

What Does it Mean to Be a Good Social  
Scientific Researcher?

Judith Head

Department of Sociology, University of Cape Town

Conference Paper nº 15

# What does it mean to be a good social scientific researcher?

**Judith Head (Department of Sociology, University of Cape Town)**

The opening of a new Institute of Social and Economic Studies is an exciting event. It is particularly so for those of us who were around when the *Centro de Estudos Africanos* (CEA) was established a little over 30 years ago. It is exciting because we can see that the tradition of critical social science that the CEA practised in its own way, in those days, is taking a new institutional form in the changed circumstances of Mozambique in the 21<sup>st</sup> Century.

In this paper I shall argue that far from the new social science paradigms having replaced the old ones, the latter retain vigour and relevance in the present period. The evidence supporting this assertion comes from the experience of teaching and researching HIV/AIDS in the context of the South Africa's epidemic. I shall further argue that it is the responsibility of social scientists in such circumstances to engage critically with the policy process. Their task, then, is to try to change the world and not merely interpret it in various ways.

In the last 30 years the world has changed almost beyond recognition. Mozambique has suffered a brutal conflict. Its political system and its economic philosophy have changed fundamentally. Thirty years ago progressive people across the globe were engaged in struggle to build a more just and equitable world, a socialist world, in which the wealth produced by ordinary working people would be controlled by them and used to improve their living standards and quality of life. The example of Cuba, the David versus Goliath defeat of American imperialism in Vietnam, the successful independence struggles in Mozambique, Angola and Guinea Bissau, the struggles in El Salvador and Nicaragua and the emergence of a new social order in the tiny Caribbean island of Grenada; these were what fired our imaginations and inspired us. And despite their many problems there were the examples of societies in the socialist world where private property and private enrichment were not the guiding principals of social and economic life.

This moment of transformation perhaps made us a little arrogant, even adventurist. It seemed possible, with the weakest defeating the strongest, that anything was possible. All that was needed was Marxist politics, a vanguard party, good organisation and hard work.

Thirty years later these ideals seem naive. The assault of neo-liberalism and the hegemony of the most selfish and individualistic, "I'm alright Jack, bugger the rest of you" politics and economic policies, the collapse of the socialist world and the growing power of the United States, are almost causing us to forget that an alternative is possible. In today's world, Socialism is a dirty word, Marxism an obsolete, obscurantist ideology and ideas about social transformation slightly risqué.

What has this reminiscence got to do with the opening of the new Institute? In my opinion, it has a lot to do with it. There is a popular view in contemporary

social scientific circles that the past has nothing to say to the present; that the purpose of the social scientist is to understand the world and interpret it, but certainly not to try to change it in fundamental ways.

I reject this view. In this paper I want to argue for an approach to social science, and specifically social scientific research, that makes critical reflection and critical engagement the centre of its work. The questions I want to discuss, then, centred around these two concepts, are, how do we go about it? What perspectives and methodologies produce good researchers? By good researchers I mean those who are committed to social and economic research as a tool improving the condition of humanity. How do we prepare researchers, as Joao Paulo Coelho put it so well in his address at the Ruth First Memorial Seminar a month ago, who will “ajudar a diminuir o sofrimento da existencia...combater a ignorancia...ajudar a transformar o local concreto sem perder de vista que faziam parte do universal?”

I want to reflect on these issues in the context of the Masters Programme in HIV/AIDS and Society at UCT. Before I go into details I shall first briefly describe the context in which both the epidemic and Masters Programme have evolved in South Africa. I shall then suggest that there are key contextual similarities that make our experience relevant to your own.

South Africa's transition from apartheid to democracy was the product of a negotiated settlement. It was a compromise solution because neither side was able to defeat the other. Both concluded that the costs of continuing the struggle were more destructive than reaching a settlement. The compromise saw property rights of existing property holders entrenched (although not absolutely), leaving most of white society to live its life of comfort and privilege largely unchallenged. All of this took place at a time of enormous change in the global economy. Great pressures were exerted on underdeveloped economies to adhere to the Washington Consensus. The press remained to a very large extent a vehicle for the promotion of that agenda, White society remained largely insulated and isolated in its cocoon. In an ongoing process of acute class struggle the stuff of daily politics was, and is, that of a government trying to advance some process of transformation constantly under criticism from forces trying to defend white privilege, although often in more disguised ways than in the past.

