

HIV AND AIDS DISCOURSES- IMPLICATIONS FOR GOVERNANCE AND CONFLICT IN SOME PARTS OF SOUTHERN AFRICA

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ABSTRACT

The study is set in the context of Southern Africa. The countries of interest are South Africa, Swaziland, Botswana, Zimbabwe and Lesotho. The study sets out to understand through discourse analysis the complexity accompanying HIV and AIDS and how the epidemic interacts with governance issues to have a direct bearing on conflict or alternatively, how conflict has bred a nourishing ground for the birth and the spread of the epidemic in the selected region, eventually having implications for governance. The various countries have been selected based on strong cultural contact and regional migration of people and the shared socio-economic characteristic. The study is a discourse analysis identifying key literature and interviewing of key informants in HIV and AIDS field, policy makers, researchers and activists. The study analyses documents relating to HIV and AIDS, conflict and governance. The study informs us about how the three key issues are misunderstood in the region, demonstrating linkages and significance of the three issues as interlinked within the political systems of the countries. However, due to methodological issues and the size of the study one cannot draw generalisations. Further comprehensive research is needed in the area looking at how the discourses influence the relationships among the three issues.

Keywords: AIDS, Conflict, Epidemic, Discourse, Governance, Security

INTRODUCTION

The aim of the study was to conduct a discourse analysis of matters pertaining to HIV and AIDS, the epidemic's interrelatedness to governance and conflict in selected countries in Southern African region. The study did not aim to be a comprehensive research on governance and conflict issues related to HIV and AIDS. It aimed at seeking to understand the pattern of thinking, policy views and opinions of people who work as researchers, activists and policy makers within the fields related to the subject matter. The objectives were to understand the statements that are attributed to the set of relationships that are evident in HIV and AIDS, and governance with their implication for conflict in the realm of systems of rule in parts of Southern Africa; to draw the meanings of the texts and their implications for HIV and AIDS related governance; to discover the sets of understanding as constructed to reflect the relatedness of HIV and AIDS and conflict so far as they reflect governance issues and to examine the ideological effects as far they relate to HIV and AIDS and governance.

The interrelationship between conflict, governance and HIV and AIDS in Southern Africa has not been explored in detail. A few studies have focused on HIV and AIDS and democracy (Manning, 2002) and governance and HIV and AIDS in the realm of public policy and administration (Hickey, 2002). The absence of literature does not suggest that there is no problem in this field. Rather it alludes to the emerging of issues that require scrutiny as part of highlighting the broad implication of the HIV epidemic. HIV and AIDS have become central to running of political affairs of Southern African countries. While it is generally understood that the impact of the epidemic on national economy is complex and that it is unfolding slowly, the implications on governance are far reaching. There is strong speculation that the gross domestic product of developing (GDP) countries will decline. Arndt (2000) projected that in South Africa; GDP will decline by 17%. Jackson (2002) notes among other things that the major macro-economic impacts of HIV and AIDS include, reduced national savings; high expenditure on non-productive public sector at the cost of the investment; increased levels of poverty and widening economic differences as the poor are pushed further into poverty; reduced efficiency due to loss of

institutional memory as people die and reduced capacity for governance. The implications for social and economic development are self-evident.

We see the epidemic tied closely with human development and security issues. Development suggests the ability of countries to address conditions underlying inequalities of income, increase in the rate of economic growth, reduction of poverty, increasing literacy, health facilities, social welfare and infrastructure development (Burton 1984:50-70). Development in the context of peace and security must address the political economy of a country or international system. The United Nations highlights the concept of human development as an important aspect of human security. Human development is a process that ensures the creation of choices for people through broadening their functions and capabilities in long and healthy life, knowledge and access to resources (United Nations development Programme (2000, p.17).

The concept of human security appeared in the 1994 Human Development report, an annual publication of the United Nations Development Programme (UNDP). "Human security", the report states, "can be said to have two main aspects. It means firstly, safety from chronic threats as hunger, disease and repression. And second, it means protection from sudden and hurtful disruptions in the patterns of daily life – whether in homes, in jobs or in communities." In the report, seven specific elements that comprise human security are identified as; economic security, food security, health security, environmental security, personal security, community security and political security. HIV and AIDS demonstrate its ability to negatively affect the seven elements in one way or another. The epidemic has prompted the UN to table it as a topic for discussion in Security Council meetings. In January 2000, the United Nations Security Council debated the impact of AIDS on peace and security in Africa. The debate was the first in the Council's history that discussed a health issue as a threat to peace and security. UN Secretary-General Kofi Annan told the council that:

The impact of AIDS in Africa is no less destructive than that of warfare itself. By overwhelming the continent's health and social services, by creating millions of orphans, and by decimating health workers and teachers, AIDS is causing social and economic crises which in turn threaten political stability... In already unstable societies, this cocktail of disasters is a sure recipe for more conflict. And conflict in turn provides fertile ground for further infections.

Clearly, HIV and AIDS situate itself within the domain of the most important social issues in the world today. One may link conflict with issues of human security and development thereby making HIV and AIDS inseparable from national interests of sovereign state. It is imaginable to see conflict starting and escalating due to the insecurity and lack of development. However, what is more interesting is the possible link between the above-mentioned factors with governance in the context of political rule. The issues that are raised in this section demonstrate the relevance in studying conflict, governance, HIV and AIDS in Southern Africa as they relate to political stability to the region.

