Promoters of Promiscuity or Safer Sex?

Norwegian Church Aid and the Transfer of Condoms to Guatemala and South Africa

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Table of Contents

Synopsis...........................................................................................................p. 5

1. Introduction.................................................................................................p. 6
   Background..................................................................................................p. 6
   Aims and Objectives....................................................................................p. 7
   Methods......................................................................................................p. 9
   Outline.......................................................................................................p.10

2. The HIV/AIDS Problematic.......................................................................p.11
   Clinical Features of the Disease.................................................................p.11
   Routes of Transmission..............................................................................p.11
   HIV/AIDS – a Crisis of the South..............................................................p.12

3. Fighting AIDS in Guatemala and South Africa.........................................p.14
   Norwegian Church Aid.............................................................................p.14
   Guatemala..................................................................................................p.15
      HIV/AIDS in Guatemala........................................................................p.16
      Oficina de la Pastoral Social del Arzobispado de Guatemala..............p.17
      Gente Positiva......................................................................................p.18
   South Africa..............................................................................................p.19
      HIV/AIDS in South Africa.....................................................................p.20
      Pietermaritzburg Agency for Christian Social Awareness...............p.21

4. Theoretical Framework................................................................................p.22
   Defining ‘Technology’..............................................................................p.22
   The Interplay of Technology and Society................................................p.22
   Analytical Tools.......................................................................................p.25
      Script.....................................................................................................p.25
      Gender.................................................................................................p.28
   Male/female condoms..............................................................................p.29
      Male Condoms....................................................................................p.29
      Female Condoms................................................................................p.33
      The Script of Responsibility................................................................p.34

5. Condoms......................................................................................................p.35
   It’s your Choice?.......................................................................................p.35
   Guatemala................................................................................................p.37
      The Catholic Church and Condoms......................................................p.37
      The Controversy of Condoms – Unsafe Sex or Immoral Behaviour?...p.39
      Condoms – a Stabilised Artefact within the Church?.........................p.41
      A Resilient Original Script................................................................p.43
      Gente Positiva and Condoms..............................................................p.44
      Oficina Pastoral Social del Arzobispado de Guatemala and Condoms...p.45
      Which Reality Counts?.......................................................................p.47
      Other Impediments to Condom Usage...............................................p.49
   South Africa.............................................................................................p.51
      Pietermaritzburg Agency for Christian Social Awareness and Condoms..p.52
Synopsis

This thesis deals with the problem of technology transfer and how technologies are not neutral but are interpretatively flexible. They are transferred with scripts. Scripts contain prescriptions of potential users, the technology, its use and mode of usage. When transferred to a new setting, there is no obvious way of reading a script. The script is confronted with the potential users and subsequently rendered real or unreal through a process of de-scription.

HIV/AIDS has become a global development and humanitarian disaster with the majority of infections occurring in less developed countries. Trying to overcome the spread of this disease, the global society implements relief measures where technologies, such as condoms are deemed to be promising solutions to the problem. Seeing the extent of HIV/AIDS, the issue of condoms has increased in controversy. This is especially due to the opposition of condom usage by many religious enclaves. With its history of sexual activity, condoms are by organisations such as Norwegian Church Aid considered a tool for safer sex, yet they are interpreted differently by actors such as the Catholic Church. The latter regards condoms as promoters of promiscuity and foeticide.

This thesis looks at how Norwegian Church Aid and three partner organisations in Guatemala and South Africa regard condoms and how they define the potential users of condoms.

**Key words:** HIV/AIDS, technology transfer, condoms, script, gender, interpretative flexibility, Norwegian Church Aid.
1. Introduction

This chapter presents the problem of the thesis, and its aims and objectives. In addition, an overview of the methodology used will be given and a brief outline of the thesis.

Background

Approximately 37.8 million people are infected with Human Immunodeficiency Virus (HIV)\(^1\) today throughout the world. More than 20 million people, among them nearly 5 million children, have died since the Acquired Immune Deficiency Syndrome (AIDS) was identified in 1981 (UNAIDS, 2004). HIV/AIDS has become a global tragedy which does not discriminate between peoples; however 90% of infections occur in less developed countries (UNAIDS, 2003). In order to limit the extent of the disease, many relief measures are taken and have to be taken in the future. Science and technology are, in this respect, presented as solutions to HIV/AIDS by means of for instance vaccine trials, antiretroviral (ARV) therapy, the distribution of male/female condoms\(^2\) and the ongoing research of microbicides.\(^3\) In addition to the World Health Organisation (WHO) and the Joint United Nations’ Programme on HIV/AIDS (UNAIDS), smaller developmental organisations, such as Norwegian Church Aid (NCA), are involved with preventive and therapeutic measures such as condom promotion and advocating the right for adequate treatment.

A majority of the affected countries in the South are dependent on HIV/AIDS technologies from the North.\(^4\) Such technology transfer is constrained by many factors. On the one hand, certain technologies, such as condoms, are too expensive for people in low-income countries, additionally, they can be difficult to obtain. Challenging conventional

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1 Although there are two main types of HIV, HIV-1 and HIV-2, I will only use ‘HIV’ as a common term.
2 The term ‘condoms’ will be used when both male and female condoms are addressed. ‘Condom’ in singular will be used when neither male nor female condoms are alluded to in particular.
3 Microbicides is a cream, when applied in the vagina it destroys the HIV. Researchers are presently trying to develop a microbicide that kills the HIV without impeding fertility.
4 Although lacking accuracy, I choose to use the concept of ‘North/South’ among many eligible terms, to depict the divide between economically advantaged and disadvantaged countries.
notions of technology, technologies are on the other hand not neutral. They are socially constructed, thus embedded with local norms that obviously are not universal. When introduced to new settings, technologies need to be flexible so to undergo processes of adaptation in order to be successfully adopted. Similarly, the receiving culture needs to demonstrate flexibility so to adopt the new technology. To facilitate efficient HIV/AIDS work, developmental organisations, such as NCA, need to have knowledge of the characteristics of technology transfer.

Aims and Objectives

In this thesis, I have chosen to study NCA and three partner organisations’ approaches to condoms in their fight against HIV/AIDS. Seeing that HIV/AIDS is considered to be the major development and humanitarian disaster of our times, the issue of condoms has increased in controversy. This is especially due to the opposition of condom usage by many religious enclaves. From the beginning, NCA has been my desired subject of study due to its religious affiliation and how this subsequently would affect its view of condoms. The setting of the thesis is staged in Guatemala and South Africa; countries where the three partner organisations are localised.

This thesis deals with the problem of technology transfer. Although condoms are presently produced in both the South and the North, condoms will be depicted as a ‘northern technology’, thus foreign to many settings in the South. Nevertheless, the image of technology transfer can be used to describe more than just the transfer of technologies, for instance the transfer of safer sex knowledge.

In the field of science and technology studies (STS), the conventional thinking of technology transfer, which assumes the technology to be constant and unchanging, is
contradicted. According to STS, technology has inbuilt politics which may be challenged as the technology travels to new cultural locations. If contested, the technology’s inbuilt politics necessitate a rewriting in order to function satisfactorily.

Theoretically, the problem of technology transfer will be approached with help from concepts used within the field of STS. Whole theories as such will not be applied; I will rather draw on concepts from constructivist studies of technology, which are also used within feminist studies of technology. The main concept used is ‘script’ from Actor Network Theory (ANT), which emphasises on how technologies come with scripts. In the process of designing a technology, the designers inscribe into the object the imagined world of the potential users and therefore the world of the future object. Scripts are local norms describing the technology, its use and mode of usage. ‘Gender’ is an important analytical category in the thesis as gender is argued to be inscribed into the technology and must therefore be taken into account when studying condoms. In line with this, the concept of ‘interpretative flexibility’ from Social Construction of Technology (SCOT) is widely seen as a valuable asset in feminist debates. This concept demonstrates how different groups of people may have different, even contradicting, understandings of a technology. Technologies can therefore have different uses.

With these concepts, the thesis aims to investigate how NCA and its partners approach the constraints of the technology transfer of condoms to Guatemala and South Africa.

Questions that will be addressed are:

1. How do NCA and its three partner organisations regard condoms?
2. How do the same organisations define the users of condoms?

Through Norwegian media, NCA has fervently emphasised the importance of condom use to impede HIV infection. Therefore, I expect a dialogue initiated by NCA with its partners in order to enable condom promotion. Because of NCA’s extended experience with HIV/AIDS
work and the existent controversy of condom usage in many settings, I expect a conscious and sensitive approach to the subject of condoms.

**Methods**

At the initial stage, preliminary talks were carried out with representatives from NCA in Oslo, in order to get an overview of NCA’s involvement with HIV/AIDS. Through meetings with NCA, I learnt that NCA does not implement any HIV/AIDS programs as such in the two regions; however its programmes are partner based. Therefore, three partner organisations were approached; two in Guatemala and one in South Africa.

Although this thesis studies three organisations in Guatemala and South Africa, I have not done any participatory fieldwork in these two countries. Obviously, this can be problematic, but I have adapted my problem statement according to the information I have been able to obtain. Thus, I am reflecting on the organisations’ interpretations of condoms and their users, but not on the actual use of condoms.

Information for the case studies has been gathered through correspondence, questionnaires, literature, policy papers and semi-structured interviews. Contact was established through email with key agents at NCA’s regional offices in Guatemala and Botswana as well as with the chosen South African partner organisation named *Pietermaritzburg Agency for Christian Social Awareness* (PACSA). Two semi-structured interviews have been carried out with one representative from NCA and one from PACSA who attended a conference in Norway in May 2004. Questionnaires have been sent electronically to NCA’s Regional Office in Guatemala and to the two partner organisations in Guatemala, *Gente Positiva* (GP) and *Oficina de la Pastoral Social del Arzobispado de*
Guatemala (OPSAG). To Southern Africa, questionnaires have been sent to NCA’s regional office in Botswana and to PACSA. In addition to NCA’s policy papers and relevant documents on HIV/AIDS and the two countries, an extended literature and article search have been performed and reviewed. Data collected shows an abundance of literature and articles on South Africa and HIV/AIDS related issues. In contrast, relevant literature on Guatemala and HIV/AIDS are few in number.

A debate called *The Infected Community: HIV/AIDS and Stigmatization* arranged by Cordaid/Memisa was attended by the author in The Hague, the Netherlands on May 13th, 2004.

**Outline**

After the introduction in chapter one, a general introduction to the HIV/AIDS problematic will be given in chapter two. The organisations and the two countries in question will be introduced in chapter three. Chapter four offers a definition of ‘technology’ and a closer look at condoms. Chapter four also lays out the conceptual framework of the thesis. The theoretical concepts, which will be used as analytical tools, will be introduced. Chapter five will analyse how NCA and its partners actually work with the technology, and how they read the scripts of the technology, the local resistances to the scripts, to the fact that the transfer of technology to new settings requires a rewriting of such scripts so to embed the technology within the new cultural situation. The notion of ‘script’ implies a definition of users, thus the thesis will look at how the organisations describe the potential users of condoms. Finally, conclusions are presented in chapter six.

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5 Additionally, questionnaires were sent to three other partner organisations in Honduras, El Salvador and Peru for a wider comparison. With Latin America, communication has proceeded in Spanish, and the quotes used have been translated by the author.
2. The HIV/AIDS Problematic

Before introducing NCA and the three partner organisations and their respective countries, a short introduction to the HIV/AIDS challenge is necessary. Emphasis is put on clinical aspects of the disease, how it is transmitted and how most infected people live in the South.

Clinical Features of HIV/AIDS

HIV is not the same as AIDS but they are closely connected as AIDS is caused by HIV. The virus presses forward into the body’s immune system, invading and destroying the CD4 T cells. CD4 T cells are white blood cells which are first in line in the body’s immune defence system. They are, however, duped by HIV before they are able to send signals to the CD8 T killer cells which should destroy the foreign virus in the body. As the CD8 T cells necessitate activation by the now destroyed CD4 T cells, it results in the body’s weakened defence against normally benign infections. A body with a weak immune system or no immune system at all, easily develops opportunistic infections such as pneumonia and tuberculosis. AIDS has been developed when the immune level is so low that the body becomes an easy target for such opportunistic infections. The progress of HIV/AIDS parallels the CD4 T cell number and the amount of virus in the blood, for instance full blown AIDS occurs when the CD4 T count is below 200. Ideally the patient should be put on ARV treatment. ARVs impede the reproduction of HIV in the body, hence increasing the CD4 T count and improving the immune system.⁶

Routes of Transmission

HIV is transmitted via body fluids such as semen, cervical secretions and blood. The most common form of transmission is through sexual intercourse with an infected person. Other

common routes are from mother to child through pregnancy, childbirth or nursing; secondly, contaminated blood and thirdly, contaminated needles. The frequency of infection through these routes varies regionally. For instance, in Sub-Saharan Africa infection through heterosexual sex has been prevalent while in Latin America men having sex with men and the sharing of needles are predominant. Nevertheless, in Latin America infection rates through heterosexual sex are increasing seeing that many men carry out sexual relationships with both men and women. HIV/AIDS was traditionally considered to be a male disease, as primarily men were infected. Today, however, 58% of infected people in Sub-Saharan Africa are women (UNAIDS, 2003).

