

Reflexive judgement, risk and responses: HIV/Aids in Africa and Asia.

David Pick

and

Kandy Dayaram

Author affiliations:

Dr. David Pick

Lecturer in Management

Curtin Business School

Curtin University of Technology

Dr. Kandy Dayaram

Lecturer in Management

Curtin Business School

Curtin University of Technology

Corresponding author:

David Pick

Curtin Business School

Curtin University

GPO Box U 1987

Perth

Western Australia 6845

e-mail: david.pick@cbs.curtin.edu.au

Ph: +61 89266 2705

Fax: +61 89266 7897

The HIV/Aids epidemic in Africa and Asia: Risks and responses.

Abstract

Despite global acknowledgement of the Human Immunodeficiency Virus (HIV)/Acquired Deficiency Syndrome (Aids) reaching pandemic proportions with 37.8 million people (World Health Organisation, 2004) living with the infection, progress towards developing effective international responses to curb the spread of the disease has been slow. The focus of current debate tends to focus on the medical treatment and prevention of HIV/Aids, leading to emphasis being placed on the rapid increase in HIV infection as well as opportunistic diseases such as tuberculosis and malaria. The traditional view of responding to these challenges has been probing the high cost factors associated with antiretroviral treatment and burgeoning medical care needs. This paper argues that these responses are limited in their effect as they have a narrow, medical focus. This paper presents a broader perspective. It investigates the implications of HIV/Aids to the goals of national sustainable development using theoretical standpoints provided by reflexive modernization, namely the concepts of risk and reflexive judgement. Attention is given to those regions of the world - Africa and Asia – where HIV/Aids are acute policy issues.

Introduction

In discussing the theory of reflexive modernisation, Beck (1994) argues that industrial society is being dissolved and replaced by a new modernity. This transformation is 'changing the foundations of living together in all spheres of social action' (Beck, 1998: 17). Moreover, it has generated major ideas informing policy development around the world (Dannreuther and Lekhi, 2000). Whilst reflexive modernisation has been subject to wide ranging discussion and debate, it puts forward key concepts that may help generate greater understanding of the multi-dimensional issue of HIV/Aids. In spite of efforts around the world to bring the spread of HIV/Aids under control, the global pandemic is escalating. There are approximately 40 million people world-wide who are HIV positive, however, the spread is most acute in Africa and Asia where one in four of all new infections are occurring (Stephenson, 2004; World Health Organisation, 2004).

The responses to the challenges which HIV/Aids presents tend to focus on high cost medical care such as antiretroviral treatment and medical care needs in the acute stages of the disease. Although access to antiretroviral therapy is increasing globally (Ruxrungtham, Brown and Phanphak, 2004) making it work effectively while simultaneously expanding treatment to stem the flow of new infections, the spread of HIV/Aids remains a real challenge in both Asia and Africa. At the 48th Commonwealth Parliamentary Conference (2003), it was recognised that the HIV/Aids problem has advanced so far that it cannot be looked on simply as a health care issue. It has social, economic, political, cultural, technological and environmental dimensions as well as medical proportions. The spread of HIV/Aids also cuts across national boundaries. The disease is multi-faceted and poses significant policy issues in many spheres but it is ultimately a controllable phenomenon.

The seriousness of the developing epidemic in Africa and Asia lies not just in its effects on individual lives it also has the potential to compromise the sustainability of these regions. One of the more pressing consequences for many African and Asian nations is the huge and growing financial burdens on health systems, perhaps already so large that the social and political systems of nations are now faced with urgent moral choices and questions. Many nations in Africa and Asia do not have the economic means to provide the medical facilities required to meet current demands without the added burden of wide-spread AIDS related illnesses. The question thus arises regarding prioritising the medical, political and economic choices as nations chart a course through this very difficult terrain.

Greikspoor, Aldis, Speigel and Harvey (2004: 396) contend that in southern Africa, HIV/Aids is, 'one of the key underlying factors leading to food insecurity' through increasing levels of illness, reduced incomes and over-stretched social capital. Whilst having a significant health component, its effects reach into a wide range of social, economic and cultural realms. In Asia, the picture is very similar. Sadik (1997) argues that the HIV/Aids epidemic is a serious challenge to health and a critical human development issue with a range of interrelated socio-economic impacts and costs. The growing epidemic is one of the key threats to the development of Africa and Asia. These threats and an alternative approach to the issue are conceptualised in this paper using theoretical perspectives provided by reflexive modernisation, particularly the concepts of 'risk' and 'reflexive judgement'.

