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Constructing Africa as HIV/AIDS Original Epicenter: A Narrative
Analysis of Global Artifacts
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Abstract

Africa has long been considered the epicenter of the Human immunodeficiency virus and acquired immunodeficiency syndrome (HIV/AIDS) epidemic. Therefore dealing with the pandemic crisis of HIV/AIDS is a continuous objective of the World Health Organization (WHO) and global communities. Accordingly, with the HIV/AIDS epidemic affecting Africa, WHO and global constituents are spotlighting prevention strategies towards containing and eliminating this disease. One result of global attention, however, is the perpetuated belief that Africa is and always has been the original epicenter for HIV/AIDS. Yet the first recognized epicenters were European countries and the United States of America. Through narrative analysis, this paper examines artifacts (e.g. newspapers, magazines) that perpetuate stereotypical beliefs that Africa was and continues to be the original epicenter for HIV/AIDS.

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According to Webster's New World Dictionary, an epicenter is "the earth directly above the focus of an earthquake" or "A focal or central point" (p. 456). Consequently, the word epicenter has connotations of disaster because of its association with earthquakes and for that reason calls up visions of destruction and/or death. Therefore, one could argue, that to be considered an epicenter of an epidemic is to be considered at the center of death. Radio, television and print media use words such as epicenter that convey the destructive capabilities of the human immunodeficiency virus and acquired

immunodeficiency syndrome (HIV/AIDS) epidemic. Consequently, mixing the HIV/AIDS virus with the word epicenter conjures up these types of images. As a result "there is a need to unpack the meanings of the more embedded narratives that are either shaped by or explain the construction of the AIDS/HIV mainstream media narratives" (Bardhan, 2001, p. 222).

The United States of America is one country considered an original epicenter (e.g. focus of an epidemic) for the HIV/AIDS epidemic, because in 1981 the first cases of HIV/AIDS were identified and received the name human immunodeficiency virus and acquired immunodeficiency syndrome in 1982 (National Center for HIV and STD and TB Prevention, 2004). Paradoxically, Africa is currently perceived as the "original" epicenter of HIV/AIDS, not the United States. One reason for this perception might be the pandemic crisis of HIV/AIDS being a continuous objective of the World Health Organization (WHO) and global communities where, according to the Center for Disease Control (2004), Africa has increasing amounts of HIV/AIDS incidences and fatalities. Consequently, the United States of America is perceived to have controlled the onslaught of the HIV/AIDS epidemic because of decreased incident rates and therefore is not considered an epicenter for HIV/AIDS virus (CDC, 2004). Using narrative analysis the objective of this paper is to understand how people come to adopt the perception that HIV/AIDS is primarily an African health problem and the original epicenter for HIV/AIDS.

Human immunodeficiency virus and acquired immunodeficiency virus (HIV/AIDS) are diseases that have created global concern due to their high infectious and mortality rates. However, the first hint of the HIV/AIDS virus appeared as a virulent form of pneumonia or a rare cancer (National Center for HIV & STD and TB Prevention, 2004) diagnosed in homosexual men beginning in 1981.

As a result when the HIV/AIDS virus was discovered it was not considered a world health issue but an American "gay/homosexual" issue. Thus earlier researchers focused on gays as the prime or only targets of HIV/AIDS (McOwan, Gilleece, Chislett, & Mandalia, 2002; Hospers, Harterink, Van Den Hoer, and Veenstra, 2002). Consequently, issues of prejudice and hysteria arose in the public as seen through accounts of mass media (Isaacson, Boyce, & Stoler, 1983). Later when it was discovered that HIV/AIDS was not a gay or homosexual only disease, research focused on individual behaviors of drug users (Kent, 2002), adult men or women (Auerbach & Coates, 2000), young men or women (Keller, Labelle, Karimi, & Gupta, 2002; Lang, 2002) and adolescents (Bourdon et al., 1998).

Narratives as frames

A narrative is defined as a story, account, or tale (Webster's New World Dictionary, 1986). Richardson (2000) defines narrative as

a representation of a causally related series of events. This definition would include verbal as well as nonverbal narratives (in painting, ballet, mime, etc); "causally related: would be understood as "generally connected" or

part of the same general causal matrix—a much looser, more oblique, and indefinite relation than direct entailment; and it is further assumed that numerous nonnarrative elements may comfortably reside within a larger narrative framework. (p. 169)

Therefore, narratives are uniquely situated to examine discourses of communities and individuals. Narratives in mass media give individuals, communities and nations a way to frame their experiences and public policies (Bardhan, 2001). Understanding how narratives function as sensemaking for individuals and agenda setting for mass media and public policies will illuminate how people have adopted the perception that HIV/AIDS is primarily an African health problem, with Africa being the epicenter of HIV/AIDS.