**HIV/AIDS – a Crisis in the South**

HIV/AIDS has become a global tragedy, yet the highest prevalence of HIV/AIDS cases are found in developing countries. Of the nearly 38 million HIV positive people in the world, 25 million live in Sub-Saharan Africa (UNAIDS, 2004). One reason for this uneven infection rate is the unequal distribution of health resources within and between countries. An average of 6% of gross domestic product (GDP) is spent on health in wealthy countries compared to less than 1% in developing countries (Singhal & Rogers, 2003).

There is a strong connection between HIV/AIDS and poverty. Poor people are especially vulnerable to infection and the circle of HIV/AIDS and poverty is hard to break. With its devastating effects, HIV/AIDS is no longer a crisis which only strikes the healthcare sector, but it is showing its effects on other sectors as well. In countries with high HIV/AIDS prevalence, HIV/AIDS impedes development. Households lose income as people are too sick to work, and an increasing amount of money is spent on healthcare and funerals. As a result, children are withdrawn from school to care for the sick and help sustain their family. While
households loose income, schools loose teachers, children loose parents, clinics loose doctors and nurses, and the industry looses employees. Tragically, people lost surpass people gained.

Having looked generally at issues regarding HIV/AIDS, the thesis will now focus specifically at the two countries in question and the four organisations.
3. Fighting AIDS in Guatemala and South Africa

With intent to facilitate a better understanding of the three partner organisations’ conditions in their respective countries, this chapter sets the stage for the case studies. NCA and its three partner organisations will be introduced as well as a short historical and cultural background of Guatemala and South Africa.

**Norwegian Church Aid**

Norwegian Church Aid (NCA), one of Norway’s largest development agencies, is an ecumenical nongovernmental organisation (NGO) that works for individuals’ basic human rights. Theologically, its origin is the Norwegian Church, which is a Protestant Lutheran church; however today, NCA identifies as part of the Protestant ecumenical movement.

Within three prioritised fields, (i.e. HIV/AIDS, water and violence), NCA works for justice, equal participation, environment protection, peace and reconciliation, and saving lives. NCA cooperates with other churches and organisations, both faith-based and secular through five hundred projects in seventy countries on four continents. With an entire annual budget estimated to be 430 million NOK during the last years, its two main income sources are private donors and the Norwegian authorities. Within Latin America and Southern Africa, NCA does not implement any HIV/AIDS projects on their own, but the projects are done by organisations supported by NCA: “NCA supports partners to undertake activities/projects/programmes of HIV/AIDS…We receive proposals, screen them, give financial support, offer advice, follow up on projects and monitor progress” (Informant 3).

Before presenting the two partner organisations in Guatemala, a brief introduced to Guatemala will be given.

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7 HIV/AIDS related projects have a budget of approximately 40 million NOK
8 Source: interviews, [www.nca.no](http://www.nca.no)
Guatemala

Guatemala is a country of great diversity with regard to nature and culture. The Indigenous populations, jointly labelled *Maya*, comprise of 50-60% of the total population of nearly 14 million. The second largest population group in Guatemala is called *Ladino* in local Spanish. *Ladinos* are descendants of both Indians and Europeans.

Guatemala has a violent history. During 3 decades, from the 1960s to the 1990s, Guatemala suffered a bloody civil war. In 1985 civil rule was restored; however the atrocities committed by the military against the civil population continued. In 1990, peace talks began, resulting in a peace agreement in 1996, which officially ended the conflict.\(^9\)

According to the Human Development Report (HDR), 2001: “Latin American and Caribbean countries have among the world’s highest income inequality” (UNDP, 2001, p.17). In 2001, Guatemala was ranked number 108 on the human development index (HDI); however in 2003 it had fallen to number 119. Today an average 16% of the Guatemalan population is living below $1 a day (UNDP, 2003)\(^{10}\) and 80% of the population live in poverty.\(^{11}\) Officially, the unemployment rate is 28%; however unofficially it is much higher. 40% of the population at large are illiterate, yet among the Indigenous populations the number is higher. Guatemala is one of the countries in the world that use the least money on education, therefore lack of schools is common. (Ekern & Bendiksby, 2001, pp.5- 6)

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\(^{10}\) For the source UNDP, 2003; Human Development Indicators for 2003 have been used.
\(^{11}\) In the region, only Haiti and Honduras have a higher poverty percentage.
Culturally, Guatemala is marked by Catholicism, as it has had a dominating place in Guatemalan society since the Spanish invasion in the 16th Century. The Catholic Church of Guatemala was actively involved in the peace negotiations during the 1990s, leaving one of its committed negotiators, Bishop Juan Gerardo, assassinated in 1998.

Whether due to Catholicism or not, most Latin American countries such as Guatemala are known for being conservative. Young people should honour and respect their parents and women should respect their husbands. In Guatemala, women belonging to a class or group are subject to a specific mode of behaviour. For instance, women descended from the white elite have only three statuses reflecting their sexual behaviour; either they are virgins, legitimate wives, or prostitutes (Smith, 1995, p.735). This is consistent with the notion of ‘marianismo’, describing women as devoted, obedient and submissive to men. With the Virgin as an idol, women ought to be faithful, chaste and untouched before marriage. Men’s cultural behaviour pattern is brought forward through ‘machismo’. According to the machismo culture, a man should be dominating and aggressive towards women while competing with other men. He should know his way around women, and prove his manliness through frequent sexual activity.

**HIV/AIDS in Guatemala**

In December 2003, between 1.3 and 1.9 million people were infected with HIV in Latin America (UNAIDS). Of these 67000 lived in Guatemala, leaving the adult rate in Guatemala to 1.0%. Alarmingly, the numbers are escalating rapidly.

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12 During the past decades, an increasing number of so-called protestant sects have appeared. The encounter between ‘high Catholicism’ and other religious practices has developed a local variant or variants of Catholicism called *catolicismo popular* or syncretism.

13 There are three main groups: the elite, Ladino and Maya. Maya women are considered to be the most autonomous of Guatemalan women. Having a different culture system, Guatemalan Indigenous peoples consider themselves outside of the national hierarchy system. (Smith, 1995).
According to the Guatemalan constitution, the state guarantees health; however following Abreu et al. (2003), most HIV/AIDS services are provided by NGOs (p.154). In Guatemala the capacity to respond to HIV/AIDS has been inadequate due to the extent of other urgent health problems. In Latin America, 60% to 80% of the HIV/AIDS expenditures are spent on treatment. Some countries such as Mexico and Brazil have initiated universal ARV treatment; however only 10% to 30% of the expenditures are spent on prevention (Abreu et al.). Informant 5 states that three condoms cost 5NOK (i.e. less than a dollar) in Guatemala; however 77.1% of the population earn too little to afford this. Medicines for opportunistic infections are available according to Abreu et al.; however ARVs are only obtainable for 22% of the people in need of them (p.171).

In the fight against HIV/AIDS in Guatemala, NCA cooperates with two organisations: Oficina de la Pastoral Social del Arzobispado de Guatemala and Gente Positiva. The former is Catholic based while the latter is a secular organisation run by HIV positive homosexuals.

**Oficina de la Pastoral Social del Arzobispado de Guatemala**

*Oficina de la Pastoral Social del Arzobispado de Guatemala* (OPSAG) was established in 1990, under the guidance of Bishop Juan Gerardo who was assassinated in 1998. With the overarching plan to help the people who suffer the most, the last three years have been dedicated to the fight against HIV/AIDS. OPSAG concentrates its work in the area of prevention and education in order to decrease the impact of HIV. Information about HIV/AIDS is distributed through interviews given to media, conversational groups in parishes, schools, hospitals and prisons, and through awareness campaigns. Additionally, every week a self help group of 15 people living with HIV/AIDS meets. This group also assists in the preventive work, offering their testimonies.
OPSAG’s work is based in urban as well as rural areas in the district of Guatemala and Sacatepequez, working with both Indigenous peoples and Ladinos of which the majority belongs to the Catholic Church. Most live in poverty or belong to the lower/lower middle class.\(^{14}\)

**Gente Positiva**

_Gente Positiva_ (GP) was established informally in 1997 by a group of HIV positive people, the majority of which are homosexuals. Based in Guatemala City the organisation became a non-profit organisation in January 1999. Dedicated to working with infected and affected people by HIV/AIDS, GP has become one of the leader organisations working for HIV positive people in Guatemala. Given Guatemala’s history of infringing the human rights of vulnerable groups, HIV infected people are of no exception. The members of the organisation strongly promote the human rights and the dignity of HIV positive people, as these have been repeatedly violated.

Services offered by GP are medical attention, education workshops, psychological and social help, orientation, and recreation activities.

Ethnically, the majority of the people who are involved with GP’s services are Ladinos with few resources or living in extreme poverty. Many are unemployed owing to their status and health. According to informant 4, Indigenous populations are represented to a lesser extent; however there are a few which have migrated to the City from their villages.\(^{15}\)

The thesis will now look at the historical and cultural background of South Africa, followed by a presentation of the chosen South African partner organisation.

\(^{14}\) Source: OPSAG  
\(^{15}\) Source: GP
South Africa

Similar to Guatemala, South Africa enjoys a rich cultural heritage divided between various ethnic groups. Of a population of almost 40 million in 1990, 70% were black, 16% white, 10% coloured and 3% Asian (Aschegou & Gyldendal, 1993). Although, the black communities are definitely in majority, they have experienced discrimination and deprivation through a separation process that began in the 19th Century. This process culminated with the Apartheid-system from 1948 onwards. In 2004, South Africa celebrated that a decade had passed since its first free election, which bestowed Nelson Mandela from African National Congress (ANC) the presidency. Although equal rights were subsequently given to all ethnic groups, the optimism present in 1994 has cooled down.

With the apartheid laws of 1948, the territories that were distributed to the different ‘races’ were strictly marked, in favour of the Europeans. In order to survive, black men migrated seasonally to urban areas, working as cheap labour in farms, mines and industry, while leaving their wife/wives and children in the ‘homelands’. Women and children were left to fend for themselves, surviving on the poor soil and what the husband sent in form of money. With the work migration and a decreasing number of polygyni, many women were left unmarried while men increasingly chose to marry late. Casual liaisons appeared between men and women, and many women became hesitant to marriage, as husbands proved to be an economic drain. Instead they had children with different men while being supported by parents, brothers and to some extent by the children’s fathers. Nevertheless, black South Africa remains at large a patriarchal society where children should respect elders and women should respect their men.

Although considered a middle income country by the World Bank with a GDP per capita close to Brazil (HDI 73) or Malaysia (HDI 59), South Africa was ranked number HDI

Traditionally, Bantu speaking people were sedentary, patriarchal practicing polygyni; however with economic instability and the influence of missionaries, cases of polygyni have decreased.
111 in 2003 (UNDP, 2003). As in Guatemala this arises from the internal differences with regard to prosperity. All in all, 14, 5% of the total population live below $2 a day, and in 1993 63% of households living in poverty were still living in poverty five years later (ibid). Unemployment is high, around 30%, and many, especially black Africans, are forced to leave their homelands in order to seek employment in urban areas. Although these factors are a major challenge along with social injustice and poverty, HIV/AIDS has become the principal challenge to South Africa. 17

**HIV/AIDS in South Africa**

Today South Africa has the highest HIV/AIDS population in the world. Among the 44 million people residing in South Africa, 5.3 millions live with HIV/AIDS (UNAIDS, 2004). Throughout the 1990s, the fatal combination of poverty, ignorance and unprotected sex, has allowed the epidemic to proceed almost uninterrupted by a government which has had democracy on the agenda. President Thabo Mbeki spent much of his first term questioning the link between HIV and AIDS while emphasising on the toxicity of ARVs. The Government has supported awareness campaigns, but only until recently, treatment of the disease. In Southern Africa, more women are HIV infected than men. Biologically, the virus is more easily transmitted to women. Still, women’s low status in traditional law makes them vulnerable to discrimination and abuse. As girls and women tend to have older partners 18, the HIV percentage rate in age group 15-19 is different regarding boys and girls. 16% of black South African girls are infected compared to 6% of black boys (Gennrich (Ed.), 2004, p.8).

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17 Other sources of the paragraphs: Aschehoug & Gyldendal (1993), Howell & Melhuus (Eds.), (2001).  
18 Young women/girls are involved in sexual relationships with older men who “compensate” them with money, mobile phones and even cars. The compensation given is not necessary for survival but for maintaining a lifestyle (Gennrich (Ed.), 2004 & informant 7).
The next paragraph introduces one of NCA’s partner organisations in South Africa:

*Pietermaritzburg Agency for Christian Social Awareness.*

**Pietermaritzburg Agency for Christian Social Awareness**

*Pietermaritzburg Agency for Christian Social Awareness* (PACSA) was set up in 1978 as a Christian ecumenical organisation fighting social injustice particularly in the KwaZulu Natal Midlands area. Initially, the focus was to fight the apartheid system; yet today the main objective is to empower marginalised groups such as women, youth and unemployed people. Its activities surpass that of HIV/AIDS, but HIV/AIDS is currently integrated into everything the organisation does. PACSA has five main programs: Gender, Poverty and Economic Justice, Citizenship and Conflict Transformation, Citizenship – Participatory Democracy and Reconciliation and finally, Communications. Through these programs, PACSA does research and is invited to schools, churches, and clubs to raise awareness about HIV/AIDS.

PACSA works predominately in impoverished areas with women, children, youth and churches of mainly Zulu decent.

With the staging of the case studies completed, the theoretical framework of the thesis will be presented in the next chapter.

