BEYOND THE AFRICAN HIV/AIDS DISCOURSE: ENGAGEMENT IN A TRANSFORMATIVE EDUCATIONAL PARADIGM

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Abstract

Dealing with HIV/AIDS is complex. However, limiting our analysis of the persistence and spread of the disease to the biomedical African HIV/AIDS discourse is insufficient to explain the situation. This paper analyses the HIV/AIDS situation in the fishing communities of the Tanzanian side of Lake Victoria, in East Africa. It confirms that the African HIV/AIDS discourse is not efficient enough to deal sustainably with HIV/AIDS epidemic in the area. The paper proposes an open HIV/AIDS discourse is proposed, based on the transformative paradigm.

Key words: Discourse, HIV/AIDS, education transformative paradigm, politics of recognition

The discourse on HIV/AIDS in Africa has a complex explanation of the spread of the disease. It has a polarisation between the subjective and objective causes of HIV/AIDS but largely rotates around the “African permissive sexuality” thesis. This paper propagates an alternative “open” discourse based on the politics of acknowledgement of both economic and anthropological factors leading to the spread of the disease. This new discourse proposes a transformational education paradigm to become a stepping stone for educational programs leading to practices to deal with HIV/AIDS.

Materials and methods

This article is a result of data collected from the Tanzanian islands of Lake Victoria as part of a baseline survey pursuing the establishment of a public-private partnership for the project “Eco-labelling of the Nile Perch in Bukoba”, funded by the German agency GTZ. The survey included questions on the situation of HIV/AIDS on the islands. The data collection took place between 2007 and 2009 in five islands where the Nile perch fish (Lates niloticus) is the main fish catch and the people are mainly of the Haya tribe. A mixed methods approach was used for data collection and analysis. While quantitative data were collected by means of a structured questionnaire administered 153 randomly selected respondents, qualitative data were collected by use of in-depth interviews with 42 respondents. Four focus group discussions were held with a total 37 participants. All the respondents for the qualitative data were purposively selected. Additional primary data from observations and secondary data from document reviews were also analysed. Descriptive statistics of quantitative data are presented. Content analysis is used to process qualitative data.

Responses from the questions and the personal experience of people suffering from HIV/AIDS in the islands, during the baseline survey, led to a reflection on a combination of ideas already worked upon. The first idea was about the evolution of the HIV/AIDS discourse, in which we argue, argues that the problem of HIV/AIDS demands going beyond the biomedical HIV/AIDS discourse to a meaningful life discourse (Kamanzi, 2008). The second idea came from another piece of work, which dealt with the HIV/AIDS situation in a village believed to be the epicentre of HIV/AIDS in Tanzania. Here, the disease is seen as a ‘social arena’ in which different actors struggle. Some act to promote their livelihoods and end up promoting the spread of HIV/AIDS, others act to suppress it/mitigate its effects, and others collaborate in a holistic manner for the promotion of general community livelihoods (Kamanzi, 2010).

In dealing with the two ideas, this article tries to describe the complex situation of the HIV/AIDS situation in the Lake Victoria region of Tanzania, using the Nile perch as a focal point. This is because the contemporary history of the region is based on the Nile perch and the HIV/AIDS situation in the region is closely linked to fishing activities and the fish business.

HIV/AIDS situation in the Lake Victoria region of Tanzania

This discussion begins with a description of Lake
Victoria in terms of its names and what could be learnt from them, followed by the description of the Nile perch situation. To contextualise the Lake in a contemporary “glocal” perspective, reference is made to the movie *Darwin’s Nightmare* (Sauper, 2004). The general situation of HIV/AIDS in the Great Lakes Region is presented, followed by that among the Haya people and further localised to that among the Nile perch fisher-people in the islands.

**Lake Victoria**
The generic name for a lake is “Nyanza”, a common Bantu language word meaning “a big mass of water”. Locally, Lake Victoria goes by this name, a descriptive but non-specific word which is also applicable to any large body of water. However, the lake has two other interesting names: Ukerewe and Nalubaale.