One of the ways the press intervened to undermine the government's project was by whipping up the fears of the white minority. These fears took a racial form. Apartheid ideology had demonized the African majority and Africa. It had fostered a *laager* mentality. White South Africa was seen as the embattled outpost of white civilization threatened by the hordes from Africa. Many whites bought into these ideas. All South Africans thought in racial categories; many still do. “Race” and racial stereotypes, were the prism, in a highly racialised, rigidly hierarchical society of huge institutionalised social inequalities, through which everything was refracted.

It was in this context that HIV appeared. It was characterised by late apartheid propaganda as part of the “black peril”; part of the African assault on

“civilisation”. Conveniently, apart from the early white gay epidemic, which was itself demonized, the epidemic spreading south was heterosexual and it was ‘black’. It played into existing ideologies of race and sex that emphasised what were seen as the innate differences between the “races”. An influential English language television programme broadcast in 1991 will serve to illustrate this point. It talked about HIV and its perils and highlighted what it called the three ‘P’s’. These were “Promiscuity, Prostitution and Polygamy”. Promiscuity is a term imbued with moral judgement. Prostitution is disparaged and socially taboo. It carries connotations of pollution. It is something that decent (white) people (people like us who watch SABC TV broadcasts) shun and prefer to ignore. Polygamy, on the other hand conjures up images of Africa and incomprehensible and reprehensible customs. Polygamy, then, is another marker of innate racial difference. By association, of course, this word linked to the other two, unequivocally associated the growing epidemic with Africa. The infection itself inspired paranoid fears. Here was a previously unknown, lethal infection that killed everyone who caught it in gruesome and acutely painful ways. To add to the horror, the infection was spreading rapidly. The fact that the infection seemed to be coming to South Africa with migrant mine workers from further north reinforced the ideas of difference. Here was the “total onslaught” in human form. Its vehicle, the virus, struck at the heart of (white) civilization because it threatened the very act of procreation. “Promiscuity, prostitution and polygamy” was, by any reckoning, a brilliant slogan.

What does this have to do with the question of training good researchers and doing good research? Before I make the links I need to characterize the University of Cape Town.

UCT represented particular class and racial interests under the apartheid regime. It saw itself as a bastion of white liberal thinking, upholding the traditional values of the academy, represented by Oxford and Cambridge. It saw knowledge as universal, objective, and neutral. The role of the academic was to produce knowledge, including knowledge for knowledge’s sake, free from interference from the state and government. In contrast, critics of this view argued that the academy produced a particular kind of knowledge. It assumed western hegemony in the field of ideas. It saw itself as an institution **in** South Africa but not **of** South Africa. It sought to reproduce liberal values and produce graduates who would take their place in society **as it was**. The struggle against racial oppression and exploitation was a legitimate concern of individuals, but not of the University as an institution. It did not align itself with apartheid but neither did it align itself with the national liberation struggle.

The political changes of the early 1990s saw UCT trying to adapt to the new dispensation. In the Faculty of Humanities (then the Faculty of Social Science), relatively large numbers of students from poor African areas of Cape Town were admitted for the first time. An academic development programme was set up to support them. A review of staff perceptions of employment equity was produced in 1993. A Transformation Officer was appointed. A racial harassment committee was established. An anti-racist workshop was piloted among academic staff by the then Dean of the Faculty.

Attempts were made to recruit black academics from South Africa and the rest of Africa. Professor Mamphela Ramphele was appointed as UCT's first black and woman Vice Chancellor. Later, Professor Mamood Mamdani was appointed head of the Centre for African Studies. An Institutional Forum was convened, and seminars were held on race and transformation.