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19 PACSA is based on the Anglican church tradition (Informant 7)
20 Source: PACSA
4. Theoretical Framework

This chapter presents the theoretical framework of the thesis. As there are many ways to approach the notion of ‘technology’, a definition of technology will initially be given. Next, a brief introduction to relevant research within the field of STS will be presented as well as the analytical tools of the analysis. Finally, the focus will be turned to male and female condoms.

Defining ‘Technology’

According to HDR, 2001, there are high expectations to new technologies: “New technologies will lead to healthier lives, greater social freedoms, increased knowledge and more productive livelihoods” (p.4). Condoms are coupled with such expectations as they are thought to impede the transmission of HIV/AIDS. The notion of ‘technology’ has changed its meaning over time and there are many definitions to choose from. In the Social Construction of Technological Systems: New Directions in the Sociology and History of Technology, Wiebe Bijker, Thomas Hughes and Trevor Pinch (1999 (1987)) state that “technology is a slippery term” (p.3). They argue that technology can be all from physical objects, human activities, processes to knowledge (p.4).

The Interplay of Technology and Society

In the STS-field, technologies are understood as part of the social sphere. Following the sociologists Donald MacKenzie and Judy Wajcman’s (Eds., 1985) line of thought in their The Social Shaping of Technology, technology is shaped by society, and simultaneously, it creates social consequences. Hence, there is a mutual relationship between technology and society. Asking “to what extent, and how, does the kind of society we live in affect the kind of
technology we produce?” (p. 2), MacKenzie and Wajcman’s approach to technology as socially shaped, is radically different from a linear technological deterministic approach. As perhaps the most powerful tradition of thought regarding technology, technological determinism has a two-edged meaning. On the one hand, technology is considered autonomous of society, yet on the other hand, technological development determines societal development. Technology is thus outside of society; however society is conditioned by it. The now classic anthropological essay by Lauriston Sharp (1952) is an example of extreme technological determinism. It tells the story of the introduction of steel axes in an Aboriginal Australian society of Cape York Peninsula which led to the total collapse of the society. Technological change occurred when the steel axes were introduced by some missionaries at the expense of the local made stone axes. With technological change, the Aboriginal community experienced societal change. Although Sharp argues in favour of his account, it is too simple and too much reduced to the impact the steel axes had on the society.

Continuing further on the symbiotic perceptive of technology and society, the SCOT approach was defined in the reader edited by Bijker, Hughes and Pinch (op.cit). SCOT defines technology as socially constructed, thus a social product. Technology should, according to SCOT, be studied through notions such as ‘relevant social groups’, ‘interpretative flexibility’, and ‘stabilisation’ and ‘closure’. Introduced by Bijker and Pinch (ibid), a ‘relevant social group’ can be anything from institutions to unorganised groups of people who “share the same set of meanings, attached to a specific artifact” (p.30). ‘Interpretative flexibility’ shows how technology can be subject to different interpretations and therefore used in various ways. Subsequently, when a relevant social group has agreed on an interpretation, the object becomes ‘closed’ or ‘stabilised’.

More radical still within the constructivist approach is ‘Actor Network Theory’ (ANT), associated with scholars such as Bruno Latour, John Law and Madeleine Akrich. In The De-Scription of Technical Objects, Akrich (1992) presents the notion of ‘script’, arguing
that designers anticipate the motives, wishes, and behaviours of potential users of a technology. Subsequently, this information is inscribed into the technology in order to sustain a preferred interpretation and usage. Radically, ANT eliminates the distinction between human actors and non-human actors, arguing that actors are not self-evident. In fact, both humans and technologies are essential in “actor networks”. Challenging SCOT, which approach gives only human beings the status as actors, Akrich describes how technical artifacts “participate in building heterogeneous networks that bring together actants of all types and sizes, whether human or nonhuman” (p. 206).

Another central notion to the user-technology relation is Steve Woolgar’s (1991) ‘configuring the user’. Similar to Akrich, yet different from SCOT, Woolgar puts emphasis on how the design processes restrict the flexibility of technology. Technology can be read like a text by the potential users who have been defined through a process of ‘configuring’. According to Woolgar, ‘configuring’ means to define “the identity of putative users, and setting constraints upon their likely future actions” (p. 59). Both Akrich and Woolgar emphasise on users as imagined by designers, thus differing from SCOT’s view of users as individuals or groups involved in technological development. It may thus seem that ‘script’ and ‘configuring the user’ are close to being synonymous concept; however, Nelly Oudshoorn and Trevor Pinch (2003) denotes in How Users Matter: the Co-construction of Users and Technology how Akrich, in contrast to Woolgar, accentuates on the participation of the user in technological innovation (p.9).

The scholars mentioned above have for more than two decades contradicted the assumed neutrality of technology, instead emphasising on the reciprocal relationship between user and technology. Nevertheless, the neutrality of technology still remains a powerful and prevalent tradition of thought. For instance, the HDR, 2001 claims that “technology is not inherently good or bad – the outcome depends on how it is used” (p.27). Indirectly, this statement denies
people the possibility to discard technology on moral grounds. Moreover, it does not open for a religious and/or moral debate with regard to a specific technology. Instead, technology is taken as a given and only its effects are bestowed with importance. Technology is, in many respects, treated as deterministic.

**Analytical Tools**

Although endless factors may contribute to the use and/or non-use of condoms, it is impossible to do them all justice within the limited scope of this thesis. Therefore, two analytical categories have been chosen, one for Guatemala and the other for South Africa. In the paragraphs on Guatemala, the Catholic Church has been chosen as a category, seeing it is an important actor within the Guatemalan society. Regarding South Africa, a specific focus has been set on gender, since gender inequality is believed to have triggered the high infection rate among women in South Africa. Still, this does not mean that gender is not an important actor in Guatemala, or the aspect of religion in South Africa.

The analytical tools presented below are not in themselves coherent as they have been taken from different scholars who have different perspectives; however in the thesis they are thought to supplement each other. In this chapter, the notion of ‘script’ will particularly be addressed as well as ‘gender’.

**Script**

The notion of ‘script’ was developed by Madeleine Akrich. With this term, she focuses on the technical object and the designers’ ideas concerning its development. When constructing an artefact, the designers make hypotheses about the world of potential users and thus, the future world of the technical object. They have a specific idea of the function of the product and
they construct, or rather, inscribe into the technical content an idea of the user, defining and imagining him/her and how they will use the object. Consequently, a script is built into the technology. This script consists of local norms regarding the content of the technology, its usage and mode of usage. Akrich argues that “designers thus define actors with specific tastes, competences, motives, aspirations, political prejudices, and the rest, and they assume that morality, technology, science, and economy will evolve in particular ways” (p.208). Therefore, the specific reading of a script is dependent on the setting of a technology as the local norms are transferred in conjunction with the technology. When transferred to a new setting, there is no obvious way of reading a script. The script is confronted with the potential users and subsequently rendered real or unreal through a process of de-scription. De-scription is thus a process where the users accept, contest or renegotiate the script.

In the process of culturally integrating a technology so to function in a new setting, it has been argued that the term ‘domestication’ may be more appropriate than ‘script’ (cf. Oudshoorn & Pinch). Extensively discussed among researchers in Trondheim, 21 ‘domestication’ is associated with the taming of animals from the wild to a domestic setting. This original meaning has been transferred to the process of appropriating technology. At first sight, it may seem as ‘de-inscription’ and ‘domestication’ are synonymous concepts. Oudshoorn and Pinch state, however, that ‘domestication’ has users as its point of entry in contrast to Akrich’s ‘script’, which emphasises on the designers and their preconceptions of the technical artefact and its users. Therefore, the notion ‘domestication’ comprises more than just the user-technology relation, as this approach views the user in a larger setting that includes social, cultural, political and economical factors (p.12). These factors restrict the users’ engagement with technologies. Thus, ‘script’ may be inadequate “to understand the full dynamics of technological innovation where users invent completely new uses and meanings of technologies or where users are actively involved in the design of technologies” 21

21 Such as Knut Sørensen and Merete Lie.
Nevertheless, it is not within the scope of this thesis to study ‘the full dynamics of technological innovation’, but to study how the technology and the users are defined. Therefore, one cannot reject ‘script’ all together because Akrich is concerned with the meeting place of technology and potential user; how the script relates to the surrounding world and the worldview of the users. Still, it has to be mentioned that for Akrich, the context is only relevant to the extent it converges with the technology. She considers thus part of the context as irrelevant to the performance of the technology.

Although criticised, the term ‘script’ is functional as an analytical tool in this thesis and will thus be applied even though its author understands the criticism. Nevertheless, since applying notions from SCOT as well, ‘script’ needs to be adapted to a more social constructivist approach, where human beings are actors and technologies are acted upon.

Being empirical and disregarding contextual matters and non-explicit norms that are deemed irrelevant in relation to a technology, there is one important aspect that has been ignored in Akrich’s article about ‘script’. Indeed, this is not only the case with Akrich, but with ANT and constructivist studies of technology in general. Hence, during the last decade, a number of articles describe how constructivist studies of technology traditionally have ignored the aspect of gender in relation to technology. Notably, women have been absent in the relevant social groups, and as designers and users. But, users of condoms do have sex, and being for instance a man means holding a specific relationship with this technology, which would be different if he was a she. Maria Lohan (2000) argues in Constructive Tensions in Feminist Technology Studies that gender must be included so to obtain a complete understanding of technology, and equally important is including technology when studying gender.

Gender

As with ‘technology’, ‘gender’ has been afforded different contents and definitions. Gender was, by early feminist studies of gender and technology, thought of as a fixed and a stable variable which was independent of social interaction (Wajcman, 2000). Yet in contemporary gender studies, ‘gender’ is approached as ‘fluid, flexible and complex’. Similar to constructivist views on technology, ‘gender’ is defined as a process, socially constructed through negotiations. Being such a flexible category, there may be as many differences within the categories as between (Berg & Lie, 1995).

Using the concepts of ‘gender/sex’ or indeed ‘male/female’ is no longer considered to be a straightforward matter. Within STS, the dichotomy ‘sex/gender’, which parallels the distinction between ‘nature/culture’, has been challenged, arguing that biology is not a static entity that can be separated from culture. WHO, on the other hand, gladly uses the dichotomy ‘gender/sex’ stating that “aspects of sex will not vary substantially between different human societies, while aspects of gender may vary greatly”. In Norwegian there is no separation of sex and gender as the word kjønn comprises of both. As Norwegians and against a separation of ‘sex’ and ‘gender’, Anne-Jorunn Berg and Merete Lie (1995) state in *Feminism and Constructivism: Do Artifacts Have Gender?* that “the advantage of the concept of kjønn is that it points to the interrelatedness of sex and gender and does not presuppose a clear dichotomy or a choice between biological or social phenomena” (p. 342, emphasis in original). Thus when Berg (1996) in *Digital Feminism*, argues that gender is socially constructed, it is on the basis of kjønn, and gender as relative (i.e. conditioned by culture and history) and gender as a relational category (i.e. negotiated and defined in relation to existing gender expressions).

Lohan (2000) argues that it is a challenge to simultaneously study gender and technology as neither feminist studies nor constructivist studies of technology have “the theoretical wherewithal to tackle the co-construction of genders and technologies” (p. 895).

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She chooses to focus on three constructivist concepts which have been functional in feminist studies of technology: ‘interpretative flexibility’, ‘script’, and ‘actant’. Described above, the two first concepts are particularly relevant for the thesis.

The data gathered for this thesis makes it necessary to use the concept of ‘gender’. Thus, gender is chosen as an analytical category because the negotiations about ‘gender/sex’ and between men and women have been demonstrated to be important for the use of condoms.

Having introduced the analytical tools, the thesis will in the following paragraphs look at male and female condoms within an STS-perspective.

**Male/female Condoms**

How can one claim that condoms are a technology? As mentioned above, Bijker, Hughes and Pinch view technology to be physical objects, human activities, processes and/or knowledge. Indeed, condoms are physical objects. As tools for safer sex practices they are part of activities and processes. Last but not least, in order to use a condom correctly and consistently in accordance with the designers’ intentions, knowledge on how to use it and about the consequences for not doing so is essential.

**Male Condoms**

So far, the male condom is the only contraceptive device that exists for men. In *It’s Like You Use Pots and Pans to Cook. It’s the Tool”*: The Technologies of Safer Sex, Lisa Moore (1997) studies a group of sex workers’ relationship with latex technologies. She gives a short history of the male condom, stating that its first known description is dated back to 1564 when
Fallopio used a linen cover to protect men against syphilis. In the 18th Century, however, lambskin condoms were used for contraception and prophylactics (p.445). Thus, the original script of the male condom was to give protection against syphilis and conception. Being most probably used in connection with prostitutes, it was inscribed with a concern for the health of men and the wish to avoid the problem of illegitimate children. Moore continues to maintain that before the vulcanisation of rubber in 1844, male condoms made of animal intestines were prevalent; however today, latex condoms are the most common used male condom. With the industrial revolution and its scientific breakthroughs, they could be mass-produced as other merchandises, hence reducing the price of each unit (p. 445). Interestingly, the male condom was subject to controversy in the 19th Century, as today as the technology was associated with immoral behaviour. Nonetheless, condoms became very popular in the USA even though they were restricted through the Comstock Acts of 187324 (p. 446).