Narrative as Sensemaking

Narrative analysis gives a unique understanding of how healthcare researchers, health practitioners (Priest, Roberts, & Woods, 2002) and individuals negotiate life threatening illnesses (Frank, 1995; Vanderford and Smith, 1996). As a result Priest, Roberts, and Woods argue, "through telling their stories, people can express their identity, relationships and emotions. Furthermore, they can order and orientate life events, in some cases gaining a sense of perspective upon these events" (p. 40). As such, according to Woods, Priest, and Roberts (2002) narrative analysis is uniquely situated to illuminate the discourse dealing with HIV/AIDS epicenters and how individuals adopt the perception that HIV/AIDS is an African health problem.

Media Narratives as Means for Agenda-Setting

It has been proposed that the public might be interested in messages about themselves; therefore credibility of news sources might influence the public attention to news stories (Dearing, 1989). Therefore, according to Dearing, evidence about AIDS being portrayed positively in the mass media can influence the way that survey questions address the AIDS issue (1989). Therefore the agenda setting of mass media becomes cyclical in nature, where the polling sets the agenda and mass media establishes the questions for polling. Consequently, agendas by mass media can be illuminated or explained through narratives of HIV/AIDS and perceived epicenters of HIV/AIDS.

However, social responsibility has long been a standard for mass media. Consequently, the press is challenged to "provide citizens with diverse sources of information, present a variety of opinions and attitudes, and clarify society's goals and values" (Bunton, 1998, p. 232). Therefore the language in mass media narratives can expose the stereotypical thinking that creates the perception that Africa is an original HIV/AIDS epicenter.

Narratives and Language

Language is comprised in the agendas of mass media narratives, where "news is a cultural artifact; it is a sequence of socially manufactured messages which carry many of the culturally dominant assumptions of our society" (Beharrell et al., 1976, p. 339). Research has shown that "behavioral interventions are the most effective when they are personalized

and affectively compelling, when they provide models of desired behaviors, and when they are linked to social and cultural narratives" (Galavotti, Papas-DeLuca, & Lansky, 2001, p. 1602).

Then issues such as language "ism's" (e.g. racism) viewed in media artifacts of a culture affect our perceptions, actions and behaviors towards a phenomenon such as HIV/AIDS. Consequently, language in mass media narratives can produce the same results as behavioral interventions through the discourse of HIV/AIDS and communities, using a vehicle such as entertainment-education strategies which are used as models for behavior change (Singhal & Rogers, 2003).

Method

Data Collection

The research question for this paper is, "How have American's come to adopt the perception that HIV/AIDS is primarily an African health problem?"

A search of mass media artifacts has been conducted using academic search premier with limiters set for the years 1970-1986, and using keywords of epicenters, HIV/AIDS, magazines--*Newsweek*, *Science News*, and academic journals. A concurrent search of archived *Time* magazines on microfiche with limiters from 1980-1986 was also conducted. This gave a total of 32 artifacts of *Newsweek*, *Science News* and *Time* magazines for analysis with three not used due to repeating content and not dealing with HIV/AIDS origins. Therefore, limiting the results to the years 1970-1986 covers the reports in magazines of the discovery of HIV/AIDS, to the first resistance by Africans that

HIV/AIDS is their responsibility (Davis, 1986). The rationale for analyzing the years 1980-1986 illustrates the beginning of HIV/AIDS awareness and the perceptual change in the narratives that Africa is the original epicenter.

Result

Data Analysis

Two prominent story types appeared out of the narratives beginning with the first article in 1982 to the last article in 1986. The prominent story types will be referred to as HIV/AIDS transmitter, and HIV/AIDS instigator/originator. The prominent stories have sub-plots that influence the prominent stories; these will be reflected in the analysis of the narrative. The AIDS timeline when the narratives take place are important for the understanding of stories. Therefore, each year will yield its story and as a result the development of Africa as the primary epidemic health site for HIV/AIDS is illuminated.

HIV/AIDS Transmitter

1982: AIDS transmitter (September)

Story: AIDS a deadly plague is discussed as the new scourge, because it is diffusing into other American populations. The narrator explains that AIDS has now moved out of the homosexual population into other segments of the U.S. population, which redefines the plague. Therefore, four groups are now part of the new plague i.e. AIDS. The four groups according to the narrator are promiscuous homosexual men, intravenous-drug abusers, Haitian immigrants, and hemophiliacs.

Characters roles: Each group is considered to be a transmitter of the AIDS virus. Promiscuous homosexual men transmit AIDS through their lifestyles (e.g. sexual activity). Intravenous-drug abusers transmit AIDS through their use of dirty hypodermic needles. Hemophiliacs raise the fear of AIDS being transferred through blood transfusions. Finally, Haitians transmit AIDS because they live in poor sanitary conditions.