Risk and reflexive judgement

Reflexive modernisation has the potential to significantly influence the way the social, economic and political effects of HIV/Aids are examined and responded to. According to Beck (1994), a central theme of the reflexive modernisation thesis is that society is going

through a period of transition to a new modernity – a transition that is taking place unintentionally and unseen by the major social, economic and cultural categories and theories. In the theory of reflexive modernisation developed in Beck, Giddens and Lash (1994), modern society dissolves as people bring into question and try to tackle its unintended side effects. However, Beck (1994) points out that this is not a catastrophic process of political crisis, economic meltdown and the collapse of global economic structures typically imagined by modern social theorists. Just as theoretical understandings of modernisation conceptualises the dissolving of traditional society and the rise of modern society, the theory of reflexive modernisation conceptualises the dissolution of modern society and its gradual transformation into a new kind of modern (Beck, 1992).

The HIV/Aids epidemic in Africa and Asia is having profound effects on many nations and reflexive modernisation can be usefully applied to examining these effects as it includes recognition of uncertainty and fluidity in social, political and economic structures and decisions. In the following sections, the key concepts of risk and reflexive judgment are deployed to achieve greater understanding of the threats HIV/Aids pose to national well-being and the difficulties governments in Asia and Africa are having in trying to respond to this challenge.

Risk

Beck (1992: 21) defines risk as a ‘systemic way of dealing with hazards and insecurities induced and introduced by modernisation itself’ and refers to the unintended and unforeseen side effects of modernisation, for example: nuclear accidents, global warming and ozone depletion. These risks are unprecedented in human history because they threaten irreparable global damage and as a consequence risk is beginning to dominate public, political and

private debates and conflicts (Beck, 1996). On the one hand, society still makes decisions and takes action according to traditional perspectives but on the other hand, interest organisations (eg NGOs), judicial systems, politics and governments are clouded over by debates and conflicts that stem from the dynamism of risk society (Beck, 1994). It is argued here that HIV/Aids is one such contemporary risk. It is indeed a 'reflexive modern' disease of the late 20th and early 21st Centuries.

As a 'reflexive modern' disease, the emergence of HIV/Aids and its effects were unforeseen. The first case was diagnosed in San Francisco in June 1981 (Cameron, 2001). The direct and indirect side-effects of this disease were not and could not have been forecast in the initial stages of what was to become a global phenomenon. Two decades later, the fast-mutating retrovirus has brought severe side-effects that have compounded its direct health effects. The HIV/Aids epidemic has compromised human security, leaving behind fragmented families, orphaned children, and individuals shunned by society. What was initially thought to be a 'white homosexual person's' disease has in the last decade had severe effects on the heterosexual populations of Africa and Asia (Cameron, 2001; Ruxrungtham, et al., 2004; World Health Organisation, 2004). Within Africa, the effects of HIV/Aids includes the growing incidents of other sexually transmitted diseases and children born with HIV/Aids via mother-to-child transmissions (48th Commonwealth Parliamentary Conference, 2003).

The trajectory of the HIV/Aids epidemic in Africa and Asia is also difficult to track. It is widespread in many African nations and takes on different courses in different settings. In Botswana, 38% of adults are infected; in Zimbabwe, as many as one in four adults carry the virus, and in South Africa it is one in five (World Health Organisation, 2004). Whilst the epidemic is predominantly heterosexual, most of those people live in resource-constrained

communities and possess little or no formal education (Cameron, 2003). However, within Africa, the plight of children has become a familiar one where HIV/Aids has left millions of children without parents and has afflicted thousands of others who contracted the disease virus through their mothers (McIntyre, 2003; Muula and Mfutso-Bengo, 2004).

