

Understanding Resistances to HIV/AIDS Awareness Campaigns

INTRODUCTION

According to modern ideas, in order the State progressed, it was necessary to correct the dysfunctions of society, such as diseases. Subjects should be healthy and productive; therefore their bodies and habits should be controlled. At that time, the scientific advances of bacteriology, parasitology and microbiology - with its abilities of identifying a one causative agent for each disease and of establishing specific forms of transmission and control - were used in the redirection of public health policies, shifting the attention from the environmental factors to the individuals, who needed to correct their habits perceived as health harmful. Therefore, the communication strategies adopted were the most persuasive forms of advertising and health information promotion. This communication model - heavily influenced by the Theory of Direct Influence, the mathematical model of Shannon & Weaver and the Theory of Persuasion - still finds application in many Brazilian health institutions today, such as in the campaigns to prevent HIV / AIDS.

In the 1990s, Brazil intensified the public awareness campaigns about the risk for HIV (human immunodeficiency virus) infection. In these three decades, there has been an ongoing concern in improving the prevention discourse, varying the focus, every year, to specific social groups that are in a vulnerable situation, according to the anual epidemiological surveys. Thus, if such epidemiological reports conclude that young women have a higher level of contamination, the new campaign will primary focus on them. With few exceptions, this has been the keynote - which seems undoubtedly right according to institutional communication strategies for health. Such campaigns are aired in two main seasons: during the carnival and the international day against AIDS. Success is measured according to the data of the next epidemiological bulletin. Thus, this communication aims at a “diagnosis” and at possible means of “healing” this mismatch between institutionalized senses and social practices.

The problem is that the own need to repeatedly revise the campaigns according to the social group that presents a worrying increase in the contamination rates points to a recurring failure. If such campaign strategies seem to meet what is configured as a model of public communication, widely adopted around the world, what makes them, so massed they are, still meet the rise in the levels of contamination in certain social groups? The very logic of the emphasis in the group that had some degree of contamination increase shows how much we are facing a difficult work.

Although well informed about HIV/AIDS through prevention campaigns, people continue adopting “risk behaviors” - according to health experts. We argue it is because people in society are not just “target audience” and “receptors” of campaigns - as advertising agencies usually think. They also produce their own everyday discourses about their body and health (and, in the case of AIDS, about sexuality and HIV), which not always are coincident with respect to the ideal (constructed by the specialized and institutionalized knowledge) of what “should be” done to prevent HIV infection. That is why their discourses usually are ignored by the campaign developers. In other words, people's thoughts on HIV/AIDS do not only consist of the campaigns' normative discourses - other discourses, even if not institutionalized, sometimes hushed in the private sphere, serve them as sources of meaning with which they elaborate their opinions and adopt their discursive positions.

This work contributes to the debate about the reasons why there is resistance to such campaigns' discourses, aiming to improve them. Our theoretical dialogues undergo issues of biopower and biopolitics (Michel Foucault and Giorgio Agamben) and the relationship between power and resistance in the setting of historical processes of subjectivation.

THEORITICAL BACKGROUND

Biopolitics were conceived by Foucault (1975-1976) as policies of disciplining and administrating the bodies, carried out by the bourgeois state and other spheres of power (medical knowledge, mostly), in order to achieve healthy and productive bodies. The western societies organize, rationalize and institutionalize themselves based on medical knowledge, which produces “truth effects”, determining cleavages of what is productive and what is not productive, what is allowed and what is not allowed, what is normal and what is pathological.

But Foucault's thoughts are not deterministic. He admits, in the very institution of powers, the existence of individuals that join the biopolitics projects and some who resist to it. The processes of subjectivization - the historical constitution of the subjects - would not, therefore, be unidirectional. Through a discursive point of view, we could say that the senses, even crystallized, are being constantly negotiated, bumping into other senses that express resistance and

counter-discourses. Hence the biopolitics and its cleavages were not always peacefully, inclusively and consensually established. According to Foucault (1975-1976), the institution of disciplined and productive bodies bumps into desires makes the subject a transgressor of his/her own body.

Bringing such issues to this work, we understand that, along side the discourses of the prevention campaigns, there is also the official religious discourse (which preaches loyalty to the partner and condemns the use of condoms because it inhibits the conception of a new being, hence life), the discourse of pleasure (like “enjoy the day as way you want, because tomorrow is not a promise”), among many other discourses through which individuals move and punctuate their statements and daily practices.

Thus, the challenges in health communication will only be understood by listening to the everyday discourses on the body, sickness and health, which destabilize the institutional discourses (among them, the ones about the risks of HIV/ AIDS).

HYPOTHESIS

1) there are discourses about Aids, health and HIV which are not understood by the advertising agencies and need to be identified if we want to improve the communicability with the campaigns' target audience;

2) the processes of identification with these campaigns and with the “infected” condition (in the case of seropositives) are complex and transcend social stratifications (by age, socioeconomic status, gender, etc.), which are common to traditional elaborations of advertising agencies;

3) it is not possible to understand campaigns outside the biopolitics context, and that they also will arouse resistance. One hypothesis is that these discourses dissonances are due to some resistance, since the official discourses of the campaigns may have been seen as discourses of power - power over the subeject's body and his/her desires.