Many academics saw these changes as positive indicators of real change. Others, a minority, felt that most of them were token changes. The anti-racist workshop was rejected by the Faculty's management as a way of sensitising academic staff to the race issue. The Institutional Forum provided a vent for frustration but little else. The Transformation Office, despite the worthy intentions of its incumbents, had neither power nor resources. The first African Vice Chancellor was a supporter of neo-liberal economic policies. One of her main achievements was to "downsize" the university's manual staff and outsource many of its functions. As a result significant numbers of workers lost their jobs and many others suffered reduced wages and benefits. Professor Mamdani, after trying, but failing, to institute real changes in the way that African Studies was perceived and taught, resigned in frustration.

During the years that these changes were taking place, on the teaching front it was business as usual. The academic curriculum remained largely untransformed. On only two occasions in the last 17 years has the curriculum been overhauled. The first, some years ago, sought to promote cross-disciplinary and interdisciplinary teaching at UCT. The second was the advent of multi-disciplinary programmes. Committed academics put in huge amounts of time and effort into remodelling the curriculum. However, these efforts subsequently came to nothing when the programmes were abolished and the Faculty returned to the system of double majors. Interdisciplinary and cross-disciplinary work was also subsequently discouraged.

Even while these innovations were being implemented only a minority of people insisted on critically scrutinising what was being taught in the Faculty and asking the key questions: what are we teaching? How many courses are ever interrogated from feminist perspective? How many of us raise the issue of eurocentrism within an African, postcolonial context?

These questions take us from class analysis to the national question and what national oppression, in all its dimensions, meant and continues to mean. How many departments in the Social Sciences ask whether we are equipped to analyse the society we live in through the partial lenses of the northern (Anglo-Saxon) Academy? Are we equipped to understand how our knowledge constructions are implicated in power relations? Or do most of us believe, deep down, that the white male-dominated northern academy **does** have the monopoly on wisdom and speaks for all the rest: that it does have the final word on theory and method and knowledge production. How do we create an indigenous social science, drawing on the best from the world, from the inside looking out, rather than one, unconsciously perhaps, assumes that "we" are still the outpost of Western scholarship (and civilisation) looking in at the African "other". These paradigmatic questions are critical.

The issue of whether the graduates we were producing were equipped to play a full role in the transformation of South African society was mainly a concern of individuals and groups of individuals. In fact, in many ways, the curriculum took a step backwards from the radical overhaul it had undergone during the tumultuous years of the 1980s. Many students today leave the Faculty unprepared to contribute to a broader concept of transformation having little or no understanding of South Africa's history or political economy. The University markets its degrees as internationally competitive. Whereas all would agree that the university needs to keep abreast of international scholarship some question whether this interpretation is simply coded language for providing graduates with "passports to Perth" at the South African taxpayer's expense. The exodus of medical graduates and other professionally trained graduates is a matter of grave concern to many who work at UCT, yet no measures have been taken by the institution to stop this flow, apart from those imposed by government.

To some academics, then, it appears that UCT has done the minimum necessary to abide by the legislation while seizing the opportunity to place itself, during a period of intense class struggle over the direction of policy, in the least disruptive space it could secure.

What this has meant, in the Social Sciences, is that there has been no real "shake-up", little questioning of the received canon of knowledge and still less an attempt to draw from it creatively to start to build an indigenous social science. On the contrary, in the main it is business as usual. Academics still gaze out over the city from which our location high on the side of the mountain separates us both literally and symbolically. We still look at the overwhelming majority of our fellow countrymen and women as "other", alien and exotic. Nowhere, perhaps, is this clearer than the way HIV/AIDS has been conceptualised and explained in the conventional academic wisdom.

Before I develop this point I want to draw some analogies with Mozambique. Clearly, the race question that is a subtext of academic and popular discourse in South Africa, does not have the same weight here. For one thing, FRELIMO defeated the colonial regime. That defeat led to a massive exodus of white settlers; very few were left after FRELIMO took power and those who remained were mainly supporters of FRELIMO. For another FRELIMO embarked on a revolutionary programme of socialist transformation in which the class question was seen as the primary question. At the same time there was a series of remarkable changes at the university. To name only two, the *Actividades de Julho* sent students and teachers into the countryside once a year to play an active role in the process of socialist reconstruction. There were conscious attempts to change the class composition of the student body by recruiting the children of workers and peasants. They were prepared for tertiary education through the *Curso Propodeutico*. There were also conscious attempts to overhaul the curriculum, to question and set aside conservative orthodox ways of theorising social reality.

