HIV prevention to street children, the local community and local leaders in Uganda. Its main goals are both to reduce the rate of HIV infection among young girls generally and in particular reduce young girls' sexual exploitation as street children. The Babas network constitutes both young and older women who may or may not be HIV positive. Some of these women have been trained in HIV/AIDS and sexual health issues, and participatory teaching methods. According to Mitchell, Oling et al (2002), the Babas project uses role play, drama, song and dance, as well as poetry as tools for HIV education on HIV. Role play is a popular teaching medium that Babas uses to introduce a topic, raise ideas for discussion or demonstrate a life skill. It attracts attention and is well suited to audiences with few reading skills or with short attention spans.

Performing members of this group are involved and the audience participates in answering questions and in singing. Many women use narratives of personal testimonies of living with the virus, as well as AIDS, and the hardships they experience having to care for sick relatives and friends, to break down the stigma and prejudice.

In 2001 the Babas women's group collaborated with local and international agencies and organized a drama festival in Kampala, Uganda. Many dignitaries, politicians and representatives from HIV/AIDS and women related organizations joined the local community and street children to watch presentations on "Women and Youth fighting AIDS" (Mitchell et al, 2002). This event appeared on local television and was reported in newspapers, and was also publicized in neighboring Kenya and Tanzania. Though Babas is a women's network group, its performances involve the whole community as women invite their spouses, children, nephews, in-laws and grandchildren to participate. The Babas network is also aware that drama can be interpreted in many different ways by the audience, and therefore ensures its plays are followed up by talks and discussions so that the intended messages of the play are understood. Plays are evaluated informally by putting questions to the audience, and where it is appropriate, formally by the use of questionnaires.

Other performing arts have also been regularly and effectively used in such outreach activities. Drumming as well as songs sung by women, men and youth are used to mobilize a crowd while drama is used to narrate important messages about HIV/AIDS such as means of transmission, means of preventing

the spread of the virus by way of the ABC of AIDS (abstinence, being faithful and the condoms use), as well as where to seek counseling and testing and, more importantly, the need to defuse the stigma and discrimination surrounding those infected and their families.

<u>Puppetry</u>

The use of puppetry in many forms as a means of education as well as entertainment is common in many parts of Africa as well as in India and other developing countries (Finnegan, 1988). Like drama, puppetry is also usually accompanied by narration or actors voices and song and dance as well as sometimes by drumming. The scenes portrayed involve a plot, speech, costumes as well as dramatic and exaggerated actions. These are the basic characteristics of puppetry as they include the enactment of character and event by several actors (albeit in puppet rather than human form) involved in an amount of singing and dancing, as well as theatrical speech.

In coastal East Africa, puppetry has deep roots in the use of roughly carved dolls for ritualistic magic (Caplan, 1997). Different types of puppets include finger puppets, hand or glove puppets; rod puppets held on a rod with special control to manipulate head and arm movements, marionettes or string puppets, and stuffed puppets which are life size puppets manipulated by hand.

The use of puppetry is becoming particularly popular in the fight against HIV/AIDS in East Africa because it breaks down racial, social and political barriers and stereotypes in a light hearted manner without offending or

frightening the audience. Easy to use and cheap to manufacture or hire, puppets deliver a strong messages on HIV/AIDS. In using puppets as an education tool, puppeteers are trained to develop messages and important thematic areas and issues. Training methodologies encourage creativity, innovation and improvisation both in construction and performance. According to Kenyan puppeteer Omondi (2004), the term '*edutainment'* defines how puppetry relies on entertainment value to inform and educate the public. In Kenya and Tanzania, the Malaika women's group, puppeteers stemming from a Christian network involved in the fight against HIV in shanty and slum areas, successfully used puppets this way (UNAIDS, 2004; UNIFEM, 2004). They also use masks, mime, role playing and participatory education theatre (PET). At this point, it is important to mention that since this thesis is concerned with what could be done to enable future studies to effectively reduce infection in women, then studying how this puppetry and dance groups are formed in the first place– out of existing networks, and how they draw on personal stories to write these performances would be a worthwhile exercise for any future researchers interested in women's fight against HIV/AIDS.

In the slum area of Mathare in Nairobi, Kenya, women have enlisted the use of the Mathare Youth Sports Association (MYSA) to focus on what fuels the HIV/AIDS in this area as well as to mobilize and educate children, youth, women and men on HIV/AIDS (UNAIDS,2004). Using the popularity of soccer in Kenya, MYSA uses the local soccer teams to emphasize on the ABC of AIDS especially among young men and women. Many of the youngsters in MYSA are working in

close contact with their mothers, aunts, grandmothers or female friends to fight AIDS. In my opinion this is a major accomplishment. Whereas before, sexual matters were taboo, and hardly ever openly discussed between mothers and sons, now there is some dialogue. Reference to HIV/AIDS needs to be approached carefully. Too often there seems to be exclusive focus on poor people as if they are the only ones to suffer from the HIV virus. Yet, HIV/AIDS affects the rich too. The difference is that the rich are better able to afford anti-retroviral medicines and hospital care. In addition, women in developing countries are at a higher risk of contracting the virus and less able to meet medical costs than males, either rich or poor. More effort should be made to reach out to these women.