HIV AND AIDS, GOVERNANCE AND CONFLICT

HIV and AIDS assessments conducted in the sub region covering Zambia, Zimbabwe, South Africa, Swaziland and Lesotho suggest that the impact of the epidemic continues to be profound. In Lesotho the epidemic is worsened by migrant labour that has continued for decades with the Basotho people working in South African mines (Wilson, D. 2001; Girdler-Brown, 1998; Decosas, 1999; Ateka, 2001). Lesotho is surrounded by South Africa and has a population estimated at 2 million people. They continue to live in Lesotho as well as many surrounding areas of South Africa. Lesotho remains under the domination of South Africa in many ways including geographical, political and in the economic sphere. South Africa provides 90% of Lesotho's imports. About 50% of exports from Lesotho land up in South Africa (Wilson, 2000). Lesotho experiences a high reproductive health disease prevalence. By age 19 or below, 52% of women are pregnant and over 50% of first pregnancy, clinic visitors are teenagers. Sentinel surveillance data among pregnant women shows an increase of the proportion infected with HIV from 3.9% in 1992, to 26% in 1996. Women aged 20 to 24 years appear to be the worst affected. By 1996 surveillance, data indicated that 32% of pregnant women of the 20 to 24-age group were HIV positive (Wilson, 2000). The HIV Epidemic in Lesotho has not been well documented. Information obtained from the Ministry of Health and Social Welfare in the 1998 AIDS epidemiological report indicated that the total number of AIDS cases reported was 7,317, with 3,242 of these cases reported in 1998 alone. The figures suggest

some 30% increase from the previous year. A recent Ministry of Health and Social welfare HIV and AIDS sentinel surveillance of women report released in 2001, (using data from 2000) indicated a zero-prevalence of 42% women presenting at antenatal clinics in Maseru (Ministry of Health and Social Welfare, 2000). Other countries in the sub region present a similar picture, which appears to be a pattern that goes beyond the influence of economics and socio-cultural factors. The countries have similar demands on matters of governance and there seems to be nothing that suggest cross learning and sharing for regional management of the epidemic.

Swaziland is in no better situation than Lesotho. HIV surveillance indicates a dramatic increase in prevalence from 3.9% in 1992 to 31.6% in 1998. The surveillance indicates that most affected age group between 25-29 years of age. The 15-19 year old group presents a disturbing picture – a situation that typifies other countries in the sub region including Botswana, Lesotho, South Africa and Zimbabwe. Typically, the epidemic is highest in the industrialised or transitory areas of the countries (Wilson, 2000, p.1-50). Swaziland's economy is largely dependent on South Africa, and there are several of the cross border movements between the two countries that are influenced by economic necessity. AIDS activities in the country are still low with places such as Ngwenya having about two resident HIV and AIDS interventions focusing on HIV prevention (Wilson, 2001, p.42).

Earlier research suggested that the HIV epidemic was growing faster in South Africa than any of the sub-regional countries. The national prevalence rose from less than 1% in 1990 to 22% in 1998. There are discernible indications in the trends of the epidemic both at national, provincial and regional levels. There are certain regions that are lower such as Northern Cape (11.5) and worse off such as Eastern Cape (26.2%) of the reported cases (Wilson, 2001, p.34). HIV prevalence among people in their 20's continues to rise running over 25% in 2000. Apartheid left a legacy of poverty and hence rapid increase of the epidemic (Drimie, 2002, p.2-25; Wilson, 2001). In Zimbabwe, HIV prevalence among the Ante Natal Care (ANC) attendees stood at 35% across 19 sites tested in the country. People aged between 15 and 19 years indicated a prevalence of 27.8%. The prevalence is much higher in the urban and transitory areas such as Harare and Masvingo. The epidemic continues to ravage the country under the guise of political turmoil. In Botswana HIV sentinel surveillance among ANC attendees increased from 18.1% in 1992 to 36.3% in 2001. Among the 15-19 year old age group the epidemic increased from 16.4% in 1992 to 24.1% in 2001. The highest rates have been seen in the 25-29 age group which stood at 48.4% in 2001. On a similar note the prevalence is highest in the urban areas such as Gaborone (39.1%), Francistown (44.9%) and Selebi-Phikwe (55.6%) as noted in 2001 (United Nations Office for the Coordination of Humanitarian Affairs, 2003). The countries in the sub-region are among the worst affected in the world (Drimie, 2002). UNAIDS (2002) notes the epidemiological trends in the sub region among adults (15-49) at end 2001 as follows; Angola 5,5 Botswana 38,8 DRC 4,9 Lesotho 31,0 Malawi 15,0 Mozambique 13,0 Namibia 22,5 South Africa 20,1 Swaziland 33,4 Tanzania 7,8 Zambia 21,5 Zimbabwe 33.7. The situation could not have dramatically changed (UNAIDS, 2002).

Goran Hyden defines governance as “the conscious management of regime structures with a view of enhancing the legitimacy of the public realm” (Hyden, 1992, p.7). The definition suggests deliberate effort that seeks to create and promote normative rules and procedures in order to enhance a positive public standing of a government in power. Once there is good governance, an opportunity is created to earn legitimacy. It seems that the legitimacy is not a forerunner of governance but is dependent on it. The existence of legitimacy enhances an environment in which public participation is encouraged and it seems that such an environment leads to things such as social, economic and political development. The governance is about ensuring that the broad policy frameworks are adhered to and implemented (Gann, 1986). Diversion from the rules that are set destabilises the process for governance.

Governance lends the elected people such as politicians an opportunity to exercise some form of power. Sometimes such power is exercised not as derived from election. It could be power as inherited from traditional institutions for social relationship or through force as in the case of military rule. In any case, power creates an asymmetric relationship that is characterised by the existence of conflict and cohesion. In order to exercise power one has to compel another part to carry out one's will. In the exercise of power, there is no mutual exchange (Jordan, 1969, p. 47-48; Chabal, 1994). In situations where governance is based on illegitimate power, conflict can arise. Related to power within the concept of governance is authority. Governance with authority means that there is acceptance of the asymmetric relationship between the governors and those governed. Authority to govern has often times been missing in some of the African States and that has constituted the basis for conflict (Englebert, 2000, p.71-122).