The CEA was part of this process. We tried to carve out a space for debate. We consciously and explicitly adopted a position of **critical** support for the

transformation process. Thus, while we supported its objectives we also engaged critically with policies and debates.

Since those days, there has been a (counter) revolution in the Social Sciences. Marxist materialism has been replaced by the extreme idealism and relativism of the post-modernist paradigm. In economics, political economy has lost ground to the abstract modelling of econometrics. This places progressive young academics and researchers in a difficult position. Most simply do not have the analytical training and tools needed to critically engage with, and shift the problematic of, the dominant political and economic orthodoxy.

In the MPhil in HIV/AIDS and Society we explicitly seek to confront these challenges. Hence, we engage with one of the, some would argue the, most pressing challenges facing South Africa. The motivation for the course was to contribute to combating the infection and epidemic. This required rigorous reflection and critical interrogation of the conventional wisdom about HIV/AIDS which dominated international and local thinking. It also required us to draw on a variety of disciplinary perspectives to examine the complexity of HIV/AIDS. This did not mean adopting an eclectic theoretical approach. Rather it assumes that there is a reality that can be understood and that this reality can be viewed in different ways depending on the disciplinary interest of the researcher. This is particularly important in the case of HIV/AIDS which impacts an all aspects of the personal, social, economic and political life of South Africa. The infection knows no disciplinary boundaries. In this it is distinguished from almost all other modern epidemics except perhaps syphilis at the turn of the 20<sup>th</sup> Century. Different perspectives and insights bring greater richness to our own disciplines and potentially challenge some of their deeply ingrained assumptions. This provokes fresh thinking and the re-thinking of assumptions. Through this exposure students' understanding would be deepened, synergies produced, new questions asked and creative thinking encouraged. The result would be researchers who could think critically, creatively and in new ways and thus contribute to more rigorous policy debate and formulation.

These aims were realized through a series of seminars, led by experts from across the university and outside it. The seminars drew on knowledge in a range of fields, for example, immunology, medicine, demography, public policy, gender studies, to name a few. Each presented addresser different aspects of the infection and epidemic. These seminars generated rich discussions which yielded insights, among others, about assumptions, theory and research methodology. It is to these that I now turn.

The first assumption that guides our work insists that knowledge in the Social Sciences is **always** contested. Knowledge is produced through research, reflection and debate. Work in the social sciences is **always** work in progress. This is important because there is a tendency to assume that the dominant

academic wisdom is “the truth”. The dominant paradigm, in Kuhn’s<sup>1</sup> sense, brooks no challenge. The most extreme example of this thinking is around what is characterised as President Mbeki’s AIDS denialism. This has polarised the debate in South Africa in ways that impede our understanding of the epidemic rather than advance it. For instance, the question whether there is a virus has had a ripple effect on other critical debates. Interestingly, in the original debate, the English language press and those influential people who were appalled that the President dared set up a panel of experts to thrash out the issues, seldom, if ever referred to the content of the deliberations. It makes interesting reading. Whatever our personal views on the President’s actions we must, as social scientists, defend the position that intellectually challenging orthodoxy, whatever orthodoxy it is, is a healthy and important activity.

The polarisation of the debate foreclosed a number of other important discussions. One of these was the question of the affordability of Antiretroviral drugs (ARVs). Calculations at the time indicated that had the country imported drugs at the prices then being charged by the international pharmaceutical companies, it would have required more than the total health budget to pay for them.

A related discussion was the question of the status of the epidemic. Most activists, and those who opposed the President’s stance, argued that HIV/AIDS posed a unique Public Health challenge. Meeting the challenge required the massive mobilisation of human and financial resources in a vertical healthcare delivery programme.

The one or two voices who publicly questioned this position were ignored. Yet, it must be asked whether HIV needs its own dedicated health programme. What will be the impact on resources for other needy areas such as Tuberculosis or child deaths from malnutrition? How will the creation of a unique programme affect the process of horizontal integration of healthcare delivery? Are there not ways of integrating HIV/AIDS into the public health system so as to strengthen it?

