UGANDA IN THE 1990S AND HIV: A "ZERO GRAZING" POLICY

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Abstract: In the late 1980s, Uganda was widely viewed as the country most affected by HIV/AIDS in the world. By 1989, all districts of Uganda were affected with a rural infection rate approaching 18 percent and an urban rate of 30 percent. The Ugandan government's response chose to focus primarily on reforming sexual behaviour, despite evidence pointing to deficient medical practices as a primary cause of the AIDS outbreak. This paper uses the theory of 'causal stories', developed by Deborah Stone, to explain how political issues are framed and policy responses formed. More specifically, it will explain that the story of "sexual promiscuity" closely aligned with pre-existing societal values and reinforced existing political structures. In contrast, the story of "institutional health care failure" would lead to a loss of public support for the government.

This paper argues that there are several reasons why the causal story of sexual promiscuity was more successful than the causal story of institutional failure. First, it was supported by pre-existing programs and cultural values of international, religious and political groups. Second, international donors were also important factors in the creation of Uganda's AIDS policies. More than 70 percent of Uganda's funding comes from international sources, and foreign NGOs delivered a substantial amount of Uganda's health care. Accordingly, Uganda was hesitant to focus on deficient medical practices as a primary cause for the spread of AIDS as it could possibly lead to public discontent on foreign sources and jeopardizing foreign funding. Third, the causal story of sexual promiscuity helped protect the existing political order. This causal story strategically blamed HIV/AIDS' victims for their immoral sexual behaviour rather than governmental health policies for the misuse of needles and syringes. Last, the argument of sexual promiscuity was supported by the scientific community by conducting studies which focused only on high-risk populations and by not focusing on hospitals as a source for transmission.

As a result, government officials initiated an aggressive nationwide campaign to prevent the spread of AIDS. This campaign argued that the AIDS epidemic in Uganda was caused by grossly promiscuous sexual activity. The dominant message of early HIV/AIDS prevention campaigns encouraged individuals to be faithful to their partner and to have 'zero-grazing' behavior. Overall, Uganda's abstinence and faithfulness campaign launched in 1987 promoted behavioural change by encouraging young people to delay the initiation of sex and urged sexually active adults to reduce their number of sexual partners.

***Keywords*:** Health policy; HIV/AIDS; International aid; Policy choice; Uganda

INTRODUCTION

In the late 1980s, Uganda was widely viewed as the country most affected by HIV/AIDS in the world. Within a year, AIDS, then known as "slim", was diagnosed in three Ugandan cities, and by 1989, all districts of Uganda were affected. With a population of over 20 million, divided into several tribes and languages, the national HIV prevalence was 18 percent in rural areas and 30 percent in major urban areas ("UNGASS Country Progress Report – Uganda" 3). The majority of reported AIDS cases occurred among people between sixteen and forty years of age, with an unexpected high number of infants born HIV-positive (Lauer 21).

Accordingly, government health officials initiated an aggressive nationwide campaign to prevent the spread of the disease among the Ugandan population. This governmental campaign aimed for the promotion of early awareness and behavioural change through public education programs, including television and radio, as well as local press warnings

in English and local languages. This campaign focused on the argument that the AIDS breakdown in Uganda was caused by grossly promiscuous sexual activities. The dominant message of early HIV prevention campaigns, led by President Museveni, encouraged individuals to be faithful to their partner and to have 'zero-grazing' behaviour (Hogle et al. 7). The latter comes from the agricultural practice of tying livestock to a post, restricting them to a zero-shaped section of grass. Overall, Uganda's abstinence and faithfulness campaign launched in 1987 promoted behavioural change by encouraging young people to delay the initiation of sex and urged sexually active adults to reduce their number of sexual partners.

However, further investigations have attributed some of the early HIV prevalence in Uganda to health care exposure rather than sexual activity. Research reports available from 1983 to 1988 suggest that the largest link to HIV infection was found to be the number of medical injections, far higher than the risk associated with the number of sexual partners or the occurrence of sexual activities. In total, it seems that medical injections accounted for about half of the HIV prevalence in Uganda up until 1988 (Gisselquist et al. 150).

