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The Politics of Power and AIDS Education in Ghana

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Abstract
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The Politics of Power and AIDS Education in Ghana

Thesis presented to the faculty of Arts and Sciences

Pacific University

In Partial Fulfillment of the Requirements for the

Degree Bachelor of Arts in International Policy

By

Anna Reeve

Spring 2010
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Abstract

The crisis of HIV/AIDS is now classified as a world-wide pandemic, reaching all corners of the globe. The region most affected is sub-Saharan Africa where it is the leading cause of death. For the time being there is no cure for AIDS, and as a result education is incredibly important to reduce the spread of this disease. This research focuses on the politics of AIDS education through a case study of Ghana, West Africa while exploring the question of what political and/or cultural factors affect the implementation of an effective AIDS educational health policy. It looks at policy as a subjective entity created by political actors, organizations, and governments acting under very different motives. The central argument of my thesis is that power, in the form of symbolic or economic capital, ultimately influences health education policy.
Introduction

“AIDS has come to haunt a world that thought it was incomplete. Some wanted children, some wanted money, some wanted property, some wanted power, but all we ended up with is AIDS”- Bernadette Nabatanzi, traditional healer Kampala, Uganda (Epstein, 253).

This quote demonstrates the way in which AIDS has taken over the population of Africa. The scope of AIDS is overwhelming, reaching all corners of Africa and spreading faster than it has proved possible to manage. The efforts to control AIDS have been diverse in both the characteristics of such programs and their success. My thesis explores the politics of AIDS education through a case study of Ghana, West Africa. The central question is: what political factors affect the implementation of an effective AIDS educational health policy in Ghana? For this research I will be looking at policy as a subjective entity created by political actors, organizations, and governments acting under very different motives. My thesis argues that power, in the form of either symbolic capital or economic capital is what ultimately influences health education policy.

In the summer of 2008 I traveled to Ghana as part of a travel course offered through Pacific University. A major component of this course was a service learning project that would take place in a rural mountain village in eastern Ghana named Amedzofe (pronounced A-me-jo-pe.) Three other students and I planned to teach an HIV/AIDS education course to the middle school students. I was armed with only a basic knowledge gained through middle school sex education, something that I had thus far considered standard. The lesson plans were prepared from a single Wikipedia article that
had cost me five dollars to print off in an internet cafe in Cape Coast, and the only classroom tools were six condoms, amounting to about thirty Ghanaian cedis (or 30 U.S. cents), and a wooden penis we planned to use for demonstration.

My motive for teaching this class was that I really and truly believed that AIDS was a problem that could be solved or at least greatly reduced through education. The main problem surrounding AIDS in Africa was that effective education was simply not being distributed and/or received. I really felt like I was doing a service to the community of Amedzofe, and the information that I passed on to these children would be absorbed and, in effect, keep them from contracting the HIV virus in the future. This simple-minded attitude of mine vanished quickly.

First, condoms cost money, no matter where one goes. In the U.S. this is not an overwhelming problem as condoms can be found at any grocery store or gas-station mini-mart for a relatively cheap price (by our standards). In Ghana however, the small price of thirty cents can also be used to buy many everyday needs such as a loaf of bread. In addition, Amedzofe is a small rural village that doesn’t have an outlet selling condoms. The closest place to buy condoms would be Ho, a village an hour down the mountain by car. For this reason it became difficult to preach the importance of condom use to a community that did not have easy access to them.

At the end of our last lesson we remained in the classroom to answer any questions that the students might still have. A group of girls stayed to talk with us. This was crucial for me in that it made me realize the importance of women’s’ rights in solving the problem of AIDS in Africa. The girls asked us questions like, “what if the man doesn’t want a wear a condom?” To this, I had no answer. In the United States if a
woman does not consent to sexual intercourse, the act is considered rape and the man could be facing jail time. However, in Ghana this is most obviously not the case; the man holds all the power. Again, all of our lecturing about abstinence and condom use seemed futile.

During the course of the class, I realized that although my group was doing a great job, we just did not understand the different cultural and political aspects that influence AIDS education. It was not just a question of getting the information out there to the people. This can be illustrated through my own simple view of how education will, in a sense, free the children of Ghana to make better choices and cut down the prevalence of HIV/AIDS. My own realizations of what stands in the way of this goal are just the tip of the iceberg. This experience in Ghana inspired me to do the research for this thesis. It made me realize that AIDS education is not simply a question of how it should be taught and where. It is a complex, multi-faceted problem that is influenced by many different aspects of society.

**A look at HIV/AIDS in Africa**

In order to understand why the HIV/AIDS epidemic is important, it is necessary to understand what the virus is and who it affects. The World Health Organization (WHO) defines HIV/AIDS on their website. This definition is as follows:

The human immunodeficiency virus (HIV) is a retrovirus that infects cells of the immune system, destroying or impairing their function. As the infection progresses, the immune system becomes weaker, and the person becomes more susceptible to infections. The most advanced stage of HIV infection is acquired immunodeficiency syndrome (AIDS).

A major question when discussing HIV/AIDS is the difference between HIV and AIDS. The answer can be found in this definition. While HIV is the actual virus that is
contracted through exchange of bodily fluids, AIDS is a syndrome in which the body’s white blood cells can no longer fight against outside pathogens.