*Ukerewe* is another descriptive name, basing on the fact that the Kelebe people live on some of the islands in the lake. So the name *Ukerewe* describes “the land of the Kelebe”. Ukerewe Island is the largest island in the Lake and the largest inland island in Africa, with an area of approximately 530 km². The word “Ukerewe” derives from a Bantu word, *kukeleba*, meaning “to get spoilt” or “to rust”. The island was named Ukerewe by the neighbouring populations of, particularly, the Haya and Zinza people to designate a place where “people who are spoilt” live. They called them “spoilt” people for two reasons. First, their language is slightly different from the languages spoken on the mainland. So the mainland people considered the islanders’ language “spoilt” or “rusted” compared to theirs which they considered to be the ‘gold standard’. Secondly, due to difficult access, the islands were always a place of refuge for criminals and other fugitives, the people considered to be “morally spoilt” by those from the mainland.

*Nalubaale* is a common local name for Lake Victoria in Uganda among the Ganda and Basoga people. The name is derived from “Nywu’ alubaale”, a Ganda phrase meaning “the mass of water that swallowed Lubaale”. Lubaale Kibwika was one of the ancestors of the Ganda people who is believed to have left by this mass of water and never returned. The lake was later named Nalubaale, meaning “wife of Lubaale”. The name gives the lake a connotation of making people disappear, on the one hand, and a sense making someone too busy, “like one involved with a wife” (Gonza, 2002:90-91). However, the local names of the lake have been dominated by *Victoria*, the name given by the British explorer, John Hanning Speke, in 1858.

What can be learnt from this account of the names of this lake is that it was a place of refuge and disappearance, including for people whose social status is challenged by their communities. However, with baptismal identity “Victoria”, the lake gets transformed to an international level, a process completed with the introduction of the Nile Perch, which makes the lake a global resource.

**The Nile Perch**
The Nile perch is a native of tropical rivers and lakes such as the Congo, Nile, Senegal, Niger, Volta rivers, and Chad, Volta, and Turkana Lakes, and some of the waters of Lake Maryut in Egypt. The fish has many names, such as the “African snook” and “capitaine”, and some African names. It was introduced in Lake Victoria in the 1950s. It is a big fish, which can grow up to 137 centimetres or 54 inches long, and feeds on other fish and marine life. It has since halved the 500 haplochromine cichlid flock species in the lake (Ogutu-Ohwayo 1990). The reasons for its introduction in the lake are not so clear but it was probably to improve sport fishing (Pringle, 2003), despite opposition from the East African Fisheries Research Organization scientists (Fryer, 1960). Currently, there are 27 factories around the lake processing Nile perch mainly for international export (LVFO, 2008) and fish exports have soared. Fishing has attracted many business activities, some of which have threatened its continued survival. The ecosystem of the lake is now jointly managed by the three countries of Uganda, Kenya and Tanzania.

*Darwin’s Nightmare* By depicting environmental damage, sex, HIV/AIDS, child abuse and neglect, exploitation and arms trafficking linked to the fishing industry, the 2004 documentary, *Darwin’s Nightmare* (Sauper, 2004) sends a clear message about the negative environmental and social effects of the industry around Lake Victoria.
As expected, it draws mixed feelings from around the world, winning some awards from some and drawing condemnation from others. However, it serves to raise awareness about the implications of the Nile perch industry.

**HIV/AIDS prevalence among fishing communities in the Great Lakes Region**

The Great Lakes region has experienced the world’s second highest HIV/AIDS impact, after the Southern Africa region (GLIA, 2008). Within East Africa, the fishing communities of Lake Victoria are most affected by HIV/AIDS. While the average HIV prevalence rates within three countries, Kenya, Tanzania and Uganda are between 6 and 7%, prevalence rates within the fishing communities are estimated at between 10 to 40%, between 4.5 and 5.8 times higher than the general population (see Table 3).

**Table 1: HIV prevalence rates of different susceptible groups**

<table>
<thead>
<tr>
<th>Population group</th>
<th>Estimated HIV prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Fishermen and fisherwomen</td>
<td>24.7%</td>
</tr>
<tr>
<td>2 Long distance truck drivers</td>
<td>18%</td>
</tr>
<tr>
<td>3 Military personnel</td>
<td>10-20%</td>
</tr>
<tr>
<td>4 Prisoners</td>
<td>5.6%</td>
</tr>
<tr>
<td>5 Internally displaced people</td>
<td>3.1-6.6%</td>
</tr>
<tr>
<td>6 Refugees</td>
<td>1.65%</td>
</tr>
</tbody>
</table>

Source: Fraser, Gorgens-Albino, Nkongolo (2008)

Factors contributing to the high vulnerability of fishing communities to HIV/AIDS include: the demographic structure that consists of high rates of single men in sexually active age groups (15-35 years); high rates of mobility and migration with people less constrained by family influences and social structures; easy availability of cash income on a regular basis without tangible investment or savings opportunities; irregular working hours and redundancy for a large part of the day; being away from other domestic commitments and investments; sexually exploitative relations between men and women; poor health and hygiene services and infrastructure; high rates of alcohol abuse and commercial sex at the landing beaches (LVFO Secretariat, 2006).