Some form of structures, which are accepted frameworks within which governance takes place, characterises governance. Structures take the form of institutions within which laws and rules guide decision making, policy development takes place and is implemented. In this context, the term structure refers to the deliberately created set of situations that are intended to regulate social and political conduct. These structures are subject to change or modification depending on their relevance. The ability to preserve and promote the normative sense of natural and man-made creations constitutes part of good governance. The above mentioned issues help us to further characterise governance in that we can identify things such as authority, reciprocity, trust and accountability as crucial to any form of governance within the political realm. Presence of these variables in any political system contributes to the continuation or collapse of governance (Bratton and Rothchild, 1992, p.263-284). To some extent, governance is about regime management in which laws, rules and procedures affect political behaviour in relation to resolution of problems or conflict. If regime management is conducted effectively, we see citizen participation, influence being encouraged, and citizenry political preferences expressed in public policy. In bad governance, we see a dimension in which the expression of regime management is characterised by the state having absolute control over the allocation of resources and other basic commodities that are central to the survival of the governed. In the process, resources are used as a form of community influence and control. Such regime management typifies the forms of government in some parts of Africa (Hyden, 1992, p. 8-20)

Lack of constitutionalism is noted as a fundamental basis on which most governments fail to deliver resulting in eruption of political conflict. A similar situation took place in South Africa during the apartheid years. Due to the constitutional crisis, the South African government continued to face pressure for political change, which was seen as vital for sustained development. Such constitutional change has since materialised in 1996 and South Africa enjoys relatively low levels of conflict (Constitution of the Republic of South Africa, 1996). In Zimbabwe, governance remained in the hands of a central committee, allowing elitism to dominate. In both instances, personalisation of power has earned the privileged access to health. Development of any form has been retarded leading to entrenched conflict and violence (Stiff, 2000; Gann, 1986, p.162-201; Jackson and Rosberg, 1986, p. 202-252).

Botswana continues to achieve some degree of economic and political development. One of the key elements to its success is upholding of civil liberties for its citizenry and democratic practices such as elections in the absence of warlord politics. While Botswana does not have tremendous political influence, it has developed through solid leadership of Sirs Seretse Khama and Ketumile Masire. The country created a foundation for developing and maintaining internal rules and procedures, a firm constitutional framework and stability that linked it with economic and social development (Gann and Duignan, 1986, p.365-370). A strong culture of fiscal discipline has remained over the years and spending on government remains modest. The bureaucratic institutions are strong and influential. At the same time the cultural roles of traditional leadership are allowed to express themselves unhindered. For example, chiefs are respected for the contribution they make to social development. Generally, Botswana's governance structures have steadfastly remained peaceful since independence in 1966. The government has been in a position to regulate the activities of external forces, private ownership and allocation of resources to different sectors of the economy. Recently Botswana has been investing in infrastructure. The leadership has earned legitimacy through good governance to the extent that relative peace and managed conflict co-exist (Englebert, 2000). Lesotho has emerged from the conflict of the 1990s heavily disrupted by the events of the conflict. The country has continued to struggle against a background of shortage of skills and resources to effectively govern. Swaziland has remained brutalised by absolute monarchism, to the extent that one may not know how decisions are made as the King at any moment, makes declarations to suit His Majesty's circumstances (Gann, 1986; Sibanda, 2003).

Research in the fields of HIV and AIDS and governance is limited. However, available documentation suggests that good governance in context of the facts such as social cohesion and proactive civil society has the potential to slow down the spread of HIV. Reduced political conflict and absence of violent conflict are regarded as important factors in amplifying the transmission of HIV. Authors cited in Manning (2002) indicated that a legitimately elected government is better placed to organise credible interventions that mitigate the impact of the epidemic. Such a government is trusted and citizen participation is based on promoting the values of co-operative governance and accountability. Suggestions are that citizens would be more likely to pay taxes to enable the government to broaden revenue basis and release additional reserves for HIV and AIDS programmes (Manning, 2002, p. 21-22).

One of the most important factors relevant to HIV and AIDS interventions is constitutionalism. In a society where the values, interests and rights of citizens are respected and upheld, HIV interventions are likely to be implemented. These interventions could be social, medical or community based. Whiteside (1999) cites the legality of the established system as crucial to sustaining low levels of infections in a country. His view is that a fair legal system enables people to tackle social problems associated with HIV and AIDS such as stigma and prejudice, encourages transparency and eventually leading to appropriate interventions (Manning, 2002). The epidemic is regarded as potentially harmful to democratic governance. However, this view is largely supported by theoretical rather than empirical data. One may contend that the epidemic affects the most economic and politically active people. These people include academics, researchers, activists and politicians and many others who have the ability to contribute to good governance and democracy in a given country. The death of these people represents the loss of human capital that could have taken many years to achieve. These deaths leave a vacuum that is not easy to fill. For example, within the military, death affects a chain of command with the younger people left devastated by the epidemic. The mortality has implications for discipline within the military and outside of the military as the most experienced soldiers leave the security of the state in jeopardy. In sufficient political leadership and military expertise leaves the country at risk of instability for good governance (Whiteside, 1999). The epidemic undermines the ability of the government to deliver due to mortality and resources diverted to mitigate the impact of the epidemic (UNAIDS, 2001). Another potential impact of the epidemic is evident with regards to violations of human rights. There have been reported incidents in which people have been denied access to medication, thrown out of their homes and dismissed from work (Sibanda, 1990; Kidd and Clay, 2003). Stigmatisation and naming of people who otherwise are blameless have been reported in the sub-region. A potential situation that is reminiscent of denial to access of services is the challenge that Treatment Action Campaign in South Africa brought against the government. The beneficiaries viewed the government as undermining their right to accessing the health services (Heywood and Altman, 2000).

The studies that relate to HIV and AIDS and governance are rather speculative and inconclusive (Evian, 1993). Theoretically the assumptions about the linkage between governance and HIV and AIDS are plausible. The impact of the epidemic will depend on the distribution of mortality and disability across skills categories, sectors and geographic areas affected. But in the long term the impact on governance will largely be influenced by the responses of the national governments in addressing the problems posed by the epidemic. However, there is general consensus that violent conflict, war and political turmoil creates an environment that promotes the spread of HIV (Carballo and Solby, 2001). Manning (2002) refers to the literature that highlights the manner in which some of the factors accelerate the spread of the epidemic. These factors are, dislocation of communities, creation of refugees, disruption of families, disruption of public services, sexual relationships between combatants and civilians and sexual assaults of people who are vulnerable.