Women use drama, song combined with dance, puppetry and other forms of narrative or oral literature as educative tools to raise awareness of HIV/AIDS. These include special purpose poetry, lyrics or sung short poems, especially composed songs and wise sayings and proverbs (Finnegan, 1988:25). Highlighted are the special difficulties that women face, carrying messages about how to behave, and the consequences of irresponsible sexual behavior.

Women have taken on the burden to fight the epidemic. Andrew Kipkemboi reported in one Kenyan newspaper, "*The East African Standard*" (Monday July 12, 2004), that AIDS is now a "woman's disease", with half the number of new infections being reported in women. According to him, this situation is more pronounced in urban areas where 15 women are infected to every 9 men as compared with 20 women to every 9 men in South Africa. This

indicates a shift in the pattern of the epidemic where previously the rate of infection was higher in rural and remote regions, and where perhaps the intensive effort by different groups to educate and empower people is now having an effect. More generally in the world, the high rate of infection in women has prompted Peter Piot, the Executive Director of UNAIDS (2002) to remark that we are now experiencing the "feminization" of the epidemic. However, seemingly stabilizing rates of HIV infection may be the result of a rising death rate from AIDS that conceals the high rate of new infection.

Conclusion

According to Finnegan (1992) and Caplan (1997), narratives are a fundamental way of giving meaning to experience. Narratives mediate between an inner world of thought and feeling and an outer world of observable actions and states of affairs. Work by Gwyn (2002) shows that learning about the illness experience through illness narratives offers more about the patient than can be captured by a medical synopsis or charted medical history. Gwyn who writes both as a physician and an anthropologist promotes this patient narrative in order to understand "the innately human experience of symptoms and sufferings" (Gwyn, 2002). I support his view as shown in the female narratives explored in chapter four. Through their stories we hear important messages as well as warnings. Though their messages, they educate other people about HIV/AIDS.

Lockhart's work among women in urban Tanzania (2000), suggested that the *kwanza, mwalimu, sukuma and samaki* networks are all involved in the fight

against HIV/AIDS in the Bugando Hill area. These networks resulted in groups which organized themselves and performed songs and dances, short plays and sketches for the wider community. They emphasized the ABC of AIDS and the need to reduce stigma and discrimination of those who were HIV positive or those widows and family members of those lost someone to AIDS. On many occasions, some sero-positive women gave detailed accounts of how they acquired the virus, and how it had disrupted their lives. During such presentations, these women would urge community members to undergo the HIV testing, as well as encourage them to seek professional assistance and counseling. But perhaps the most remarkable thing that each of these women mentioned was the care and support they had received from members of their women's networks, and how they and their children were looked after when disease left them too weak or sick to care for their own families. However, candour does not always bring positive reactions. In Kenya, for example, there have been reported cases of people losing their jobs after openly admitting to being HIV positive while more recently, a report from the American "Body Magazine" (June, 2004) reported that people who self disclosed their positive stood a double chance of being mugged by gangsters who believed them to be in possession of expensive anti-retroviral medicines that could be later be resold in the backstreets of the city.

Stories have the power to change and direct our lives. Scholes states that the "study of narratives is no longer a province of literary specialists or folklorists … but has become a positive source of insight for all branches of human and

natural sciences" (1981: ix). For social scientists, narratives can be seen as the landscape within which individuals live and make sense of their lives and what goes on around them. That is why now more than ever we should begin to recognize the importance of narratives told not only by HIV positive women, but all who are victims of the virus one way or another are. It is one of the pathways that may allow program developers and policy makers in public health to construct solutions addressed to the problems faced by women and men, young and old who face in the epidemic. Solutions that are not only built on local knowledge and particular cultures, but solutions that are built on the existing capital of social network, by networks members are communicated more widely as a result. For this to happen, however, we need more detailed studies of these networks and those narratives, a task outside the scope of this thesis.

In conclusion, the control of the spread of HIV/AIDS is not a matter of concern only for women as but more men are becoming involved in the fight. The use of certain media such as oral literature, drama, song and dance, puppetry, riddles and poetry, as well as proverbs and wise sayings are an effective ways to educate, sensitize and mobilize society to act accordingly in order to put the epidemic under control until when a cure for the virus is discovered. All these types of media have HIV/AIDS related themes which are simple and easy to understand, since methods used to deliver them is not only educative but also entertaining and encourages every member to participate. More important is the use of narratives which give us an insight into the experiences of women and other HIV and AIDS victims. These stories become a means by which we

represent a way of knowing of and thinking about HIV and AIDS, can be understood without having experienced the illness ourselves.

In the concluding chapter, I briefly look at technology as a medium that links the whole world, and the role it plays in creating global awareness on HIV and AIDS. In this chapter, I discuss how the interaction of female networks and narratives may hold the key for future researchers involved in the control of the virus in women globally.