In Scandinavia, the Swedish Association for Sexual Education (RFSU) was founded in 1933 as a non-political and non-denominational organisation, advocating for sexual and reproductive health and rights for both men and women. The organisation started selling condoms so to finance its existence, and in 1946, it was the first worldwide to develop methods for condom testing. Arguing that unwanted pregnancies and STDs are prevented through increased sexual knowledge, RFSU has today 90% of the market share of condoms in Norway.25 For RFSU, the use of condoms is strongly connected with a responsibility to maintain human beings’ sexual and reproductive health and rights. Thus, its reason for being, which is also inscribed into the technology, is to protect people’s sexual and reproductive health. With new knowledge of STDs, such as HIV, the original script of the male condom has been surpassed by new scripts that have been rewritten into the technology. Its reason for

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24 The Comstock Acts of 1873, “An Act for the Suppression of Trade in, and Circulation of Obscene Literature and Articles of Immoral Use” (Moore, p. 466)
25 www.rfsu.com and www.rfsu.sv
usage has therefore expanded simultaneously. In that the condom has become a life saver, its script is even more important and should therefore be strong so not to be interpreted or used incorrectly. The script needs to be strong, because, as will be shown, many groups do not approach the condom as a life saver, but as quite the opposite.

As stated above, in traditional thought of technology the nature of technology is considered to be fixed and inflexible; however stories from STS scholars show in fact the opposite. STS demonstrate that technologies are flexible. In their article about the Zimbabwe bush pump, Marianne de Laet and Annemarie Mol (2000) emphasise on the fluidity and adaptability of the bush pump. The authors argue that “there are many grades and shades of ‘working’; there are adaptations and variants” (p. 225). Consequently, the pump transfers more easily to new settings. In contrast to the flexible Zimbabwe bush pump, a male condom used in a HIV/AIDS setting is supposed to be an inflexible technology as it should be used in one specific way. Nonetheless, the difficulty consists in maintaining this inflexibility as all technologies are, at the bottom line, flexible. SCOT’s ‘interpretative flexibility’ points to the fact that a technology is open to interpretations. The technology itself does not dictate the right interpretation, and it can as a consequence be used in different ways. Still, its material would naturally limit some ways of using condoms. 80% of all condoms made in India, for instance, are used for other purposes. There, condoms are added to cement when constructing roads as the latex makes the roads stronger and less bumpy. Additionally, they are used to make roofs waterproof as well as being used for carrying water.26

Even though the usage of condoms is the same during sex, they are interpretatively flexible since what they achieve can be different, for instance no STDs, avoiding pregnancy, promoting promiscuity and/or immorality. Moore declares that male condoms have contained different meanings throughout the history. There has been an ongoing fight to reduce some

26 Aftenposten, 9th of August, 2004, p.10
meanings in favour of others, and associate as well as disassociate certain behaviours with condom usage depending on the desired outcome (p.446). Hence, different actors, whether the Government, scientific circles, churches or NGOs, aim to reduce the interpretative flexibility of condoms in favour of their own preferred interpretation.

Moore’s study on sex workers in San Francisco demonstrates, in favour of interpretative flexibility, how different latex devices’ range of uses can be endless, even though the purpose continues to be safer sex. For instance, male condoms may be used for regular vaginal or anal intercourse; however Moore’s empirical evidence shows that male condoms are being cut to fit as a preventive device in oral sex on women. With extended knowledge on HIV/AIDS, Moore’s sex workers may apply the latex devices in the manner intended by the designers or in a different way. They do not follow all the scripts of the latex technologies used; however this is not to say that they contest the original scripts. It is necessary to establish a relationship with the technology as it does not achieve meaning by itself, but as Moore illustrates: “Latex devices acquire their meanings within the social interactions users have with both the devices and other users” (p. 443). With its prior history of sexual activity, the male condom accomplishes a relative degree of stability in this particular context as “the control of the device, ease of use, and familiarity enable sex workers to invest particularly standard and comfortable meanings into the device” (p. 450). As will be demonstrated later, the male condom has not been universally stabilised by all relevant social groups. Although deemed as stabilised in the context of the sex workers, institutions such as the Catholic Church strongly contest the usage of condoms, interpreting the technology as a promoter of promiscuity and immoral behaviour.

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27 Latex gloves are also increasingly being used in sexual acts, even though this is not their primary intended usage.
Female Condoms

Developed in 1987, the female condom was the first device produced specifically to inhibit HIV transmission. The original script thus defined the female condom to be a purely health promoting technology, and as an extra option to the male condom. Moore describes the female condom as a loose, tubelike structure constructed of polyurethane. One end of the tube is closed with an internal moveable ring, and there is an external stable ring incorporated into the tube. The internal ring is to be placed on the woman’s cervix, and the external ring covers the outer area of the vagina, the labia (p. 450).

Regarding efficiency, it is claimed by the manufacturer to be safer than the male condom, as there is a 3% risk per 1000 uses compared to 11.6% for 700 male condom uses (p.450). Promoted as the new tool for female empowerment (Kaler, 2001), the female condom implicitly tells a story about the male condom, and how it supposedly has failed to protect women. Considered as a female controlled technology, the female condom can be used secretly (i.e. without the knowledge of men). Thus some believe the female condom to be the answer to gender related problems as it gives vulnerable women power over their own bodies (Ibid). It should thus hold an important place in communities with low level use of male condoms. Nevertheless, as a relative new technology, the female condom experiences some teething problems as people are not familiar with this technology. By Moore’s sex workers, the female condom is pronounced to be uncomfortable, unsightly, unpractical and hard to apply. The dislike of the technology is illustrated by Moore as “couched in a feminist consciousness about the seemingly inferior research, development, and quality of products related to women’s bodies” (p.451). Consequently, it can be argued that the designers have failed in inscribing the wishes and needs of the potential users, and it is therefore rejected in this context. Still, the sex workers do not belong to the female condom’s target group, as they already hold a high degree of male condom compliance. Yet for the general population, time
is needed to adapt to the technology and to make it more user-friendly through practice, as it is still a fairly new technology. To increase the sensation of comfort, a relationship with the technology needs to be established through regular usage.

**The Script of Responsibility**

Working as a barrier between body fluids, condoms are today produced to fulfil two functions. Firstly, they can be a prophylactic technology, impeding the spread of STDs. In this context, it takes as a starting point the fact that a person is not yet infected with HIV, and should therefore be protected against a potential infection. Secondly, condoms can be used as a contraceptive technology, meaning they can prevent pregnancy. This last focus is de-emphasised in a HIV/AIDS context.

As a relatively simple technology, the designers intend condoms to be comprehensive; however the script depicts potential users with specific characteristics. First and foremost, the users must know *why* they should use condoms and be willing to use the technology. Secondly, the user must acquire knowledge on *how* to use condoms in order to achieve the desired end. According to Moore, the latter can be obtained through an image of technology transfer, which means transferring knowledge of safer sex and technical knowledge from one part to another.

A key word with regard to the prescribed users is ‘responsibility’. The script denotes users who are responsible for their own actions, which means not protecting only oneself, but also looking out for the wellbeing of one’s partner. ‘Responsibility’ has become a leitmotif throughout the analysis, seeing that there are many interpretations of what it entails to execute responsibility.

In the next chapter, which is the analytical chapter, the analytical categories and tools are put into operation in relation to condoms.
5. Condoms

It’s your Choice?

Two individuals are needed to pass on a HIV infection. It’s your choice whether you want to be one of them!

This statement is printed on the front page of a brochure on HIV infections distributed in Norway by RFSU. The message given in the brochure is that condom usage reduces the risk of infection and is, accordingly, the best protection against all STDs. Norway is a society of freedom of action, where casual sexual liaisons increasingly have become the norm and where the word ‘sex’ is once a week on the front page of the country’s two tabloid newspapers. Designed to function in such a society, the condom is inscribed with liberal norms and ideas. Yet, despite belonging to a highly educated and well-informed society, only 15% of Norwegians use condoms when involved in casual affairs (Informant 1). With such a low condom usage, RFSU aims explicitly to shape the potential user on the micro level to take responsibility and on a larger scale to change Norwegian society into a place where there is actually a choice. Thus, RFSU produces a technology that not only should make a change in so-called third world societies, but its promotion continues to be necessary in rich western societies such as Norway. Distributed within a Norwegian context, the brochure is accustomed to the western humanistic ideal that human beings are inherently good and rational, therefore responsible. They will subsequently (with some help) make the right choice regarding condoms. Nevertheless, the statement above with its implicit message needs a rewriting if transferred to other cultural and/or religious locations. Indeed, two people are still enough to pass on a disease; however not everybody chooses to use condoms or even has the possibility to use condoms for various reasons. Yet, this does not mean that they are irrational or irresponsible. Regarding low condom usage, WHO argues that the reason “why people don’t use them [condoms] and why they say they don’t use them may be two different issues.
They may complain condoms inhibit sexual gratification and interfere with intercourse, but in reality may be too embarrassed to use them or associate them with “dirty” sex.” This may be true for many Norwegians; however, as will be demonstrated, the lack of condom usage may be attributed to other issues than embarrassment and sexual interference. Thus, WHO comes to short in identifying what it assumes to be barriers to condom usage.

A condom appears to be a simple technology which involves few people; however the picture is more complex. Akrich (1992) argues that “technical objects participate in building heterogeneous networks that bring together actants of all types and sizes” (p.206). Thus, as will be demonstrated, condom usage does not only involve two lovers, but independent units become attached together. Condom usage may include actors such as sperms, viruses, designers, scientists, vendors, distribution networks, God, the Church, Governments, developmental organisations, men, women, gender relations, poor people, promiscuous people and homosexual people. In *Traduction/Trahison: Notes on ANT*, John Law (1995) argues that technologies start to change as they move from one place to another. Thus, condoms change when being introduced to new settings and simultaneously “the social and technical relations around it also start to change” (p. 1). Some of the actors mentioned above disappear while others remain.

Moving away from RFSU and Norway, the thesis will next focus on Guatemala and South Africa and how the local partner organisations perceive condoms and users, and how these perceptions match the script of condoms. NCA’s policy statement confirms that “activities must reflect and respect the local cultural situation, and should be planned in cooperation with partners and local communities” (2003, p.3). Thus, NCA’s rationale for using local partners is

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28 [http://www.wpro.who.int/media_centre/fact_sheets/fs_200308_Condoms.htm](http://www.wpro.who.int/media_centre/fact_sheets/fs_200308_Condoms.htm)

29 I did not find any statements on other assumed barriers of condom usage (e.g. religion) in the related WHO documents.
their specific cultural knowledge of the location, and that they are more likely to work sensitively.

As mentioned above, special attention will be given to the Catholic Church as an important actor in Guatemala, while in South Africa the relationship between men and women and its subsequent impact on condom usage will especially be addressed. This does not mean that the issue is reduced to religion in Guatemala and to gender in South Africa, seeing that both concepts as well as others are important in both countries.

Guatemala

The Catholic Church and Condoms

In a reflection by Alfonso Cardinal López Trujillo, President of the Pontifical Council for the Family (2003), the Cardinal presents the official view of the Catholic Church regarding condoms. The reflection was written as a response to the BBC Panorama’s film Sex & The Holy City\textsuperscript{30} aired in October 2003, in which the Cardinal finds his answers to be taken out of context. Thus, in the reflection he tries to rectify the image of the Church and its opinion on condoms in relation to sexuality, procreation and family. He confirms that the Church contests the promotion and usage of condoms. Looking more closely at the Church’s reasons for this reveals both technical and moral implications. Firstly, the description of condoms as a safe sex device is rejected: “The Catholic Church has repeatedly criticized programs promoting condoms as a totally effective and sufficient means of AIDS prevention” (p. 2). Thus, the Church would claim that the technology has failed in one of its reasons for being; be a prophylactic technology. To confirm this, Cardinal Trujillo presents concerns raised by

\textsuperscript{30} The title gives associations to the successful sitcom named Sex & the City, which content is far removed from the teachings of the Church.
Catholic moralists on the question of condoms’ assumed efficiency. Especially mentioned and used as a reference is in the Cardinal’s words:

A well-known and authoritative moralist, Dionigi Tettamanzi…[who] tackled these matters in a voluminous book, *Nuova bioetica cristiana*, published in 2000. He clearly shows why the condom cannot guarantee the so-called “safe-sex” when used as a prophylactic” (p.4).

But, Tettamanzi seems again to quote other moralists published in a journal named *Medicina e Morale* when stating that “in scientific circles, it is openly admitted that condoms are in fact not 100% safe. **On an average, it is said that there is a 10-15% inefficacy, since the AIDS viruses are much more ‘filtrating’[able to pass through] than the sperm”** (p.4, emphasis in original). This scientific evidence regarding the technical efficiency is placed on the same footing as the Church’s moral views which denotes condoms to be “not only fallacious, but counterproductive and encourage…the abuse of sexuality; at any rate, they are devoid of truly human content and do not contribute to holistically responsible behaviour” (p.4). Hence, in contrast to RFSU, which connects responsible behaviour to the usage of condoms, the Catholic Church’s image of responsible behaviour is attached to the concepts of abstinence, marriage and the non-use of condoms. Importantly, scientific evidence presented by Cardinal Trujillo is directly borrowed from a workshop organised by four US government agencies which shows a risk reduction of 85% when using condoms as prophylactics. This seems to be an alarmingly low percentage when dealing with a disease of such magnitude as HIV/AIDS. With 15% remaining at risk, condoms are definitely not infallible. Interestingly, one of these US government agencies, Centers for Disease Control, confirmed in 1993 that male condoms were “highly effective for preventing HIV infection and other STD’s when used consistently and correctly” (Moore, p. 446).  