The second assumption that guides our work is that social scientists must be taught to doubt everything and quite consciously challenge conventional academic wisdom even if this means swimming alone against the tide. The example above again serves to illustrate what we mean. Another example is the question of HIV/AIDS prevalence. There has never been a national prevalence survey in South Africa. Prevalence has for many years been modelled by statisticians, demographers and actuaries. Their calculations are calibrated with the results of the annual survey of pregnant women attending government public health clinics. They are compared with other smaller surveys. Figures are then extrapolated to the general population. Assumptions have to be built into the models to allow the extrapolation to take place. These are seldom made explicit. They involve assumptions about

---

<sup>1</sup> Kuhn T, c1970, *The Structure of Scientific Revolutions*, Chicago: University of Chicago Press.

sexual behaviour, the number of partners and the rate of partner change. Like those made in other key texts they often embody ideas about African exceptionalism. The use of unreliable sources often based on very limited research and/or small studies, which characterizes the dominant work in and on HIV/AIDS and sexuality in South Africa, often leads to reckless generalisations.

We also emphasise that research must be rigorous. It is not enough to pluck a fruit from a tree here and there to support an assumption. The orchard must be harvested systematically. Sources themselves must be scrutinised and like must be compared with like.

Linked to this we emphasise the need for comparative work. Just as viewing the infection and epidemic from different disciplinary perspectives yields new insights, so setting them within a comparative context demands more rigorous reflection. For example, one question we have asked is why is the epidemic in Brazil apparently so different from that in South Africa, when the countries are strikingly similar in many ways?

A further preoccupation of the Masters programme is to arrive at a theoretical approach which adequately encapsulates a complex reality without either ignoring important detail or collapsing into description.

What we understand by theory is the attempt to frame an infinite reality in ways that make it intelligible. Our perspective shapes the framework we impose. Like a kaleidoscope, viewed from one perspective the glass pieces make a particular pattern; viewed from another the pattern is different. Unlike a kaleidoscope our objective is not to live with a multitude of equally valid competing patterns, but rather, through a process of questioning and looking for answers, to synthesize and produce a more complete understanding of reality.

The course looks at challenges at the macro level as well as at the most intimate relations between individuals. The issue of the limits of theory and the line between description and abstraction is one that is therefore constantly raised. We think analogously of generalizing from our own experience, from what surrounds us at ground level, to moving above the ground. Clearly as we rise the picture we look down on, and its outlines, change. We see more but what we see is more general. The detail is lost. Throughout the course we move backwards and forwards between the particular and the general, the trends and the unique, asking what our general categories like class and "race" tell us about individuals and *vice versa*. We therefore address one of the main theoretical tensions in the social sciences, that between structure and agency.

Another tension that is central to the social sciences and to our course is the question of "othering." By definition the Social Sciences study an object. Implicit in this is the danger of creating an "other" different from ourselves. The existence of stigmatized others (gay men, poor African women etc) is part of the conventional wisdom and conventional academic wisdom around

HIV/AIDS. The course challenges these stereotypes and encourages students to think outwards from their own experience as well as to develop a new language of discussion that is sensitive to people living with HIV/AIDS. It also asks how that experience should shape, contribute to and enrich academic studies and prevent them from remaining “academic” or distanced from/irrelevant to the people on the ground living the epidemic.

Just as we start from the assumption that there is a reality that is external to us and can be known, so we also assume that what defines our humanity is shared and universal. The differences between us are superficial. Understanding ourselves requires above all that we are honest with ourselves and about ourselves, and that we acknowledge and examine our own weaknesses, failings, limitations and self-justifications. This helps us to understand other people. One of our key theoretical assumptions then is that reflection on an epidemic that is related to behaviour, has to start with a reflection - “warts and all” - on our own behaviour. We need a methodological practice that starts with ourselves, that honestly applies the yardsticks we use to explain ourselves and excuse our own behaviour, to others. Everything we ask, demand, assume about “other” people we should also ask, demand or assume about ourselves.