In spite of the later start in Asia, the potential for widespread epidemics was not appreciated until the more extensive spread of HIV infection emerged in Cambodia, India, Burma and Thailand in the early 1990s (Ruxrungtham, et al., 2004). Whilst the HIV/Aids epidemic in Asia is similar to the situation in Africa in that it shows great diversity in timing and severity, the potential scale of the epidemic is far greater. A one percent increase in the HIV prevalence in countries such as India and China would result in an additional five million infected people (Rao, Ganguly, Mehendale and Bollinger, 2004).

There are also unforeseen social, economic, political and cultural side-effects of HIV/Aids. Many governments in Africa and Asia lack the economic resources needed to cope with the full extent of the epidemic (48th Commonwealth Parliamentary Conference, 2003) and many people within these regions do not have the individual resources to develop effective life strategies to prevent or live with the disease. Even the collective cultures in many Asian and African nations such as the African social norm of 'Ubuntu' (Mbigi and Maree, 1995) do not assist in stemming the epidemic or ameliorate its effects as people with the disease are often stigmatised and marginalised (Cameron, 2001).

A further side effect of the epidemic is the widening of social inequalities. In Asia, significant disparities of access to antiretroviral (ARV) treatment exist between the economically privileged societies and economically constrained societies. In Japan and Hong

Kong broad access to ARV treatment and quality medical management is available, yet in larger countries, such as India, Indonesia and China access remains very restricted. Many Asian countries have chronically under funded healthcare systems, population pressures, low literacy rates, and weak social security systems. This is compounded by an unwillingness of people to use condoms, governmental prohibition of harm reduction approaches to intravenous drug use, and widespread discrimination against those living with, and affected by, HIV (Ruxrungtham, et al., 2004). Together, these accentuate the side effects of the HIV/Aids epidemic and represent a significant challenge to governments and policy-makers.

The responses of governments to the epidemic also have unintended side effects. Ellwood (2002) cites an example of this phenomenon in Kenya where a World Bank structural adjustment program 1990s led to an introduction of fees for sexually transmitted disease tests. The intent was to employ a 'user pays' system to support the clinics. However, this resulted in a dramatic fall in the number of people attending the clinics leading to far greater potential for HIV/Aids to spread. As Ellwood (2002) points out, this policy whilst designed to have one effect, had unexpected and negative consequences for public health in Kenya.

The risk-effects of the spread of HIV/Aids has forced people into situations of rule-finding, and reflexive or indeterminate judgement as they try to deal with the intractable and seemingly unlimited problems associated with the spread of the disease. The usefulness of the concept of risk allows the HIV/Aids epidemic in Africa and Asia to be seen as a threat to the well-being of whole populations with serious and irreparable damage being done to the affected societies. In short, it provides a perspective that can be used to view HIV/Aids as a challenge to national, regional and perhaps global social well-being if it is allowed to spread unchecked. It means that it becomes possible to see the responses of national and

international governmental organisations and NGO's as being critical in many ways that reach well beyond the epidemic itself.

Beck (2002) argues that risk inherently contains the concept of control. It presumes decision-making and as soon as we speak of 'risk' we are talking about calculating the incalculable. This is where we must consider Lash's (1999) notion of reflexive judgement.

Reflexive judgement

Reflexive judgement is defined in terms of aesthetics. In reflexive judgement the rules must be found as particular situations are encountered. This is because rules found through reflexive judgement are not universal. They are suited only to a particular individual in a particular context. This is similar to the way people judge a work of art; not through cognition but emotionally and analogically. Reflexive judgement is thus not dependent on externally produced objective universal structures but on internally created subjective schemata of individuals (Lash, 1999).

With regard to the HIV/Aids epidemic in Asia and Africa, individual schemata are overwhelmed by the enormity of events that are being encountered. The severity of the situation can be illustrated with reference to sub-Saharan Africa where, in 2004, 2.3 million people died of Aids and a further 25.4 million were reported as being HIV positive (Boseley, 2005). Asia and Africa have entered a situation where the ability of nation states to protect their citizens against the dangers of contracting HIV/Aids is severely compromised.

HIV/Aids is creating uncontrollable risks and responding to these risks is difficult as the powers of imagination are unable to synthesise understandings and representations of the scale of the situation. In such circumstances, judgement and response becomes a reflexive or

aesthetic judgement (emotion) rather than a coherent effort to trace causes and provide long-term solutions. In such situations, ‘one can never quite know, never quite get a grasp on objects of knowledge’ (Lash, 1999: 3). People are thus forced into situations of rule-finding rather than rule-following.

