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Anna Bredström
Safe Sex, Unsafe Identities
Intersections of 'Race', Gender and Sexuality in Swedish HIV/AIDS Policy

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Norrköping, February 2008
### Abbreviations

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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ART</td>
<td>Anti-Retroviral Therapy</td>
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<td>CDA</td>
<td>Contagious Disease Act</td>
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<td>CDC</td>
<td>US Centers for Disease Control and Prevention</td>
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<td>GPA</td>
<td>WHO's Global Programme on AIDS</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>LAFA</td>
<td>Stockholm County AIDS programme</td>
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<td>MSM</td>
<td>Men who have Sex with Men</td>
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<tr>
<td>NBWH</td>
<td>The Swedish National Board of Health and Welfare (Socialstyrelsen)</td>
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<tr>
<td>NGO</td>
<td>Non-governmental Organization</td>
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<tr>
<td>NIPH</td>
<td>The Swedish National Institute of Public Health (Folkhälsoinstitutet/ Statens folkhälsoinstitut)</td>
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<tr>
<td>Prop.</td>
<td>Swedish Government bill (proposition)</td>
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<td>RFSL</td>
<td>Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights</td>
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<td>RFSU</td>
<td>Swedish Association for Sexuality Education</td>
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<tr>
<td>SFS</td>
<td>Swedish Legislation (Svensk författningssamling)</td>
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<tr>
<td>SMI</td>
<td>Swedish Institute for Infectious Disease Control (Smittskyddsinstitutet)</td>
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<td>SOSFS</td>
<td>The Swedish National Board of Health and Welfare Statute Book</td>
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<td>SOU</td>
<td>Swedish Government Official Reports</td>
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<tr>
<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>WHO</td>
<td>World Health Organization</td>
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INTRODUCTION
Part I – Aims and the Research Context

_The Reporter_ – In which social stratum is racism to be found today?

_Andreas Carlgren_ – Well, I am not exactly sure about what sociology says, but my experience tells me that it exists in the most different social settings; in every social stratum I would say.

_The Reporter_ – How does it look, racism in the higher echelons of society?

_Andreas Carlgren_ – Again, I couldn’t give you a general perspective on this issue, I could only tell you about things I’ve seen myself and that would be, how should I put it, well “best room Swedishness” (“finrumssvenskt”). It’s like you try to assure everyone ten times that you are not a racist – because you know that’s not allowed – but then it turns out that … I mean, one example is when a daughter starts dating an African man. The father, whom I know well, has been active in solidarity movements and worked for environmental protection and stuff like that, but now all of a sudden, all he can talk about is AIDS!

_The Reporter_ – [quiet laughter…]

_Andreas Carlgren_ – I mean, there are condoms!¹

Excerpt from an interview on Swedish Radio (in 2000) with Andreas Carlgren, the then director-general of the (now discontinued) Swedish Integration Board.

In 1990, at the peak of the big nationwide campaigns against AIDS in Sweden, a tiny postcard issued by the National Commission on AIDS gave rise to enough indignation for a letter of protest to be sent to the then Minister of Social Affairs, Ingela Thalén.² The picture on the postcard was nothing

¹ Swedish Radio (2000), my translation. Unless otherwise indicated, all translations from Swedish sources are mine.
² The National Commission on AIDS was placed within the ministry of Health and Social Affairs (see further in Part 2 of this introduction).
special; it resembled a typical child’s drawing with the sun shining, a small red house and a flag flying. What caused the stir was the fact that the picture was made out of condoms. It was the Foundation for Sweden’s national flag and commemoration day that sent the letter to Minister Thalén. Crafting the Swedish flag out of yellow and blue condoms was, to the Foundation, highly disrespectful, and it demanded that all the postcards be destroyed immediately (Hjördisdotter 1990). To its dismay, the Commission was quite pleased with its postcard’s motif; the Commission’s message was simply that ‘in Sweden, you had better use condoms!’ (Finer 1990a).

As anecdotal as this might seem, the story touches upon a much wider topic than a dispute over a single postcard motif. Arguably, it could be said to raise the question of what condoms have to do with Swedishness, or, better, what the links are between representations of nationhood and representations of male sexuality, and between nationhood and risk and safety in sexual relations. As in the epigraph above – where neither the benevolent father nor the then director-general of the Swedish Integration Board, Andreas Carlgren, can refrain from associating the African boyfriend with AIDS – the story touches on relations between nationhood, ‘race’, ethnicity, gender and sexuality in the context of the HIV/AIDS pandemic.