On the whole, this paper discusses the AIDS policies in Uganda implemented by President Museveni in 1987. Specifically, this paper asks why the causal story of sexual promiscuity was more successful than the causal story of institutional failure in Uganda. In other words, out of these two competing causal stories, why did the Ugandan government choose to treat sexual promiscuity as the main cause of HIV/AIDS transmission, rather than health care transmissions? In order to answer this question, Deborah Stone's theory of causal story is used to explain how the independent variables of each causal story influence the success of one particular story over another.

This paper is divided into four main sections. The first section explains the appearance of AIDS in Uganda and the government containment responses. The second section provides a literary review of Stone's theory of causal stories. It also discusses the variables that influence the choice of one causal story over another. Third, this paper examines the two main causal ideas presented to the Ugandan government prior to implementing the government's publicity campaign in 1987. Finally, the last section presents the findings for the explanation of why the causal story of sexual promiscuity was more successful than the causal story of institutional failure.

AIDS

Acquired immune deficiency syndrome (AIDS) is a disease of the human immune system that is caused by the human immunodeficiency virus (HIV). HIV is found in blood and other body fluids, and is transmitted through direct contact with these. A person can become infected with HIV through sexual activity, injection of drugs or medication using a contaminated needle or syringe, a blood transfusion, breast milk, or from an infected mother to her baby through birth (Global Report: UNAIDS Report on the Global AIDS epidemic: 2012).

There are an estimated 34 million people living with AIDS worldwide. Among these people, around 32 million are adults, of which 15.7 million are women, and 1.3 million are children under 15. Since the beginning of the epidemic, 18.8 million people have died, and approximately one quarter of these deaths were children. In 2011 alone, 2.5 million people were infected and approximately 1.7 million people died worldwide from AIDS-related causes. ("Global Report: UNAIDS Report on the Global AIDS epidemic: 2012" 10-13) The HIV epidemic is most prevalent in sub-Saharan Africa, where 71 percent of all infected people in the world are located (Aichelburg et. al 1).

Aids in Uganda

In the 1980s, Uganda was widely viewed as the most HIV/AIDS-affected country in the world. The first confirmed cases of AIDS occurred in 1982 when several merchants died in a small, isolated fishing village on Lake Victoria. They were all young and sexually active, and had left their village for temporary jobs. Shortly after their return, each of their respective spouses also died. Before the 1980s, however, it is suspected that a much greater number of people had been infected with the HIV virus, which was popularly known as "slim" (Okware 726). By 1989, the country was in the midst of a major epidemic with prevalence rates of up to 18 percent in rural areas and 30 percent in major urban areas (Allen and Heald 1141).

Nonetheless, the current government of President Museveni is often held up as a model in the fight against HIV/AIDS, as Uganda has shown a 70 percent decline in HIV prevalence since the late 1990s (Stoneburner and Low-Beer 714). Uganda's first official AIDS Control Programme was set up in 1987, with the goal of educating the public on how to avoid becoming infected with HIV. This government campaign promoted the ABC approach - Abstain, Be

faithful, use Condoms - correlating a potential decrease in sexual activities with the desired decrease in infection rates. The National AIDS Control Program launched a vigorous health education campaign on TV, on the radio, and in the local press. Information was also spread by word of mouth through theatre groups, singers, and the local resistance committees - the new political units operating from the village level upwards (Hooper 475).

The governmental program considered promiscuous sexual behaviour to be the main cause of the HIV epidemic in Uganda. Therefore, the solution for the Ugandan AIDS problem was seen to be a change in sexual behaviour. Desired changes included a delayed start in sexual activity among youth, a reduction in the number of partners, increased marital fidelity, and increased condom use (Schoepf 555). The focus on reduction in sexual activity was justified by the fact that nearly all recorded victims between 16 and 40 years old were part of the ‘sexually active' bracket. In particular, the National AIDS Control Program promoted early awareness and behavioural change, focusing on individuals in the high-risk groups: female sex workers and their clients, soldiers, fishermen, long-distance drivers, traders, bar girls, police officers, and university students (Hogle et al. 5).

