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Bogeyman's Coming? Representation and Regulation of Malaysia's AIDS Campaigns

Introduction

"AIDS remains buried beneath newfangled renditions of the master's fear of the rebellious subordinate, and in various guises, this is a significant piece of the politics of AIDS everywhere, from the pre-occupation with the African origins of the epidemic in the early years, to the effort to construct AIDS as a disease peculiar to the bodies of gay men and people of colour, a disease of the distant and diminished Other" (Singer, 1994:1323)

In 2020, as Malaysia envisions to realise developed nation status, the World Health Organization estimates 30 million people of the world to be HIV infected. Since 1986, when the first case of AIDS was officially reported in Malaysia, five years after official recognition and identification in the United States, little mention has been given to the disease and diseased in the Malaysian political, social and media environment. After almost two decades of denial and silence, political response has just begun with an expression of serious concern by the Prime Minister himself in the middle of this year, while addressing the issue of Black Metal and widespread deviance among youths in the country. The Prime Minister's tone appeared tinted with urgency this time than in October 1999 when he officially launched the 5th International Congress on AIDS in Asia and the Pacific (ICAAP) in Kuala Lumpur.

In the early decade of AIDS in the United States, by the time Reagan gave a talk on AIDS on 1 April 1987, almost 36,000 cases had been diagnosed and about 20,000 Americans had died. The many phases of AIDS throughout the world seem to have but only one face. If the world unites today to fight terrorism, the world also seems to have united in its ideological discourse of AIDS but never yet in its "fight against AIDS".

Like their counterparts in the developed world who blamed foreigners as carriers of the virus and contaminators of cultures, AIDS in Malaysia was initially acknowledged as a disease of the other—some foreign other. Little seems to have changed since the bubonic plague swept through Europe in 1348 when it was claimed that Jews had poisoned the wells. Likewise, the cholera epidemic in the United States that fell largely upon the poor was blamed on prostitutes. The French referred to the influenza epidemic as the plague of the Spanish lady and the English called it the French disease (Swenson in Khattab 1995). Africa, according to Freund and McGuire (1991) was viewed as a disease-filled black continent. Many diseases, the authors contend, such as smallpox, syphilis, influenza, cholera and tuberculosis were introduced to Africa from Europe and Asia. Has AIDS been introduced to Africa and Asia from somewhere, elsewhere? It all seems like the coming of bogeyman.

Institutional Response

The Malaysian Ministry of Health in a report highlights that the first case of AIDS reported in 1986 in Malaysia was incidentally a Malaysian residing in the United States who had come home for a holiday. The report further argues that Malaysia's open policy and aggressive promotion of the tourism industry seem to significantly contribute to the rapid spread of the disease (<http://www.comhlth.medic.ukm.my>).

With reported cases of HIV/AIDS increasing dramatically in Malaysia (approximately 16,996 HIV cases in 1996 alone), the Ministry of Health since the beginning of the 1990s, designed a New AIDS Policy and put aside RM218 million to "fight the war against AIDS". Along with it, a special AIDS/STD unit was set up under the Disease Control Section, replacing the task of the Epidemiology Section of the Ministry.

In fact, a new post was created, that of AIDS/STD officer in the Ministry of Health in 1993 (<http://www.commhlth.medic.ukm.my>). Many new posts have been created and the AIDS/STD programme expanded throughout the country focusing significantly on education and prevention, surveillance and testing while working with the Malaysian AIDS Council—an umbrella NGO that coordinates religious, medical, drug, family and women NGO participation—in the dissemination of information, counseling, fund raising, research and hospice activities, among others.

The *Prostar* (*program hidup tanpa AIDS/ Healthy without AIDS* programme) is an example of a massive project by the Ministry together with academics that focused on the training of young peer counselors and facilitators and the establishment of clubs at schools to create activities among youth in order to avoid risk behaviour that could lead to HIV infection (Samsudin & Latiffah 2000). A noble course. A positivist prescription focused on interpersonal communication.