**Haya people and HIV/AIDS**

The Haya people of the Kagera region of Tanzania have been at the epicentre of the HIV/AIDS pandemic right from its beginning. The association of the region with the disease has always been linked to the cross-border trade between Uganda and Tanzania. This trade, it is argued, was due to lack of essential commodities after the Uganda-Tanzania War of 1978-1981. And the Haya people have always been at the centre of the story. The following quotation from Ikegami (2009:2) highlights the early discovery of the disease in the Kagera Region:

Kagera was estimated to be one of the regions in Tanzania most affected by the HIV/AIDS epidemic (Beegle, 2005). Kagera is also the region where AIDS cases were reported first in hospitals in Tanzania (Tibajuka, 1997). In 1983, the first 3 AIDS cases were reported and the number of cases increased rapidly to 5,116 cases in 1994. On the other hand, the share of reported AIDS cases in Kagera to Tanzania decreased from 100% in 1983 to 10% in 1994. In 2003, the percentage of HIV positive in Kagera among age 15-49 is 3.7% while the figure in Tanzania is 7.0% (TACAIDS, 2005).

This shows not only that Kagera Region has been seriously hit by the disease but also that the prevalence has gone down over the years. Among the Haya people, the naming of HIV/AIDS has also evolved over the years, in tandem with their perception. We have referred to this evolution in our previous work (Kamanzi, 2008). The naming was initially related to the perceived origin of the disease and later to descriptive terms of the physical condition of the patients. Controversy about the origin of the disease has also been persistent with blaming and counter-blaming. African, European or American origins have also featured in the blame game. An example is shown:

We read a booklet on HIV/AIDS, but it did not state clearly the source and where the pandemic originated. That booklet stated that Tanzanians say it came from Uganda, while some Ugandans claim that it came from Tanzania. Moreover, the booklet stated that, according to some Europeans, HIV came from Africa while some Africans claim it came from Europe.

Local people though different gatherings in our village discussed about the pandemic that its source is Europe where people are making sex with animals” (Lutatinisibwa, 2008)

**HIV/AIDS Awareness among fishing communities of Kagera Region**

The fisher-people of the region are very much aware of the high prevalence of the HIV/AIDS in their community. For example, a respondent argued in a FGD said:

You see us walking, when we can still walk! You see most of us happy. But we know what is inside most of us. But I can assure you of one thing: most of us have so many insects walking in us. I can tell you from what I have known in this place that when you see four people around, know that three of them are sick (M.2.Fgd.Mus.Feb.08)
And another one added:
If you came with a truck and asked for HIV/AIDS patients to be transported free of charge to the hospital, you would fill it up, come back another round and have some more. You can never finish AIDS patients here (M.2.Fgd.Mus.08)

Moreover, there is no stigmatisation because nobody is sure of who is free from the disease (Kamanzi, 2008). And they also know the reason as to why the prevalence is high.

We came here to work and get money. But some of us, and not only me, come from very far and we have our histories. We have people here we do not know where they come from. Actually they are hiding here. They are men who lost their wives, for example, or women who lost their husbands there in Karagwe and they are here and you cannot know that. If they stayed in the village, they are known and they would be disturbed; when they come here we do not know them and we begin working together. (M.2.Fgd.Mus.08)

Thus, people who are infected run to the islands from their home places. This position is again reflected in the following quote from another island, who adds sexual promiscuity:
You see, when women come here, they all look nice; you cannot distinguish who is sick and who is not. So, we end up loving them and they also love us. And these women who come really know love. And before you notice they are sick, you will hear the person has gone to another island or went back home because the business did not work out as she expected or she went to visit home and she has never come back…. You can imagine how many people she will have infected! (M.2.Fgd.Mus.08)