CONCLUSION

THE EFFECTIVE USE OF LOCAL AND GLOBAL NETWORKS IN CIRCUMVENTING HIV/AIDS

Global networks are becoming an increasing part of our working and social lives. As Marshall McLuhan (1967:2) pointed out: " We have extended our central nervous system in a global embrace, abolishing space and time as far as our planet is concerned." The term global network refers to all the modern methods of communications technology which have become more important because of their efficiency in transmitting ideas, information, messages and other important news. This technology includes the World Wide Web and the Internet, telecommunications systems like television, radio and film, as well as print material, newspapers, magazines and books, and means of high speed travel. The idea of abolishing space and time in the world today is particularly true in relation to HIV and AIDS and especially with regard to the plight of women where new forms of technologies have succeeded in making the world aware of the grim facts. For example, those in the developed countries not greatly affected by the epidemic are able to learn how the epidemic is continuing to devastate individual lives and destroy societies in many countries of Asia and Africa. Many websites, too, have been set up to not only create awareness in individuals, but also to educate them on HIV/AIDS. Many international, governmental and non governmental organizations, for example UNAIDS' www.unaids.org, also use Internet websites to appeal for aid to affected countries in the form of money,

food and clothing donations - especially for AIDS orphans, as well as for medical assistance and drugs, while UNAIDS and UNIFEM advertise on their websites HIV testing facilities and counseling services. In Kenya, for example, UNAIDS plays an active role in soliciting funds for the VCT centers especially those in rural areas.

Global networks are communicating networks that connect geographically dispersed people. McLuhan (1967:182) foresaw global connectivity decades ago, long before the widespread use of computers for international communication came to enhance this sense of creating community he referred to as the 'global village'. HIV and AIDS has thus become a burden shared by the whole world.

According to Finnegan (1988:8) technology is important because once it is acquired; certain results are expected to follow. In the same way, McLuhan pointed out that "no matter what the message, the very existence of media changes the way we think of the world" (McLuhan, 1967:4). As I mentioned before, modern telecommunication plays an important role in highlighting the epidemic, and the effects of HIV/AIDS in the developing world. Every aspect of life, economic, social and cultural as well as religious and political has been affected in some way in these countries, and especially in Africa, and this is reflected in the narratives, songs and poems of women. Some of these narratives have been broadcast in different parts of the world through different forms of technology sparking more involvement in the international fight against HIV/AIDS. In my opinion, this is what Finnegan refers to when she suggests that when technology is acquired results follow. By raising funds to help affected

areas, and by sponsoring orphans, developed countries have managed to assist organizations like World Vision and OXFAM to provide food, medicine, counseling and testing to the worst hit regions. In addition to this, more is being done to assist organizations like UNIFEM and WHO concerned with women's issues. These issues include advocating for the equal rights of male and female children, in terms of accessibility to education, nutrition and health care facilities (UNIFEM, 2001; UNAIDS, 2003).

In developing countries, only recently have infected or affected women been encouraged to openly narrate their experiences with HIV and AIDS. And to some extent, their stories have been told in magazines, newspapers and books, as well as on the Internet. For example, one woman, Julia Asumpta from Kenya, had her life stories serialized in one of the local newspapers," *The East African Standard*" where she gives detailed accounts of how the disease has changed her life and that of family and friends. Unfortunately however, while such accounts may be an effective way of communicating the experience of HIV/AIDS, local dailies are not readily available in all the parts of the country. Only those in urban areas have access to these newspapers. This leaves readers in remote and inaccessible areas where the rates of infection are soaring, cut off. In addition to this is the problem of illiteracy.

In most developing countries, levels of illiteracy among women are higher than that of men (Lockhart, 2000; Kiragu, 2001; WHO, 2003), since education is often a privilege reserved for male children. In these situations, I suggest that the best effort of policy makers and agencies involved in fighting the AIDS epidemic

should involve the intense use of outreach focus groups to target rural women. The organizations involved here may even be advantaged in that they will learn more from these women about the special circumstances they face. For example, in Kenya, as elsewhere in Africa, women have an inferior status to men and are often excluded from important decision making processes, including those relating to health (Berer and Ray, 1993; Bury, 1994). In such patriarchal societies men prefer to educate male children while girls are coached from an early age in household chores as preparation for marriage.

Early marriages, as I mentioned in Chapter Two, also contribute to the spread of HIV infection in young women when they marry older sexually experienced men who are already infected, and do not take precautions. In rural Kenya, the demand for young brides is high because of some common beliefs held by men that when they have intercourse with virgins, they are cleansed not only of HIV but of any other sexually transmitted infection (Kiragu, 2001; UNAIDS, 2004). This is one of several beliefs that may not be public, but which people working in agencies must and can learn about if they acquire the confidence of women in their networks. In such areas, the program coordinators as well as policy makers should keep in mind that it is not only important to empower women in part by privileging their stories, but it is also necessary also educate men on equality , thus allowing women equal access to resources as well as to involve them in decision-making.

Another disadvantage of having life stories and experiences published in magazines or daily newspapers is the possibility that people who read them may

not necessarily believe them to be true. In most cases there is likelihood that the stories seem exaggerated or far fetched, and may therefore not have an impact on the reader. In Kenya for example, there is a new notion that if there is an HIV/AIDS related project, then automatically there is money because of funds given by international bodies to help fight the disease. Operating under this notion is the assumption that HIV and AIDS is an easy and fast scheme for generating income from these donors and agencies. As a result of this misconception some unscrupulous individuals have come up with fake proposals which are only aimed at deceitfully acquiring funds. Such misleading ideas have made it increasingly difficult to draw the line between what is genuine and what is not. Consequently, when people read these stories and/or hear narratives as told by women, or any other person, they may dismiss them as simply another money making scheme. The idea of infection may not necessarily impact on people especially when the person narrating may only be in the initial stages of infection and may seem perfectly healthy. To most people, the picture of a person with AIDS is a thin, bedridden and sore filled body as opposed to one of a healthy looking individual. In such cases the use of photographic images and videos is quite effective as people get to see the images first hand and in most cases, 'seeing is indeed believing' that the disease does exist. Alternatively, documentaries and programs on true accounts of HIV/AIDS experiences especially by famous celebrities who may be infected could possibly appeal to a particular section of the population. Celebrities who are not infected raise awareness of the disease, for example, famous American talk show hostess,

Oprah Winfrey has had guests on her show talking about what it means to be infected, and to care for sick loved ones. Oprah Winfrey has attracted a huge female audience in the USA and other countries. Having women and men discussing AIDS on her talk show ensures that many of the people who watch this program become aware of the impact of the disease.