METHODOLOGY

We used the discourse analysis according to the French-Brazilian strand (Michel Pêcheux and Eni Orlandi, respectively). We mapped the discourses present in campaigns and those present in seropositives' opinions and, when we contrasted them, we identified the sense dissonances that lead individuals to resist to the campaigns. The analysis are on the right part of this poster.

CORPUS OF ANALYSIS

We analyzed 3 prevention campaigns developed by the Brazilian Ministry of Health and distributed in Brazilian civil society organizations for seropositive people. We also collected, through individual interviews, and analyzed the opinions of 4 seropositives (but we used only one of them for this poster), because this group has already been resistant to the campaigns' messages once and now their lives are at higher risk when they do not follow the self-care recommendations, due to re-infection risk. Understanding the discourses that punctuate the resistance of this group helps us easily understand the resistance of other individuals.

CONCLUSIONS

We must understand the resistance, the counter-discourses, to public health campaigns without prejudging them as fruits of lack of knowledge and information, whereas the subjects identified with them cannot always be characterized as “misinformed”. We understand that the production of meaning occurs in the complex and multiple play between internal and external relations - that is, between the signs expressed through language and its meaning in the interior sphere of each individual, and also the collective imaginary on health, traversed by history, by ideology and by the power relations in society. Therefore, we argue that discourse analysis can be of great value in the understanding of resistant discourses - among them, the ones related to HIV/AIDS prevention.

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DISCOURSES ON SOLIDARITY

Although most campaigns are focused on prevention, some few are aimed at strengthening the bonds of solidarity with seropositive people. This campaign is an example. The image shows people of different ages, genders and ethnicities holding hands as if in a ciranda, suggesting harmony between them. However, it's contradicted by the written serious warning: **Lack of solidarity. We need to stop this symptom of AIDS.**

The seropositive person we interviewed shows a bit of this “symptom” when he refers to the complexity of feelings that involves a relationship with someone who's HIV+. Two experiences he related are in direct conflict with the image displayed in the campaign:

1) He got sick and went to hospital, where he found to have HIV. His partner, then, took care of him. But he sees him (he's homosexual) as someone who has done more than he should have.

2) He fears other people: he fears his old lovers might want revenge if they find out he's HIV+; he fears what other people might say about him; he fears getting injured and not having people to help him, because they might be afraid of being contaminated by his blood.

The “symptom” evoked by the campaign has complex causes and motivations, which it does not approach. The discourse on solidarity bumps into a much more brutal reality, faced everyday by some infected people. What is at stake is the very impossibility of a campaign like this achieving its goals, because it ignores (as it's a synthetic message) the complexity of emotions that involve the HIV+ person.

DISCOURSES ON LOVE AND CARE

One of the most common appeals of government campaigns is the association between caring for others and condom use. In the poster below, the condom is metaphorically an engagement ring, a demonstration of love among the couple.



Translation of the campaign: **Who loves uses it. Don't bring Aids to home. Use condom.**

The HIV+ person we interviewed shows some regret to probably having contaminated his partner. The poster indicates zeal and care. The interviewee's discourse indicates blame. They are different affections, but (at least in this case) they are interrelated in the same sphere of meaning: we must care in order we do not feel fault, since contamination can hurt someone we love.

DISCOURSES ON PREVENTION

Saiba como se pega AIDS.

Assim pega.	Assim não pega.
<ul style="list-style-type: none">• Sexo na boca• Sexo na vagina• Sexo anal• Uso de seringa por mais de uma pessoa• Transfusão de sangue contaminado• De mãe contaminada para seu filho durante a gravidez ou no parto• Instrumentos que furam ou cortam não esterilizados	<ul style="list-style-type: none">• Suor• Beijo no rosto• Aperto de mão/abraço• Sabonete/toalha• Talheres/copo• Picada de inseto• Assento de ônibus• Piscina• Banheiro• Doação de sangue• Pelo ar

Seja vivo. Evite a AIDS.

Pergunte Aids
0800 61 2437
Ligue grátis



MINISTÉRIO DA SAÚDE

This campaign is part of the discourse on prevention - which is the most common. It is presented as a table, which didactically shows which attitudes do and do not involve the risk of contamination.

Translation of the campaign: **Know how we can get AIDS. You get like this: oral sex; vaginal sex; anal sex; syringe use by more than one person; contaminated blood transfusion; from infected mother to her child during pregnancy or childbirth; not sterilized instruments that pierce or cut. You don't get like this: sweat; kiss on the cheek; handshake/ hug; soap/ towel; cutlery/ glass; insect bite; bus seat; pool; bathroom; blood donation; air. Be alive/careful. Avoid AIDS.**

The respondent identifies with the discourses legitimized by this campaign. Curiously, however, it happens as a negative affectation: the interviewee sees himself as promiscuous by having not followed the safety recommendations. This effect (the condemnation of people who do not practice safe sex) was probably not intended by the campaign developers. It's an important clue that the discourses on prevention are being read as moral or “legal” discourses.

DISCOURSES ON LIFE

The respondent's discourses show that HIV infection brings displacements to the senses of life and death (sometimes he refers to himself as someone already dead; but he also tries to make future plans), and of normality and abnormality (he says having the virus is a normal condition, an abnormal condition would be being sick of AIDS; but then, again, he says that someone with the virus can only survive if he/she takes antiretroviral medication, and he refers to himself as “sick” when he immediately found out he had the virus – and not Aids). What each of his testimonies reveals is a discourse on life, about the limits of the human. Campaigns should be aware of this.