Studies have shown that the prevalence of HIV has fallen dramatically, from around 29 percent among adults in the early 1990s (Hooper 127) to around 5 percent in 2001. Currently, there is an estimated 1.4 million people living with HIV in Uganda, where the adult prevalence has slightly increased since 2001 to 7.2 percent (Global Report: UNAIDS Report on the Global AIDS epidemic: 2012).

This paper questions the causal story of sexual promiscuity as the main cause of the spread of AIDS in Uganda. Even though there was enough empirical evidence to support the idea that health care exposure and sexual behaviour were the main sources of HIV transmission in Uganda, the Ugandan government chose to focus its campaign mainly on behavioral change. This paper will now examine the theory of causal stories presented by Debora Stone in order to understand how internal characteristics of these two competing causal stories influenced the Ugandan government's choice to target sexual promiscuity rather than health care exposure in its AIDS policies. By doing so, this paper focuses on the theoretical implications of issue definition - if issue definition is a competition between causal theories, what makes one causal theory stronger than another?

CAUSAL STORIES

In “Causal Stories and the Formation of Policy Agendas”, Deborah Stone suggests that causal stories are an important determining factor of the policymaking process because they define public problems (Stone 281). She claims that political problems are conceptualized when human causes are attributed to expected or unexpected difficulties. In other words, the transition from a difficulty to a political problem is caused by the change in assumptions of the problem’s cause – moving from natural to human. This shift creates a burden for reform, as the problem is now perceived as a human creation, which is therefore preventable and amendable (Stone 283). Thus, as causal stories are presented, they attribute blame to particular actors, creating justification for governmental action to stop the harm.

Causal stories are important because they “move situations intellectually from the realm of fate to the realm of human agency” (Stone 283). Stone identifies four types of causal stories that have varying degrees of effectiveness in terms of generating political action.

First, ‘mechanical causes’ are structural and mechanistic stories that depend on an intervening agent. In this type of causal story, the very nature of human guidance and control is at issue, as unguided actions lead to intended outcomes (Stone 284). The other three forms of causal stories are particularly helpful to the discussion of HIV/AIDS policies in Uganda. ‘Inadvertent causes’ are stories in which purposeful actions lead to unintended consequences. This can be exemplified when the purposeful act of sexual intercourse might lead to the unintended spread of HIV. On the other hand, ‘accidental causes’ occur when unguided actions lead to unintended consequences. Last, ‘intentional causes’ occur when an action was willfully taken in order to bring about the consequences that actually happened (Stone 285). An example of an intentional cause would be individuals in the high-risk groups who know about the dangers of HIV infection, who still conceal them from their sexual partners.

From these four types of causal stories, the most persuasive are the ones that describe deliberate attempts to manipulate the causes of a problem. Thus, the strongest types of causal stories are accident and intent. In the first case, political responses to the event are devoid of purpose, either in their actions or consequences. No one can be blamed, as these events occurred due to fate or destiny. Second, an intentional cause is also perceived as a strong claim

because participating parties were fully aware of their actions and associated consequences.

Stone argues that political problems are an active manipulation of images within a political context, rather than emerging directly from coherent characteristics of the issue (Stone 289). Under those circumstances, political context had a significant influence on the Ugandan government's decision to attribute sexual behaviour as the main cause of AIDS transmission.

According to Stone, one causal story is more successful than another when the former becomes the dominant belief and guiding assumption for policy makers (Stone 294). For the purpose of this paper, the determinants of success (dependable variables) are measured by the allocation of public funding and media coverage. In addition, the independent variables that determine the success of one causal story over another include pre-existing programs and cultural values, sources of funding, challenges or protection of a political order, and support from the scientific community.