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31 US Agency for International Development, Food and Drug Administration, Centers for Disease Control and Prevention & the National Institutes of Health (June 2000).
32 Original source: Centers for Disease Control
of latex and its deterioration during handling, shipping and storage provide an image of condoms as technologically unsafe. It is, therefore, inconsistent with the term ‘safe sex’. In contrast, the Catholic Church promotes a 100% ‘safe sex’ campaign, consisting of abstinence and being faithful to your spouse.

There seems to be a controversy regarding the efficiency of condoms as WHO states that “with consistent and correct use of condoms, there is a near zero risk of HIV”. Indeed, this is a very different number than the one provided from Cardinal Trujillo. WHO bases its statement on a quality assurance procedure of condoms and evidence of a decline of HIV/AIDS cases in countries with high condom coverage, such as in the sex industry in Thailand and Cambodia. Surprisingly, on the same website, WHO is inconsistent when declaring that condoms “also prevent pregnancy, although not as effectively. However, pregnancies reported with condom use are often due to user failure rather than product failure”. WHO argues in order words that the technology cannot be blamed since it is close to infallible (cf. “near zero risk”) when used consistently and correctly. Therefore, the user is to blame. The inconsistency in this is that people will use condoms in the same manner whether being used as a prophylactic or as a contraceptive. So, how can WHO conclude that there are more user failures with the condom as a contraceptive than as a prophylactic? It is, however, important to note that it is easier to become pregnant than infected with HIV.

The Controversy of Condoms - Unsafe Sex or Immoral Behaviour?

Since presenting scientific evidence directly from the source, Cardinal Trujillo could perfectly well have omitted the moralists’ evidence. Nevertheless, regarded of the same standing by Trujillo, the moralists’ standpoints give his argument more weight. Yet, later in the reflection it is revealed that the controversy surrounding condoms does not lie in the fact that condoms

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33 [http://www.wpro.who.int/media_centre/fact_sheets/fs_200308_Condoms.htm](http://www.wpro.who.int/media_centre/fact_sheets/fs_200308_Condoms.htm)
fail to offer 100% protection against HIV/AIDS, but that they simultaneously work as a contraceptive technology. The moral content of the artefact accordingly exceeds the technical, as Cardinal Trujillo confirms that neither a condom which hypothetically would offer 100% protection against HIV/AIDS would be promoted by the Catholic Church. Thus, the Cardinal’s thorough quest for scientific evidence is a waste of time as the level of efficiency is irrelevant compared to official Catholic dogma. Contraceptive technologies, such as condoms, contradict the sanctity of life, since life starts with fecundation and one should not obstruct the course of nature artificially. According to the Catholic Bishops of South Africa, Botswana and Swaziland: “Condoms change the beautiful act of love into a selfish search for pleasure – while rejecting responsibility” (Trujillo, p.2). Again, the problem of responsibility is raised. Condoms are foreign to human nature, and instead of promoting responsible sexual behaviour (i.e. within the confines of marriage), they encourage promiscuity. Cardinal Trujillo argues that promoting condoms is an invitation to promiscuity, influencing young people to act in immoral ways, misleading them to believe they are performing safe sex. For this reason, the condom is not associated with responsible behaviour and health of people, which is what the designers have inscribed into the technology, but as promoter of promiscuity and unwholesomeness.

According to the official Catholic dogma, sexual encounters, which obviously may result in pregnancy, should be limited to marital relationships. Cardinal Trujillo proposes, as an alternative, that one should “live one’s sexuality in a way that is consistent with one’s human nature and the nature of the family” (p.13). His reason for being involved in the controversy is the close relationship between family and procreation (p.3). The sixth commandment protects the family and the sexuality shared by husband and wife. Deemed vulnerable, sexuality has to be evolved within a safe environment, which is the reason for the strong link between marriage and sex (Heiene & Thorbjørnsen, 1997, p. 176). Thus, outside of marriage, abstinence is celebrated while faithfulness is the norm within marriage. In the
New Testament, Paul encourages conjugal love in 1 Cor 7, 2-5, stating that husband and wife reciprocally govern each other’s body. Other passages affirm how human beings should not commit adultery and be driven by lust (1 Tess 4, 3-5; 1 Cor 6, 12-20). Catholic norms and values acquire their legitimacy through the Church’s own normative system, in the same manner as WHO bases its statements on scientific testing and evidence. Nevertheless, God being omnipresent, the Church can contest condom programs as its moral teachings are valid for all.

There are, accordingly, two interpretations of the technology. One is provided by WHO, which firmly believes in the characteristic of the condom as an efficient barrier of body fluids. The other interpretation, which is provided by the Catholic Church, questions this efficiency and more so its moral implications.

Condoms - a Stabilised Artefact within the Church?

Despite Catholic preaching, a high number of sexual relationships are not unfolded within the safe haven of marriage. Not now nor 2000 years ago. If they were, Paul would not have had to preach about it. People seem to have lost touch with their religious erudition as much now as then. It is thus not a trait that only dominates in Catholic circles. As a representative of the official view of the Church, Cardinal Trujillo quotes moralists who as Catholic theologians skilfully describe their view of the present situation of love. A moral theologian, Professor Melina, argues for a crisis of fidelity worldwide:

> It is becoming more rare for love to ‘have a story’, to be prolonged in time, to be constructed and thus become a habitable home. The romantic conception of love, which dominates today, perceives love as a spontaneous event, outside the control of freedom, disengaged from the ethical responsibilities of providing care and diligent work” (p.14).
Sex has become nothing more than a bodily function that must be released. Its actions are governed by a moral relativism based on a subjective consideration of what is ultimately of benefit for the individual self. Denoting an existing double moral, the Catholic organisation, OPSAG, has seen something similar in Guatemala:

We have seen a lot of indifference, such as a double moral which is idiosyncratic for the country and which oblige [us] to strengthen the value systems in order to fight the materialistic agnosticism, which is anti-Christian (Informant 6).

Similar to love, there exist diversity and an abundance of ideas within the Church, as with most social groups. It is therefore not surprising that there are discrepancies within the Catholic Church with regard to the interpretation of condoms, even though its official view is clear and unambiguous. Even among the Cardinals in Rome there are deviations. After the Vatican council (1962-1965), a document approved by the majority of the commission could have given room for pioneer thinking regarding birth control; however, Pope Paul VI chose to follow the minority who maintained the prohibition on contraceptives. Contrastingly, the views of Cardinal Trujillo, a Catholic partner organisation of NCA in Honduras affirms the promotion of condoms to couples where one or both is HIV positive, so not to infect the negative partner or be re-infected (i.e. secondary infection). The same informant, however, also affirms that “we, as the Catholic Church, do not promote the use of condoms, everybody knows this” (Informant 8). Witnessing the reality of HIV/AIDS, the Irish Catholic Priest Enda McDonagh argued on Cordaid/Memisa’s HIV/AIDS debate, 2004 that there is no point in having prescriptive rules about condoms, as people on the ground can provide better judgment regarding condoms. He declared that “you have the right to fight back if something is attacking you”, but also admitted that it is extreme to think that condoms alone is the solution.

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34 Catholic moral under Benedict XVI, a feature article in Aftenposten 2\textsuperscript{nd} of May, 2005, p.4, written by Brynjulf Norheim, Faculty of Theology, University of Oslo.
It should not, however, be omitted. The question of condoms becomes a theological discussion on which Bible passages one selects as important. Is it more important to ‘love thy neighbour’, and help him/her when in distress, or to honour the sanctity of marriage? The former commandment is in Matt 22: 37-40 named as one of the two most important commandments. One would therefore imagine that it should be prioritised.

All in all, there is a discrepancy between doctrine and action within the Catholic Church, and the official view suffers from the interpretative flexibility of condoms. Officially, the interpretation of condoms is ‘hard’ and closed, but unofficially, it is open and contested.

**A Resilient Original Script**

The Catholic Church would officially argue against the view presented in the HDR, 2001, stating that technologies are neither good nor bad. Their effects depend on the usage. As described above, the Catholic Church has reasons for depicting the condom as a ‘bad’ technology, since it destroys the ideal social organisation of Catholic society: the marriage institution which is full of confidence. Within this social organisation there is no room for condoms, and perhaps more importantly, there is no use for condoms. Consequently, the condom dies as a technology in this Catholic context as the prescribed potential user belongs to a different social organisation based on other norms and values.

Apparently, the original script of condoms, which is to impede pregnancy, is the furthermost barrier to condom acceptance within the Catholic Church.\(^{35}\) The resilient inscription of condoms as a contraceptive technology, or in other words, an immoral technology which promotes irresponsible behaviour, makes it difficult to inscribe the technology with another script. Cardinal Trujillo holds questionably a deterministic view of the condom, describing it as a static and autonomous artefact which has negative effects on society. Its usage establishes new relations that are inconsistent with human sexuality.

\(^{35}\) The other function was to be a barrier against syphilis (cf. ch.4).
Nevertheless, as with Akrich’s (op.cit.) description of the photoelectric lighting kit, the outcome or impact of using a technology can never be totally determined by the designers’ inscription process. The latter cannot entirely predict the impact a technology has on social relations. Thus, one cannot neglect the possibility that Cardinal Trujillo is right regarding condoms as promoters of promiscuous behaviour.

Next, the thesis will look at the two partner organisations in Guatemala and how they regard condoms.\textsuperscript{36}

The two organisations are different concerning their attitude towards condoms and how to conduct one’s life in general. Much of this difference is due to the fact that GP is a secular organisation, while OPSAG is Catholic based.

\textit{Gente Positiva} and Condoms

One could say that \textit{Gente Positiva} (GP) is a result of the popular culture which OPSAG denounces above as anti-Christian. Organised by HIV-positive homosexuals, GP works for the rights of HIV positive people. In general, the organisation seems to have a tolerant and flexible attitude to most things in life: “Every person governs his/her own values and \textit{Gente Positiva} respects the decision of each and every one” (Informant 4). Such an attitude is obviously paramount when working with HIV positive homosexuals, as such a group lives with stigma. Then again, being sensitive to the reality of homosexuals and HIV positive people indicates nothing more than possessing sensitivity towards the organisation’s own values and beliefs.

Although operating in a Catholic dominated country, GP contradicts the official norms and values held by the Catholic Church regarding condoms. According to informant 4, condoms "are necessary for STD/HIV/AIDS prevention, both primary and secondary

\textsuperscript{36} There was no information given on female condoms by the two organisations.
infection”. The ‘liberal’ attitude is evident as people have the right “to decide whether to use condoms or not” (Informant 4). The organisation avoids interfering with the choice taken; as this would violate the respect GP has for people’s decisions on how to live their lives. It does, however, systematically distribute condoms to HIV positive people so to reduce re-infections. Thus, on the one hand, GP takes on the responsibility of distributing condoms, which obviously gives an important statement. Yet, on the other hand, the responsibility is left with people who may choose for themselves, without GP’s interference.

An impediment for condom promotion is, according to informant 4, “the attitude of the people, lack of information, false information about the same [condoms] and access”. Seemingly, the potential users are defined as ignorant and imprudent in not understanding the importance of condom usage. Whether this is considered to be the case in life generally or only with regard to this technology, can be discussed. Nonetheless, a change of attitude and the transfer of accurate information will, according to the informant, solve many problems. This may not be enough, though, as the problem may lie in the technology itself and not in the people or the information surrounding it. Condoms can for instance still be considered uncomfortable to use, as indicated by WHO.

**Oficina Pastoral Social del Arzobispado de Guatemala and Condoms**

Being a Catholic organisation, Oficina Pastoral Social del Arzobispado de Guatemala (OPSAG) has chosen to be faithful to Catholic doctrine and does not give people the same free choice as GP. Accordingly, OPSAG does not promote or distribute condoms. Instead emphasis is put on what the Catholic Church considers to be responsible behaviour: abstinence and being faithful: “Fidelity and true love…abstinence and the promotion of responsible sexuality and the right to live” (Informant 6). In this connection, ‘right to live’ is

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37 This distribution is possible through the financial help of a Norwegian organisation of HIV positive people, Aksept.
in all probability related to the inconsistency between contraceptive technologies and foetus’ rights. Similar to Cardinal Trujillo, informant 6 is sceptical to the technical efficacy of condoms. Querying the quality and handling of condoms in storage, he believes that the best prevention is to take the HIV test regularly: “The conditions in storage and distribution can produce breakage in the same [condoms], and because I believe the best prevention is to take the test regularly and take it on the partner especially in the case of unmarried adults”. Thus, when abstinence and being faithful is not an option, the informant tries to accommodate his suggestions to the present way of living without jeopardising Catholic norms and values.

As a Catholic organisation, OPSAG has become an interesting case in the last couple of years. According to informant 1 (NCA), the organisation took a turn for a more conservative approach in 2003 with change of staff. OPSAG had a clinic in a poor neighbourhood in Guatemala City, which removed gang-related tattoos safely while informing about HIV/AIDS and unofficially, about condoms. It was, however, closed down. With regard to the program, informant 1 said:

It was a very good, incredibly cool program…and it was well received by the users, but it probably became a little too controversial for the new leadership, and they closed down the project, saying there were no money left. But we’re the ones that give the money so we know there’s a lot of money left.