In 2008 it was estimated that 32.9 million people were living with HIV/AIDS worldwide. Of that 32.9 million, 22 million (two thirds) were in Sub-Saharan Africa alone (World Health Organization). Seventy-five percent of all AIDS deaths in the world occurred in this region (UNAIDS) where AIDS is the leading cause of death. Worldwide, AIDS is the fourth leading cause of death (Global Fund to Fight AIDS, Tuberculosis, and Malaria) For these reasons it is classified as a global pandemic.

The driving force behind AIDS transmission in Sub-Saharan Africa is unprotected heterosexual sex. The high rate of sexual transmission also leads to the world’s largest population of children living with HIV. According to a survey of five African countries (Burkina Faso, Cameroon, Ghana, Kenya, and the United Republic of Tanzania), two thirds of HIV infected couples were serodiscordant, meaning that only one partner was infected. Condom usage is very rare, as low as 10% in Burkina Faso. In addition the infected partner is more commonly the woman which indicates that she contracted AIDS through somebody other than her current partner (UNAIDS).

Sex work and injecting drug use are other common transmission modes of HIV. In Senegal and Burkina Faso infection levels exceeding 20% have been documented among sex workers. In South Africa much attention has been given to the high prevalence of HIV among sex workers which leads to transmission in sexual intercourse non-related to sex work (Epstein, 92). Injecting drug use is a factor to some extent in East and Southern Africa especially Mauritius, where injecting drug with contaminated equipment is the main cause of HIV infection. In addition, unprotected anal sex between
men may also be a more important factor for HIV transmission in Africa than is commonly thought (UNAIDS).

There is no cure for AIDS although much effort has been put into creating a vaccine. The progression of the HIV virus can be slowed through the use of antiretroviral therapy or ART. ART “consists of the use of at least three antiretroviral (ARV) drugs to maximally suppress the HIV virus and stop the progression of HIV disease” (World Health Organization). These treatments are generally expensive and do not come readily available to those living in third-world countries. For this single reason most importantly, prevention through education is incredibly important to reduce the spread of HIV.

**A Look at Ghana**

Ghana is a country just slightly smaller than Oregon (238,533 sq km) in West Africa. It borders Cote d'Ivoire on the left and Togo on the right\(^1\) (CIA World Factbook). In 1957 it became the first Sub-Saharan country in colonial Africa to gain its independence from the British Empire under the leadership of Kwame Nkrumah. In 2000, following an unstable political period, Ghana witnessed its first transition of power from one elected leader to another and has since remained a stable democracy (Briggs, 22). The population of Ghana is 23,832,495 encompassing eight major tribes: Akan, Mole-Dagbon, Ewe, Ga-Dangme, Guan, Gurma, Grusi, and Mande-Busang (other tribes constitute 1.4% of the population). The religion of Ghana is predominantly Christian with a large Muslim population in the North (CIA World Factbook).

In 2007 the HIV/AIDS prevalence rate was estimated to be 1.9% and Ghanaians living with HIV/AIDS was estimated to be 260,000 (CIA World Factbook). Although

\(^1\) See appendix 1 and 2
the prevalence rate in Ghana is much lower when compared to some other African
countries (over 15% in Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia,
and Zimbabwe) (UNAIDS), it is partly for this reason that I choose Ghana for my study.
Ghana stands in contrast to a vast amount of literature regarding HIV/AIDS in Eastern
and Southern Africa.

My research will comprise a case study of Ghana through library research. In
contrast to the lack of literature regarding the problem of HIV in Ghana, there is much
literature on the subject of politics in Ghana. As mentioned prior, I chose Ghana because
of my experience teaching an HIV/AIDS education class, an experience that made clear
to me the importance of power to solving the crisis of AIDS in Africa. This power can
come not just in the form of economic capital but also symbolic capital held by males in
the society. My central thesis is that power is what ultimately influences the creation and
implementation of health education policy regarding HIV/AIDS in Africa.
A Bulletin for the World Health Organization in 2001 stated that the current political, scientific, and economic climate is conducive to creating new opportunities for a global response to the AIDS pandemic. In low-income countries more effort had been made for the collective effort to fight the global AIDS pandemic, and in high-income countries this effort had become more concerted and accelerated. For example, in April of 2001 President Obasanjo of Nigeria hosted a summit for the Organization of African Unity to focus on African leadership in the response to AIDS. This meeting resulted in participating governments committing to allocation of 15 percent of national budgets to the health sector. Due to increased efforts and publicity, the Special Session on AIDS was held by the United National General Assembly in June 2001. The outcome was a unanimous adoption of the Declaration of Commitment aimed at dealing with many different aspects of the AIDS pandemic including provision of the highest standard of treatment for HIV/AIDS, strengthening human rights protection for those living with HIV/AIDS, reducing vulnerability to HIV infection, supporting children orphaned by AIDS, and by 2005 reaching an annual HIV/AIDS expenditure target of US$ 7-10 billion in low- and middle-income countries (Piot). Though a great deal of emphasis has been put on the importance of combating HIV/AIDS, the opinions on the best way to reach this goal have been very diverse.