Communities that have been displaced and forcibly dislocated are desperate to survive and return to normal life. Large movements of the people result in disruption of cohesion that exists in their normal environment (Lurie, 2000). Pressure associated with isolation results in people in need of the intimacy that they are used to. Movement from original place of residence is associated with breaking of values and adoption of new life styles for one to adapt to changing circumstances. The new life styles mean that one has to establish new social networks including intimate relationships. The caution that goes with sexual relationship is undermined by the fact that one has survived a more obvious and “real” threat to life than HIV (Carballo and Solby, 2001). The invisibility of HIV means that people start worrying about it after their actions.

During war and violent conflict, public services, including social and health services are disrupted. The resources earmarked for such services get diverted for supporting the war. Usually donor support to sustain the services dries out. The dislocated population has no access to reliable health, water and social services during the conflict. As the conflict progresses the conditions for health services deteriorate. During post war conflict, reconstruction begins. However, the process of reconstruction is slow and painful (Carballo and Solby, 2001; Decosas, 1996). When people fall sick, it takes long time to attend to their illness. Since HIV progresses slowly and there are instances of spontaneous recovery the ordinary person is likely to ignore the infection. Meanwhile the sexual relationships remain unprotected. The conditions of the public services may facilitate the spread of the epidemic through lack of emphasis on the risk of contracting HIV.

On another level the presence of HIV and AIDS is a breeding ground for conflict. This conflict is evident in many scenarios. Tension begins at home. People are discriminated against in their homes. There are accusations of infidelity that sometimes result in rejection, being thrown out of home, violence and murder takes place. In the workplace co-workers distance themselves from the people infected. Stigma and labelling become pronounced. In the hospital, there is reduced attention of people with HIV in the delivery of services (Sibanda, 1990; Kidd and Clay, 2003). The most prominent conflict scenarios are the ones that result in public conflict. Typical examples are seen in South Africa. Several demonstrations took place when the government refused to roll out nevirapine for use in mother to child transmission. Treatment Action Campaign challenged the government publicly to address the roll out of antiretroviral drugs nationally. Dramatic incidents of some provincial governments took place in revolt against the government by initiating their own programmes without the consensus of the Minister of Health. Eventually the conflict ended up taking a legal dimension, which saw the government being forced by the High Court later on, the Constitutional Court ratifying the decision of the High Court for the government to provide antiretroviral medication (Geffen, 2002 p.138).

On the other hand another public conflict ensued between the government and pharmaceutical companies. Most of the antiretroviral drugs are under patent giving right to companies to set prohibitive prices that ordinary people cannot afford. South Africa was drawn into the centre of challenging multinational pharmaceutical companies when the government introduced the Medicines and Related Substances Control Amendment Act, 90 of 1997. The government, faced by the legacy of apartheid in health service delivery, introduced the act in order to reduce and control the prices of medicines in public and private sectors. The Pharmaceutical Manufacturers Association and its 39 companies sued the government in 1998. The central argument by the association was that the move violated South Africa's international obligation to uphold patents and was in breach of the constitution. The conflict took an international dimension with the US government placing South Africa on the "special 301- Watch" list that targets governments who are perceived to be in breach of intellectual property rights. The US action prompted a public conflict at home with vast demonstrations that eventually forced the US government to remove South Africa from the list (Kasper, 2002). Meanwhile the activist, Treatment Action Campaign and other international advocates of non-patented drugs joined South Africa against pharmaceutical companies. The support that came from various international organisations including Medecins Sans Frontieres and support from the European Parliament forced the pharmaceutical companies to drop the case in humiliation. But it took three years for the government of South Africa and the Treatment Action Campaign to triumph over the companies (Kasper, 2002 p.151-158). AIDS, governance and conflict seem to be inseparable. The three issues have implications for legitimacy for any government, to address accountability and public responsibility. Citizen participation and democracy are at stake in their presence. The three issues are subject to policy considerations. Any government that does not address governance issues is at risk of making itself irrelevant. Governance relates to appropriate use of resources, accountability to citizens and trust promoting the values of constitutional democracy (Gann, 1986). Governance issues that do not address HIV and AIDS omit the fundamentals aspects of constitutional democracy. This omission suggests disregard for right to health and freedoms such as that of association and expression. The epidemic is intertwined with communities to address the burden of the epidemic. Concerted effort build trust and reduces tension that develops around HIV and AIDS issues (Teljeur, 2002, p.57-66).

Strebel (1997 p.109-121) addresses the subject of AIDS in a discourse analytic framework. The author uses discourse analysis in understanding focus group texts. While the study states the obvious discourse (nothing new about them) such as medicalising, stigmatising and gendered discourses, the study addresses the benefits such analysis brings to understanding dynamics related to AIDS policy, medical and social interventions. The author indicates that the medicalising discourse was the dominant one throughout the focus group discussions. The author's gendered discourse refers to women positioned to prevent the epidemic and that they position themselves to take responsibility for spreading and preventing the epidemic. While the discourse analysis rooted in Western thought (Parker, 1992) even though subject to dispute, Strebel gets absorbed in understanding the discourses and locates the focus groups within a western frame of reference. The medicalising discourse does not refer to the traditional and spiritual practices akin to the objects of studying black participants. The gendered discourses are western oriented referring to monogamous relationships.