Another remarkably successful way of promoting HIV/AIDS awareness as well as diffusing the stigma and discrimination that people with HIV/AIDS victims face is by having important public figures talk about the disease and the havoc it has caused throughout the developing countries. For example, former South African president Nelson Mandela has been very passionate in his plea for assistance in controlling the disease not only in his country, but in the hard hit African continent. In a television broadcast in January 2005, he recounted how he lost his son to AIDS. Other members of parliament in the South African government have also recounted how AIDS has personally affected them losing their children to AIDS and AIDS related infections. These open stories have impacted on the lives of people especially in a country where close to six hundred people die everyday from AIDS, claims "The Body", an African medical journal. Not only ordinary people become ill with HIV/AIDS but so do parliamentarians, actors and judges among others (Kiragu, 2005).

Women's narratives that have been published in local newspapers and magazines have made an impact on the other people's lives and their lifestyles. Narratives of how the virus might have been acquired either through unsafe sex acts or unsafe blood transfusions or intravenous drug use promoted awareness

in the general public and in this case women too have had a change in their practices. According to Mbiti (2002), commercial sex workers in urban Nairobi, Kenya, have become more aware of the reality of AIDS and as a result have joined in campaigns promoting the use of condoms. It is important to not that in most cases sex workers know about the need to have their clients use condoms for protection. It is only in countries where men have more social power where there is difficulty for sex workers to demand the use of condoms. Likewise in such developing countries where purchase of condoms by both men and women was once considered embarrassing or illegal, as it may have connoted sexual activity or promiscuity, the number of people including women, who are now purchasing condoms has grown. Because of the efforts of organizations as UNIFEM and COVAW, many women are can now purchase and use the female condom, and are aware of their sexual rights and how to protect themselves from such infections. In Kenya and the Eastern Africa region, there has been increased access to condoms and they are more affordable now in the latter years of the epidemic than when it first began (UNAIDS, 2003). Where once only available in pharmacies, the condoms are now available in supermarkets and local kiosks and shops, and even in public gathering places like cinema halls and night clubs where younger women and men frequent. Parents are now able to some extent communicate with their children on sexual issues.

Dr. Davy Koech, a medical researcher from the Kenya Institute of Medical Research (KEMRI) pointed out in a report that over the year 2003/4, majority of women having surgical operations and caesarian births have started to enquire

about the safety of the blood which may be used for transfusions (Koech, 2003/4). The Meru and Kisii groups of Kenya practice female circumcision as an important rite of passage. The Kenyan government has been involved in campaigns to ensure that this ritual is carried out under safe conditions, and preferably in hospitals. Much work has been done by the government, churches, local and international bodies to educate the public on AIDS. In my opinion, women's narratives have done more in specifying how the situation is in fact different for women, and why more has to be done to recognize this and come up with prevention and education programs that are designed to suit and benefit women.

When women's narratives are published in books, magazines or newspapers, and interviews are played on television and radio, there is the advantage of the ability to accumulate information over time. According to Finnegan (1988:22), even though every individual can record and collect their own information, there is collective benefit in that more information gathered through specified times can be used in different ways. Recorded programs and documentaries, as well as writings of women's narratives from different parts of the world, can be compared for possible similarities. This is important for the agencies that plan and design programs as from these narratives they are able to come up with policies and programs that will better suite women. These records can also b used to evaluate the level of progress, success or failure of these programmes. In 2002; Denise Ciambrone conducted interviews with women in the USA on how a sero-positive status had impacted on and disrupted their lives,

as well as the lives of their families. From the detailed accounts given by women, UNAIDS and UNIFEM have responded in different ways, but perhaps the most popular effort was the establishment of needle exchange centers where the intravenous drug users can exchange their used syringes for clean ones, thus minimizing the sharing of needles and risk of spread of the virus (UNAIDS, 2003; UNIFEM, 2003).

Dr Chris Lockhart conducted his study in urban Tanzania, in the town of Bugando Hill where women experienced high levels of poverty, and within their networks survival was their main concern. From this work the USAID organization has since become involved in supporting women and providing self help support systems like small loans to start small business and earn a livelihood (USAID- Africa, 2004). Because of this, many women have become independent, and are not involved in commercial sex trade which may possibly have an impact on the rate transmission of HIV and STI.