Causal Links: Promiscuous homosexual men, intravenous-drug abusers and Haitians living in poor sanitary conditions develop AIDS because of their lifestyles. Hemophiliac's lifestyles include the need for blood transfusions, which creates a concern about contaminated blood. Therefore, the first three groups with AIDS might be contaminating the blood supply and spreading AIDS the same as the hepatitis B virus which affects all four groups.

Moral of Story: Living an immoral life, through promiscuous sex and unsanitary conditions has retribution of disease/plague.

Sub-Plot: Haitians are also believed to be the originators of AIDS and as a result sexually transmitted AIDS to American homosexuals vacationing in Haiti.

1982: (December) AIDS transmitter

Character: A doctor treating young children explains that AIDS is not confined to the main four groups, but now is infecting young children. Therefore, the doctor states; young victims contract AIDS making them the new group of the AIDS epidemic.

Causal Link: The children who have died from AIDS contracted the disease from their parents who are heterosexual drug abusers, Haitians and hemophiliacs.

Moral of story: The four groups (e.g. homosexuals, heterosexual drug-abusers, Haitians and hemophiliacs) who transmit AIDS have infected another group, young children. Homosexuals, because the disease might have come to the U.S. through their lifestyles and promiscuous sex. Heterosexual drug-abusers and Haitians killed their children because their lifestyles of their unsanitary living conditions. Finally, Hemophiliacs children died because contaminated blood infected their bodies that the hemophiliac parent passed on to their children.

1984: (November) AIDS transmitters

Story: The four major risk groups have not changed and luckily AIDS is still confined to these groups and not infecting the general population.

Characters: Homosexuals, intravenous drug-abusers, Haitians, and hemophiliacs, still transmit the AIDS virus.

Causal Link: Lifestyles of the four at risk groups to blame for AIDS.

Moral of Story: Immoral lifestyles cause AIDS

HIV/AIDS Instigator/Originator

1983: AIDS instigator/originator

Story: AIDS is spreading slowly to other nations, 122 cases in 17 nations so far during 1983. Medical detectives from the CDC find the killers of humans (e.g. AIDS virus).

Characters: Homosexuals were thought to have first transmitted AIDS though their contracting of AIDS through promiscuous sexual encounters in Africa. However, detectives now believe that the Haitians contracted AIDS in Africa then transmitted the disease to homosexuals in America.

Causal Link: The Haitians transmitted AIDS through their acts of homosexual activity and use of dirty needles. Europeans are wary of American homosexuals. Berlin is now thought to become the first area for a major outbreak on a continent.

Moral of Story: Homosexual promiscuous activity is a sin against God; as a result homosexuals are paying for their sins.

Sub-Plot: Black Haitians are paying for performing homosexual acts. Africa might be the site of the original AIDS.

1984: (April) AIDS instigator/originator

Story: AIDS virus isolated and named, skin cancer gives clues to the origin of AIDS.

Characters: AIDS virus ancestors come from Africa via slave trade to the Caribbean, Latin American, and Southern Japan where Portuguese trackers brought the African slaves.

Causal Link: The AIDS virus evolved in Africa, but moved out due to mobility of population, which consequently infected America. Three thousand Americans and scores of people overseas suffering from AIDS, but Africa, based on skin cancer associated with AIDS, is as prevalent as San Francisco, and New York.

Moral of Story: Africa is the originator of AIDS and is infecting other countries.

1984: (December) AIDS instigator/originator

Story: Health care workers contracting AIDS from patients.

Characters: African patient with AIDS

Causal Link: African patients AIDS characteristics are different from its American cousin, African's AIDS is transmitted by heterosexual contact, while AIDS is transmitted by homosexual contact.

Moral of Story: AIDS might originate in Africa where it is spread through heterosexual sex, where in America; AIDS is spread through homosexual promiscuous sex. Therefore, AIDS in Africa must be spread through promiscuous heterosexual sex.

1985: (April) AIDS instigator/originator

Story: During the first HIV/AIDS conference (e.g. national), Haitians are removed from the at risk group for HIV/AIDS. The conference participants (e.g. HHS and WHO) conclude that Haitians should not have been included in the "at risk group" to begin with. The WHO and HHS during the first conference centered discussions on where HIV/AIDS originated.

Characters: World health organization (WHO) and Health and Human Services of America (HHS). The main characters of WHO and HHS conclude that the HIV/AIDS epidemic has spread worldwide, with Paris almost having the same incidences as Los Angeles. World health organization and Human Services of America discuss clues about origins of HIV/AIDS.