METHOD OF ENQUIRY

The study was qualitative in nature permitting the researcher to explore in depth the inquisition that discourse analysis seeks. Qualitative research is interpretative of issues or problems that have been investigated. It seeks explanations about issues, commentary about human experience with the acknowledgement that such experiences are mediated (Parker, 1992, p.1-15). Qualitative research has emerged to a large extent, in response to positivist approach to understanding human phenomena in social sciences. The researcher seeks to understand the phenomenon being studied from the perspective of the object with less emphasis on a hypothesis. There is room for flexibility and emphasis is placed on non-preconceived ideas about the phenomenon being studied. With discourse analysis being the theory and method for understanding the dimensions of the research, namely: HIV and AIDS, conflict and governance, the researcher was in a position to relate to the subjectivity underlying HIV and AIDS. In the past ten years some writers on HIV and AIDS have followed discourse analysis in understanding the subjectivity of HIV issues (Treichler, 1987; Plummer, 1988; Strebel, 1997, p.109-121). In attempting to draw meanings, understanding the power relations, ideological and institutional issues abound in the area of study, the researcher used the qualitative discourse analytic design. In view of three different approaches in research, namely nomothetic, idiographic and hermeneutic perspectives, this study falls more within hermeneutic. Instead of identifying laws defining human behaviour, it attempts to identify meanings that specific social issues integrate themselves within the domain of HIV and AIDS and define experiences of participants in their everyday lives. Hayes (2000) states that such meanings occur on a number of levels, including the conscious, unconscious, personal, social, cultural and socio-political situations.

RESEARCH QUESTIONS

- 1) What are the statements that are attributed to the set of relationship that are evident in HIV and AIDS, and governance with their implications for conflict in the realm of systems of rule in Southern Africa?
- 2) What are the meanings imbedded in the texts and their implications for HIV and AIDS related governance?
- 3) What are the set of constructions that reflect the relatedness of HIV and AIDS and conflict so far as they reflect governance issues?
- 4) What are the ideological effects as far as they relate to HIV and AIDS and governance that are evident in the texts?

The initial focus of the study was conducting a document review, reading of articles from newspapers and research related to the topics of study. The researcher set out to develop the project on the basis that use of the available records will make the reading of the research rich and beyond the narrowness of the writer's views. The researcher used the transcript of everyday life that he has had no influence in their making by collecting the various documents for analysis and attempted to develop a comprehensive view of organisation of the participants' texts (Potter and Wetherell, 1987, p.162).

Ten individuals participated in the project, to ensure an in depth study of the material. According to Terre Blanche and Durrheim (1999), six to eight data sources or sampling units represents an adequate sample size for a homogenous sample, and 10 to 20 where the intention is to conduct shorter interviews with the intention of showing maximum variation or disconfirming existent evidence. Ten people represented sufficient size in light of this view. Considering the fact that researcher went further to examine archival documents related to the issues of research, too many texts would have been cumbersome to analyse. The in-depth interviews yielded a huge amount of information. One may argue that a small sample would have deprived this study of adequate variability, sufficient for theorization. But the varied nature and background of participants facilitated an opportunity for one to think theoretically.

Participants were selected from groupings of people involved in the fields of development, HIV and AIDS and conflict management experts. These people range from private sector, government officials, and NGO (members). The participants for study were purposively selected. The participants were selected based on their knowledge, experience and work that they had done in their specific regions. The significant role would be defined as being involved in management, policy development and implementation and strategy and research roles at least fifty percent of the time. Three participants were

women and the rest were men. Participants' ages ranged from thirty to fifty years old. All participants were black and had university level of education. Average number of years of schooling was 16 and they had been in employment for a minimum of twelve years. Their professional orientations were researcher (1), medical HIV and AIDS doctor (2), and policy maker (1), activists (2), academic (1), development worker (1), financier (1) and civil servant (1). Of great importance, was the willingness of the participants to talk about the issues under investigation. The participants were consulted individually after accepting participation in the study. Individual participant's commitment was sought.

The semi-structured interview was used to gather information from the participants. Poggenpoel (2003, p.143-150) defines a research interview as conversation that takes place between the researcher and the participants. The first stage was that of identifying participants and being able to introduce the research and its purpose. Once the interviewees had agreed to participate, the researcher endeavoured to create an atmosphere conducive to interviewing. The interviews were conducted in a controlled environment to reduce disruptions that had a potential to interfere with the quality of the interviews. The interviews were regulated through probing, staying on track with respect to interview objectives and the dominant question for asking was 'why?' The guiding ethos for the interview was use of silence when respondent was considering her response, restating the words, repeating the respondents' words as a question, seeking clarification, use of key words for follow up and use of the person directed questions such as 'you have strong words for the use of governance' (Sibanda, 1990, p.38-41).

Participation was guided by a prior introductory discussion that weighed whether or not the person was willing to have their ideas documented and their willingness was confirmed by acceptance of signing the informed consent form. The researcher provided an information sheet on the research to the participants to read before signing of the informed consent form. Ten participants were interviewed for the research. Some of the participants for the semi-structured interviews were selected based on strategic snowball sampling, a technique used by anthropologists and sociologists wanting to examine particular descriptive aspects of social institutions (Smith, 1975). This technique safeguards confidentiality of respondents by the researcher through use of significant others to connect the researcher to the appropriate source. This strategy was required due to the sensitivity of the interrelatedness of the topics of study and the fact that some individuals might not have wanted to participate if they did not know my background well enough. The average time for conducting interviews was one hour fifteen minutes. Due to the level of literacy among participants all interviews were conducted in English.

The researcher endeavoured to comply with the ethical requirements of dealing with human subjects expected of him by any academic institution in pursuance of research. The demands for dealing with this kind of research necessitated one to be sensitive to possible harm in which the participants could be placed. In some instances, the participants are at risk in terms of their security if anonymity or confidentiality is broken. The issues in discussion may involve exchange of sensitive information on matters of conflict and HIV and AIDS where people are practically involved. Therefore, the participants for structured interviews were fully informed and their written informed consent obtained. Participants were assured of their anonymity and confidentiality as the participants' names were not written or attached to the interview schedule.