Women's narratives in whatever form they may take have played a role in instigating social change, not only social change but progress in the right direction and possible success. By exposing realities of the virus and the effect it has had on people's lives through television, radio and internet among others, distance and separation of people can be reduced, and information is able to reach many people globally faster. Finnegan (1988) says that technology helps to dissolve space. Because the narratives instill fear in people when they see the images of the destruction caused by HIV/AIDS, young women and men may be prompted to change their lifestyle in order to protect themselves from infection. In

the long run, I believe that as we wait for a cure for the infectious disease that is AIDS, the use of narratives and the support that women get from their networks will play an important role in helping us to not only understand the experiences of women with HIV, but also to change our view on the epidemic. Eventually through a lot of work and patience there should be a decrease in the rate of infection especially in women, as well as providing better care and support for those living with HIV and AIDS.

Though I have stressed upon the importance of women's networks in their lives, I have to caution that if they are to be used effectively to educate on HIV/AIDS, they must be considered in respect to the fact that they are part of a larger network system which influences the manner in which women behave. For instance, in my home town of Nairobi, Kenya, many women are members of different networks from which they draw support and entertainment. When these women are in meetings among other women, they are open and candid with each other, sharing their daily experiences. None of them is intimidated by the other. These same women have different behavior when they are in the presence of their spouses and families. They tend to be more reserved in their opinions. Recognition of this behavior should be considered when introducing or presenting information on HIV/AIDS to women. In their networks women are more empowered. Due consideration is needed to discuss how women process this information as individuals, as part of a group, and more importantly as part of a sexual relationship with their spouses. Similarly, these female networks are influenced greatly by the church, especially the Catholic Church. For example,

women belonging to a woman's group and the same church may be faced with difficult choices which can sometimes be disturbing and confusing. In the Catholic Church for instance, women and the congregation as a whole are taught to turn away from the use of condoms as sexual relations should only occur within marriage and then only for procreation. For a long time the Vatican has been promoting abstinence in the community especially among the youth. In a recent report from the Vatican News (January, 2005), the Vatican once again came under fire from AIDS activists because some Spanish priests presupposed chastity and abstinence as the only way to prevent the spread of HIV infection as condom use only encouraged promiscuity. Bearing this in mind, women, who might I add, make up the larger population of the Catholic Church in Kenya, are faced with a dilemma as to what to believe, and more so, what to practice. These women uphold the church teachings and this may lead to confusion. They may listen to what is preached, but many of these women are mothers of teenage children. It is only fair to assume that while they would prefer their children to practice abstinence, the harsh reality is that they will also be cautioning their children to use condoms should they be sexually active.

Scholars have contributed to the understanding of women's networks in Africa. Caplan (1997) study of a Swahili speaking village in the East African coast, and Lockhart's (2000) study of women networks in urban Tanzania have contributed to research methodology which can be useful to health authorities and the organizations involved in the fight of HIV/AIDS. Caplan (1997) held intensive interviews with an old man from this village who helped her understand

the cultural setting of this community, and especially the position of women, while Lockhart (2000) was in constant interaction with the women in Moshi, Tanzania, observing and interviewing them. From such interactions both Caplan and Lockhart were able to collect information from the people in their studies, and got to learn about their way of life. In my opinion, if the health authorities or agencies involved with working with women to help prevent and control the spread of HIV infection were to put these aspects of women's narratives and the importance of their networks, then it would be a step in the positive direction towards improving the situation for women.

In conclusion, my aim of research was to investigate how female social networks and women's narratives can b effectively used to gain understanding of women's experiences with HIV and AIDS. In my study I explored studies by different researchers in relation to both social networks and women's narratives. From extensive study of the two fields, I found that networks are an integral part of society as through these networks, both stability and order are maintained in society. Different characteristics of networks play a significant role in the maintenance of unity and harmony. I found that, female networks in particular, provide support and care for its members in terms of friendship, material goods and pragmatic services. Women's narratives provide us with useful information regarding their daily experiences, and more so, in regards to HIV/AIDS, and how positive diagnoses for them or their family members cause disruption to their otherwise 'normal' lives. I find that by incorporating these narratives into various forms of literature and performances like dance, song, music and puppetry

effectively educates society on prevention, care, treatment and counseling of HIV/AIDS. It is in this respect that I suggest that future research on the impact of HIV/AIDS on women especially in developing countries should focus on listening to their stories, and also focus on the importance of female networks in their daily lives. By so doing, health and policy officials can therefore design and deliver programs that will effectively reduce the rate of infection in women.

REFERENCES

Argyle, M. (1969). <u>Social Interaction</u>. London: Methuen and Co. Ltd.

Aris, M. R. (1993). <u>Against Death: The Practice of Living with HIV/AIDS</u>. Sydney: Gordon and Breach Publishers.

Baker, G. (1996). <u>The Misunderstood Gender: Male involvement in the Family and in Sexual and Reproductive Health in Latin America and the Caribbean</u>. New York: MacAurthur Foundation.

Barnes, J.A. (1954). 'Class and Community in a Norwegian Island Parish.' <u>Human Relations</u> vii: 39-58.

Barthes, R (1975). 'An Introduction to the Structural Analysis of Narrative.' <u>New Literary History</u> 6: 237-72.

Berer, M. and S. Ray (1993). <u>Women and HIV/AIDS: An International Resource Book</u>. London: Harper Collins Publisher.

Bharat, S. (2002). 'Stigma and Discrimination: The Indian Perspective.' <u>HIV/AIDS Related Stigma and Discrimination.</u> Geneva: UNAIDS.

Blanc, A. (2001). The Effect of Power in Sexual Relationships and Sexual Health: An Examination of the Evidence. Washington D.C: Population Council (Meeting on Power in Sexual Relationships).