In the 1980s, the Ugandan government faced two competing causal stories related to the spread of AIDS in the country: sexual promiscuity and institutional failure. This paper now focuses on the internal structure of each causal story before the implementation of the Ugandan AIDS Control Programme in 1987. By analyzing the variables of each causal story, this paper attempts to explain why the causal story of sexual promiscuity was more successful than that of institutional failure in Uganda.

Causal Story: Sexual Promiscuity

The first causal story analyzed in this paper attributes the AIDS breakdown in Uganda to grossly promiscuous sexual activities. For this reason, supporters of this causal story argue that a massive change in sexual behaviour would dramatically reduce the rates of AIDS in Uganda (Hrdy 1109). The correlation between sexual activities and AIDS transmission is attributed to the fact that more than 80 percent of HIV cases occur among individuals in the sexually active bracket: men and women from 16 to 40 years old (Obbo 211).

In addition, the idea of sexual promiscuity as the main reason for the spread of HIV in Uganda identifies long-distance drivers, prostitutes, and barmaids as high-risk groups that are more likely to engage in high-risk sexual activity (Ntozi et al 107). This causal story promotes partner reduction by delaying the first sexual encounter, remaining abstinent, remaining faithful to one person, "zero-grazing", and using condoms as solutions for the HIV epidemic in Uganda (Hogle 5). As a result, sexual transmission turned HIV into a disease of shame where infected individuals were often perceived as immoral with uncontrollable sexual desires (Fee and Fox 384).

1. Pre-existing programs and cultural values

The causal story of sexual promiscuity was strongly supported by pre-existing cultural values. There may have been an inclination to emphasize sexual transmission as an argument for condom promotion, coinciding with pre-existing programs and efforts to reduce Africa's rapid population growth (Guisselquist et al 160).

As Uganda has usually been portrayed as a male-dominated society, the role of women was also a very important factor that favored the causal story of sexual promiscuity. Because women were traditionally socialized to tolerate men's sexual independence, women rarely expected male fidelity (Obbo 217). Conventionally, it was socially acceptable for males to experiment in sexual matters before marriage and to have extra-marital sexual relationships. At the same time, female chastity was prized with an emphasis on premarital virginity and fidelity in marriage. Another aspect of male-female relationships involves the use of condoms. While men was reported to occasionally condom's use, women were socially obliged to seek their use out of worry about having "a child who does not look like their husband" (Obbo 227). Moreover, local religious and social practices allowed men to enjoy multiple partners while strongly condemning women's sexual expression. Many women became suppressed by the social construction norm and the perception that they should always be "good women" in relation to the opposite mirror image of the "promiscuous woman" (Brummenlhuis and Herdt 92).

In sum, the status of women as powerless and vulnerable informs the construction of the causal story of sexual promiscuity as the main factor of AIDS transmission in Uganda. Due to the dominant ideology that categorizes women as "good" or "bad", most women were unable to insist that men wear protection and remain monogamous without being seen as promiscuous. Therefore, with the rapid increase of AIDS transmission in Uganda in the 1980s, women often demanded safe sexual practices to avoid AIDS (Obbo 234). However, these demands were often perceived as promiscuous requests deterring women to request HIV protection.

2. Sources of funding

The second variable that influences the predominance of one causal story over another was the funding

available to support each story. The national resources available for HIV/AIDS-related activities were not enough to implement the Ugandan AIDS Control Programme, and the government needed to seek funding and technical assistance from different international organizations and donor agencies. Some donors and agencies directly funded government activities, while others contributed their support through NGOs involved in HIV/AIDS activities. It is estimated that more than 70 percent of all Ugandan funding for HIV/AIDS policies comes from international assistance ("Assessing the Macroeconomic Impact of HIV/AIDS in Uganda" 46).

In addition, because of the virtual collapse of Uganda's infrastructure after twenty years of civil war, Uganda was obliged to rely more and more on NGOs. In the 1980s, most of the NGOs had strong ideological and religious beliefs, which played a key role in how they provided health care and education. For example, in 1990, missionary practitioners accounted for more than forty per cent of all total health care providers in Uganda (Seidel 63). Thus, the medico-moral discourse of religious organizations and the aim to restore traditional religious values and practices reinforced and legitimated the need to control sexual behavior in the country.