Participants for semi-structured interviews were free to decline to participate in or withdraw from the study at any time they wished to do so. Participants were informed about their right to decline or withdraw from the study without any negative consequence. There was no anticipated secondary trauma that might result due to discussion of HIV and AIDS, conflict and governance related issues. However, participants were informed of procedures to follow should they feel some form of distress due to participating in the study. There was no cost or benefit for the participants in the study other than the opportunity to engage in a discussion on HIV and AIDS, conflict and governance issues in the respective countries. Before accepting participation in the study, participants were given the information sheet that detailed what the research was about and its purpose. The information was the basis for understanding their rights concerning to taking part in the study.

The analysis was qualitatively based within the framework of discourse analysis. The analysis followed the seven criteria for identifying discourses. In addition, three other criteria were added based on recent theoretical developments (Parker, 1992, p. 122). These criteria are: discourse is realised in texts; is about objects; contains subjects; is coherent system of meanings; refers to other discourses; reflects on its own way of speaking; is historically located; supports institutions; reproduces power relations and has ideological effects. In the context of discourses found in text, the research refers to searching for any issues that are imbedded not only in written text but also in any form of information that can be subjected

to interpretation. In this case the texts that were subject to analysis involved verbal interaction and written texts in the form of interviews and research documents. Discourse involves objectification and as such, it is representational. The descriptions that we make of representations assist us in understanding the discourse as informing us about the object. A discourse contains a subject, the very person who searches, listens and writes about the texts that characterise the discourses. In this scenario, the author specified the people who provided the texts, related what they said and how the author established the connections with his experiences. The systems of meaning found in the discourse inform us about certain topics in life and are regulated in a particular way that characterizes the objects or issues. To some extent discourse analysis is about meaning making. Discourse is interconnected with other discourses and we can only draw meanings based on references to other discourses.

OUTCOME OF THE STUDY: RELATIONSHIPS IN HIV AND AIDS, GOVERNANCE AND CONFLICT IN PARTS OF SOUTHERN AFRICA

The views expressed in print and interviews castigate governments in the sub-region for being slow in their response to the impact of the epidemic. Mitigation by the governments are regarded as being calculative so far as nurturing political gain. There is understanding that sometimes the epidemic has been used for political campaigns. However, the flipside of it is about the government standing for the masses and the opposition parties scrambling for the political cake. Governments have taken certain decisions to protect the ordinary people from exploitation by the powerful pharmaceutical companies or by unscrupulous individuals. Typical statements that have been identified in the course of research are listed below in Table 1.

Table 1: Statements attributed to the set of relationships in AIDS, governance and conflict

DOCUMENTS	INTERVIEWS
Governments respond slowly to economic impact of HIV	Governments have double standards in handling epidemic
Governments' policies on HIV and AIDS are not clear	Governments have conflicting policies on HIV and AIDS
Poor economic policies facilitate the epidemic	Poverty facilitates the epidemic
Good governance and social cohesion can slow the epidemic	Good structures at municipality and local government level can reduce the infection rates
Strong civil society can slow epidemic	Local government must involve communities in decision making
Legitimate government accords credible prevention	Voting right is superseded by the threat to life posed by the epidemic
Sustained freedoms reduced HIV infection and HIV related conflict	Respect for people by government results in co-operation to reduce HIV infection
War / political instability and violent conflict breed HIV epidemic	HIV takes advantage of social disintegration

The statements are linked to the language of protest, community mobilization and the defence of democratic rights as evidenced by legal challenges that were placed in the South African courts.

MEANINGS IMBEDDED IN THE TEXTS ON HIV AND AIDS RELATED GOVERNANCE AND CONFLICT

The texts in print and interviews reflect deep-seated messages with unique discourses. Some of the discourses that emerge are political, legal, empowerment, human rights, antiretroviral and popular uprising discourses. The political discourse relates to issues of legitimacy of governments in so far as putting a public face about who stands for democratic values. The governments in power depict themselves as doing things in the interest of the masses. They want to reduce the risks that brief case remedy producers give the ordinary person in the street. They will go out to challenge anyone else who seeks to provide quick solutions to the epidemic. Therefore any form of remedy must be subjected to scrutiny and approved according to health related policies. On another level the opposition political movements go to the root of politicking. It is about gaining increased votes in the face of desperate individuals. Political opportunism becomes evident when political parties begin to use the epidemic to

increase that political legitimacy and voting powers. The opposition and civil society begin to push for legalist manoeuvres against a political discourse that establishes itself as a dominant. For example, in the case of South Africa Treatment Action Campaign saw it to be out of necessity to take a legal position against government in handling the issue of treatment. The legal discourse becomes the order of understanding and achieving effects of creating conducive conditions for people living with HIV and AIDS. The legal challenge then is achievable through the reputation of the custodians of justice, the High Court and Constitutional Court. Again the legal discourse is evident in the government's tackling of pharmaceutical companies. Intertwined with this discourses is human rights discourse.

Interestingly, constitutionalism as symbolic of good governance in HIV and AIDS ensures that the freedoms of the people are promoted. In contrast there is total silence of these matters in other sub-regional countries as the matters of concern are drought and political conflict as in the case of Zimbabwe and Swaziland. Constitutionalism in the two countries focuses on political legitimacy. The human rights discourses take prominence in the campaign for treatment with nevirapine in mother to child transmission. Here the campaigners are outright about the rights of infants to life and right to access of health services.