Boden, D. and H. D. Zimmerman (1991). <u>Talk and Social Structure: Studies in Ethnomethodology and Conversation Analysis</u>. Cambridge: Polity Press.

Bott, E. (1955). 'Urban Families: Conjugal Roles and Social Networks.' <u>Human Relations</u> viii: 345-85.

Bott, E. (1957). <u>Family and Social Networks</u>. London: Tavistock Publications.

Brinson, J. K. (1992). <u>Just Talk? Gossip, Meetings and Power in a Papua New Guinea Village.</u> Berkeley: University of California Press.

Brock, P. (1969). <u>Modern Cultural Anthropology.</u> New York: Alfred Knopf.

Buve, A. (2001) 'Multi Centre Study on Factors Determining Differential Spread of HIV in sub-Saharan Africa.' <u>AIDS</u> 15:127-131.

Buve, A., Agha, S., Auvert B. and Wadell, G. (2001). 'Why do Young Women have a much Higher Prevalence of HIV than Young Men? A Study in Kisumu, Kenya, and; Ndola, Zambia'. <u>AIDS.</u> 15 5-14.

Caplan, P. (1997). <u>African Voices, African Lives. Personal Narratives from a Swahili Village</u>. London and New York: Routledge.

Caplow, T. (1955). 'The Definition and Measurement of Ambience' <u>Social Forces</u> 34: 28-33.

Carpenter, E. (1973). <u>Oh What a Blow that Phantom Gave Me!</u> Bungay: Suffolk and Granada Publishing.

Ciambrone, D. (2004). <u>Women's Experience with HIV/AIDS: Mending Fractured Selves</u>. New York: Haworth Press.

Curti, L. (1998). <u>Female Stories, Female Bodies: Narratives, Identity and Representation.</u> Hampshire and London: Macmillan Press.

Dawes, M. (1999). Moi: AIDS a 'National Disaster'. <u>The East African Standard</u>. Nairobi, Kenya**:** 1. located at <u>www.eastandard.net.</u> Friday 26, 1999.

Enos, R. and S. Southern (1996). <u>Correctional Case Management.</u> New York: Anderson Publishing.

Epstein, A. L. (1964). 'Urban Communities in Africa'. In M. Gluckman (ed) <u>Closed Systems and Open Minds: The Limits of Naivety in Social Anthropology</u>. Edinburgh: Oliver and Boyd.

Family Planning Association of Kenya (2001). <u>Population Update 2001</u>. Nairobi: Kenya, FPAK**:** 17-25.

Finnegan, R. (1988). <u>Literary and Orality: Studies in the Technology of Communication</u>. Oxford: Basil Blackwell Ltd.

Finnegan, R. (1992). <u>Oral Traditions and Verbal Arts: A Guide to Research Practices.</u> London and New York: Routledge.

Firth, R. (1954). Social Organization and Social Change. In Mitchell, J.C. (Ed) <u>Social Networks in Urban Situations.</u> <u>Analysis of Personal Relationships in Central African Towns.</u> Manchester: The University Press.

Genette, G. (1967). 'Narrative Discourse: An Essay in Method.' <u>Communication</u> 11: 36-41.

Giddens, A. (1971). <u>Capitalism and Modern Science Theory</u>. Cambridge: Cambridge University Press.

Gluckman, M. (1963). 'Gossip and Scandal.' <u>Current Anthropology</u> IV: 307-316.

Goffman, E. (1983). 'The Interaction Order.' <u>American Sociological Review</u> 48: 1-17.

Goldstein, D. M. (1994). 'AIDS and Women in Brazil: The Emerging Problem.' <u>Social Science and Medicine</u> 39: 22-30.

Gomez, C. (1996). 'Women and AIDS: A Gender Perspective.' <u>Journal of Sexual Research 12: 225-263.</u>

Green, D. (1996). 'Traditional Dance in Africa.' In K.W. Asante (ed.) <u>African Dance: An Artistic, Historical and Philosophical Inquiry.</u> Trenton: World Press Inc.

Griffin, G. (2000). <u>Representation of HIV and AIDS: Visibility Blues.</u> Manchester: Manchester University Press.

Gullestead, M. (1996). 'Morality of Consumption' <u>Ethnologia Scandinavica 25:97-101</u>

Gumicio, D. (2001). <u>Making Waves: Stories of Participatory Communication for Social Change</u>. New York: Rockefeller Foundation

Gwyn, R. (2002). <u>Communicating Health and Illness.</u> Thousand Oaks, California: Sage Publications

Hannerz, U. (1980). <u>Exploring the City: Inquiries Toward an Urban Anthropology.</u> New York: Columbia University Press

Harary, F. and D. Cartwright (1965). <u>Structural Models: An Introduction to the Theory of Directed Graphs</u>. New York: John Wiley and Sons.

Haslett, T. and B. Walker (2004). <u>Network Analysis and Human Organization</u>. New York: Harper and Row.

Hathaway, R.S. (1995). <u>Assumptions Underlying Qualitative Research.</u> New York: Routledge.

Herrick, J. (2001). <u>The History and Theory of Rhetoric.</u> Boston: Allyn and Bacon.

Inhorn, M. and J. P. Brown (1997). <u>The Anthropology of Infectious Disease: International Health Perspective. Michigan:</u> University of Michigan<u>.</u>

Jarman, D. (1992). <u>At Your On Risk.</u> London: Muze Inc.