The risky sexual behaviour, however, is enhanced by the inequitable sex ratio in the fishing communities, as a respondent in an interview pointed out:
we men are few in the islands; we all struggle for a few women. … you see in that house there, there is a woman who has a list: when you want to sleep with her, you are given time because she has so many customers. … (M.4.Int.Kel.Feb08)

There is also the issue of risk-taking to obtain their objectives. An example is this account by a woman who gave birth during the data collection period:
I was brought in this island by my aunt, who used to own this hotel, which I now own. She is now dead. … I have two children, both girls; they stay in the village. … I am HIV positive, I was told by doctors, after they took my blood in Bukoba. I used to fear giving birth because I thought I would give my disease to the baby. But one day, I remember that I was told that it was possible to give birth to a baby who is not HIV positive even when you are positive. As I wanted to

give birth, I decided to stop using condoms so that I could get pregnant. … This is the baby. I did not fear HIV/AIDS because I have it already. I feared for the baby only. … (F.2.Int.Mak.Feb.08)

This is an experience of one who is not afraid to take risks, taking advantage of the very small window of opportunity to get an HIV-free baby, since the child might still be infected during breast-feeding. This kind of daring, risky behaviour is partly a result of how the fisher people perceive their work conditions. They see themselves being exploited (Kamanzi, 2008) and also think that their work is very risky, without any assurance of life at all.

There are elements of recklessness and fatalism:
When I am on a boat, I am sitting on a grave. So when I come back, how do you tell me not to enjoy my life? Why not? I should sleep with as many women as possible…. Some tell us to use condoms: the best way is to go “live”. Fearing death is not a solution to any problem. … (M.1.fgd.Mak.Feb.08)

Another one says:
… if you are a fisherman, the biggest part of your life is in the water. When you come back you take care of your nets and boat and fish at the shores. If you have to rest, you go to a bar or lodging. … Do you think you will find me here at my old age? And do you think I shall ever reach old age here before I am dead, either of water or AIDS? Now, why do you think I should not enjoy life? For what reasons?” (M.10.Fgd.Mak.Mar.08)

There is also very low condom use:
There is a new phenomenon in this island: there are many women who are pregnant and many little babies. In the past, there used to be a lot of condoms sold and consumed in the guest houses. Nowadays, we sell less condoms and I think that this is why we have many pregnant women. The danger is that there must be a lot of HIV/AIDS as well. (M.1.Int.Mak.Feb.08)

Fatalism and persistent risk bring despair, fear and distrust in the medical services and technology:
If I went there [for HIV counseling and testing] and I was told that I am HIV-positive, I would collapse there and then (W.4.Int.Kel.Feb.08).
Did you not see “A”: the moment they told him that he was HIV-positive, in one week he was gone. I think that it is not good to know that your days are numbered. Yes, we know that we shall die, but we should not know that we shall die soon (M.6.Fgd.Mus.Feb.08)
But sometimes, these things are not true. The first time, they say someone has got HIV, then the second time they say he does not have it. … But again later they say he has it (M.2.Fgd.Nyab.Feb.08).
But the doctors themselves are not sure. They deal with AIDS as they deal with malaria. … You go to a hospital, they say you have malaria; you go to another
one they say you do not have it. In the end, it is you to decide whether to take the medicine or not. AIDS is the same: here you have it, there you do not have it. … so why do you go testing? (M.7.Fgd.Mus.Feb.08)

But do you really need to go there purposely to be tested? These people do it even by force. … When I was pregnant I had to do it by force even if I did not want. And even a nurse told me: ‘if I did it without telling you, how would you know?’ So, whether you go or not, if they want to know they will know (W.3.Int.Kel.Feb.08)!

And why do they like to check us? If they found me with my dudus, [Swahili for “insects” – in this case a reference to the AIDS virus] so what? Do you think they are really interested in my life that I should not die or other people here should not die? … So, why did they make the AIDS? I do not trust them (M.4.Fgd. Mak.Feb.08)!

Risky behavior also found fertile ground in local gender stereotypes. For men, three are the main stereotypic constructs. The first construction deals with men as being free to drink alcohol, as shown in Table 2.