Kidwai (2002) reports on an example of the inability of decision-makers to come to terms with HIV/Aids in Lucknow, India where local police targeted NGO workers in a raid and charged them with ‘promoting homosexuality’. They were jailed for 47 days by the magistrate who labelled them ‘a curse on society’. The local newspapers reported them as being part of a prostitution ring and sex club operating under the disguise of an HIV/Aids awareness programme. This instance demonstrates how major institutions in society, the police, judiciary and the media have marginalised people living with HIV/Aids by differentiating them from the mainstream.

One of the consequences of increasing reflexivity is that the blame for HIV infection is transferred to the individual. For example, the so-called ‘A,B,C’ approach (Abstain, Be faithful and use a Condom) focuses on individual responsibility for prevention and sends a strong message that people who do not conform to this advice are ‘choosing’ high-risk behaviours and therefore contracting the disease is that individual’s fault. Governments can then marginalise people with HIV/Aids and deny them assistance as it was their ‘own fault’ that they contracted the disease. Such responses are commonplace in African nations. Ellwood (2002) details the situation in Swaziland where prominent politicians proposed that people with HIV/Aids should be forced to wear identification badges and be segregated so that they could not contaminate ‘normal people’ and the 48th Commonwealth Parliamentary

Conference (2003) includes an account of Uganda where compulsory testing, aimed at identifying those infected, is tending to drive sufferers underground.

Implications for policy

The significance of risk and reflexive judgement to understanding the range of policy implications of the spread of HIV/Aids across Africa and Asia is that they can be used to chart the emergence of a new class of people defined by their HIV/Aids infection. In taking a reflexive modernisation perspective, it becomes clear that the multi-faceted crisis of HIV/Aids is often portrayed as an individual crisis disconnected from its origins in the social realm. This phenomenon and its negative consequences requires urgent and coordinated policy responses before people living with HIV/Aids in the poorer regions of the world are permanently consigned to short and impoverished lives on the fringes of society.

The application of a reflexive modernisation perspective to examine the effects of HIV/Aids in Africa and Asia allows us to analyse the context within which people living with HIV/Aids exist in society and develop new and alternative policy responses. The effect of reflexive judgement is that people with HIV/Aids are being categorised as ‘zombies’ – people who are ‘dead and still alive’ (Beck and Beck-Gernsheim, 2002). Following Beck and Beck-Gernsheim’s (2002) lead, important questions can be raised about the values of policy-makers as they try to make judgements in the absence of fixed rules: Who are the people with HIV/Aids? What does it mean to them and the rest of society? Of course they are people with fundamental human rights – but we have demonstrated that these begin to disintegrate under conditions of poverty and ignorance.

There is a constellation of value positions and views about the HIV/Aids epidemic occurring across Africa and Asia and different policy responses. People with HIV/Aids get included and excluded without any means of participating themselves in the decisions of policy-makers. From the point of view of wider society, people with HIV/Aids are defined and redefined by individual values, decisions and choices. Individuals must choose how they will relate to those with HIV/Aids, particularly family members. Current social values, perspectives and policy approaches lead to people with HIV/Aids living in society but not of it.

We are living with a rhetoric about the HIV/Aids ‘crisis’ in Africa and Asia, but HIV/Aids is not the cause of the historical disadvantage and gap between rich and poor it is but one surface upon which this phenomenon is visible. Everywhere HIV/Aids strikes society, for example the spread by migrant workers, it is distorted into the personal sphere. In this case, migrant workers are the mode of transmission but the spread is caused by poverty and ignorance in both the source and destination community. This is compounded by the lack of institutional solutions leaving vulnerable people to negotiate the epidemic on the basis of their own, often limited personal resources. This is transforming how we can respond to the spread of HIV/Aids.