Policy creation is not a simple process and is heavily influenced by various factors. *Policy Paradox* by Deborah Stone analyzes the problems associated with policy-making. In the chapter titled “Decisions” Stone discusses the policy-making process, starting with a description of rational decision making. The rational decision making
model sees a policy problem as a choice facing a political actor (President, CEO, etc.) and this actor comes to a decision by going through a series of operations. These operations are, “(1) defining goals, (2) imagining alternatives means for attaining them, (3) evaluating the consequences of taking each course of actions, and (4) choosing the alternative most likely to attain the goal” (233). Stone discusses different models for rational decision making but concludes that this model takes on quite a different form in the polis where decisions are made by more than one individual, and the ability to arrive at an outcome is driven by motives other than “what is the best alternative to achieve a goal.” She concludes the chapter with a table outlining decision-analysis with the rational-analytic model and the polis model. This table can be translated as how policies should be made (the Rational-Analytic Model on the left hand side) and how policies are made (The Polis Model on the right hand side)². This is incredibly important to my research in that I feel that it ultimately defines policy as a subjective entity. Policy is made by many actors without perfect information and sometimes on the basis of personal motives, in contrast to the rational model where policies are created by one single actor on the basis of what would be the best means to achieve a goal. For example, within the Rational-Analytic Model a political actor would “choose the course of action that will maximize total welfare as defined by your objective” however within the Polis Model a political actor would “choose the course of action that hurts powerful constituents the least, but portray your decision as creating maximum social good for the broad public.” This decision-making model can be applied to policies regarding AIDS education. The problems that face political actors and the ways in which they resolve these problems are

² See appendix 3
influenced by power in the form of either economic capital or symbolic capital and these capitals can be either domestic or international.

On the domestic side, an example of symbolic capital is that held by males in African society. Getta Rao Gupta addresses this problem in “Gender, Sexuality, and HIV/AIDS: The What, the Why, and the How.” Gupta states,

Power is fundamental to both sexuality and gender. The unequal power balance in gender relations that favors men, translates into an unequal power balance in heterosexual interactions, in which male pleasure supercedes female pleasure and men have greater control than women over when, where, and how sex takes place (2).

Women’s vulnerability to HIV is added to by a culture of silence surrounding sex which dictates that “good” women are passive and ignorant about sex, making it more difficult for women to be informed about sex or be proactive in negotiating safe sex. In addition, the traditional norm of virginity for unmarried girls restricts a women’s ability to ask for information regarding safe sex for fear of appearing sexually active, and similarly, makes accessing treatment for sexually transmitted diseases highly stigmatized. Gupta states, “HIV positive women bear a double burden: they are infected and they are women” (3). Women’s economic dependency also increases their vulnerability to HIV. The economic vulnerability of women increases the chances that they will negotiate sex for money, and decreases the chances that they will be successful in negotiating protection, or leave a relationship that is risky or violent (Gupta, 3). Gupta arrives at the conclusion that reducing the power imbalance between women and men would require policies designed to empower women (5).

Symbolic capital can also be held by those in political power. The literature on combating AIDS in Africa has often emphasized the role of presidential leadership. The
Bulletin for the World Health Organization stated that “political leadership is required at all levels to marshal the necessary commitment and resources for the social mobilization on which the response must be built” (Piot). The specific role of the African state leader is very important to this. Amy S. Patterson discusses this in her book The Politics of AIDS in Africa in the chapter titled “The African State and the AIDS Pandemic”:

Although it is simplistic to assert that Africa’s “big men” shape all political outcomes, the African state tends to centralize power in the executive, with the president using the bureaucracy and party apparatus to extend power and control over society. In such systems the actions and rhetoric of individual leaders have heightened importance in policymaking, and formal political processes may have limited power to check these leaders’ actions (22).

Patterson measures centralization by using the World Bank scores of “rule of law” and “voice and accountability” (both on a scale from one to a hundred.) The “rule of law” score indicates how accountable a country’s ruler is to other institutions and the country’s constitution. The “voice and accountability” indicator combines a variety of measures that examine civil liberties, political and human rights, and opportunities for citizens of a country to participate in the government. Patterson categorizes a country as “highly centralized” if it scores below fifty in each category. For example Zimbabwe’s score for rule of law was 3.9 and voice and accountability was 9.2, making it very centralized with most of the power residing in the executive branch with the president (Patterson, 23).

The role of presidential leadership has also been discussed with regards to Uganda and South Africa’s efforts in combating AIDS. In Uganda, Yoweri Museveni made HIV/AIDS an issue of great importance by openly discussing it and in the process, removed much of the stigma associated with the disease (Parkhurst, 70).³ On the other

³ For more information regarding presidential leadership in Uganda see Patterson’s discussion in The Politics of AIDS in Africa.
hand, in South Africa President Thabo Mbeki created a very different environment regarding the AIDS pandemic by embracing a dissident form of science and refusing to publicly discuss the problem of AIDS (Leclec-Madlala, 849). These two examples, which will be discussed in greater detail later, emphasize the symbolic capital held by the president as a figurehead in an incredibly influential position.