The antiretroviral discourse creates a chain of discourses, and struggle and contextualises other discourses. Arguments in favour of antiretroviral treatment supersede other forms of remedy. In fact a combination of high performance antiretroviral is preferred to the ordinary course of treatment. The implications of cost are foregone and the issue of monitoring the effects of the treatment is trivialised. Any resistance to providing these treatments leads to the campaigners appealing for popular uprising and demonstrations in some of the sub-regional countries such as South Africa. The total onslaught comes from the Treatment Action Campaign when some of the activists are seen to be arrested for violation of civil obedience, reminiscent to the struggle against apartheid. All the discourses seem to feed into a silent but pregnant one-empowerment discourse. The political discourse alludes to empowering people to make decisions for themselves or protect them from exploitation. The legal discourse empowers the ordinary person in showing government in power that it does not have final say in matters of human freedoms The government in power wants to show that it is subservient to the legal system by resorting to it through the same courts or adhering to the laws that support its position. The human rights discourse feeds into the empowerment discourse through its perceived educational role. People must know their rights and must use them to protect their freedoms. The antiretroviral discourse is interesting in the sense that it is moved from being a medicalised project to being a symbol of human strength, good and long life, energy and power and is championed by non-medical people. It is now regarded as restoring the hope for the desperate. These discourses have consistently clashed with each other reflecting the embeddedness of conflict and governance issues in HIV and AIDS. The effects have been clear as the conflict advances and the governments such as in South Africa have been forced to take different routes that yield to the empowerment discourse. These discourses have led to yielded access in the sub-region as Botswana and Zimbabwe facilitate the treatments of its citizens with antiretroviral therapies.

CONSTRUCTIONS REFLECTING THE RELATEDNESS OF HIV AND AIDS, CONFLICT AND GOVERNANCE ISSUES

In the text from print and interviews there is reference to double standards by the governments. People are constructed as being neglected and in need of some powerful person to save the desperate. Some text alludes to construction that people will vote on the basis of interests, needs and wants and that the epidemic may reflect the voting patterns. It is subsumed by some documents that good governance and political stability arrest the epidemic. International organisations have their own perspective as to how sub-regional governments must respond to the epidemic. They allude to the fact that poor strategic planning has resulted in an increased prevalence of HIV. They see themselves as inadequacy of government's response in dealing with the impact and mitigation of HIV and AIDS. Basically, Non-Governmental Organisation are responding to government's inertia. Governments construct the opposition of Non-Governmental Organisations as political opportunism and downright facilitation of opposition politics. Eventually a power discourse emerges that creates perilous conditions for the ordinary people in their challenge against the epidemic. In public media in South Africa discussions about how ineffective the government's response on AIDS, emerged particularly from opposition politics. In turn the government responded and rejected any accusations against it as mere politicking. Below is a table on discourses and their ideological effects.

Table 2: Discourses and their ideological effects

Discourses	Effects
Political discourses	Increased voting power Political opportunism Abuse of resources/ diversion of resources for political gain
Legal discourses	Strength to judicial system Sticking by law on the part of the state Expensive suit Crushing capitalism Belief in participatory democracy
Empowerment discourse	'Nothing concedes power without demand' Everyone can challenge anybody, including the system Power is virtual
Human rights discourse	Freedoms are essential for human survival Emphasis on rights at expense of responsibilities Human rights are virtuous Intolerance for anything that does not satisfy the rights agenda
Antiretroviral discourse	Treatment will prolong life One can do anything if on treatment Healthy babies are produced Taking individual responsibility is irrelevant
Popular uprising discourse	The government will yield against popular pressure Martyrdom will prevail Concession is achieved with increased political pressure.

These issues relate the complexity of HIV and AIDS, governance and conflict in their interaction. The results are discussed in detail below.

DISCUSSION

This section covers reflections on some of discourses and their effects. In addition, the section discusses the limitations of the research and implications for generalizability. Based on the views about limitations and generalizability, recommendations are made. The conclusion of the study provides a broad perspective of the research and reminds the reader about potential use of discourse analysis on the subject of AIDS, conflict and governance.

The research reveals that there are competing discourses in relation to HIV and AIDS. These discourses are fundamental to perpetuating certain conflict-related responses to the epidemic. The political discourse in HIV and AIDS is likely to broaden itself to cover other matters related to governance, which are not necessarily lined up with the epidemic. It may draw an existing government into controversy about its relations with the public as far as promises for delivery are concerned. In far-fetched circumstances, for example any criticism of the South African Government on matters of governance might start with how the president has handled the issue of what causes AIDS (Geffen, 2002; Hickey, 2002). The criticism presents itself as complete disapproval of presidential indulgence. The texts presented have strong leanings towards politicking. On the other hand, the governments respond with intolerable silences on matters of policy and public accountability as a counter strategy to what is perceived to be underserved political attacks. The legal discourse stands superior to everything else that a human being can do to save another person who is violated. HIV and AIDS has presented several scenarios of conflict with research alluding to or being explicit about such conflict (Sibanda, 1990, p. 68). The legal discourse is about pursuit of the truth that frees people from political bondage. However, on another level it may not be the best way of resolving conflict despite its superiority about championing issues of social justice. One may ask whether the issue of antiretroviral therapy could not be resolved without pursuing expensive legal suits in South Africa. Since the epidemic is implicated in the conflict at micro and macro levels, one may argue

that there could be ways of reducing the development of harmful conflict. The legal route was certainly avoidable. However, due to its perceivable integrity and ability to attract public attention the activists may have been compelled to go to court (Treatment Action Campaign, 2001; TAC, 2002).

Related to the legal discourse is human rights agenda. The discourse of human rights is fashionable. In the sub-region human rights as understood originate from the western world view and are a recent phenomenon. The discourse brings exciting concepts, phrases and altered perceptions of self. All of a sudden the formerly oppressed black majority are enticed by suggestions that invite the continuity of political self-rule. Therefore, everything that suggests a possibility of exclusionary ideology and practice is shown into the 'frying pan' of human rights. HIV and AIDS becomes one of the things for the frying pan. The human rights discourse suggests the protection of freedoms of people living with HIV and AIDS and those who are affected (Heywood and Altman, 2000; Mann, 1999). In the process of seeking obligations against institutions and other entities to win self-protection, the need for individuals to take responsibility over their HIV status is undermined. Rights for life, rights to access of health services and so on are superimposed. These views do not reject the pursuit of rights in the context of HIV and AIDS. They highlight the conflict that arises out of the demand for rights. The demand for rights in HIV and AIDS clashes with other discourses. There is tendency to overlook the fact that rights related to HIV and AIDS go with obligations to society. When conflict ensues between government and their citizens, the deteriorating relationship suggests intolerance from the contenders about the issues of rights and obligations in the context of HIV and AIDS. None of the protagonists emphasize obligations they have to the broad society. The rights agenda in HIV and AIDS need to be applied constructively otherwise conflict in HIV and AIDS issues will remain endemic.