Nevertheless, OPSAG did not stop at closing down the clinic, as from 2005 onwards; the organisation is not receiving financial support from NCA, because it no longer has a HIV/AIDS program. Informant 5 (NCA) says that “we believe that the issue of condoms motivated OPSAG to discontinue the fight against AIDS; however there was no opportunity to discuss this issue”. As the Catholic Church is one of the main contributors to HIV/AIDS prevention and treatment worldwide, it probably would not have been the wish of Cardinal
Trujillo that OPSAG should close down its HIV/AIDS program. Such a solution evades responsibility.

On a whole, it seemed difficult for OPSAG to discuss the issue of condom, as informant 6 was evasive to condom-related questions and repeatedly claimed: “I cannot answer without superior authorisation”. Taken into account the closure of the program, this is not surprising. The problem is avoided in the short term by referring to higher instances.

A contrasting approach is provided by an ecumenical partner organisation in Peru, *Rosa Blanca*. *Rosa Blanca* argues that “it’s necessary to acknowledge that conjugal fidelity and the monogamous couple are not remedies against sexual transmitted diseases” (Informant 9). People do involve themselves in sexual liaisons outside the monogamous couple, which is thus a trait that is not only idiosyncratic for Guatemala.

**Which Reality Counts?**

When discussing OPSAG and the Catholic Church’s official views on condoms, one is forced to ask ‘which reality counts?’ Is the Catholic reality more valid or for instance, the scientists’? The Catholic faith presents one universal truth, and it can be criticised for not considering the existence of other beliefs with equally valid normative systems. Traditionally, science has been thought to be objective, and religion, whether Catholic or not, irrational and non-valid. Catholic norms and values, however, acquire their legitimacy through the Church’s own normative system as do scientists. Demonstrably, OPSAG contests the script of condoms. Both the technical and the social content of the script are rejected. Condoms are foreign to Catholic culture, and do not match the ideals of marriage. The script is inconsistent with the ‘right to live’, and OPSAG finds the script to be that of unsafe sex, and promoter of immorality and promiscuity. One could ask whether OPSAG is not flexible enough, or in fact does not desire such flexibility, in order to incorporate condoms in its services and programs. Yet, it is a question about what is important for people. Be saved by condoms to an earthly
life, or be saved by God to eternal life? A scientific definition of what constitutes ‘good health’ is not necessarily universal. When using condoms one is not necessarily rewarded with good health, as this may jeopardise one’s relationship with God. Some may feel they are of good health when living close to God, following their own interpretation of God’s word. Still, it can be argued that the majority of people are not consistently living truthfully by the teachings of the Bible. Therefore, since only emphasising on abstinence and conjugal fidelity, OPSAG is not particularly sensitive to the reality of people, but to their own Catholic culture. For instance, targeting the members of GP with this approach would definitely be a failure. Bruno Latour (1990) argues that scientists do not “reflect their existing culture; [yet] this does not mean that they escape the confines of the collective, but that they are building a different collective” (p. 168, emphasis in original). This is partly true about OPSAG. The organisation does reflect the existing culture in which the Catholic Church maintains an important place. Yet, it is building its own collective, ignoring the reality of people when emphasising solely on abstinence and being faithful. Having to satisfy both God and/or its own consciousness, OPSAG handles a difficult role as an actor in a HIV/AIDS context. Law (1995) argues for the possibility of inconsistencies. Attitudes can be illogical, yet this does not mean that they are wrong. OPSAG ends its HIV/AIDS program, so to cope with this image of ambiguity.

In contrast to OPSAG, GP has a flexible attitude to condoms. It regards the condom to be a safer sex device and not technologically unsafe and promoter of promiscuity. In this sense, the original script clearly matches better the ideas of GP than the ideas of OPSAG, if one ignores the fact that most of GP’s advocates probably were infected by unprotected homosexual sex.
Other Impediments to Condom Usage

Although having different thoughts on condoms, both GP and OPSAG portray an image of a Guatemalan society, which can cause problems for completing a successful HIV/AIDS program. OPSAG mentions problems such as the machismo culture, drug abuse and alcoholism: “The indiscriminate consume of drugs and the prevailing alcoholism in the local culture, people tend to justify behaviour risks in the right to ‘enjoy and live’” (Informant 6). GP is similarly preoccupied with machismo, the use of substance and alcoholism. A fundamental difference, however, between the two organisations appears as GP finds religion to be an important impediment. The organisation does not restrict sexual relationships to the confines of marriage, instead it emphasises on the “right to enjoy his/her sexuality” (Informant 4). This latter statement compared to OPSAG’s does really demonstrate the normative difference between GP and OPSAG. GP’s members are governed by norms and values that are inconsistent with Catholic beliefs.

The machismo culture is considered to be one reason for the inefficiency of the ABC strategy (i.e. A for abstinence, B for being faithful, C for condoms) in Guatemala. In this connection, informant 5 (NCA) states:

Promoting a practice of ABC has been highly difficult. Every time there are more HIV infected women that have been faithful to their partners. This is to say that the practice of fidelity in some sectors of the population has not been an alternative to avoid infection.

Furthermore, the informant states that Guatemala “has a culture where women have not been able to control their own sexuality, and the use of condom is left to be the decision of the man, and this happens very seldom” (cf. ‘marianismo/machismo’ in ch. 3’). Thus, in societies where men are in control, they are also in control of the usage of male condoms, thus leaving it close to impossible for women to negotiate their use.
The apparent lack of condom usage cannot be reduced to religious and cultural barriers only. Informant 5 finds the resistance against condoms curious. Foreign technologies, such as mobile phones, are indeed embraced and being popular, but not so condoms. He argues:

Most of the television channels are channels from Mexico and the USA. The relative closeness to the USA has influenced in the consuming of non-basic products, but there is no consciousness about the fact that AIDS may be affecting people. It is believed that AIDS only exists in the north, or among homosexuals or women in connection with prostitution.

Thus, he considers people to be closely connected with modern technological culture through mobile phones and international television channels. Yet, he finds this to be inconsistent with his definition of them as totally backwards with regard to international health issues. The latter may have to do with the priority of other health issues by the Guatemalan authorities. Thus, as Abreu et al. confirm, there have been few information campaigns implemented by the Government as well as by NGOs. And, none of these have promoted condoms (p. 169). Therefore, with the near lack of governmental involvement; there is an alarmingly low perception of risk for contracting HIV. Consistent with informant 5’s statement, HIV/AIDS is, according to informant 4, considered by the general Guatemalan population as “a problem of homosexuals, male and female sex workers, which is a problem of other people”. Again, the potential users are defined by the same informant as too ignorant to understand what is at stake. With this attitude, condom usage with its preventive effects may seem redundant by the average Guatemalan.

As mentioned in chapter two, there is a strong link between HIV/AIDS and poverty. As described in chapter 3, 80% of the Guatemalan population live in poverty. Following informant 5, they don’t have money to purchase condoms as day to day survival is necessarily prioritised. He notes that even the distribution of free condoms have failed as “people don’t
use them; instead they sell them to others or simply save them”. This statement can be divided in two, thus providing two interpretations. One the one hand, selling condoms to others instead of using them indicates that people are poor and cannot prioritise purchasing condoms. Thus, they seize the possibility of earning more money. If they had enough money they would consider using condoms. Then on the other hand, they do not sell them, but choose to save them. Therefore, one is inclined to believe that they do not need the extra money, but they choose not to use them for different reasons. This supports the notion that technologies are not neutral but that they come with inscribed norms and values, which do not match the norms and values of those who choose to save condoms. Consequently, free distribution of condoms does not solve the problem.

In the next paragraphs, the focus will be turned to the other country in question, South Africa. The main focus will be on gender relations: how the script matches the description of the potential users, and subsequently, the gender negotiations in relation to condom usage.

**South Africa**

The next paragraph will look more closely on PACSA and how the organisation regards condoms. Although, ‘gender’ has been set to be the analytical category of South Africa, religion is [again] unavoidably becoming an actor in the following paragraph for the simple reason that PACSA is a Christian organisation which works closely with churches and other Christian organisations.
Pietermaritzburg Agency for Christian Social Awareness and Condoms

Pietermaritzburg Agency for Christian Social Awareness (PACSA) is an independent NGO based on ‘Christian faith commitment and Gospel values’. According to informant 2, PACSA does not “work directly with HIV/AIDS patients, but works to raise awareness, reduce stigma where we can, and mobilise church people to get more involved”. The organisation visits churches, theological training institutions, schools and social institutions among other places. In 2004, PACSA and a number of other ecumenical partners wrote a book called The Church in an HIV+ World: a Practical Handbook (Gennrich (Ed.)), so to empower churches to become a focal point of hope in a country ravished by HIV/AIDS. On the topic of churches, informant 2 says that they “are probably the most important and powerful organ of civil society in South Africa, with a membership of close to 80% of the population”. Being a Christian organisation, PACSA can claim to work with God on its side in the same manner as OPSAG. Still, the organisation interprets the word of God differently with regard to condoms compared to OPSAG. It probably emphasises on the importance of other Bible passages. In the organisation’s brochure, Jesus’ words in John 10:10 are cited: “I have come that you may have life in all its fullness”. This quotation is not only referred to a life with or without HIV/AIDS, since PACSA’s work is much wider than fighting this disease. Nevertheless, dying of AIDS is not to live the full richness of life as God intended.

Regarding condoms, PACSA does not contest the original script of condoms and wants to give people a choice: “We say people have a choice, because saying that people should not use condoms and you can see people are dying, people do sex anyway, they are not abstaining, everyone has a choice I think, to use a condom” (Informant 7). This statement provides much information about South African society. There is high HIV/AIDS prevalence

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38 Source: PACSA brochure
39 South Africa is not a Catholic dominated country. There is a great diversity of church denominations.
and people are dying of AIDS, still people do not refrain from risky sexual behaviour. For the informant it may seem undemanding arguing that everybody has a choice, since in reality many do not. Nonetheless, arguing for a choice can be justified theologically. Many Christians in favour of condoms use defend their beliefs by quoting the Bible’s John 2:1-11. This is the story where Jesus turns water into wine. He let people decide how much they should drink, while respecting their decisions. This does not mean that He encourages alcoholism, but the crucial lesson is that Jesus let people have a choice, and the dignity to make their own decisions. Thus for PACSA, promoting condoms does not mean that one is simultaneously promoting promiscuity. Informant 7 argues that when raising questions such as HIV/AIDS and condoms to young people, it is necessary to approach issues that are co-related:

We tell them the advantages and disadvantages of being in a relationship at an early stage, you know, things that come with the relationship: sexual issues, and around sexual issues we bring in teenage pregnancy and HIV/AIDS. We do say that if the push comes, use a condom.

Moral questions regarding condoms are also raised by Christian organisations such as PACSA; however they have an entirely different moral content than the questions posed by Cardinal Trujillo and OPSAG: “Do we have the moral right to withhold condoms, which are one possible way that people could protect themselves from this unspeakable evil, this terrible epidemic that has taken grip on our world?” (Gennrich (Ed.) p.45). PACSA does not question the technical efficacy of condoms. Its attitude is that it is better with some protection than with none, as people involve themselves sexually with others despite the preaching of the churches. According to informant 3, condom introduction has been “a real battle and challenge” for NCA’s partners in Southern Africa, as many churches and churchgoers consider condom and sex talk to be immoral; that the use of condoms results in moral
indignity and promiscuity. An example of this is a conversation informant 7 had with a principal:

I asked this principal in a school why don’t they have these condoms containers at school and he said no it has other implications for parents…parents would say that the teachers are promoting sex. At the end of the day, they still do it [have sex].

By the end of 2002, 5.3 million South Africans were infected with HIV (Gennrich (Ed.) p. 6). Regardless of race, young women are more vulnerable to infection than young men (p. 8). This reality is a result of many factors. For many, especially black South African women, sex is connected with violence, involuntariness and infidelity. There is a disquieting statistic regarding sexual abuse in South Africa. With one woman raped every 17 seconds, the highest incidence of rape in the world is found in South Africa (p. 13). It is therefore obvious that a high number of women are exposed to HIV infection without the means to protect themselves.

With this in mind, it is necessary to see how gender and condoms are constructed in relation to each other. Therefore, gender will be used as an analytical category, in order to focus more closely on the negotiations between men and women in relation to the introduction of a ‘foreign’ technology, such as condoms in South Africa.

**Gender Definitions**

Similar to the description of ‘technology’ as a slippery term, one could argue the same about ‘gender’. Lohan (2000) draws on Michael Kimmel who criticises the emphasis on sex roles as *static* (i.e. do not sufficiently allow for change), *normative* (i.e. what people should do, instead of what they actually do), and *minimalist in power* (i.e. ignoring inequity between male and female roles). In line with Berg’s (1996) usage of the term ‘gender’ as a relative and relational category, it can be acknowledged that men and women have gender identities that
govern their experiences and thinking. According to informant 7, the communities which PACSA works with are Zulu,\textsuperscript{40} which world is traditionally patriarchal. It is thus a hierarchical society where men traditionally hold power. With regard to patriarchy, Stefan Hirschauer and Annemarie Mol (1995) maintain in *Shifting Sexes, Moving Stories: Feminist/Constructivist Dialogues* that the creation of sexes is so varied, that it is “difficult to make a single factor, such as “patriarchy,” responsible for them all” (p.374). Still, using the concept of ‘patriarchy’ does not lock men and women in homogenous groups. As Law (1995) indicated, there must be room for inconsistency and ambiguity, as this can make stories interesting. Although there is diversity within gender categories, there is simultaneously a pattern of inequality, in which there are possibilities for change. This is consistent with Berg and Lie’s statement saying that in a society with gender inequality, gender negotiations are still taking place in everyday life; however not between equal partners who agree on an outcome. Informant 7 follows the same line, arguing that a challenge to gender negotiations is women’s dependence on men:

Women are so dependent on men, even though our generation has been trying to break away and have our own achievements, it’s a bit hard, you know, our mothers, not necessarily my mother, they were very dependent on their men economically, and basically the main issue is the economic issue. Most of them are not working and getting money from their husbands, so even if your husband beats you up, you sit there and pretend it’s not happening.