Based on these assumptions and guided by this methodology the course challenges a number of widely held views. Among them are the following:

- HIV/AIDS is unique in human history;
- HIV/AIDS is an African disease (of Africa if you are from Europe/North America) (of Africans if you are a white South African);
- The rapid spread of HIV in (South) Africa is a product of sexual behaviour which is different from the (idealized norm) of western/white sexual behaviour.
- Preventing the spread of HIV is about providing information about safe sex, sexual restraint or abstinence.

Each of these views will be briefly addressed to illustrate our methodology and the way that knowledge drawn from one discipline has the potential, when it crosses disciplinary boundaries, to contribute to greater understanding in another.

To the question is HIV/AIDS unique we ask unique for whom? Bubonic plague in the 14<sup>th</sup> Century wiped out up to one third of Europe’s population in a decade. Measles and smallpox introduced by the Spanish to the Americas, wiped out over 90 per cent of the native population of the Caribbean and South America in the sixteenth century. Closer to home smallpox wiped out large numbers of Khoi San people in the 18<sup>th</sup> Century. The 1918 flu pandemic killed more people across the world than hostilities in the First World War. It killed people in the same group that today is most affected by HIV/AIDS, young adults. It created an estimated 500 000 orphans in South Africa in six weeks.

There are strong parallels between HIV/AIDS and syphilis which had reached epidemic proportions in the United States by the end of 19th Century. Brandt's book, *No Magic Bullet*, could have been written about HIV/AIDS. Syphilis was sexually spread. It principally affected the urban poor. There was an age and sex disparity in prevalence. It disproportionately affected very young women and slightly older men. There is a long tradition of "othering" with respect to epidemics. Indeed it is a recurrent pattern in the history of epidemics. Thus during the syphilis epidemic there was a widespread view that immigrants spread syphilis. Another myth was that sex with a virgin would cure the infection. The moral dilemma facing those with the infection and their physicians, about disclosure to partners, was one with which we are all familiar.<sup>2</sup>

The view that HIV/AIDS is an African disease is one that is implicit in much international English language journalism and scholarly writing on the subject. It is part of a long tradition of eurocentric views about Africa and racist constructions of the African other. There is an assumption that "African" sexual behaviour is different from that of Europeans or North Americans. We interrogate these ideas and ask what is Africa and who are the Africans? Africa includes fifty-three different countries, some geographically separated from each other by thousands of miles. They are further differentiated by language, history, religion, geography, economic and political organisation. Africans themselves are differentiated by nationality, language, culture, social class (occupation, education, income and lifestyle) age, sex and gender and ethnicity. Underpinning our interrogation lies the question of race – race as biology or historical and social construct? This is a key theme in the course, particularly because of South Africa's history of racialised understandings of the world. We challenge the biological assumptions of colonial thinking about race. We follow modern biologists and social scientists in arguing that there is only one human race. Apparent differences between people or peoples cannot be attributed to essential biological (or cultural) differences. Indeed, just as we stress the existence of one human race, so we stress our common humanity; that which unites us, rather than privileging superficial differences that are often used to divide.

We challenge the view that the rapid spread of spread of HIV in central-eastern and southern Africa is due to deviant sexual behaviour. A whole bundle of stereotypes are invoked to explain this spread: migrant labour, multi-partner sex, transactional sex, higher levels of commercial prostitution than elsewhere, violent men who engage in violent sex with passive, helpless, victimized women.

The exclusive focus on sexual difference has diverted attention away from an obvious line of enquiry. An historical review of epidemic disease in the 19<sup>th</sup> and 20<sup>th</sup> centuries reveals a striking class gradient, in which the poorest are

---

<sup>2</sup> Syphilis, when it was a major public health challenge, one hundred years ago, did not become an object of social scientific study if, for no other reason, than it flourished in a social context where sex, sexuality and sexually acquired diseases were seldom discussed explicitly and were not the subject of academic study.

hit hardest. There are few studies of HIV/AIDS that look at prevalence in socio-economic status or social class terms. Those that do, such as Paul Farmer in his work on Haiti <sup>3</sup> argue that HIV/AIDS is overwhelmingly a disease of the poor. This suggests the need for research on the relationship between infectious agents and the immune system under different social conditions. Such research was common in the 1930s in the case of tuberculosis and maternal and child mortality. It was largely forgotten after the Second World War and the discovery of antibiotics.