On the same subject Patterson discusses the African state in terms of being neo-patrimonial, meaning that state elites use state resources for their own private advancement and that of their allies as well. Stone stressed the influence of the polis in policy making and this is an illustration of this link. Using state resources for private advancement means that funds are distributed unequally and sometimes exclude the citizens that need them the most. Also in the same way elites must respond to the demands of certain ethnic, regional, religious, and/or political groups that supply money (Patterson, 23). This is an example of economic capital: those with the money have the power. The Politics of Aid: African Strategies for Dealing with Donors calls attention to this while discussing the question of whether or not Africa is fit for sovereignty. Many critics argue that the failings of African political and economic systems has generally been due to this political culture of neo-patrimonialism. This is important in that although most of the power may appear to lie with the president, that assumption may not be entirely true.

Shifting the focus from domestic politics to international relations between donors and recipients, the issue of finances becomes central. How are such programs funded? Upon what basis is money distributed in a particular way? For most African countries the funds to launch a large scale program combating AIDS are severely lacking. For this

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4 Also see The Politics of AIDS in Africa.
reason they must rely on outside funding. The politics of aid is crucial to the argument of AIDS and power. *The Politics of Aid: African Strategies for Dealing with Donors* (Whitfield) focuses on the relationship between aid donors and recipient African countries from the viewpoint of the recipient. In many aid relationships the donor has the power to push through different agendas and policies that the recipient country may have not chosen in the first place. For example, for many years neo-liberal policies were pushed through by the IMF and World Bank that were only accepted by the recipient out of necessity for the funds (Whitfield, 3). In contrast, The Paris Declaration on Aid Effectiveness was signed in 2005 by over one hundred donor agencies and recipient governments and encourages donors to align their efforts with those of recipient governments’ (Whitfield, 2). This book claims that the success of African nations in controlling aid policies can only be understood through assessment of the economic, institutional, political and ideological effects of many decades of aid dependence in Africa (361).

In recent years African economies have been growing at an increasing rate making it a new place for high-risk/high return investments. The rise of ‘new donors’ such as India and China has also led to new sources of finance for African nations. Furthermore, traditional donors have fallen behind in their pledged African aid,\(^5\) making Africa increasingly more dependent on aid from these “new donors” most notably China (Whitfield, 366). Ideologically some African nations have recently shown an ability to express a clear vision regarding where the country is going and how public policy will affect this outcome. However, in many cases governments cannot translate their visions into concrete policies because they lack the funds to implement them and are instead

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\(^5\) For more information regarding aid from the donor perspective see *Inside Foreign Aid* by Judith Tendler
spending time writing strategies and policies to please donors (Whitfield, 367).

Additionally, African governments have historically used foreign aid to keep domestic demands at bay by delivering goods and services that were promised to citizens (Whitfield, 370). This illustrates the power that donor aid agencies are able to exercise over recipient governments. This power can be defined as economic capital, or the power of those who hold the money and decide where and how the funds are allocated.

Another approach that emphasizes international factors is a world systems approach. The article “Poverty, Debt and Africa’s HIV/AIDS Crisis” by Nana K. Poku takes a world systems approach to the problem of HIV/AIDS in Africa. It states that the environment of poverty increases the risk that HIV will be transmitted. For instance, lack of nutrition and parasitic infestation suppress the body’s immune response to other pathogens. Furthermore, poverty is growing in Africa. Poku urges the reader to see AIDS in Africa as a development crisis. The reason for this is that most African countries owe huge debts to IMF and World Bank, which they are unable to pay back. In return these institutions enforce structural readjustment programs that generally require less money to be allocated towards health programs. For example, the Tanzanian government spends three times more on debt servicing each year than it does on health care. These relations between the IMF and World Bank and African countries are a contributing factor to the growing AIDS pandemic and an example of the problem discussed in The Politics of Aid.
Data Analysis

As mentioned in my introduction, I see the problem of AIDS education in Ghana as stemming from the misuse of power by the state authorities and international aid organizations and from the unequal power between men and women in Ghanaian society. Throughout my library research I found many examples that support those findings recently discussed in the literature review section. Similar to the literature review, I will be using symbolic capital and economic capital to discuss the different kinds of power found in Ghana and other parts of Africa.

Capital, as defined by the French sociologist Pierre Bourdieu, can refer to “all goods, material and symbolic, without distinction, that present themselves as rare and worthy of being sought after in a particular social formation” (Harker et al., 13). Capital can come in many forms (economic capital for example) which can be exchanged for other types of capital, meaning it is “convertible.” For example, in some cases economic capital can be exchanged for symbolic capital. The highest form of these conversions is into symbolic capital, for “it is in this form that different forms of capital are perceived and recognized as legitimate.” Prestige, status, and authority are culturally significant attributes referred to as symbolic capital (Harker et al., 13). From this definition it is clear that in African society males and a president of a nation are holders of the symbolic capital. Capital can also include material things with a symbolic value (Harker et al., 13). The best example of this (and most useful to my research) is money. Money is a tangible object with a symbolic value put on it by the society we live in. Therefore, holders of the economic capital would be money holders.
It has been demonstrated through the examples of Uganda and South Africa that the role of presidential leadership with regards to AIDS prevention programs is important. In 1986 the national Resistance Movement (NRM) under Yoweri Museveni came to power in Uganda. Museveni took on HIV/AIDS as an issue of great importance, speaking out about it within the country and internationally as well. Parkhurst states that “…many officials in Uganda see this as one of, if not the most, important aspects of what the government has done in the fight against AIDS” (75). The president’s efforts to raise awareness through public discussion of the disease proved to be effective. In contrast to some African nations that decided to take the route of denial and dismissal, fearing negative impacts on tourism and the economy, Museveni dispelled myths and stigmas regarding HIV/AIDS by acknowledging openly that AIDS was a problem that must be addressed and calling for all groups to get involved (75).