Jay, E. J. (1964). 'The Concept of "Field" and "Network" in Anthropological Research.' <u>Man</u> 64: 137-139.

Johnson, E. (1995). <u>Magic Johnson: *What you can do to avoid AIDS*</u>, Columbia: University Press.

Josselson, R. and A. Lieblich (1999). <u>Making Meaning of Narratives</u>. Thousand Oaks: Sage Publications, Inc.

Kadushin, C. (2000). <u>A Short Introduction to Social Networks: A Non-Technical Elementary Primer.</u> New York, Cohen Centre for Modern Jewish Studies, Brandes University and Graduate Centre City University of New York.

Kaleeba, N., M. Quigley, A. Buve and E.T. Katabira, (2000). 'Open Secret: People Facing up to HIV and AIDS in Uganda.' <u>Strategies for Hope Series</u>. London: Action Aid. 15: 25-33.

Kalichmar, R., K. Kiragu and C. Mzaidume, (1996). 'Community Based Interventions to Reduce Low-Risk Income African American Women's Risk of STDs and HIV.' <u>Journal of Community Psychology</u> 29(6): 928-937.

Kapferer, B. (1966). 'The Population of a Zambian Municipal Township.' <u>Communication</u> 1: 23-25.

Kelly, K., G. Geeta, D. Kirby and B. B. Karki, (2001). 'Social Marketing Sexually Transmitted Disease and HIV Prevention: A Consumer-Centered Approach to Achieving Behavior Change.' <u>AIDS</u> 12 (2): 1-9.

Kipkemboi, A. (2004). 'AIDS: A Woman's Disease.' <u>The East African Standard.</u> Nairobi: Kenya. Located also at <u>www.eastandard.net.</u> Monday, July 12, 2004.

Kiragu, K. (2001). 'Use of Performance by MJINI Outreach Group in HIV/AIDS Education.' <u>Global Information Network</u> 12(2): 12-15.

Kiragu, K. (2005). 'Impact of HIV/AIDS on Social Life of the African Society.' <u>The Body</u> 1: 21-22.

Koblinsky, M. and J. Timyan (1993). <u>The Health of Women. A Global Perspective</u>. Boulder and Oxford: Westview Press.

Kulis, S., Hurdle, D. and Marsiglia, F. (2000). Gender Identity, Acculturation and Drug Use: Exploring Differences in Adolescents in the South West. <u>Journal of Community Psychology</u> 11 :(3) 14-25.

Larson, M. (1996). <u>The Relation of Discourse Genre to Meaning in Translation</u>. Poland School of Translation and Interpretation.

LeFranc, E. (1996). 'Working Women's Sexual Risk Taking in Jamaica.' <u>Social Science and Medicine </u>42: 10-22.

Lévi-Strauss, L. (1969). 'Introduction to a Science of Mythology'. <u>The Raw and the Cooked</u>. New York: Harper and Row.

Little, K. (1973). <u>African Women in Towns: An Aspect of Africa's Social Revolution.</u> London: Cambridge University Press.

Lockhart, C. (2000). <u>The Social Construction of Risk for AIDS and the Politics of Identity and Survival in Urban Tanzania.</u> San Francisco: University of California.

Long, L. and A. Maxine (1996). <u>Women's Experience with HIV/AIDS. An International Perspective</u>. New York: Columbia University Press.

Lowe, L. T. (1976/77). 'The Urban Worker in Dar-es-Salam.' <u>African Urban Notes</u> II: 11-19.

Maguire, L. (1983). <u>Understanding Social Networks</u>. Beverly Hills and London, Sage.

Marsden, V.P. and N. Lin, (1982). <u>Social Structure and Network Analysis.</u> California: Sage Publications Inc.

Mayer, P. (1961). <u>Tribesmen or Townsmen: Conservatism and the Process of Urbanization in a South African City</u>. Cape Town: Oxford University Press.

Mayer, P. (1964). 'Labour Migrancy and Social Network'. In Holleman J. F. (ed) <u>Problems of Transition: Proceedings of Social Research Conference held</u>

in the University of Natal, Durban, July 1962. Pietermaritzburg: Natal University Press**:** 21-34.

Mbiti, S. (2002). The VCT Technical Update- Outreach Group. Nairobi: COVAW**:** 5-17.

McGinity, M. (2004). 'Grannies with AIDS.' Global Information Network 12: 116-118.

McIver, R. and C. H. Page (1962). Society: An Introductory Analysis. London: Macmilan

McLuhan, M. (1967). Understanding Media: The Extensions of Man. London: Sphere Books.

Mitchell, J. C. (ed.) 1969. Social Networks in Urban Situations: Analyses of Personal Relationships in a Central African Town. Manchester: Manchester University Press.

Mitchell, J. Peter Oling at al, (2002) Babas Community Outreach Kampala, Uganda. UNAIDS : 11-15

Mjomba, L. (2002). Reproductive Health and HIV/AIDS Prevention Campaign: Utilizing Creative Dramatized Traditional Taita Dance and Music to Increase Public Awareness about HIV/AIDS. Ohio: Ohio University Press.

Mugyenyi, D. P. and D. M. Wangai (March 2003). Report NASCOP and the Anti-Retroviral Task Force. Nairobi: Kenya. National AIDS STD Control Program (NASCOP)**:** 1-12.