Causal Link: HIV/AIDS might have originated in the African Green Monkey, and then spread to humans in recent decades. The African Green Monkey abounds in Central Africa.

Moral of Story: Africa might be where AIDS originated and spread to other countries.

1985: (August) AIDS instigator/originator

Story: AIDS is a growing threat to America and the international community. Behaviors are thought to contribute to AIDS contamination.

Characters: African males and prostitutes are key transmitters of AIDS in Africa.

Causal Link: Promiscuous sex of males (e.g. males have large numbers of sexual partners) and prostitutes are the behaviors that might cause AIDS. Homosexual plague creates international alarm; there are still questions on fundamental nature and origin of AIDS.

Sub-Plot: Africa is now called the "AIDS Belt"; third world conditions are promoting the AIDS virus, also scarification and exchange of blood in local rituals, which is one way that Haitians might have contracted AIDS.

1985: (September) AIDS origination

AIDS appears to originate in Africa, African men and women equally infected by AIDS, unlike American women who are not infected equally with American men.

1985: (October) AIDS origination

Story: AIDS spread around the globe, from Africa, attention on other nation, fear and anxiety that new plague of AIDS compares to Middle Ages plagues, with same groups at risk of contracting AIDS. AIDS carried to American by homosexuals of various nationalities from the Middle East to Asia.

1986: (March) AIDS origination

Story: Science shows that AIDS or something like it existed in Africa in 1972, found in previous blood samples from Uganda (which were questionable).

Causal Link: AIDS came from Africa

1986: (June) AIDS origination

Story: Human AIDS did not evolved from the African Green Monkey, but evolved independently for a long time. Africa might not be original site of AIDS.

Moral of Story: African's feel unjustly burdened with responsibility for the AIDS epidemic. However, scientists still will not rule out the African Green Monkey as the carrier of AIDS.

Discussion

This analysis shows how language through the telling of narratives creates the perception that Africa is the original epicenter of the HIV/AIDS epidemic. The analysis also illuminates how groups of people such as Haitian's, who transmit HIV/AIDS, can be blamed with detrimental results through hasty scientific research and conclusions. Conclusions using language with all of its embedded and culturally influenced connotative meanings might create blame and distrust of groups or individuals such as, promiscuous sexual activities. Promiscuous sex is one culturally defined action that has connotative meanings such as immoral actions, where in American society immoral equates to a sin against a higher order (e.g. GOD).

Scientists during the 1980's to 1986 focused on transmission of the HIV/AIDS epidemic and especially on the origins of HIV/AIDS, with the thought being that by locating the origin of the HIV/AIDS virus a cure might be found. It was not uncommon for scientist's narratives, however, to address the growing panic of the general public of how HIV/AIDS was transmitted using language such as, promiscuous sex, gay disease, or slave routes as descriptors of the HIV/AIDS virus. Unfortunately, the embedded language created a blame that was centered on Blacks and Haitian's as original HIV/AIDS transmitters (e.g. slave routes) and Africa (e.g. African Green Monkey) as the original epicenter of HIV/AIDS.

Conclusion

Unfortunately, it can be argued that Africa is currently an epicenter for the HIV/AIDS virus with the estimated HIV/AIDS incidence at 3.6 million in Sub-Africa (National Center for HIV and STD and TB Prevention, 2004). However, other Asian nations (e.g. China) and underdeveloped countries (e.g. India) are in danger of becoming the new epicenters of HIV/AIDS due to increased incidences of HIV/AIDS (National Center for HIV & STD and TB Prevention). As a result underdeveloped nations such as India might overtake Africa in fatality rates if left unchecked.

Therefore practitioners and scholars are applying and developing communication strategies such as entertainment-education using local language and customs to educate populations such as India, of the dangers and prevention of HIV/AIDS (Singhal & Rogers, 2003). The awareness of language and

the larger influence it extends to groups and individuals needs to be considered when developing strategies for preventions of HIV/AIDS. An awareness of how individuals and countries construct their knowledge of HIV/AIDS needs to be further explored to understand how this construction of knowledge through communication might influence people's behaviors and perceptions of HIV/AIDS.

The HIV/AIDS epidemic is truly a global issue and scholars need to be aware of the importance that language plays not only in the creation of prevention programs, but in the narratives that scientists and other health officials use to construct the public's knowledge of epidemics. Future narratives and health campaigns directed at epidemics such as SARS can benefit from the understanding of how embedded language in scientific narratives construct positive or negative perceptions of illness and disease of individuals and groups.

Scientists and other professionals need to understand what agendas are driving their narratives and how they pass it on to the general public through their narratives. Future research might focus on the ethical implications of scientific narratives that inform the general public of epidemics without considering the implications towards specific groups or what agendas are driving the narratives.

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