It should also be noted the context in which the NRM took power and within which the president was speaking. Museveni and his party came to power after a period of political transition to peace, a particularly suitable time for radical policy reform. Parkhurst describes this by saying:

Museveni was in a unique position to address the Ugandan population in 1986, and seized the moment. After the years of civil strife and political mismanagement seen under the Amin and Obote regimes, Museveni’s ascendance inevitably coincided with a wave of anticipation and eagerness for positive change from the population (75).

Museveni was considered a charismatic leader whom many Ugandans respected. In addition this period of political transition coincided with the initial epidemic growth of AIDS making it an ideal time to address the problem (Parkhurst, 75). The result of the president’s leadership regarding AIDS control and the political context was a sharp
decline in the following years. In 1995 Uganda was regarded as the African country with
the highest proportion of HIV/AIDS cases, while just years later that image has been
almost completely reversed. African countries now look to Uganda as a source of
inspiration and information (Parkhurst, 69).

In South Africa the president took a radically different approach to AIDS control.
While the Mandela government could more easily get away with ignoring the problem of
HIV/AIDS, the Mbeki administration could not. By the end of the millennium the
seriousness of the HIV epidemic was widely known. In South Africa especially, the
pandemic had matured and many global reports brought the crisis of AIDS into an
international focus (Leclerc-Madlalala, 847). Similar to Uganda, Thabo Mbeki was coming
to power in a time when the growth of the pandemic was highly recognized and at the
forefront of people’s minds. However, that is where the similarities between these two
leaders regarding this problem end.

Mbeki embraced a form of ‘dissident’ science regarding AIDS which he publicly
supported at the high-profile 2000 International AIDS Conference held in Durban.
Dissident science perpetuated the views that “HIV did not cause AIDS, HIV tests were
inaccurate and that anti-retrovirals were lethal poisons” (Leclerc-Madlalala, 849). He even
went as far as to invite two internationally renowned ‘dissidents’ to a Presidential
Advisory Panel on AIDS in 2000. These views were in direct contrast to scientific views
concerning AIDS world-wide. In this way Mbeki brought ideas that were formally
‘fringe notions’ to the forefront of South African policy debates thus creating confusion
and disagreement within and outside the government. Susan Leclerc-Madlalala states,
as a result of government’s engagement with the ‘dissidents’ and public
pronouncements from the presidency that were in direct contrast to
scientific views underpinning HIV/AIDS efforts everywhere in the world, confusion and disagreement over AIDS policy grew both within and outside government … this helped to create the current climate of uncertainty and skepticism that surrounds the issue of AIDS” (849).

Although today Mbeki had distanced himself from the dissidents, his past engagements and current silence regarding the issue still lead to an atmosphere of ambiguity and AIDS denialism in South Africa (Leclerc-Madlala, 849).

These two examples show the importance of presidential leadership concerning AIDS control in Africa. The case of Ghana more closely resembles Uganda than South Africa. The democratization of Ghana from the military leadership of Jerry Rawlings to democratic president John Kufour created a political space in which the new administration could develop AIDS policies. John Kufour beat out the hand-picked successor of Rawlings in the 2000 elections by a margin of 57 percent to 43 percent (Peterson, 71). Prior to the election the government had generally viewed AIDS solely as a health concern and for this reason channeled few state resources towards fighting the disease. The 2000 elections, however, gave Kufour’s National Patriotic Party (NPP) the opportunity to increase state efforts against AIDS.

The NPP’s slogan during the campaign was “Positive Change.” This indicated a change away from the Rawlings era to a government that would address new issues. In addition the majority of Ghanaians were satisfied with their country’s democratic transition: 55% in 1999 and 72% by 2003 (Patterson, 71). This goodwill and confidence in the government gave the new administration the power to push through new AIDS policies. Patterson explains,

“It was not that AIDS was a 2000 campaign issue; and as we saw earlier, only 3 percent of the public in 2004 viewed AIDS to be a top government
priority. Rather, once the NPP was in power, its youth and urban base did not prevent it from developing policies on AIDS” (72).

The transitional environment, similar to the example of Uganda, provided the government with the opportunity to push through new initiatives.

Prior to the 2000 elections, the Ghana AIDS Commission had been established but lacked legal status until President Kufour’s inauguration in 2001. Since then the Ghana AIDS Commission has set directives for national ministries and sub-national AIDS committees. It has also distributed money from the Ghana AIDS Response Fund and made an effort to combat stigma and discrimination surrounding the disease (Patterson, 71). During the 2004 elections, the subject of AIDS was a major debate among those running (Patterson, 69).

Although presidential leadership is incredibly powerful concerning AIDS policies, other political figures are also influential with regards to health policy. The institution of chieftaincy in Ghana has been a powerful and important institution dating back centuries. Though modern political institutions have undermined indigenous political institutions during the process of decolonization and throughout various political regimes, chieftaincy retains political significance through being the guardians of cherished traditional values (Boafo-Arthur, 127). In fact, in my own experience in Ghana it was the chiefs in Amedzope who had the final word in what our service learning activities would be and how they would take place. It was the chiefs that we met with first and who saw us off last.