Women are expected to be at home, have children and according to the same informant: “Respect the husband irrespectively of what he does”. Regarding men, the informant’s personal opinion is that men should care for their families; however they exaggerate this task:

They over-exercise the power that they are given, cause society gives them all the power, it’s their religion, they use the Bible to give men power over women, it’s also society, so what

\textsuperscript{40} The informant identifies as Zulu as well.
happens when a woman is better than a man, the problems of gender based violence, cause the man feels inferior and insecure and feels he does not have the power” (Informant 7).

Thus, the informant clearly divides the potential users of condoms into two homogenous groups. Women are self-sacrificing and placed in an inferior domestic setting while men somehow have misinterpreted the type of responsibility it entails to be a man. Being responsible means being a provider and that one cares, but that does not justify violence. Men are depicted as shallow, as insecure, as someone who has no identity outside the power they are wrongly afforded; thus without power they are reduced to nobody.

Following the statements from informant 7, it appears that both sexes live under great pressure to fulfil the stereotypical definition of what it means to be a woman and a man. Informant 7 puts men and women into stereotypical categories, and according to feminist studies of technology, one should ideally steer clear of such category making. For instance, Berg and Lie emphasise that in studying gender, one should thrive to avoid essentialism (i.e. a kind of gender determinism), which is “the attribution of inherent and general gender-specific traits to men and women” (p.341). Emphasising on diversity in gender roles is especially pregnant within a multicultural society such as the South African.

**Hierarchy, Inequality and Condoms**

As social constructs, condoms as all technologies encompass “reservoirs of information on socio-cultural patterns but also on possibilities for change within these patterns” (Berg & Lie p.347). Above, informant 7 has identified Zulu socio-cultural patterns with regard to the definitions of masculinity and femininity. Trying to suggest condom usage in a setting which is based on hierarchy and inequality is far from easy:
We’ve been brought up in a patriarchal society which says that men are always right, so you find that if a young girl starts doing those things [having sex] and they are still scared of saying what they feel and what they want, it’s hard, but with disease and all the things that’s going on, it’s best to communicate and say that she’ll rather use a condom (Informant 7).

Hierarchy and inequality are not static entities; however, as informant 7 previously indicated, they are not easy to break away from. Nevertheless, there have been indications of change in male and female roles especially during the last decade of emancipation:

Slowly, not that much, they have changed, the men are not happy with the situation because they feel the woman wants take over all the things that once were theirs, and they will be left with nothing. And they know that they were powerful and women had no power…, now women try to have power, ‘cause now with all this gender teachings you realise that you need to be yourself and go out there and fend for yourself and provide for your family, ‘cause now what happens if the husband dies you are left alone (Informant 7).

Even so, informant 7 argues that the empowerment of women is partly ineffective when excluding men, since it is necessary that men reconsider their role as caretakers and responsible men. PACSA has therefore a ‘men and gender’ worker who also raises awareness among men, because according to the informant: “We need to balance the situation”.

PACSA and NCA have experienced that unequal power relations impede condom usage, in that women are not able to negotiate condom use. This was especially argued at the World AIDS Conference in Thailand, 2004 when NCA was daily quoted in Norwegian newspapers. A repeating argument was the inefficiency of the ABC strategy. It has been repeatedly argued that this strategy does not take into account asymmetrical gender relations. Many women are treated as subordinate to men, and they cannot argue for abstinence, little less their husband/boyfriend’s faithfulness. Thus, women are being infected with HIV despite

being faithful. With the last letter C, women are not able to negotiate condom use as it is argued to be a male controlled device. Correspondingly, informant 3 confirms the shortcomings of the ABC strategy in Southern Africa:

Moral behaviours of abstaining and being faithful are good interventions so far as they can be practiced. However, for a majority of people in Southern Africa, especially women and girls, and the amount of gender disparities and sexual abuse, condoms become a necessity…the option [i.e. condoms] is only good when women and girls can be able to decide their use. With the amount of women and girl abuse, the decision to effectively use condoms for these particular groups is far fetched.

This suggests that male condoms turn out to be male controlled in hierarchical societies with a high amount of women abuse, and therefore relatively inefficient in these settings. However, concerning these patterns of inequality, the following statement from informant 7 shows that there is as much diversity within categories as between and that people’s relationship with condoms is not a static condition even in a society based on unequal principles:

For women, the problem is that we all differ in our thinking, but most women they do insist the usage of condoms, in some cases I don’t think all the men win. But, what I have noticed is that even men now insist on using condoms, but in fact the women would say no why use a condom, so now it’s starting to be the same, some men pretend as there is nothing so they will just sleep with them without even insisting on using a condom and the girl doesn’t say anything (Informant 7).

Thus, some women suggest condom use, others don’t, and some men do, while others don’t. This corresponds with Berg and Lie who argue that “we need to explore how they [hierarchy and inequality] are negotiated in relation to technology to locate possibilities for change. And, yet, changes in people’s relations to technology may take place without changing the patterns
of inequality” (p. 342). Thus, there are changes in how people relate to condoms, but these changes do not yet have a noticeable impact on the pattern of inequality.

**Condoms - an Appropriate Technology?**

In order to study how technology and gender mutually influence each other, feminist studies of technology have taken advantage of analytical tools from constructivist studies of technology (Lohan, p. 903). The concept of ‘interpretative flexibility’ can be used as a tool to discover how the gendered meanings of technology are created and sustained. For instance, a study by Harrison et al. (2001) demonstrates a general feeling by South African girls that the use of male condoms should be proposed by men. Male condoms belong to their domain; they are controlled by them, and are their responsibility, in contrast to the female condom, which is ‘her’ condom. Girls emphasise on how condoms should be used to protect a loved one, while boys only consider using condoms in casual relationships, so to protect themselves. Consequently, the girls seldom receive their desired protection. The study shows that boys and girls interpret the purpose of condoms differently. Thus, the interpretation provided is gender based, consisting of two mutually exclusive conceptions that are strengthened by a lack of communication between the two sexes. The interpretation of the male condom as a male dependent device excludes women/girls from the device. In this South African context, there is no closure of the technology; instead its interpretative flexibility reduces its usage.

As with the term ‘interpretative flexibility’, the notion of ‘script’ or ‘inscription’ is open to different interpretations (Wajcman, p. 451); however the ‘script’ notion offers more obduracy. Berg and Lie argue that technologies have gender and gender politics “in the sense that they are designed and used in gendered contexts. But holding that gender is inscribed in technologies does not mean that they are not open to change” (p. 347). Yet, condoms have earned a resilient de-inscription as inappropriate to married couples: “Because for instance in a Zulu culture, in which our target group is, a man pays Lobola [i.e. bridewealth] for the bride
thus feels cheated if he is requested to use a condom with his wife that he paid for” (Informant 7). Condoms are thus thought of as belonging to a foreign culture which do not match or even respect the old cultural tradition of Lobola.

Introducing foreign technologies into South African society is a strenuous affair which is indicated by informant 7 when stating that “it is not easy in African culture since I mentioned that our society is patriarchal, and illiterate people somehow feel that some of these things [i.e. condoms and other technologies] are there to destroy family structures and are too westernised”.

Looking at the data from South Africa, does the use of condoms prescribe a social organisation based on equality? Preferably, but not necessarily, still what it requires is an understanding of responsibility. Many of the informant statements given above offer an image of the male condom as a male controlled device, thus women are not able to negotiate its use. RFSU, for instance, maintains on its website a difficulty for women to demand condom use in societies of inequality. Similarly, the female condom is considered a female controlled device which is implicit in the notion of the technology as a tool for female empowerment. Women are not seen as passive victims of male condoms, but as passive victims of men who oppose condom usage. Nevertheless, there are possibilities for new gender identities, as gender is continuously in the making and going through negotiations. Perhaps the original context of the script has to be recreated in full so to incorporate condoms successfully. Or, is it enough to reconstruct only parts of it, in order to make male condom function to a certain extent? Subsequently, the following question would be whether it is enough to only have a partially efficient technology when AIDS is killing people.

The following paragraphs shift their focus to the organisation which is supporting part of PACSA, GP and OPSAG’s projects; Norwegian Church Aid.
Norwegian Church Aid

Norwegian Church Aid and Condoms

Representing Norwegian Church Aid (NCA) in the thesis are informants from three different locations. Informants 1 works at the head office in Oslo, informant 3 works at the regional office in Botswana, and informant 5 works at the regional office in Guatemala.

Officially, NCA holds an unequivocal approach to condoms in its policy guidelines. Similar to WHO, NCA affirms that condoms need to be an integral part of HIV/AIDS preventive programs. It is furthermore stated as necessary to educate about the correct usage of condoms. Thus, according to Moore, the image of technology transfer can be used to depict “the transfer of safer sex knowledge and technical know-how” (p. 461) from NCA and its partner organisations to potential users. Based in Norway and working with political questions regarding HIV/AIDS, informant 1 states:

We promote condoms, it’s sensitive, and evidently in some places we are more careful, but our underlying motto is that everybody should use condoms, even in contexts where we work with Catholics or with other religious actors where this is sensitive, we have an agenda on at least raise a discussion, to start a debate around it, so it’s evident that one has to be very sensitive if one wants to influence, so one has to find the room where one can influence and by pushing forward with the distribution of condoms, one could close more doors than one is able to open. So, it’s a question of navigating a little. So, we are very clear on the fact that condoms must be promoted.

Consequently, education is more than just transferring information regarding correct usage, but using Woolgar’s term, it is necessary to configure the users to interpret the script of condom as a tool for safer sex and not as a promoter of promiscuity. Abundant information is given by the informant. She states that one has to be sensitive on the one hand, yet on the other hand, she emphasises that condoms must be used. She is by some means ambiguous
and shifts between demonstrating sensitivity towards other beliefs, while simultaneously supporting an insistent approach on behalf of condoms. If having to choose between these two strategies, it would be hard to anticipate which one the informant would favour. In the statement she gives an impression to be more inclined to favour condom promotion than perhaps searching for an appropriate room of dialogue. Again, Law (1995) is helpful when arguing for the possibility of contradicting strategies, strategies that may seem ambiguous. Informant 1’s thoughts are clarified when she later argues:

I think we have to use all strategies. Condoms alone are far from enough. No strategy is complete until all elements have been used, because different strategies match different people. In some places ‘abstinence only’ programs will work very well, but this is not the case everywhere, so you cannot say that in this village we’ll promote ‘abstinence only’, but one has to say that for this target group we’ll promote ‘abstinence only’ and for that target group ‘condoms’.

Looking at informants 3 and 5, they both point to the official view of NCA. At the same time they emphasise on the existence of specific barriers towards condom usage, which are relevant for their region of operation. Based in a predominately Catholic country, informant 5 has seen the resistance and ignorance towards condoms:

Generally, NCA supports the initiatives which try to reduce HIV infection. Male and female condoms and germicides are only some forms of prevention, but it’s necessary not to reduce all strength on this theme only. In a predominantly Catholic region, it can be counterproductive centralising in condom usage. Initially, one has to fight stigma and discrimination.

Working in the field, informant 5 knows by experience that condom promotion can be counterproductive seeing that OPSAG closed down its HIV/AIDS program. Based in Southern Africa, informant 3 says that “NCA is supportive to the advocacy on promotion of condom use as an option to be availed to save lives for those who need it”. Nevertheless, as
informant 5, she confirms a challenge for partners to introduce condoms both due to religion and the high amount of gender inequality and sexual abuse in Southern Africa. Both informants provide unambiguous and straightforward answers compared to informant 1.

None of the three informants have any moral or technical questions concerning the nature of condoms (i.e. male condoms). Thus, they do not challenge the original script of condoms. Knowing why condoms should be used and how, while justifying their reason for being, the informants fit well the idea of the potential user imagined by the designers. By western secular standards, the informants are thinking ‘rationally’, meaning it is irrational not to use condoms in the era of HIV/AIDS.

**The Failure of Female Condoms**

Although positive to male condoms, the two female informants are not entirely optimistic in their attitude towards the female condom. No moral questions are asked, but as with Moore’s sex workers, they do not approve of the technical shaping of the artefact. Informant 3 argues that there are both negative and positive factors regarding these condoms. She says that they assist women to at least have a choice for their own protection; however “the looks, size and use of the female condom seem to be cumbersome and clumsy”. Her colleague, informant 1, is determined on its uselessness: “It’s totally useless, really. It’s not that I am principally against it, but honestly, for me it’s totally out of the question to use it, so why should I insist that African women should use it”. This shows that NCA finds it problematic to promote something the employees of the organisation do not believe in.

Nevertheless, not only NCA’s employees are sceptical. The outcry provided by informant 7 confirms this:

The female condom is *not* very popular in South Africa. They were still promoted when I was new at university, but I don’t know what happened to them…the people who have used it say
they are very uncomfortable (laughter). So I would not dare to try it. And I have never seen them, even in health centres, I saw one when I was still at university, at the university clinic.