In order to sustain the lives of those infected with the HIV/Aids, the link between poverty and the disease has to be acknowledged as the poor have fewer means to fight the disease or minimise its effects. Since poverty plays a role in creating an environment in which individuals become susceptible and vulnerable to HIV/Aids, poverty reduction will be at the core of a long-term sustainable solution. Apart from poverty being one of the major influences to the spread of HIV/Aids, equally important is a recognition of income and gender

inequalities which is demonstrated by the high prevalence of HIV/Aids in regions such as Africa and Asia with wide social disparities. Policy implications also include determining a political will to combat the epidemic and the stigma associated with HIV/Aids. Furthermore, ignoring the serious threats HIV/Aids pose to sustainability is no longer an option for governments and the privileged classes of developing nations, nor is it an option for western governments. Lessons learned in successful responses in Cambodia, Thailand and Uganda all point to the importance of leadership, commitment and continued effort from all sectors of society, from people living with HIV/Aids to successful local, national and international responses.

In order to break the complacency of the advantaged regions of the world, active use of global policies can help convince both world leaders and civil society of the consequences of action and inaction and assist in directing the responses to achieve the greatest effect. The traditional fixed pre-determined value judgements about HIV/Aids as a social evil, focusing on individual behaviour is no longer valid; it has been overtaken and made obsolete by the reflexive modernisation process. Indeed HIV/Aids may be seen as a reflexively modern disease, undercutting and laying bare many of the contradictions, ambiguities and paradoxes of traditional approaches. What is required is a new approach that acknowledges the indeterminate and unpredictable nature of the disease and the connections it has to other social problems such as poverty and malnutrition, all of which pose a threat to the long-term sustainability of whole regions. Greater advocacy based on improved social understanding of specific situations and an understanding of the most urgent local prevention needs is required to break the rate of complacency of privileged communities around the world and strengthen the international commitment to addressing the epidemic.

Discussion

Whilst there is no doubt that the reflexive modernisation perspective is an influential and original formulation, there are several areas around which criticism has been focused. Two themes evident in the literature are relevant to this paper: an over-emphasis on the transformational power of risk and the problem of reconciling reflexivity and reflection.

In maintaining that regardless of social inequality, everyone is united in a shared community of fate, Beck (1992) claims that consciousness about inequality is eroded since we are all equally threatened by the same, inescapable global risks. Eventually risks catch up with those who profit from them causing a kind of equalising effect. We are all confronted similarly by the same risk-fate. In response to this argument, Elliot (2002) contends that by placing risk as a central concept to reflexive modernisation Beck is over-simplifying the sources of social, economic and cultural malaise and transformation. The HIV/Aids epidemic sweeping Africa and Asia and the inadequacies of national responses have a far wider range of sources than the nature of risk alone. Elliott (2002) also claims that Beck does not adequately account for how individuals are drawn into the processes of reflexive modernization (eg through overwhelming global risks). Rather than uniting everyone as equals, risks such as HIV/Aids, may embody and reinforce the asymmetrical power relationships of social inequality evidenced in the widening gap between rich and poor communities and the socially excluded.

The HIV/Aids epidemic in Africa and Asia seems to provide examples of both Beck's and Elliot's claims. As Elliot (2002) argues, social inequality and social division rather than being equalised by the risks presented by the spread of HIV/Aids is being accentuated. However, there is also no doubt that in Africa and Asia, social and economic well-being is no defence against infection, thus there is also an equalising effect.

Problems also arise in the way reflexivity and reflection are treated as separate phenomena in reflexive modernization theory. The 'reflexivity' of reflexive modernization implies unthinking and unknowing responses to modernization whilst the 'reflection' of reflexive modernization refers to a deliberate (knowing) response to unintentional and unseen (reflexive) dissolution and endangerment. However, reflection does not necessarily follow-on from reflex. As Elliott (2002) points out, the problem here is that in splitting reflexivity and reflection into mutually exclusive categories, Beck has separated blind social processes and practices (reflex) from knowledge residing with social actors (reflection). Rather than reflex and reflection being separate, they are bound together in a complex relationship requiring the development of more heterogenous, interpretive analytical methods. HIV/Aids responses and intervention programmes may be seen as being somewhat reflexive rather than having an inclusive reflexive/reflective focus. Most early responses to the epidemic were centred around the identification of individual risk behaviours and the prevention of new infections through modification of such behaviours. A reflective approach recognises that policy settings acknowledge that individual behaviour needs to be considered within its economic, social and cultural contexts.