Dating back to colonialism, chiefs played an important role in the political structure. The system of British colonial rule is also referred to as indirect rule. Through indirect rule the relationship between the British political officer and the chief was that of
an advisor who rarely interfered. In fact, the British believed that “it was their task to conserve what was good in the indigenous institutions and assist them to develop on their own lines” (Crowder, 199). For administrative purposes, they established a colonial system that adapted the indigenous African institutions such as chieftaincy as much as possible. Taxation also remained by and large “customary” and conducted through the chief’s management (MacLean, 69). In fact, through the period of indirect rule many chiefs had more power for practical purposes than they did in pre-colonial times because they were not kept in check by a council of elders (Crowder, 199).

However, in the period since decolonization the institution of chieftaincy has faced many challenges. There were numerous attempts to marginalize, control, and humiliate chiefs by the government of the Convention People’s Party (CPP) lead by Dr. Kwame Nkrumah and also by the Provisional National Defense Council led by Flt. Lt. Jerry Rawlings, for example. In addition, the 1992 Fourth Republic Constitution bars chiefs from participating in partisan politics. The modern challenge to chieftaincy can be summarized by the Asantehene, Otumfo Osei Tutu II:

Our predeccessors engaged in inter-tribal wars, fighting for conqueset over territories and people. Today, the war should be vigorous and intensive against dehumanization, poverty, marginalization, ignorance, and disease …” (Boafo-Arthur, 147).

This last part of the statement is what is most applicable to my research. In the face of current challenges chiefs have responded through actions such as setting up education funds and participating in HIV/AIDS education. For example, the Asantehene have planned to set up a Foundation that will assist in the mobilization of public opinion to fight AIDS and other common ailments in the country. Another chief of the Kyebi Traditional area has contributed greatly to education on HIV/AIDS,
In his zeal to broaden the scope of education on the disease, Nana Amoatia Ofori Panin II sidestepped cultural and traditional constrains and participated in a marathon race organized in connection with AIDS education in Kyebi. A few years back, such an action by a Paramount chief would have been frowned upon by the stool elders if not attracting destoolment charges …” (Boafo-Arthur, 149).

This example demonstrates the changing role of chiefs in their society and how much this can have an impact on the community. In contrast to the traditional role of chiefs within society, they have become a major player in spearheading AIDS efforts throughout Ghana. The symbolic capital held by chiefs within Ghanaian society is a source of power that is often overlooked.

Often the ability to launch a large scale AIDS combatant program is far too costly for many African nations. For this reason, the role of international aid is important to understanding power relationships. When working with donors the wants and needs of the recipient country are sometimes put on the back-burner. The book *The Politics of Aid* analyzes the degree of control that recipient governments are able to exercise over aid negotiations resulting in policy outcomes. An entire chapter is devoted to aid relationships in Ghana although these aid negotiations are not health specific. During the 1980s under Rawlings military regime, the government of Ghana sought to address the country’s economic crisis with support from the World Bank. For a brief period Ghana was the ‘star pupil’ of structural adjustment programs imposed by the World Bank and International Monetary Fund (IMF) but by the mid 1990s the economy stalled (Whitfield, 185). Structural Adjustment Programs (SAPs) have often been criticized for forcing countries to focus resources in areas argued to increase development and deserting areas such as education and health-care. This effect can be devastating with regards to the AIDS pandemic. Nana K. Poku states that, “… at a time when up to 70 per cent of adults
in some hospitals are suffering from AIDS-related illnesses—placing extreme pressure on health services—many African countries have had to cut their health expenditure in order to satisfy IMF and World Bank conditionalities” (538). For example, the Tanzanian government spends more than three times more on debt servicing each year than it does on health care (Poku, 539).

Following the Rawlings era, Ghana was also facing a seriously unsustainable debt crisis due to lending from the World Bank and International Monetary Fund. In 2004 under the leadership of Kufour, Ghana benefitted from the Heavily Indebted Poor Country initiative (HIPC). Kufour and the NPP came to power in 2001 with a clear development vision but were hindered by the debt crisis. Although the NPP did have a stronger stance on aid negotiations than its predecessor, they were generally more successful in non-implementation of policies attached to IMF and World Bank arrangements than in negotiating the removal of these policies (Whitfield, 188). In recent years Ghana has experienced economic growth and access to new donors such as China, and as a result the second NPP government may have more room to pursue its own economic vision and set policy agendas without the support of traditional donors (such as the IMF and World Bank) although it is too early to infer how much control Ghana has taken over aid negotiations (Whitfield, 189).

With regard to aid relationships specifically concerning health policy there are a few noted concerns. Communication between donors and countries is often referred to as a one-way street. Similar to what was discussed prior, aid relationships are often simply demands from the donor country that must be met by the recipient country in contrast to a debate (Yu et al.) An example of this funding is the President’s Emergency Plan for
AIDS Relief (PEPFAR) put into action in the early years of George W. Bush’s first term as president of the United States. In 2003 Bush announced in his State of the Union address:

To meet a severe and urgent crisis abroad, tonight I proposed the Emergency Plan for AIDS Relief—a work of mercy beyond all current international efforts to help the people of Africa … I ask the Congress to commit $15 billion over the next five years, including nearly $10 billion in new money, to turn the tide against AIDS in the most afflicted nations of Africa and the Caribbean (Patterson, 131).