Since the launching of the programme in 1996, more young Malaysians, particularly in schools, have been reported to indulge in deviant activities such as satanic worship, sexual activities and black metal. More have been infected with the virus and have died not just of AIDS but of moral and social pain. Social workers arguably point out to me that youths at school seem already burdened with academic and co-curricula activities and find the *Prostar* club an excess baggage that has to be abandoned. Furthermore, these social workers contend that at the end of each financial year, when funds remain in excess, *Prostar* is selected as an activity to utilise excess funds before moving on into the new financial year. So much for public funds and public attitudinal change.

This is not surprising when the report, *Penilaian Intervensi PROSTAR Terhadap Kesedaran AIDS di Kalangan Remaja* (Samsudin & Latiffah, 2000) itself acknowledges statistically no major differences, in several areas, between those enrolled in these youth intervention programmes and those not. In fact, the report points out that over 60 percent were not even aware of the programme. Furthermore, questions on HIV/AIDS underestimate the knowledge of youth and numerical indicators of HIV/AIDS knowledge, exposure and readership are insufficient in understanding the young and restless minds. A quantitative report can only superficially paint perceptions

but cannot effectively draw out meanings and contextual constructions of HIV/AIDS among groups of young Malaysians.

The official set up for the prevention and education of HIV/AIDS in Malaysia, seems focused on the "normal" general population. Little good has come to those already inflicted and to Malaysians at large in helping to respond compassionately and in better ways toward the disease and the sufferers. Programmes like *Prostar* seem to clearly draw the line between normal and abnormal, insiders and outsiders, and further reinforce fears of the disease and diseased. In referring to stereotype, through language and other forms of expression, as a signifying practice, Hall (1997:258) argues,

"...stereotyping deploys a strategy of splitting: It divides the normal and the acceptable from the abnormal and the unacceptable. It then excludes or expels everything which does not fit, which is different".

Reported cases of HIV/AIDS in Malaysia have been on the increase year after year. Many young people have been sick, several dying and more enduring stigmatised lives. While cases rise and social agony of the sufferer increases, the moral discourse appears to get louder. The sick therefore, seem to get sicker by sickening debates over what's proper and improper. While medical practitioners and academics tend to point out that the main cause of HIV transmission is intravenous drug use (IVDU), many social workers I spoke to argue that heterosexual transmission is indeed a major contributor.

Regardless of course and origin, it is important to recognise the underlying moral debate. Illicit sex, in comparison to illicit drugs, seems more sinful to be linked to the social behaviour and illness of the majority Malay-Muslim sufferers. In other words, IVDU and illicit drugs seem to be perceived as less abnormal, and less offensive religiously speaking, probably, than any form of sexual activity outside the ambit of marriage. In this context, the issue of homosexuality has been avoided and generally the relationship between sexual behaviour and AIDS deemphasised.

Drug, sex, rock and roll all go together, so why waste resources focusing on one and not another? For so long as

medical practitioners and academics continue to play the role of moral barricades, the incidence of HIV and AIDS will increase (see Khattab, 2001). The issue of condoms in the prevention of HIV takes a low profile as though too immoral to speak of, and likewise needle injection rooms have not had the chance of a public debate. While hypocrisy and denial dominate discussions about HIV and AIDS, almost all of Africa and Asia will die, all the more with ill-affordable drugs.

Ironically, while the debate on transmission focuses on IVDU particularly among Malay-Muslim youths, the Ministry of Health places AIDS with STD in its structural set up and creates the post of AIDS/STD officer. This is, indeed, appalling. On the one hand, the discourse appears focused on IVDU and on the other, institutional response seems geared toward sexual transmission. The misclassification of HIV as STD, in the early years of the epidemic, by medical scientists in the United States had, indeed, been severely criticised. In fact, the entire early medical discourse of HIV/AIDS in the US was condemned as sexist, racist, moralistic and stereotypical by various groups and institutions (see Khattab, 1995).

Although, HIV is primarily acquired through sex, Watney (1987) argues that it is not primarily an STD. In fact, it is a viral disease that can be transmitted through several means other than sexual contact. For example, he elaborates, the Hepatitis B Virus (HBV) capable of sexual transmission, is not generally classified as such although it is effectively transmitted via exactly the same bodily fluids, blood and semen as is HIV.