### Table 2: Reasons as to why men should drink

<table>
<thead>
<tr>
<th>1</th>
<th>Men have money to buy beers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Men should spend time in the bars in the evening because they are not supposed to come home early because they do not cook and do not breastfeed babies</td>
</tr>
<tr>
<td>3</td>
<td>If men came back early at home, they would disturb their women and children</td>
</tr>
<tr>
<td>4</td>
<td>Men should stay in bars to talk to their fellow men</td>
</tr>
<tr>
<td>5</td>
<td>In bars, men learn from other men how to do business</td>
</tr>
<tr>
<td>6</td>
<td>The best way to relax for men is to drink, especially after heavy work</td>
</tr>
<tr>
<td>7</td>
<td>Men have money; they should boost the bar businesses</td>
</tr>
<tr>
<td>8</td>
<td>Beers increase men’s manhood</td>
</tr>
<tr>
<td>9</td>
<td>In a bar, men show their richness</td>
</tr>
</tbody>
</table>

*Source: Field data, Makibwa, February 2008*

The second construct has to do with men as being free to have sex whenever they want, as shown in Table 3:

### Table 3: Reasons as to why men spend their money with women

<table>
<thead>
<tr>
<th>1</th>
<th>Men have money to give to women</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Men are never satisfied sexually</td>
</tr>
<tr>
<td>3</td>
<td>Men like trying all the women they see</td>
</tr>
<tr>
<td>4</td>
<td>There are more women than men; men should try to satisfy all of them</td>
</tr>
<tr>
<td>5</td>
<td>Women were created for men</td>
</tr>
<tr>
<td>6</td>
<td>Men are sometimes cowards to face their wives at home because of family problems</td>
</tr>
<tr>
<td>7</td>
<td>There is no big commitment with prostitutes</td>
</tr>
</tbody>
</table>

*Source: Field data, Makibwa February 2008*

The third construct considers men to be providers for the family, as shown in Table 4.

### Table 4: Reasons as to why men should provide for the family

<table>
<thead>
<tr>
<th>1</th>
<th>Men have money to take care of families because they work</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>God commanded them to do so</td>
</tr>
<tr>
<td>3</td>
<td>They are the fathers of children and the husbands of the wives</td>
</tr>
<tr>
<td>4</td>
<td>They are the heads of the families</td>
</tr>
<tr>
<td>5</td>
<td>It is men who marry, and therefore they should take care of the wives</td>
</tr>
<tr>
<td>6</td>
<td>Men should make their women beautiful</td>
</tr>
<tr>
<td>7</td>
<td>It would be shameful for a man if a women took care of the family and he is there without any serious problem</td>
</tr>
</tbody>
</table>

*Source: Compilation from field data, Musira, Makibwa, and Nyaburo, February 2008*

On the other hand, there are also three main stereotypical constructs about women. The first has to do with women as sex objects:

What is this life without women? And what are women for, if not for sex and giving birth? … They are ours so that when we want sex at any time, we should have it from them and they must know how to do it. … After all, what else do we remain with as things to enjoy in life, if not women: we have no cars; we have no mansions; our time to live on earth is counted; … So, what do we remain with if not women? And we need them to sleep with us, that’s all (M.26.Fgd. Nyab.Feb08)!

According to this respondent, it is sex that counts for him when he thinks about a woman. In other words, a woman is a sex object. In the same line, though, a woman is equally ambivalent: … But a woman is no joke: she is many times very dangerous. You sleep with her, someone else sleeps with her; she does not tell you about it and you can never know it. She keeps your secret as she keeps
someone else’s secret. That is why many men get relief when they are with women: they tell their stories; women listen; they console them with good sex; and life goes on. … (M.27.Fgd.Nyab.Feb.08)

The second construct is about women as beauty objects:
You see them here how they look beautiful; that is how they should be for us so that we can see them and love them. There is no ugly woman, otherwise she does not know where the salons or the beauty shops are; women are kaua k’okupamba (flower for decoration) (M.25.Fgd.Nyab.Feb.08).

Another man sang a famous folk song, usually sung on wedding ceremonies, and affirmed his opinion by saying:
“Omukazi kanana”. “Akanana, akanana kahiire koona, Kahiire, kahiire nikehogora……” [A woman is a sweet banana. The sweet banana that is all so ripe that it falls apart on its own] (M.26.Fgd. Nyab.Feb.08)

According to these men, a woman is, therefore, a beauty object, a flower and a ripe sweet banana, a consumable item, either by eyes or by the mouth.

