CHAPTER 1: Introduction

1.1 Introduction

The HIV/AIDS (Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome) epidemic has had a substantial global impact. Since the start of the epidemic, 25 million people have died from HIV-related causes (UNAIDS, 2008), and by the end of 2008 the total number of individuals living with HIV was estimated to be 33.4 million (UNAIDS, 2009). HIV is considered to be primarily a sexually transmitted disease (Barnett & Whiteside, 2006; Klepinger, Billy, Tanfer & Grady, 1993) and, as such, HIV infection can be prevented by encouraging safer sexual practices such as delaying first sexual intercourse, committing to one partner, and consistently using condoms (Barnett & Whiteside, 2006; Hendriksen, Pettifor, Lee, Coates & Rees, 2007).

In response to the HIV epidemic, intervention efforts have attempted to stem the tide of infection. It is interesting to note that these programmes have traditionally tended to favour individual-level conceptualisations of the causes of health behaviour (Campbell, 2003). Within this framework, many models of health behaviour have highlighted perceived risk as an important factor. The reason for this is because if one considers oneself to be at a low risk for HIV infection, one is unlikely to engage in protective behaviour (Campbell, 2004; Hendriksen et al., 2007; Sutton, 1999). This shows that individual factors have some influence over behavioural decisions. However, in addition to these individual factors, recognition has also recently been given to the role of the social context in enabling or preventing the adoption of health-enhancing behaviour (Campbell, 2003). This is evident where Campbell (2004) identifies gender, poverty and stigma as all being examples of factors that make it difficult for people to protect their sexual health as the various social representations associated with such factors can influence risk perceptions and behaviour. Consequently, it is important to investigate the social representation of factors that are perceived to play a role in the risk of HIV infection. The way in which these social representations influence perceptions of personal risk, and the risk of other people, also needs to be explored.

1.2 Research Aims

This research aims to investigate the social representation of factors perceived by students at the University of the Witwatersrand (WITS) to play a role in the risk of HIV infection, with particular attention being given to the characterisation, racialisation and gendering of HIV. In addition, the use of social representations in the estimation of risk of the 'other' and of the self will be explored.

1.3 Research Questions

What social representations, particularly regarding age, race, and gender, are held by students at the University of the Witwatersrand with respect to the perceived risk of contracting HIV?

What social representations emerge when individuals calculate their own level of risk of HIV infection, as well as the level of risk of others?

1.4 Rationale

The HIV epidemic is a global problem that has had a severe impact on society (CHGA, 2008). It is problematic that South Africa bears a disproportionate share of the global burden, with 35% of HIV infections and 37% of AIDS deaths in 2007 occurring in this region (UNAIDS, 2008). Current data does suggest that the epidemic is stabilising (Department of Health [South Africa], 2007). However, this does not mean there is room for complacency (UNAIDS, 2008). There is a need for continued research on ways to reduce the incidence of HIV infection.

In addition to the alarming statistics regarding the worldwide impact that HIV/AIDS has had, it is particularly concerning that 45% of new HIV infections occur in people aged between 15 and 24 (UNAIDS, 2008). This age group is of interest since it is known that individuals between the ages of 15 and 50 years old are the most sexually active, as well as the most economically active and productive people in society (Barnett & Whiteside,

2006; Vaas, 2003). Hence, the high rate of infection in such individuals is problematic with regard to the progression of the illness, as well as the fact that the death of such individuals has an impact at multiple levels. Firstly, it often results in higher consumption and expenditure patterns for the household (Veenstra & Whiteside, 2005); and this may be experienced in conjunction with a loss of a source of income. HIV/AIDS could also lead to children being orphaned and where mother-to-child transmission takes place, it results in increased infant mortality. Secondly, a high incidence of HIV is also seen to have an effect at an industrial level as it can lead to decreased productivity, while simultaneously increasing expenditure for the company (CHGA, 2008). For example: decreased productivity may result from absenteeism, reduced performance at work, increased staff turnover, etc, while increased expenditure may occur because of increasing numbers of benefit claims, higher costs for medical care and insurance coverage, and higher costs for capital where there is less investment in the company if the company is perceived as being high risk as a result of high employee infection rates (CHGA, 2008). Lastly, a high incidence rate of HIV also has an impact on broader economic growth as it results in greater spending on the delivery of social services in the country (Veenstra & Whiteside, 2005). It is subsequently evident that high HIV infection rates mean a greater demand for social services even while the epidemic erodes the human capital and financial resources that are necessary to meet this demand. Consequently, it can be stated that the HIV epidemic can negatively affect the functioning of a country and needs to be addressed. In order to develop intervention strategies intended to reduce the incidence of HIV, this research has employed social representations theory as a means to understand the high HIV infection rates of the youth. The nature of social representations theory remains to be discussed.