It is argued that despite medicine's supposed value-neutrality, the knowledge produced, held and used by practitioners is considerably connected to their personal social location and the larger social situation of medical institutions in society (Freund and McGuire in Khattab, 1995). As such medical ideas often reflect and serve as ideology. Thus ideas about health and illness serve as legitimation for the interests of one group over another. Reporting social problems as diseases and focusing on the diseases of the rich, medicine is said to incorporate traditional institutions of religion and law in its control of society (Zola in Khattab, 1995).

Media Representation

While in most of Europe and America, throughout the first decade of AIDS, media, particularly television and newspapers, gave widespread coverage to the issue, raising homophobia as well as stirring a moral panic (see Weeks, 1985; 1988), in Malaysia the first decade of AIDS was a silent exercise of institutionalisation. Media shied away from the issue simply because authoritative sources such as politicians and public figures including medical scientists and practitioners were reluctant to speak let alone mention AIDS. While American medical scientists continuously reported new findings, wrangling with the French, celebrities like Rock Hudson and sport personalities as well as news anchorpersons came out of the closet and spoke openly of their pain and suffering and gained the sympathetic attention of the media and people of America. Would a moral panic help Malaysians face the realities of AIDS and subsequently reduce the incidence of HIV and AIDS as it did in most of America and Europe? Should it be orchestrated? Who will come out of the closet to publicly declare he/she is HIV positive? And how will media representation be?

Media portrayal of AIDS in the initial period of the epidemic in the West was, of course, based on an agenda that invited people to regard AIDS as both a well deserved punishment and a justification for further punitive actions. However, the discourse moved on in the 1990s to reflect the realities of AIDS with compassion as more and more normal people were being infected together with newer scientific findings and concurrent claims made by various activists groups. A long time ago, Lazarsfeld and Merton (1948), when writing on the effects of radio argued that mass media ethicise audiences teaching them appropriate social values by conferring status and legitimating persons, policies, groups and institutions thus enforcing social norms by exposing deviations from those norms.

Today Hall (1997) speaks of representation and the signifying practices of media that attempt to make meaning through language and symbolic forms. The work of representation is in itself ideological. It is part of the maintenance of social and symbolic order, setting up a frontier between normal and deviant, us and them. To restore purity of culture whatever is negative must be symbolically excluded

(Hall, 1997).

Hence to exclude AIDS from mainstream coverage and to show concern for the normal general population is the working of representation hand in hand with medical discourse. In the early years when medical scientist coined the name GRID (Gay-related immune deficiency) for what is known as AIDS today, Western media reproduced it with labels such as "Gay plague" and when scientists identified risk groups, journalists labeled them innocent and guilty. In Malaysia, medical scientists and practitioners have mostly remained silent, while health authorities play with figures and engage in elaborate research and campaigns and politicians rhetoricise statistics, NGOs shout only to have their echoes bounce back on them.

As argued by Hall (1978), media's secondary and subordinate position to the primary definers of news, seems to have created a scarcity of reports or rather an AIDS news deficit in Malaysia. What's media to report when politicians and scientists, the accredited primary sources and definers of news, have nothing to say? And why? Whenever AIDS is reported, it appears value-laden and punitive, particularly in the local Malay dailies such as *Berita Harian* and *Utusan Malaysia*. One headline in the *Berita Harian* of 4 May 1996:10, reads:

"Aids: Antara nikmat atau laknat Tuhan" (Aids: Between pleasure and God's condemnation)

Another on 1 December 1996: 16, states boldly;

Pembawa HIV mulakan hidup baru (HIV carrier begins a new life)

Whereas, more recently, one story in the *Bertia Harian* of 7 May 2001:10, reads:

Darah tercemar, kerajaan rugi RM2j (Blood polluted, government loses RM2 million)

And another in the *Utusan Malaysia* of 27 September 2000:10 states:

Remaja lelaki menghidap AIDS meningkat (AIDS infection on the rise among young men)