A further concern that the course has articulated is the question of reductionism. In talking about prevention the focus is usually on sexual transmission and hence on sex. Although many approaches recognize gender and power relations and aspects of culture in the process of HIV transmission there is still a tendency to exclude serious discussion of a range of complex emotions such as excitement, pleasure, desire, joy, love, trust and respect. Sexual exploration and experimentation and the intensity of teenagers' and young adults' feelings are seldom taken into account. There is a tendency to reduce all of these things to a matter of sex, and by implication to belittle them, and hence to belittle some of the key features of our very being and humanity. Unwittingly, we adopt a "wham, bam, thank you Ma'am" approach to HIV transmission. This is often accompanied by a profound negativism: sex is dangerous, sex will give you a mortal disease and result in an unpleasant death, young people should not have sex. We fail to celebrate our young people growing up. We fail to celebrate with them a new part of their lives. The old rites of passage, which were such a positive feature of African social life, have largely faded away, especially for girls. In their place young people are taught at school, the mechanics of reproduction and the mechanics of preventing infection. This reductionist, negative and simplistic approach insults the intelligence and experience of young people. It leaves them "fatigued." It is often based on an assumption that knowledge is all that is needed to change behaviour. In the South African case, fifteen years of prevention programmes are either denied or their failure to reduce the incidence of infection is explained away in terms of variants of the view that African sexual behaviour is different from that of other people.

Prominent behaviour theorists Ajzen and Fishbein<sup>4</sup> suggest that it is not easy to change behaviour. As the old proverb says, there is many a slip between cup (intention to change) and lip (making the change). Health Promotion theory suggests that it is important to look for the impediments to change both in the external environment and also in the normative (and often unstated) social space between two or more people. Ideas may be shared in this normative social space that are seldom stated and that contradict what we say we will do when asked by others.<sup>5</sup> We are all masters of the art of making

---

<sup>3</sup> Farmer P. 1998, *Infections and Inequalities*, University of California Press.

<sup>4</sup> Ajzen I and Fishbein M, 1975, *Belief, Attitude, Intention and Behavior: An introduction to Theory and Research*, Reading, Mass: Addison-Wesley.

<sup>5</sup> For example in many southern African, European and other cultures there is a widely held, but seldom stated, belief that young women should be chaste and young men sexually experienced. When two young people start to make love for the first time, unless they have had a long and frank friendship, it is very difficult for either to produce a condom. The girl will

excuses for ourselves. (Seldom are we so generous with others, particularly if they belong to another social class or “race”). Most of us live quite happily with contradictory world-views that we skip between or invoke pragmatically when challenged.

Besides the unstated normative social space that we share, there are other impediments to behaviour change. Lack of access to condoms when they are needed is an obvious one. More broadly, the social context interacts with our physical health and state of being. The virulence of the sub-type of the virus itself and how it acts on and in the body may be of great significance in understanding the different epidemics that exist in the world. Extreme poverty and with it undernutrition, render people vulnerable to a range of infections which may reduce their resistance to the HI virus. A lot of work is emerging in this field, and we were very lucky to have Dr Makobetsa Khati, from the Institute of Infectious Disease and Molecular Medicine at UCT, to lead sessions on nutrition and the immune system.

These then are some of the ways in which we approach a research topic of pressing national importance, but one that is extremely controversial. We address the controversies head on and employ a methodology of constant questioning. We question assumptions, theory, methodology, sources and dominant views. In this way we train a new generation of researchers who engage in critically reflexive research; research that is socially engaged and socially useful. We hope that our experience has something to offer the new Institute of Social and Economic Studies.

---

hardly be able to maintain the chaste role if she produces a condom. The boy, who may not be sexually experienced, will have enough to worry about without risking losing his erection as he fumbles to put on the condom.



Av. Patrice Lumumba, 178 - Maputo  
MOÇAMBIQUE

Tel. + 258 21 328894  
Fax + 258 21 328895  
[www.iese.ac.mz](http://www.iese.ac.mz)