She queries the technical ability of the female condom as the other informants. Still, she is the only one who finds its aspect of secrecy immoral, instead arguing for the necessity of communication in a relationship.

The female condom has not obtained its destined success as a tool for female empowerment. The designers have somehow failed in inscribing the technology with the desires and necessities of women. They have failed, in Akrich’s words, to “define actors with specific tastes, competences, motives, aspirations, political prejudices, and the rest, and they assume that morality, technology, science, and economy will evolve in particular ways” (p.208). As a result, the female condom is a disappointment in the North as well as in the South. The greatest barrier to usage is in fact argued to be the high cost of the technology.

**Configuring Church Leadership**

Being a Christian organisation, NCA has a special position compared to other national and international secular organisations, since it can claim to work under the guidance of God. When working with other Christian organisations, its position can be two-folded as they can be brothers and sisters in Christ, and theological opponents. This is the case with both PACSA and OPSAG, except that PACSA and NCA agree on condom usage. PACSA is therefore no theological adversary, at least on that account. As a Catholic organisation against condom usage, OPSAG is both a fellow Christian organisation and a theological adversary in relation to NCA. In this specific case, the theological differences got the upper hand, and OPSAG’s solution was to close down its HIV/AIDS program. Obviously, cooperation with organisations, which interpret condoms differently from NCA, is a challenge.
Similar to PACSA, NCA targets church leadership with the hope to open ‘the closed doors’, thus configuring the leaders to accept condoms:

NCA continues to dialogue with churches, but cannot force those who do not want to advocate condom use to do so. Strategies used include training of church leadership and networking with other partners for shared responsibilities and roles. For example, if a pastor is not ready or able to talk about condoms, we encourage that they should not also talk against them, but rather leave the condom talk to those who can do it. Majority of people are churchgoers, but equally majority also belong to social groups, which address the issue differently. So people have more than just the church to get information and options from (Informant 3).

The word ‘responsibility’ is becoming a leitmotif. There are different ways of demonstrating responsibility. In this context, it is the moral responsibility of churches to get involved that is subject to scrutiny. Another challenge is, according to informant 1, the ignorance of many church leaders regarding local culture: “Many times we experience that religious leaders who have a very conservative standpoint don’t know how bad the situation really is and [they] don’t know what kind of problems people are dealing with”. Thus, church leaders need to be educated or rather configured to comply to the cultural discourse of sexuality and safer sex tools. Nevertheless, if this ignorance is turned into knowledge about people’s problems would they then, as a consequence, change and advocate for condoms?

The inability of many religious sectors to embrace condom promotion was also raised as an issue at the last World AIDS Conference. NCA’s General Secretary, Atle Sommerfeldt, was quoted as “indignant with the negative attitude to condoms in religious settings”\(^\text{42}\); however he did not go as far as former Oslo Bishop Stålsett who argued that the Vatican is killing suppressed women by banning condom usage.\(^\text{43}\)

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\(^{43}\) Ibid.
Configuring Men and Women

In the policy guidelines of 2000, NCA states:

Sensitisation and analysis of the relationship between gender, poverty and AIDS is important. Knowledge about sexuality is one aspect of this, and it is important to explore both male and female sexuality to be able to promote positive behaviour changes. Men’s attitudes and sexual behaviour should be challenged (p.10).

Informant 1 argues that specific traits in male sexuality impede condom usage. On the subject of macho culture and sexuality, she asserts that “there are many such ideas, like to have real sex, the woman needs to get the sperm in her body, or else it isn’t real, right? Or else it’s less masculine, it’s very…hmm, traditions that we understand men have invented”. Thus men are the guilty part, while women are the victims of their ‘ridiculous ideas’. In order to rectify this, a redefinition of the gender roles is necessary: “Gender roles are extremely important. To approach the subject of female reproductive rights is crucial, without that one cannot continue… yet, men don’t want women to have power of their reproductive rights” (Informant 1). Informant 7 is thus not the only one who stereotypes the potential users; still they have both witnessed the repeating patterns of inequality. In order to gain control of female reproduction, ‘female empowerment’ has been a popular trend. But, as informant 1 notes, it has not been an undivided success. With a certain level of sarcasm in her voice she claims that “empowerment for women has been a big slogan, but they can be as empowered as they want, but it doesn’t help if you have a man who wants to rape you, he’ll do it anyway, so you can know all the rules and that, but just as well you’ll get raped”. Instead, both informant 1 and 3 propose a change in what it means to be a man, and what it means to respect a ‘no’:

A deliberate effort to target men in the whole sex and HIV/AIDS scenario is vital. A lot of strategies need to be employed, especially the use of men to address men, use of role models
etc. This should be aimed at dealing with the cultural dynamics associated with male chauvinism, especially when it comes to the domination of men in the sex negotiations. The window of hope as it is now is the younger generation. Therefore an aggressive strategy to educate the young and introduce safer sex techniques that is the use of condoms is vital (Informant 3).

Subsequently, there will be an ongoing process of configuration of men and young people away from male prejudice, transferring safer sex and technical knowledge. Informant 1 emphasises on the promotion of a new type of masculinity:

Being masculine means that one cares, that one takes responsibility and protects, and then one can appeal, be a bit smart and appeal, like this to protect one’s woman and family, it is such a super machismo value, it’s your responsibility, and if you’ll do it in real earnest then condom is the thing (Informant 1).

Thus, two contradicting strategies are provided by NCA. On the one hand, NCA is eager to change social norms so to improve condom usage; yet on the other hand, a change in the definition of masculinity is proposed without necessarily changing the pattern of hierarchy and inequality. Men are still ‘in power’; however certain responsibilities come with being in power, and while performing these responsibilities, new forms of power emerge. The meaning of ‘responsibility’ inscribed into condoms is changed from signifying the equal share of responsibility between a man and a woman, to denote the kind of responsibility that follows with power. There is an attempt to make a new script possess a ‘super machismo value’, which is the responsibility to protect one’s family. The concepts of masculinity and femininity are crucial as the technology is dependent on this relation in order to function. Nevertheless, it takes time, perhaps even generations, to change culture traits, as it deals with identities and how people are socialised.
A Window of Hope?

Although there are different attitudes to condoms, there seems to be a window of hope for organisations who favour condoms. The two last statements from informant 1 and 3 will speak for themselves in this respect:

There are areas in KwaZulu Natal where the attitudes are extremely traditional or they have these very traditional societies, where you’ll find these nature religions that are quite surprising in a way…the attitude has been that condoms are not promoted, that it is totally useless. One can find this attitude in many places, really, but it is decreasing. Notably, it is more accepted to use condoms today than only five years ago. There has been a big change (Informant 1).

Informant 3 adds:

Condoms are foreign in the African culture and are bound to find resistance. However, they cannot be labelled as ‘inappropriate’ because they offer a service that the traditional methods of prevention do not offer. We need to ensure that in our AIDS work we incorporate a change in social norms…They [condoms] will become an accepted and therefore appropriate technology with time.
6. Conclusions

HIV/AIDS is taken its toll on humanity, and condoms are believed to be one solution to the problem. Yet, the technology transfer of condoms is not a straightforward matter. In this thesis, I wanted to study this little technology, which is subject to much controversy despite its claimed simplicity and efficiency. Therefore, I chose to focus on four organisations’ definitions of condoms and their users.

Many studies on condom usage within the social sciences and medicine emphasise on external barriers to condoms. WHO, for instance, blames the user and not the technology when something goes wrong. Yet, this thesis shows, with the notion of ‘script’, that the condom itself may be part of the problem. Although one could say that the condom originally came with only one script, it has throughout its existence contained different scripts, and potential users construct their interpretations of these scripts. The efficiency of ‘script’ is its obduracy, in that it demands a specific course of action. To accomplish this, the script has to be strong. The original script has offered such obduracy regarding the inscription of the male condom as a tool for safer sex and preventing pregnancy. In circles where this script is interpreted as immoral, its obduracy has proved to be an impediment for condom usage. It has become resilient, and hard to change. Therefore, it becomes impossible for actors such OPSAG and the Catholic Church to accept the technology. Instead they add another meaning; promoter of promiscuity and foeticide.

I would, however, argue that the major problem for the organisations in favour of condoms is not that condoms come with scripts, but that they are interpretatively flexible. In contrast to ‘script’, ‘interpretative flexibility’ focuses on users and their interpretation of condoms, and that the technology does not dictate the right usage. There may thus be many possible uses. What is interesting about the condom is that although being used in one way, it
can achieve different things. For instance, it has been demonstrated that OPSAG and the Catholic Church argue that the condom achieves promiscuity and foeticide while the organisations which favour condom use claim it achieves safer sex. Condoms can mean different things, be associated with certain behaviours or endeavoured to be disassociated with the same behaviours. In connection with this, the condom is given power like no other inanimate object. It has immense effects on people, some considered positive while others negative. Its effects correspond to the possible extensive consequences (e.g. fecundation or STD infection) of misusing the technology. Thus, in itself as an actor, the condom may generate positive or negative consequences, depending on one’s point of view. Female condoms, for instance, give women new possibilities to choose for themselves, yet according to the complaints of the technical side of the female condom, its use can be an uncomfortable ordeal.

As male condoms have always been associated with sexual activity, it has been relatively stabilised by some groups, such as Moore’s sex workers. Being experts in their trade, they take advantage of the flexibility of condoms. Nevertheless, neither male nor female condoms are collectively stabilised in the contexts that are described in this thesis. As the potential users are less familiar with condoms than the sex workers, it is necessary that the organisations maintain the inflexibility of condoms in reducing their interpretative flexibility. Obviously, as STS claim that all technologies are flexible, it is difficult to achieve an inflexible technology. As condom use is combined with life altering consequences, the condom must be handled correctly, and it cannot afford a connection with deviating interpretations. In order to change a deviating interpretation to the one preferred by organisations such as NCA, GP and PACSA, the potential users have to be in Woolgar’s term ‘configured’ so to agree on the appropriate definition and usage. In South Africa, NCA through PACSA intend to configure church leaders, men and women to comply with their interpretation of condoms. Especially men are configured by NCA and PACSA to associate
condoms with responsibility. NCA tries to change social norms in order to culturally embed condoms, in contrast to Akrich (1992), who let the technology take advantage of its flexibility so to function. Evidently, condoms cannot be afforded such flexibility.

Regarding the case of women and men, there are descriptions of generalised patterns of behaviour. Women and men as potential users are attributed with stereotypical role definitions; still there is evidence of variation within the categories. A repeating problem is the tendency that women are not able to negotiate condom use in settings where they are deemed inferior and/or subject to abuse. Therefore, it is difficult to propose a change in the pattern of hierarchy and inequality as well as with regard to men and women’s relationship with condoms. This does not mean, however, that the male condom is a male controlled technology and the female condom a female controlled technology in all settings. Having control can be a deceptive idea. Being in charge of the sexual encounter, Moore’s sex workers for instance are ‘in control’ of the male condom and they are not dependent on a ‘benevolent man’ in this respect. Still, one cannot deny that in a social organisation based on symmetrical gender roles, where the negotiation process is executed in a setting of equality, the decision regarding condoms is based on unity or compromise.

An important word has been the leitmotif ‘responsibility’. This word has emerged repeatedly, but with different meanings, thus affording different meanings to the condom. On the one hand, it can be argued that the original script includes an understanding of responsibility, meaning that responsible sexual behaviour is judged as synonymous with condom usage. The organisations which promote condom usage would most probably agree with this description. Working with men, NCA changes this script of responsibility to be associated with the responsibility it entails for men to be the head of the family, to be in power. For OPSAG, responsible sexual behaviour has nothing to do with condoms, but with abstinence and
faithfulness. Thus, they use the notion of ‘responsibility’ attached with a different meaning. As Christian organisations, NCA and PACSA would acknowledge abstinence and being faithful as morally good intervention in accordance with Christian ethics; however they are sensitive to the reality of people, who in informant 7 words, ‘do sex anyway’. OPSAG on the other hand, showed sensitivity towards its own Catholic culture to the extent that it closed down its HIV/AIDS program.

It is in relation to what is described above that the transfer of condoms is experienced as a strenuous affair. The thesis shows that there are inconsistent and ambiguous strategies used when transferring condoms to new cultural settings. This does not mean that one strategy necessarily would fail, but perhaps applying inconsistencies is the most efficient way of transferring technologies. Both the notions of ‘script’ and ‘interpretative flexibility’ put constraints on the introduction of condoms into new settings. Both concepts demonstrate their usefulness for this thesis, but one shortcoming is their lack of the aspect of gender, which I subsequently have found it necessarily to include.
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Appendix

Acronyms

AIDS     Acquired Immune Deficiency Syndrome
ANT     Actor Network Theory
ARV     Antiretroviral
GP      Gente Positiva
HDI     Human Development Index
HDR     Human Development Report
HIV     Human Immunodeficiency Virus
NCA     Norwegian Church Aid
NGO     Nongovernmental organisation
OPSAG  Oficina de la Pastoral Social del Arzobisbado de Guatemala
PACSA  Pietermaritzburg Agency for Christian Social Awareness
RFSU   Swedish Association for Sexual Education
SCOT  Social Construction of Technology
STD     Sexually transmitted diseases
STS   Science and Technology Studies
UNAIDS Joint United Nations Programme on HIV/AIDS
UNDP  United Nations Development Programme
WHO    World Health Organisation

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