In contrast to the English dailies,

"Suffering in painful silence" (*Sunday Star*, December 1, 1996:7) and

"If we are more open, we will admit having a crisis" (New Sunday Times, December 1 1996:12)

"Approach AIDS issue with compassion" (New Straits Times, Saturday Forum. 15 December, 2001:9)

"Testing time in fight against HIV/AIDS" (New Straits Times, Life & Times. November 29, 2001:6)

Usually coverage on HIV/AIDS religiously takes place only around World Aids Day in most media, that is, beginning late November until middle of December. Whenever coverage appears value-free and compassionate in tone, Marina Mahathir—President of the Malaysian AIDS Council (MAC) and fortunately for AIDS, daughter of the Malaysian Prime Minister—would be the primary source. Otherwise, it would be a wired story from Associated Press or Reuters.

Campaign meaning construction

It is, indeed, paradoxical that public campaigns on AIDS in Malaysia are few and far between. Like news, there appears an AIDS campaign deficit. Public health campaigns are usually undertaken by the Ministry of Health with the cooperation of the media, particularly Radio and Television Malaysia (RTM). Ironically, these campaigns are launched in phases based on a number of health themes. For example:

Phase 1

1991-Heart disease
1992-AIDS
1993-Food hygiene
1994-Children's health
1995-Cancer
1996-Diabetes

Phase 2

1997-Healthy eating
1998-Exercise and physical fitness
1999-Safety
2000-Mental health
2001-Healthy family
2002-Environmental health

These phases of health themes reflect a lackadaisical attitude toward fatal illnesses such as HIV and AIDS. Not until the early 1990s was any effort made to consider HIV and AIDS as a programme of action. Even then, early efforts were filled with punitive military and moral metaphors, evident in posters and bill boards around the country that read *AIDS Membunuh* (AIDS kills) or *Jangan Berzina* (Do not be adulterous).

Other than sporadic phases of public health education on AIDS, the Ministry activates its AIDS campaigns in conjunction with World AIDS Day each year. This explains the media coverage. These campaigns are designed for the general population with varying themes, mostly carrying a heavy moralistic discourse. One television campaign portrays prostitutes as carriers of the virus, another represents an IVU user and more recently the campaign has a sympathetic tone portraying a female child who cries out over the loss of both her parents to AIDS, and thus orphaned. But this seems aired very infrequently and at times when audiences are known not to sit in front of the box. From the punitive and stereotypical representation of high risk groups such as prostitutes and IVU, the discourse seems to reluctantly move toward compassion based on traditional family values.

These campaigns come and go, expecting images and words about HIV and AIDS to linger in the minds of selective and forgetful viewers. Despite attempts to present new and compassionate versions, the early punitive and stereotypical images of AIDS continue to prevail in the minds of Malaysians. The metaphoric discourse of AIDS goes beyond illness and virus to adultery, murder, enemy, war, fight, threat and sin among many more. The metaphor attached to AIDS has made any attempt to represent it in more realistic and compassionate terms, difficult if not impossible. There appears a reluctance on the part of campaign managers themselves to create newer versions of AIDS and HIV campaigns. Regulation takes place in the mind, in representation and in the work of ideology.

Conclusion

The reputation of AIDS has the tendency to make the sufferings of a patient extremely painful. Almost all illnesses

from cancer to tuberculosis, argues Sontag (1989; 1979), have been linked to irrational revulsions, shame, anger and diminution of the self. But, none as severe as AIDS. The early medical science association of HIV with homosexuality stirred a homophobia that seems hard to erase despite attempts to do so. The illness' association with sexuality and lifestyle preferences has made it convenient for moral barricades to speak of AIDS as a curse and a sin and to suggest incarceration and ostracisation. AIDS seems to have made it possible for ordinary folks to play God and media appear to do an excellent job at that. The manufacture of AIDS discourse appears simply a representation of fear over alternative lifestyles and threat to traditional family values. Sophisticated production of discourse coloured with subtle tones of compassion can in fact reinforce such values without discrimination, hurt or pain. After all, bogeyman never really appears.

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