What is significant about the insights provided by reflexive modernisation are that in a time when we are confronted with paradox, contradiction and uncertainty, novel ideas, insights and methods are needed. Reflexive modernisation is particularly useful in this respect with regard to providing a broad theoretical framework for examining the effects of the HIV/Aids epidemic. It can help begin to explore the connections between broad social and cultural phenomena, the responses of national governments to crisis and the medical, social, economic, cultural, political, environmental and technological contexts in which these events are taking place.

Understandings of the policy responses to the HIV/Aids epidemic in Africa and Asia provided by the reflexive modernisation perspective present a major challenge for policy-makers. Firstly, the issue of tackling the large scale issues of ill-health, poverty and environmental degradation is central for policy-makers. These issues cut across major areas of public policy critical to tackling the growing and almost uncontrollable risk of the spreading HIV/Aids epidemic in Africa and Asia. Secondly the reconciliation of reflex and reflection coupled with the reality of difficult to track, changing nature of the HIV/Aids epidemic are challenges that policy-makers cannot avoid if they are to develop relevant and effective responses. For policy-makers it means confronting the difficult task of confidently tracking trajectories of the disease itself and the circumstances that are leading to its spread. If the only responses to the challenges posed by the growing HIV/Aids epidemic are narrow medically-based focussing on treatment for those with the disease and individual behaviour patterns for prevention whilst ignoring the broader issues of social, economic and environmental sustainability, then policy-making becomes at best a futile endeavour.

Conclusion

In this article the key concepts of risk and reflexive judgement have been deployed to achieve a deeper understanding of the difficulties faced by African and Asian nations in the face of such a broad scale and complex problem as the HIV/Aids epidemic. There are many social and economic consequences of HIV/Aids for infected people living in Africa and Asia. Most important is the tendency to marginalise people living with HIV/Aids, forcing them to live on the fringes of society. The disease itself, and those affected by it, have attracted unique levels of opprobrium and social stigma (Cameron, 2001; Ellwood, 2001). Extreme ostracism forces sufferers out of society and into an anonymous existence (48th Commonwealth Parliamentary Conference, 2003). The stigmatisation of the disease pushes such people further and further

away into non-existence. A cycle of guilt, shame and denial is set in motion impeding treatment and prevention of infection.

The combined effect of poverty and HIV/Aids has the potential to lock whole nations in Africa and Asia into a downward spiral of poverty, ill-health, lessened capacity to engage in productive activity, and compromised sustainability leading to even greater poverty. The reflexive modernisation perspective allows us to break into that spiral by allowing a broad policy view of the complex issues that surround HIV/Aids and sustainability. It recognises that there are social, cultural, economic, political, technological, cultural and environmental dimensions to the problem and policy responses must be equally broad and coordinated.

In using the way risk is conceptualised in reflexive modernisation to examine the HIV/Aids epidemic in Africa and Asia, it is possible to view HIV/Aids as having direct and indirect effects that have implications at the local, national, and global levels. Direct effects are generally localised at the personal and community levels through people contracting the disease or having someone close to who is infected and the economic and social effects on the local community. Indirect effects are more difficult to identify but are perhaps more insidious and have much wider implications. The compromising of decision-making regarding how to respond effectively to the epidemic is leading to the compromising of national sustainability in the hardest-hit regions of Africa and Asia. In the worst case such nations may become failed states with all its attendant problems that have the potential to spill over national and even continental boundaries whilst compromised sustainability of the environment can also have significant side-effects far beyond national borders. These broad and deep risks associated with HIV/Aids lead to a consideration of how these affect policy and decision-making. In doing so this has the potential to create a greater understanding of the difficulties

being faced by African and Asian nations that are trying to come to terms with and respond to such an enormous threat to national sustainability

Reflexive modernisation also brings into focus how the enormity of HIV/Aids is affecting policy judgements and decisions. These effects should be recognised in order to begin bringing the HIV/Aids epidemic under control. Instead of simply responding to the epidemic and associated humanitarian crises in a reflexive way as they occur, national governments could also adopt a reflective approach in which events are anticipated and the consequences of current policy trajectories are examined not just in economic terms but also in the broad terms outlined above. People and communities in which they live can then be re-connected to social, political, cultural and economic institutions so that they are not left to their own fate reliant on their own, often inadequate resources. To allow this disconnection to grow unabated would be courting disaster.

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