Mwau, A. (2002). Education as a Key Factor to Behavior Change. Nairobi: Coalition of Violence Against Women - COVAW**: 3.

Nhogo, T (2004). 'Impact on Generational Roles and Inter-generational Relationships'. Paper presented at Workshop on HIV/AIDS and Family Well Being. Namibia. 28-30 January 2004.

Omondi, G. (2004). 'Puppetry and the Spread of HIV/AIDS.' The East African Standard Nairobi. Located at www.eastandard.net. Saturday, October 30, 2004.

Ortner, S. B. and W. Harriet (1981). Sexual Meanings: The Cultural Construction of Gender and Sexuality. New York: Cambridge University Press.

Oyaro, K. (2003). Kibaki Plays Starring Role in New anti-AIDS Campaign. The Daily Nation. Nairobi, Kenya**: located at www.nationmedia.com.

Paine, R. ((1964). 'Gossip within Networks'. In A.L. Epstein (Ed) Gossip, Norms and Society. Manchester: The University Press.

Patton, C. (1994). Last Served? Gendering the HIV Pandemic. London: Taylor and Francis.

Population Service Institute (July, 2002). Studies in Family Planning. New York: The Population Council**: 17-26.

Propp, V. (1928). The Morphology of the Folktale. Austin: University of Texas Press.

Rao, G. and E. Weiss (1993). 'Women's Lives and Sex: Implications for AIDS Prevention.' Culture, Medicine and Psychiatry 17(4): 399-412.

Reader, D.H. (1964). 'Models in Social Change with Special Reference to Southern Africa'. <u>African Studies</u> xxiii: 11-33.

Rosaldo, M. Z. and L. Lamphere (1974). <u>Woman, Culture and Society</u>. Stanford: Stanford University Press.

Roth, N. L. and K. Hogan, Eds. (1998). <u>Gendered Epidemic: Representations of Women in the Age of AIDS</u>. New York: Routledge.

Saussure, F. (1910-11) <u>Third Course of Lectures on General Linguistics. published Pergamon Press 1993</u>

Schegloff, T.J. (1986). <u>Language Processing and Talk in Interaction.</u> Heidelberg University: Heidelberg University Press.

Schipper, M. (2000) 'The Verbal and Visual in a Globalizing Context: African and European Connections as an Ongoing Process.' <u>Research in African Literature.</u> 31(4): 139-154.

Schirato, T and S.Yell, (1996). <u>Communication and Cultural Literacy.</u> Sydney: Allen and Unwin.

Schneider, B.E. (1988) 'Gender and AIDS.' AIDS 1988 AAAS Symposia Papers, Washington D.C: AAAS.

Scholes, R. (1981) 'Language: Narrative and anti-Narrative.' In W.J. Mitchell (Ed) <u>On Narrative</u> Chicago: University of Chicago Press.

Simmons, D. (1991). 'Magic's Manhood.' <u>Village Voice</u>. 37: 22-42.

Singhal, A. and E.M. Rodgers (1999). <u>Entertainment-Education: A Communication Strategy for Social Change.</u> New Jersey: Lawrence Erlbaum Associates.

Squire, C. E., Ed. (1993). <u>Women and AIDS; Psychological Perspectives</u>. London: Sage Publications.

Srinivas, M. and A. Beteille (1964). 'Networks in Indian Social Structure'. <u>Man</u> 64: 165-168.

Sunai, B. (2000). 'Promotion of Sexual Health: Recommendations for Action.' Washington DC: <u>UNIFEM</u>**:** 22-28.

Todorov, T. (1977) <u>The Poetics of Prose</u>. Oxford: Blackwell.

Treichler, P. and C. Warren (1998). Maybe Next Year: Feminist Silence and the AIDS Epidemic. In N. L. Roth and K. Hogan (eds) <u>Gendered Epidemic: Representations of Women in the Age of AIDS.</u> New York: Routledge.

UNAIDS, (2001). <u>Voluntary Counselling and Testing (Technical Update).</u> Geneva, UNAIDS (2001).

UNAIDS, (2002). <u>Report on the Global HIV/AIDS Epidemic</u>. Geneva: Joint United Programme on HIV/AIDS. UNAIDS (2002).

UNAIDS, (2004). <u>Report on the Global HIV/AIDS Epidemic</u>. Geneva: Joint United Nations Programme on HIV/AIDS. UNAIDS (2004).

UNFPA, (2001). <u>The State of the World Population 2001</u>. New York: UNFPA.

UNIFEM, 2003. 'Masculinity and Gender Violence'. <u>Gender Issues Fact Sheet #5</u> New York.

Vatican News, (2005) <u>Condoms and the Catholic Church</u>. Found at <u>www.vatican.va/news/services</u>

Wadhams, N. (2004). 'Present HIV/AIDS Prevention, Protection Efforts aren't working for Women.' <u>African Health Update</u> 2:22-25. Publisher's Association of South Africa**: 1-2.**

White, D. R. (2004). 'Network Analysis and Social Dynamics.' <u>Cybernetics and Systems: An International Journal</u> 35:173-192.

World Health Organization (1998). <u>Gender and Health: A Technical Paper.</u> Geneva: WHO.

Zakes, M (1993). <u>When People Play People: Development Communication Through Theatre.</u> London: Witwatersrand University Press.