Last, the United States contributed to more than half of the total Ugandan spending on AIDS. The assumption that the decline in the national HIV prevalence was due to some mixture of condom use and restrained sexual behaviour has led to substantial funding from the American government to support such activities by the political left (for condoms) and right (for abstinence and monogamy) (Brody 440).

3. Redistribution of power

In addition, the causal story of sexual promiscuity contributed to the protection of the existing social and political order. Uganda is home to many different ethnic groups, none of which form a majority of the population. Due to conflicts among these groups, Uganda has suffered from civil unrest since the early 1980s. Northern Uganda, in particular, was devastated by a 20-year conflict which caused the displacement of about 90 percent of its civil population. As a result, the HIV prevalence in the north was higher than in the rest of the country (Cianta 172). This high rate of HIV reinforced the sexual stigmatization of the northern population, and particularly of formerly abducted children (Acker 337). It is estimated that about half of the girls who escaped from the rebels were found to be HIV positive ("War threatens Uganda Aids success").

In the late 1980s, there was a belief in southern Uganda that AIDS was partly a legacy of the disturbance inflicted upon the people by northerners (Ochola 20). This negative perception of northerners by the south was part of a long North-South conflict that has marked Ugandan politics and society since the country's independence. Since 1962, northerners, especially the Acholis, dominated Ugandan politics by occupying most of the high-ranking military and political officers, causing revolts among southerners (Ochola 18). However, this changed in 1986 with the rise of the National Resistance Army, led by current President Museveni.

As a result, the government, dominated by southern politicians, would more likely to support a story, which casted northerners as the cause of HIV due to their promiscuity. Southern government officials have constantly referred to the high rates of HIV in the north as an "Acholi problem […], something they deserved for what the Acholi people did in the infamous massacres between 1981 and 1986" (Ochola 16).

The causal story of sexual promiscuity was also strongly supported by religious leaders in Uganda, as they identified the AIDS epidemic as a moral issue. The idea of combating sexual promiscuity was in accordance with the Church's own beliefs, as it transformed AIDS into a problem of the faithless (Seidel 63).

In sum, the causal story of sexual promiscuity contributed to the protection of the existing political and social order. The AIDS Prevention program took this opportunity to attribute the spread of HIV to the immoral behaviour of the population, blaming northerners for the epidemic. In addition, the causal story of sexual promiscuity was strongly supported by Ugandan religious organizations, which have always incorporated the message of sexual morality in their religious preaching.

4. Support from the scientific community

Finally, the scientific community has also had an important influence in determining sexual promiscuity as the main cause of the HIV epidemic. According to Deborah Stone, "proponents of causal theories […] appeal to scientific studies and the canons of scientific inquiry in their quest for political support" (295). In the case of sexual promiscuity, the assumption that heterosexual transmission accounts for more than 80 percent of HIV infections in Africa emerged after the World Health Organization's (WHO) Global Program on AIDS. Even if the basis of this research and date are highly questionable, many experts have accepted the consensus as fact,

and have not seen any need for further research to test its estimates (Gisselquist et al. 149). Hence, since 1988, the consensus has been self-reinforcing as researchers in Uganda have often assumed sexual transmission without testing partners or asking about health care exposure, and when conflicting evidence emerges, any doubt is resolved by favouring the impact of the infected individual's denial of sexual activities (Gisselquist et al. 148).

In addition, most of the studies that attempted to stipulate the sources of HIV transmission in Africa have targeted individuals in high-risk groups on the basis of findings, which are only applicable to the general population. For example, in a 1983 study, three out of seven Rwandan women with AIDS were prostitutes (de Perre et al. 65), and in another early study, 58 African men with AIDS symptoms reported a median of 32 sexual partners per year (Clumeck et al. 494).