Oppression in the sub-region bred a demand for power. People of the region see themselves as powerless, thus the need to engage in the discourse of empowerment. The concept of empowerment is non-existent in the traditional English usage except that it has the specific meaning that is contextual and purposeful. The concept has invaded the arena of HIV and AIDS. Due to the menacing nature of discourse, conflict has become unavoidable. People want to be empowered with information through counselling, self-help projects, hand outs and creation of the institutions of care and support. When the governments are not able to deliver, a clash of interests emerges, suggesting that governments are not able to govern. People begin to believe that they are neglected as promises and guarantees related to the rights begin to fall through. The empowerment discourse is supported by many other discourses including the discourses of anti - retroviral treatment. It positions itself at the centre of political liberation. Empowerment against AIDS encompasses good life, happiness, contentment and conquest over the epidemic and people who are perceived as undermining the survival of the nation. It has been enticing for the governments in the sub-region to represent the interests of the people at the level of empowerment. The governments have worked on the rationalisation of health services, removed prior barriers of access to health and promoted equity in health service delivery. However, the bigger burden on HIV and AIDS in supporting community and local initiatives remains with the State and government (Bor, 2007).

LIMITATIONS OF THE STUDY

Discourse analysis as a product of qualitative research does not permit "hard and fast conclusions about the outcome of the research" (Sibanda, 1990, p.70). Discourse analysis seeks to convey meanings embedded in text and the interpretations are not about seeking facts. The process of interpretations can be faulty and the effects of discourses could be presumptuous. The discourse analysis in this study has been used within its traditional application such as other qualitative research methods. In this study, one can summarise its usage by restating Parker (1992, p.3) as follows:

Discourse analysis participant observation or personal construct work, for example, may only produce re-descriptions of language, social interaction or the self, while interviewing and ethnography will touch upon and change a person or a community, and feminist methodology and action research will always involve reflections and transformations of experience and action.

The research did not attempt to be comprehensive as the author is aware of the demand and depth of discourse analysis. The research went only to the extent of reviewing limited documents in so far as they covered HIV and AIDS, conflict and governance. Bits and pieces of texts lying "everywhere" did not

become subject of the study. This investigation limited the richness of discourse analysis. In the indulgence of discourse analysis the researcher would go through several stages beyond the stated methodological issues to cover comprehensive intermission, transcriptions of accumulated texts, validation and consideration of application of the data. Intermission refers to the stage in which the researcher becomes intensely reflexive, sits back in contentment with massive words to be transformed into meaning. This research went as far as coding the limited texts. The validation process covered coherence of the data, participants' orientation, and dealing with emerging problems in texts, seeking the depth of truthfulness of the texts. The research did not explore in-depth validation of findings as demanded by discourse analysis (Potter and Wetherell, 1987, p.159-176).

The study was conducted within the framework of both theory and methodology of discourse. This approach poses some conceptual and practical confusion, as the boundaries are not specific. However, the most complex aspect relates to the theory of discourse analysis that assumes that truth is textually produced and facts are made. This positioning sits uneasily with radical constructionist approaches (Dixon, 1997, p.17-18). In the study, one may pick the potentially contentious position of understanding of discourse analysis resulting in academic controversy.

RECOMMENDATIONS

There is large scope for discourse analysis as exemplified by Strebel (1997) in HIV and AIDS. Beyond the general area of HIV and AIDS, discourse analysis will continue to be informative on the issues of conflict and governance. The analysis needs to be applied in more depth and broader scope of HIV, conflict and governance in Southern Africa. The epidemic is menacing more in Sub-Saharan Africa than any other region in Africa and the world over. Creative methods that inform the various truths need to be applied so that the social aspects of the epidemic are addressed effectively. Discourses analysis sits very well with these topical areas of research with its potential to instigate application of findings (Potter and Wetherell, 1987).

Discourses analysis could:

- 1) Address the attitudes of people through re-descriptions of messages, phrases and words in texts in a manner that helps members of the communities mirror themselves on what they articulate in HIV and AIDS issues.
- 2) Address the behaviour of the State through relevant institutions that influence the conduct of the state by elucidating the effects that certain dominant discourses do in promoting or undermining the roles of the State.
- 3) Develop insight into manifestations of conflict in HIV and AIDS thereby assisting protagonists in developing appropriate strategies for handling conflict.
- 4) Use the discourse analysis as methods for intervention through deliberate effort that show linkages and connectedness of the discourses so that people who advocate (for example) rights for those affected by HIV and AIDS engage meaningfully and the State is able to anchor the same understandings, intentions and actions.
- 5) Research of this nature needs to be linked to interventions at both policy and programmatic levels.

CONCLUSION

The research is located in the framework of HIV and AIDS, conflict and governance among the sub regional countries in Southern Africa. The study shows that these factors depicted in literature interact and that they can be used for several advantages including political gain. The study follows discourse analysis as theory that guides project and methodology that informs content and process. Several discourses emerge in the study including legal and political discourses. The effects of such discourses are noted. Discourse analysis has several potential uses in HIV and AIDS due to the extent to which people are sensitive to use of language. Insensitivity breeds tension, misunderstanding and eventually unhealthy conflict. Increased number of properly developed projects in this field would be useful as strategy to create meaning between the governments and their citizens. Consensus may lead to increased cooperation for the benefit of good governance. However, these recommendations are made in light of the contextual nature of the research and do not overlook the complexity inherent in the issues.

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