This funding was only to be distributed to fifteen African nations that he hoped would be an example to other countries. Ghana was not included in this list of recipient nations (Patterson, 140).

PEPFAR also came with some important constraints. First, much of the funding from PEPFAR has gone to faith-based organizations (FBOs). $1 billion of this money was reserved for abstinence-only AIDS education and was distributed to faith-based organizations and church-affiliated charities, many of which supported Bush during his campaign (Epstein). It is a heated debate whether or not abstinence-only education is sufficient enough to fight the AIDS crisis. For example one study of a $5 million, PEPFAR-supported abstinence education program through the Ethiopian Orthodox Church found that the church positively reinforced its members’ beliefs in abstinence. However, one quarter of the church members reported having engaged in premarital or extramarital sex (Patterson, 153). Abstinence-only education may not give those who are going to participate in extramarital or premarital sex the sufficient knowledge in order to protect themselves against HIV infection.

In addition, PEPFAR included a constraint stating that no money will go to projects that do not explicitly condemn “prostitution and sex trafficking.” The Centers
for Disease Control and Prevention in May 2005 sought to extend these restrictions to
groups that receive funding through multilateral organizations such as the Global Fund to
Fight AIDS, Tuberculosis, and Malaria. Had this taken effect, the 3,000 groups in 128
countries who receive funding from the Global Fund, would be required to publicly
oppose commercial sex work and sex trafficking, or have their privileges revoked. The
effect of this is,

These policies exclude the people and programs most able to identify
trafficked persons in the sex industry from U.S.-sponsored funding.
Activists and community-based organizations addressing HIV/AIDS,
trafficking and sex work, and many other issues including family planning
and drug use, have been and will continue to be severely restricted by
these fiscal limitations (Ditmore, 26).

In fact, some of the projects that involve sex workers themselves are the most successful
at combating abuses within the sex industry (Ditmore, 28).

Another major concern with aid concerning health policy is how much of the
recipient money is allocated towards preventative measures. HIV/AIDS education is a
preventative measure. However, most of the major funding programs aimed at fighting
AIDS focus the majority of resources on the treatment of HIV/AIDS. The World Health
Organization has made the treatment of HIV/AIDS using antiretroviral therapies its top
priority. The Joint United Nations Program on HIV/AIDS had the goal of expanding
treatment to 9.8 million people by 2010. PEPFAR focused eighty percent of its resources
on treatment and care and only twenty percent on prevention. Also, the World Bank
encourages the use of its loans and grants for treatment of HIV/AIDS instead of
prevention (Canning, 122). This lack of funding to preventative programs surely has a
severe effect on AIDS education in Ghana and throughout Africa.
Regarding foreign aid in Ghana specifically, GHANET is an example of an organization that receives the majority of its funding from outside sources. Formed in 1996, GHANET is an umbrella association representing 150 member organizations on the Ghana AIDS Commission. Its goals are extensive, including fighting AIDS discrimination, and training member programs to write grant proposals, for example. GHANET has been considered a success because donors and the government view it as a national voice on AIDS. The majority of GHANET funding comes from the European Union and Irish Aid and from the Ghana AIDS Response Fund (GARFUND). Although a more extensive period of research would be needed to entirely understand aid relationships in Ghana regarding HIV/AIDS education.

Symbolic capital has already been discussed with regards to presidential leadership. However, the symbolic capital held by males in African society is also a critical element of HIV/AIDS education. Throughout my own experience in Ghana it became increasingly apparent to me how important the role of the male is in defining sexual relations. For example, once finished with our week-long course we were approached by a group of girls who had a variety of questions about what they had just learned. Among these was the question, “What if the man will not wear a condom?” I realized that my own American view of the world would not allow me to effectively answer this question. In fact, there may not be an answer at all. In order to understand the symbolic capital of males it is necessary to understand the basic gender roles and sexual norms of Ghanaian society.

A survey conducted in Ghana in 1991 consisted of a total of 1360 respondents located throughout the entirety of the country. This survey, conducted through the
Institute for Statistical, Social and Economic Research at the University of Ghana in Accra, indicated current sexual norms. About half of the respondents were married with monogamy being much more common than polygamy. On average, both sexes had married 1.3 times in their lifetime and marriages are less stable for women than men but chances for remarriage remain (Anarfi, 8). The survey continued to indicate that premarital sex is common practice although past traditions, customs, and beliefs prohibited it. For example, it is generally agreed upon that a woman should remain a virgin until marriage. “Over 70 per cent of the respondents hold that belief and eight out of every ten respondents think their daughters should remain virgins till marriage. It is felt that remaining a virgin at marriage brings honour to a girl’s parents and herself, enables her to get a responsible husband, and helps to prevent contracting diseases” (Anarfi, 9). However, only 10 per cent of the males and 13 per cent of the females were virgins at marriage (higher figures were reported in the Northern tribes.) Additionally, most Ghanaians reported having their first sexual experience between the ages of 15 and 19 years (Anarfi, 9).