The third construct is about women as caretakers. They are trustworthy, transparent, patient, and customer-oriented and that is why they are good in businesses, such as bars and pubs, shops and kiosks, hotels, restaurants, guest houses and lodgings. A combination of these stereotypic constructs have resulted in a perfect match whereby women exploit the business opportunities in the islands and men have become the primary consumers, particularly in the leisure industry. All the above goes to show how very complex the HIV/AIDS situation in the Lake Victoria region is. Nevertheless, an attempt at explaining is the subject of the next section.

The African HIV/AIDS discourse
In our previous work on this issue, we have pointed out how the explanation of the spread of HIV/AIDS in Africa has generally been linked with issues of sexuality (Kamanzi, 2008). Yet, in fact, it is also possible to talk about an African discourse on HIV/AIDS. The concept of ‘discourse’ is taken from the Foucauldian understanding of discourses as being regimes of truth and the general politics of truth of each society, that is, certain ways of understanding reality or knowledge over reality, excluding or including others or guiding rationales or stories that underlie human and organisational socio-political and economic behaviours. Thus, any discourse deals with the socio-political dimension, basically, for arranging and naturalising the social world in a specific way, and in so doing informing social practices (Alvesson & Karreman, 2000:1127-1128).

The medical and behavioural perspectives on HIV/AIDS in Africa became predominant because of other disciplines being slow in responding to the initial impact of HIV/AIDS (van Eerdewijk, 2007:36). With anxiety about dealing with a lot of people living with HIV/AIDS, the medical perspective dominated the original HIV/AIDS agenda (Packard & Epstein, 1991; Parker, 1995: 260; Schoepf, 1995:41). “AIDS encourages biomedical approaches to sexuality through the repeated association of sexuality with disease” (Vance (1999:47). The different perspectives and arguments have been addressed in our previous work on this issue (Kamanzi, 2008). However, current efforts to deal with HIV/AIDS are still largely informed by the biomedical perspective, which promotes interventions through treatment and behaviour change to avoid more HIV infections. That is how, actually, the spread of HIV/AIDS is still being explained in Tanzania, as can be seen, for example, from this quote from the Tanzania Commission for AIDS (TACAIDS, 2010:2):

Knowledge changes are noted in the Tanzania HIV and Malaria Indicator Survey (THIMIS) but risky sexual behaviour acts still prevail among men and women of various age and socio-economic groups. Some of the driving factors include poverty …, pervasive socio-cultural norms and practices – which include early marriages, gender inequalities, gender-based violence, and cross generational

Suggesting an alternative discourse to look at HIV/AIDS and its causes is not so easy. When then President Thabo Mbeki of South Africa tried it in 2000 by sending a letter to world leaders expressing his doubt that HIV was the exclusive cause of AIDS and arguing for a consideration of socio-economic causes, he was met polemically. Katongole (2006:31) raises his suspicion about the discourse by pointing out that one of the most distracting effects of the AIDS blanket is success in turning suspicion into a cultural pattern of life. As Fassin and Schneider (2003) point out, however, instead of getting polarised between the subjective and objective causes of the spread of HIV/AIDS, it is the “politics of recognition” of the powerful social determinants of HIV/AIDS that needs to evolve. Much as limiting “explanation of HIV infection to poverty is certainly an oversimplification. … to focus attention solely on behaviour change or on treatment is to overlook the powerful social determinants of HIV … (Fassin & Schneider, 2003:497). This is because “socio-inequalities in income and employment status are powerful predictors of HIV infection (idem, 495).
From the situation in the Lake Victoria region, it is clear how the search for a living has led people to come to the islands because of some possibilities provided by the fishing livelihood. Again, it is clear how the economically exploitative relationship between the fishing folks and the business people has resulted into despair that has led people to take refuge into the risky behaviours of sex and extreme alcohol consumption. However, it is also clear how the availability of cash money from fishing has led to the boom in the leisure industry, responsible for risky entertainment behaviours. So, the political economy perspective is critical in explaining the spread of HIV/AIDS.