In sum, the causal story of sexual promiscuity fitted with Stone's category of "intentional cause". This story occurs when negative outcomes (the spread of HIV) are interpreted as the purposeful result of an individual's action (promiscuous sexual behaviour). This type of causal story moves the harm from a problem of fate to the realm of human agency (Stone 285). Accordingly, the causal story of sexual promiscuity was effective, as it was in accordance with pre-existing programs and cultural values, received financial support from the international community, promoted the protection of the existing social and political order, and was scientifically supported by the international community.

Causal Story B: Institutional Failure

Despite the fact that sexual promiscuity became the predominant causal story for the spread of HIV in the late 1980s, research reports from 1983 to 1988 suggested that the largest association with HIV infection was actually medical injections rather than unprotected sex (Gisselquist et al.150). The causal story of institutional failure blamed health practitioners for the spread of HIV in the country through the re-use of infected needles and syringes.

1. Pre-existing programs and cultural values

Since being introduced by British colonialists, injections have become one of the most popular forms of medical care in Uganda. Injection use became abundant on all levels of the health care system, both public and private, among formal and informal providers, by trained and untrained individuals, as well as in hospitals, clinics, and homes (Allen 7). Systematic studies on needles and syringes in two different areas in Uganda in the early 1990s found that 83 percent of households possessed needles and syringes, and 34 percent of injections were administered at home. In addition, as a result of the lack of medical hygiene and the re-use of medical instruments, a high incidence of abscesses related to injections has been reported in the 1990s (Carswell 56). Of the 360 random households visited in Busoga, a Ugandan district, 43 percent indicated injection complications at some time, and of these, 37 percent had experiences with injection abscesses (Birungi 127). For these reasons, the causal story of health care transmission is strongly supported by evidence of the wide use of injections at home as well as the uncontrolled distribution of these medical instruments.

2. Sources of funding

The second variable that influences the predominance of the causal story of sexual promiscuity over institutional failure was the funding sources available with the adoption of each story. As previously explained, most of the Ugandan funding for health programs came from international donors. Therefore, if health care practitioners were to be blamed for the spread of HIV in the country, Ugandans would most likely not trust foreign health services and institutions, possibly scaring donors away.

3. Redistribution of power

Third, the success of the causal argument of institutional failure would have challenged the existing social and political order. In Uganda, biomedical knowledge and western pharmaceuticals made up most of the medical practices in health care institutions (Birungi 1457). Thus, "trust in the health care system takes the form of faceless commitments, in which faith is sustained in the working of knowledge of which the lay person is largely ignorant" (Giddens 88). The government could had feared that if the public became aware of the risk of HIV contamination in the health sector, mistrust and blame would be directed towards health workers, government health facilities, and western medical practices.

Furthermore, if the government had adopted the causal story of institutional failure, the government itself would be affected, as Ugandans would lose trust in government health institutions and in the legitimacy of professional medical knowledge (Guisselquist 1461). In addition, the health policies of President Museveni's government would be perceived as the propagators of the spread of the disease and be blamed for the epidemic. For these reasons, the causal story of institutional failure would cause

people to stop believing in the government and weaken the political stability of the country.

4. Support From The Scientific Community

Lastly, the lack of support from the scientific community has also influenced the failure of health care transmission as the predominant causal story for the Ugandan HIV epidemic. Between 1984 and 1988, one study found that 39 percent of children between one and 24 months of age were found to be HIV positive, despite having an HIV-negative mother. Another study found 24 percent of children aged between one and 48 months were HIV-positive, with HIV-negative mothers. In both studies, the HIV-positive children had a higher frequency of injections than HIV-negative children born around the same time (Gisselquist, et al. 156). However, the obvious conclusion that injection was the source of infection was avoided by suggesting that the mothers were incorrectly diagnosed or that the children were victims of sexual abuse. This reinforced the assumption that sexual transmission was to blame for the rise of AIDS.