Extramarital sexual relations must be treated cautiously as they are condemned within society particularly among females. Public opinion is much more lenient towards men’s extramarital relations than women’s. Men will often engage in extramarital relations if they are dissatisfied with their wives behavior, while their wives are practicing postpartum abstinence, or simply for enjoyment. These relations can also turn into marriages because of the tradition of polygamy. On the other hand, women will take up extramarital relations in retaliation to their husband’s promiscuous behavior.
Furthermore, due to the practice of arranged marriages many women will continue to have sexual relations with their childhood lover after being married.

When looking at sexual norms in Ghana the general theme is that sex is most important for the pleasure of the male. Men will have relations with girlfriends while their wives are lactating or during postpartum abstinence. Postpartum abstinence is widely practiced in West Africa in order to ensure the health of the child and increase periods between births. However, Anarfi states, “it seems that as a way of limiting the extra-marital sexual activities of their husbands Ghanaian women are cutting down the overall period of abstinence in marriage” (14). In addition, the institution of polygamy (being married to more than one woman) is to ensure that men do not go long periods without sexual partners (Anarfi, 14). It is evident that the pleasure of the man supercedes that of the woman. Sexual relations are designed as a way to meet the man’s sexual demands first and foremost.
Conclusion

The case study of Ghana put forth in this thesis is essentially a pilot study. In order to gain a greater knowledge of the factors that would affect an effective HIV/AIDS education program in Ghana, research within the country itself would be needed. However, the forms of power evaluated in this research will continue to be influential not only in Ghana, but throughout Africa as well. Economic capital both within the country and also regarding foreign aid will continue to be a powerful influence. In addition, the domestic symbolic capital of the president as a figurehead and the great inequality between men and women is another form of influence that will not cease to have an effect of the effort to prevent and control AIDS. This was demonstrated through the case study of Ghana within this paper and also through many examples within other African nations.

A great example of how important these categories of symbolic and economic capital created throughout this paper was confirmed in a recent 60 Minutes episode aired on April 4, 2010. This episode praised the previously mentioned American program established by George W. Bush in 2004. The episode focused on Uganda and how the problem of AIDS has been so greatly improved through American aid in the form of either drug treatment for those with AIDS, and increased testing country-wide. The United States supplies antiretroviral drug cocktails to those currently living with HIV/AIDS within Uganda. Again, in this example aid is mostly in the form of treatment as opposed to prevention (such as HIV/AIDS education.) Most of the education comes from priests or the government. As the episode pointed out since Uganda is incredibly Christian “the priests and the President sing the same song” meaning that although condom use is seen as something important it is also regarded as secondary to abstinence.
and being faithful. Condoms are referred to as a “fall back” even by the President. The news report claimed that although the U.S. backed program is highly successful many things are still working against stopping the spread of AIDS. Polygamy is the norm in Uganda and infidelity is common. Many girls will keep rich older boyfriends referred to as “sugar daddies” and prostitution is still quite popular although most of the women likely are infected (Simon).

In the case of gender roles the episode documented the story of a couple who went in to get testing together. The woman did not speak English and the man claimed to not be worried at all. The husband was correct in his assumption, he was HIV-negative. However, his wife (who was also pregnant with their second child) tested HIV-positive. The husband immediately pulled away from her and the reported stated that he made it very clear he planned to leave her. The woman was devastated (Simon).

This is a clear demonstration of how the categories created through my own research can be applied to other country cases. This story in Uganda highlighted the economic capital of foreign aid with the example of aid between the United States and Uganda in the form of drug treatment and testing. The symbolic capital of both the president and the priests is demonstrated with regard to condom use. The inequality of power between males and females is especially emphasized by the story of the young woman and her husband. Through this and multiple other examples provided throughout this research it is clear that the role of power is intrinsically linked to HIV/AIDS prevention programs.
Bibliography


<http://www.cbsnews.com/video/watch/?id=6362583n&tag=cbsnewsMainColumnnArea.2>.
Appendix 1
Appendix 2
### Appendix 3

#### Decision-Analysis Strategies of Problem Definition

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<thead>
<tr>
<th>Rational-Analytic Model</th>
<th>Polis Model</th>
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<tr>
<td>1. State goals/objectives explicitly and precisely.</td>
<td>State goals ambiguously, and possibly keep some goals secret or hidden.</td>
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<td>2. Adhere to the same goal throughout the analysis and decision-making process.</td>
<td>Be prepared to shift goals and redefine goals as the political situation dictates.</td>
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<td>3. Try to imagine and consider as many alternatives as possible.</td>
<td>Keep undesirable alternatives off the agenda by not mentioning them. Make your preferred alternative appear to be the only feasible or possible one. Focus on one part of the causal chain and ignore others that would require politically difficult or costly policy actions.</td>
</tr>
<tr>
<td>4. Define each alternative clearly as a distinct course of action.</td>
<td>Use rhetorical devices to blend alternatives; don’t appear to make a clear decision that could trigger strong opposition.</td>
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<tr>
<td>5. Evaluate the costs and benefits of each course of action as accurately and completely as possible.</td>
<td>Select from the infinite range of consequences only those whose costs and benefits will make your preferred course of action look “best.”</td>
</tr>
<tr>
<td>6. Choose the course of action that will maximize total welfare as defined by your objective.</td>
<td>Choose the course of action that hurts powerful constituents the least, but portray your decision as creating maximum social good for a broad public.</td>
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