Racialisation and conspiracy are always in people’s minds because they are actually rooted in history, which shapes their lives. As Fassin and Schneider (2003) point out, much of what is often presented as merely irrational always makes sense when viewed from a political anthropological perspective. From the evolution of HIV/AIDS among the Haya people, the issue of suspicion about the origin cannot be forgotten; and this has impacted on their choice to embrace initiatives to mitigate the spread of HIV/AIDS. They do not trust the prevention mechanisms currently proposed. Their traditional perception of the lake as a place of refuge for people with questionable social status cannot, also, be swept under the carpet. The islands have continued to be a refuge for people who fear stigma, because apparently, there is less stigmatisation there. However, a big challenge on the islands is the weak social ties between the residents and between the island residents and mainland people. While those in the mainland consider those in the islands as “lost people”, those in the islands have also accepted that role and do not bother to “be found”. Progressively fewer mainland people care about the islanders. The islanders also care little about themselves. They have despondency about HIV/AIDS. Local gender stereotypes also serve to make the situation of HIV/AIDS on the islands spiral further out of control. Given the power imbalances between men and women among the Haya people, it is the men who access and control resources, including their sources such as fishing. Given the patriarchal structure of Haya society, women are disfavoured in issues of control and access to resources, an aspect that leads them to engage in risky practices in order to access resources owned by men. Added to this is the aspect of vulnerabilities of men and women as part of their socialisation on sexuality issues (Gupta, 2000). The socialisation has resulted into different sexual-related stereotypes that result into expressions of masculinities that promote different sexual practices prone to the spread of HIV/AIDS.

Conclusion: An open HIV/AIDS discourse and transformational educational paradigm

The question at hand is: how can we sustainably deal with HIV/AIDS in the fishing communities around Lake Victoria? From this study, it can be argued that the African HIV/AIDS discourse has not been efficient in dealing with the disease sustainably enough, to decrease and eventually eliminate it. This affects not only the islands but also many other places, since the numbers are continuing to swell. It is for this matter that an open HIV/AIDS discourse, with a transformational educational paradigm is necessary.

HIV/AIDS is not only a biological or medical issue, but also a social and educational issue. As a social issue, there is need to take it as a question of justice:

HIV/AIDS works through social injustice. It is an epidemic within other social epidemics of injustice. Thus, where there is poverty, gender inequality, human rights violation, child abuse, racism, ageism, HIV/AIDS stigma, classism, international injustice, violence, ethnic and sex-based discrimination, HIV/AIDS thrives (Dube, 2003:vi)

As an educational issue, there is need to take it as an element of continuous reflection.

“the HIV/AIDS epidemic affects all aspects of our lives: cultural, spiritual, economic, political, social and psychological” (Dube, 2003:vi).

Thus, the onslaught of HIV/AIDS becomes an apocalyptic event starkly revealing the existing social evils and the urgent need for a transformative educational paradigm. This is a framework of belief systems that directly engages members of culturally diverse groups with a focus on increased social justice (Mertens, 2007; Mertens et al., 2009; Mertens, 2010a; Mertens, 2010b), furtherance of human rights, and respect for cultural norms (Mertens, 2010a) in educational processes.

It is necessary to go beyond the African HIV/AIDS discourse that takes HIV/AIDS merely as a public health hazard to be prevented and controlled as an epidemic. This approach is heavily based on early experiences and policies from developed countries, where AIDS affected specific groups. Currently, it is clear that the pandemic is a generalized public health hazard, whose prevention and control should be based on the concerted efforts of all actors faced with the reality of HIV/AIDS. In the reality of the Lake Victoria region, for instance, the efforts of all the stakeholders (fisher folk, fish processors, fish
exporters, fish consumers, providers and consumers of other services e.g. leisure and community members) are necessary. In order to have this discourse efficient, there is need to develop a model of intervention based on the transformative paradigm.

The transformative paradigm has three pillars i.e. the tenets of the paradigm, the reflection, and the action. The first element in the pillar of the tenets of the paradigm is axiological, whereby the “ethics of listening” is demanded (Lombard, 1999). The second element is ontological, whereby the acceptance of multiple opinions about reality is demanded. Then there is an epistemological element, the “politics of recognition” (Fassin & Schneider, 2003). There is also the methodological approach which is participatory in the systems of enquiry. The second pillar of reflection demands the consideration of subjective and objective causes of HIV/AIDS. The third pillar that deals with action, picks from the reflection and demands dealing with HIV/AIDS in terms of promotion of case detections, testing, treatment, public education, scientific research, and impact mitigation (Parran, 1937). This is a kind of model that would sustainably address the HIV/AIDS question in its known and unknown dimensions. Diagrammatically, this model can be presented as follows:

**References**


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