To develop an understanding of social representations theory developed by Moscovici, it is important to first consider that social representations are mental entities and that these are made up of abstract and concrete elements, i.e. concepts and images (Potter & Wetherell, 1987). Based on this theory, social representations provide a way of understanding and evaluating the world. Also, more than simply having a concrete element and an opinion about such an element, Moscovici suggests that the social representation of the element is important, and that the opinion of the element is derived from this (Potter & Wetherell, 1987). Hence, social representations theory provides a means of understanding the HIV epidemic and this theory suggests that instead of simply accepting risk perceptions, we

need to ask why individuals hold certain risk perceptions and not others. As such, it is necessary to explore the social representation of HIV and to examine how these representations influence risk perceptions.

In addition to the above, social representations theory has been used to conceptualise this research because of the fact that 'representations sustained by the social influences of communication constitute the realities of our daily lives' (Moscovici, 2000, p.2). Where these representations are said to become common sense, they enter into people's every day conversations with friends and they circulate in the media (Moscovici, 2000).Thus, given the pervasive nature of social representations, it is hoped that this research will generate further knowledge and understanding of the social representation of factors perceived to play a role in risky sexual behaviour. Moreover, any discrepancies between what is actually risky and what is socially represented to be risky for the self and others may be detected through the research, and the origins of such discrepancies explored. This will enable an understanding of how South African students construct risk, and whether or not such discrepancies have their origins in South Africa's history. This is useful as it may provide insight into how social representations evolve within a particular context. It is hoped that the generation of such knowledge regarding social representations will allow for the development of interventions that consider both the individual and environmental factors that have an impact on behaviour.

Thus, from the above, it is evident that social representations theory provides an important means to understand risk perceptions. Given that 45% of new HIV infections occur in the 15-24 year old age group (UNAIDS, 2008), this study focuses on the social representations of the youth and how these social representations influence perceptions of risk. When studying the social representations of the youth, it is important to remember that such individuals face certain unique challenges that may influence actual risk and perceptions of risk with regard to HIV. Most noticeably, at this age there is a focus on developing one's identity, and being young typically provides the opportunity for social and sexual experimentation (Walker, Reid & Cornell, 2004). Moreover, students in the university environment are not exempt from this risk. According to the Council on Higher Education (2001), a study commissioned by the government in the year 2000 found that the infection

level of undergraduate university students was estimated at about 22% and it was thought that this could increase to 33% by 2005. Additionally, the infection level for postgraduate students was estimated at 11%, and was projected to rise to 21% by 2005. These statistics show the extent of HIV infection in this population and the anticipation that rates would continue to rise as time passes is important, especially since it has been found that one's level of education may have little bearing on one's behaviour despite possible assumptions to the contrary (Seloilwe, 2005). It is therefore necessary to investigate the social representations maintained by this population and to explore how these have an impact on perceived risk and behaviour. Furthermore, in order to have a context from which to examine participant's social representations, it is important to provide an account of the historical context of university in South Africa in general and the University of the Witwatersrand (Wits) in particular. It is also necessary to consider the present face of WITS.