Currently, most AIDS experts continue to dismiss evidence that the HIV incidence in Uganda is statistically linked to injections (Gisselquist 843). AIDS experts and international organizations could either acknowledge that health care might be responsible for a lot of infections, or they could simply blame the victim, asserting that a large majority all HIV infections in African adults come from unsafe sexual activity. Only in 1999, 11 years after the World Health Organization's Global Program on AIDS which stated that 80 percent of AIDS transmissions in Africa happen because of heterosexual activities, did the WHO finally acknowledge that 'up to one-third of immunization injections are not carried out in a way that guarantees sterility' (WHO 25).

In sum, the causal story of institutional failure was perceived as part of Stone's category of accidental cause. Health care transmissions of HIV/AIDS were considered accidental as they lacked purpose in action and consequences by healthcare providers. Therefore, the Ugandan government did not focus its policies on accidental causes as they were outside of human control, but instead moved the blame from a problem of fate to the realm of human action, blaming the victims for their grossly promiscuous sexual behaviour.

CONCLUSION

In the early 1980s, the Ugandan government faced two competing causal stories that could be used to explain the rapid spread of HIV in the country. The causal story of sexual promiscuity proposed that the HIV epidemic in Uganda was due to the fact that individuals were engaged in excessive sexual activity. This one called for a change in behaviour for the population as the solution to the AIDS problem. On the other hand, the causal story of institutional failure blamed health care providers using unsafe medical instruments as the main reason for the spread of HIV in Uganda. This paper focused on the variables of each causal story in an attempt to explain why the one related to sexual promiscuity was more successful than the one about institutional failure.

Causal stories are an important determinant of the policymaking process because they define public problems. They attribute the birth of an issue to the creation of causal stories, which "move situations intellectually from the realm of fate to the realm of human agency" (Stone 283). A causal story is successful when it becomes the dominant belief and guiding assumption for policy makers (Stone 294).

The strongest types of causal stories are those of accident and intent. In the first case, political responses to the event are devoid of purpose. The causal story of institutional failure fits perfectly in this category, as no one was publicly blamed and the potential spread of HIV through medical contamination occurred due to fate or destiny. The causal story of intent is also persuasive because participating parties were fully aware of their action and its consequences. The Ugandan government sought to "fix" the AIDS problems in Uganda by promoting moral sexual behaviour among the population. Accordingly, victims were blamed for the AIDS problem in Uganda, as they were involved in immoral sexual activities.

In particular, the causal story of sexual promiscuity was more successful than that of institutional failure because it synergized with international efforts to reduce Africa's rapid population growth. In addition, this causal argument was quickly incorporated by religious organizations in Uganda, who used it to promote the restoration of morality. On the other hand, even though injections were a common instrument in Uganda, the causal story of institutional failure did not receive any support from any significant interest groups in the country.

Second, international donors were also important factors in the creation of Uganda's AIDS policies. As more than 70 percent of Uganda's funding comes from international organizations and developed countries, most of Uganda's AIDS policies sought to please these donors. The institutional failure story failed in part due to fears that government health care services, financed by NGOs, would be perceived as

the disseminators of the virus. This would turn public opinion against both the government and NGOs.

Third, the causal story of sexual promiscuity helped to protect the existing political order. This causal story blamed HIV/AIDS victims for their immoral sexual behaviour, rather than its own government policies for the misuse of needles and syringes. Thus, the government propagated messages inducing behavioural change such as “zero grazing”, “love carefully”, “I am glad I said no to AIDS”, “love faithfully”, and “those who play must pay” (Brummelhuis and Herdt 79).

Lastly, the argument of sexual promiscuity was strongly supported by the scientific community. From selective studies among people from high-risk groups, experts had treated the sample evidence as fact. Distressingly, health care transmission was never extensively investigated in Uganda. AIDS research still continues to dismiss evidence that the HIV incidence in Uganda is statistically linked to injections.

In sum, this paper examined Uganda’s policies toward the spread of HIV/AIDS in Uganda. It suggested that the causal story of sexual promiscuity was more successful than the causal story of institutional failure due to cultural values, support from international donors, protection of the pre-existing political and social order, and validation from the scientific community.

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