Wits was opened in 1922 as South Africa's fourth university and it was the first full teaching university in the interior of South Africa. It was preceded only by the University of Cape Town, the University of Stellenbosch, and the federal University of South Africa which had its headquarters in Pretoria (Murray, 1982). Given the reign of apartheid at the time of the inception of Wits, it is important to consider where Wits stood with regard to its admission policies. Interestingly, Wits and the University of Cape Town were typically known as the 'open universities' because they were open to admitting White and non-White students, but in reality 'a study of admission policies indicates that at its inception Wits very much reflected the prejudices of the society to which it belonged. Only very slowly and hesitantly was it accepted that Black students, African, Coloured, and Indian, should be admitted in any substantial numbers' (Murray, 1982, p. 298). Moreover, it is important to note that through its history race and colour are not the only issues on which the 'openness' of Wits was challenged, the place and rights of Jews, Afrikaans-speakers, and women within the University was also questioned, particularly in the 1920's and 1930's (Murray, 1982). Furthermore, by 1959 the Nationalist Government finally passed legislation that imposed apartheid on the South African university system. This bill was met with strong protests by students in 1957 and again in 1959, but these were unsuccessful and Wits strongly enforced the policies of this legislation (Murray, 1997). With regard to issues of gender, the relations between men and women typically reflected the patriarchal and sexist practices prevailing in society (Murray, 1997). According to Murray (1997), the role of a woman was typically that of a mother and a wife, and most women enrolled for a BA degree. Moreover, after World

War II women were encouraged to study towards careers in teaching and nursing, in order to help them to provide ex-servicemen with sympathy and understanding.

While Wits University initially failed to oppose the restrictions imposed by the legislation in 1959, this changed with time. In fact, Wits embarked on non-racial admission in the early 1980's and it focused on research designed to undermine the apartheid government. By 1990 it seemed like Wits was setting an example for other institutions to follow (King, 2001). However, despite a history that has largely been anti-apartheid, Wits' transformation has been tumultuous and efforts at transformation have been hindered by student and staff unrest (King, 2001). While there still seems to be a struggle to promote integration between students, it is important to recognise that the admission rates have been geared towards transformation. In 2008, 69% of students were Black and 51% of students were female (Department of Education, 2010). Thus, Wits appears to be focused on promoting transformation, and it remains to be examined how issues of race and gender are socially represented within this context with regard to HIV.

In conclusion, this research intends to critically explore the social representations held by the youth with regard to factors perceived to influence the risk of HIV infection. Wits University is the site for this research and it is hoped that this research will enable the development of new intervention strategies. In particular, the benefit of developing new interventions lies in the fact that 'many existing HIV-prevention efforts in sub-Saharan Africa have been dominated by the very biomedical and behavioural understandings of sexuality and health that allowed the epidemic to develop in the first place' (Campbell, 2003, p.7). Thus, owing to the more recent recognition of the fact that sexuality is not only part of our physical body and our instincts and emotions, but that it is also socially constructed, research needs to explore sexuality in a more comprehensive manner (Campbell, 2003).

1.5 Definition of key terms

Risk: This term is used to refer to the likelihood or probability of a person becoming infected with HIV (UNAIDS, 2008).

Perceived risk: This term refers to level of risk that people estimate themselves to be at with regard to contracting HIV. This is not a reflection of the actual risk that such individuals are at.

Vulnerability: This term refers to the external factors which reduce the likelihood of one engaging in protective behaviour with respect to the risk of HIV infection. For example, a lack of knowledge and education about HIV and the methods required to protect oneself, accessibility to health services, and societal factors such as human rights violations or social/ cultural norms are all considered factors that influence and have an influence on behaviour (UNAIDS, 2008).

'Risky identity': This term is used to capture the fact that a person's level of risk of HIV infection can be related to their identity. This is because, as previously mentioned, norms, perceptions and stereotypes associated with the context have an effect on one's ability to engage in safe sexual behaviours, and this can affect a person's risk of contracting HIV.

1.6 Structure of the research report

This chapter has provided an introduction to the aims of the research, the research questions, as well as the rationale for conducting the research. Chapter 2 provides an account of the theoretical framework used to shape this study, namely social representations theory. The notion of 'perceived invulnerability' is also discussed, along with a critical discussion of the different social representations that are thought to exist with regard to factors that can influence the risk of contracting HIV. Chapter 3 presents the research design and procedure that was employed to answer the research questions. This chapter also discusses the use of disposable cameras and semi-structured interviews as strategies for data collection, discourse analysis as a means to analyse the data, as well as ethical considerations and researcher reflexivity. The findings of the research are presented in Chapter 4 and focus on the following factors: substance use, age, gender, race, and socioeconomic status. In addition, perceptions of personal risk are also explored. Finally, Chapter 5 provides a summary of the results, the strengths and limitations of the research, as well as recommendations for future research and the conclusions of the study.