This is also the theme of this dissertation. In it I query the various ways in which ‘race’ and ethnicity appear in the Swedish HIV/AIDS policy discourse, and how they are linked to matters of gender and sexuality. The dissertation examines policy documents, information and sex educational materials and, to some extent, the larger public debate. In addition, I engage in a critical discussion of both feminist HIV/AIDS research and theoretical debates on the concepts of nation, ‘race’, ethnicity and ‘intersectionality’. The dissertation reveals how the various meanings assigned to HIV/AIDS in different policy contexts are largely mediated through notions of ‘race’, ethnicity, gender and sexuality, and that, as such, these notions have come to play a significant role in how the epidemic is understood as well as targeted. Furthermore, the dissertation takes to task the framing of different ‘risk categories’ and demonstrates that this enterprise often zooms in on stereotypical
identities rather than risky practices. Thus, I argue for the necessity and importance of deconstructing the meaning-making that surrounds notions of risk and safety in sexual relations. This provided, the present dissertation takes inspiration from and seeks to develop the work of critical HIV/AIDS researchers and activist who have argued persistently that, as part of the struggle against the disease, there is an urgent need to challenge the deployment and reproduction of hegemonic conceptions of different identities, groups and practices.

**Aims and Outline of the Dissertation**

The dissertation consists of five separate articles. Three of these (nos. III, IV, V) deal specifically with the issue of ‘race’ and ethnicity in Swedish HIV/AIDS policy discourse (which includes sex educational materials). One of the two remaining articles (no. II) scrutinizes how ‘race’/ethnicity and class are dealt with in feminist HIV/AIDS research. The other article (no. I) builds upon a previous research project of mine where I conducted interviews among young people with different ethnic backgrounds in Sweden on their experience of, and attitudes towards, safer sexual practices. This article can be said to be the odd one out and is made up of a critical scrutiny of media representations as well as a brief discussion of the possible impact of these representations on the identity-work of the young men and women in my study. The common denominator of all five articles is the examination of how ‘race’ and ethnicity are constructed in relation to what could be broadly defined as an HIV/AIDS context. Moreover, four out of the five articles deal specifically with how ‘race’ and ethnicity relate to conceptions of gender and sexuality in the material under study and argue for the need for an approach that can incorporate several perspectives simultaneously. This provided, the first main aim of this dissertation is to analyse and discuss the implications of the ways in which ‘race’ and ethnicity are being articulated in the Swedish HIV/AIDS policy discourse. A second aim is to contribute to the
feminist debate on ‘intersectionality’, examining in what ways ‘race’, ethnicity, gender and sexuality are ‘mutually constitutive’ (see Collins 1998).

Both of these aims, as well as the dissertation’s wider research problems, are discussed in more detail below. The task of this introductory chapter is to provide a contextual framework for the five ensuing articles. The introduction is divided into four parts. In this first part, I will go on to describe and discuss the implications of an influential medical and epidemiological discourse that has surrounded the HIV/AIDS phenomenon from the beginning of the epidemic. I also present the research tradition in which this dissertation is written, thus providing a brief overview of previous research in the field and introduce my main sources of inspiration. In the second part, I outline the empirical material for the study in more detail. I also give a general background to the development of Swedish HIV/AIDS policy and discuss the concept of policy. In the third part, I introduce my methodological and theoretical points of departure and clarify the utilization of key concepts in the dissertation. The fourth and final part summarizes the articles and discusses their main conclusions.

The Aetiology of HIV/AIDS

This dissertation pitches its focus mainly at the level of discourse. That is to say, I focus on the various meanings assigned to certain phenomena dealt with in both the policy and the scholarly contexts, and from there I go on to discuss the socio-cultural and political implications of such meaning making for the wider understanding of the HIV/AIDS problematic, as well as for the practical policies and educational strategies against HIV/AIDS. This incorporates a critique of medical and epidemiological conceptions of

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3 Epidemiology, which is basic to public health, constitutes a quantitative science that uses biostatistical methods and focuses on populations rather than individuals. Epidemiology ‘seeks to identify the underlying cause that results in illness among those who are susceptible. With an underlying cause identified, it becomes possible to intervene at the source of the chain of events that leads to illness among people who are susceptible’ (Soskolne 2004).
HIV/AIDS, conceptions that in many ways dominate and delimit the public understanding of the disease. I approach the matter from an angle that underlines that medical and epidemiological knowledge does not exist in a vacuum, free from socio-cultural and political influences and effects. I illustrate this by drawing on the medical history of the epidemic and on the ‘body count’ of epidemiology. Before embarking on this task, I will describe some of the basic aetiology of the disease. This serves as a background, given that AIDS policy discourses frequently refer to such knowledge.4

Medically speaking, then, HIV infection and AIDS are caused by the human immunodeficiency virus (HIV).5 The HIV virus can enter the body only through contaminated body fluids. Accordingly, it needs to ‘pass through an entry point in the skin and/or mucous membranes into the bloodstream’ (Barnett and Whiteside 2002: 38). This means that the most common modes of transmission are unsafe sex, use of contaminated blood products, use of contaminated needles and transmission from mother to child. An HIV infection never heals completely, and infected persons carry the virus for the rest of their lives.6 Once attached to a host cell, the virus attacks crucial cells in the immune

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4 In the context of HIV/AIDS research and policy, presenting the aetiology of the disease also amounts to a political stance that stresses that my critique of biomedical and epidemiological knowledge in no way should be interpreted as a denial of the existence of the disease as such or of the suffering inflicted by the disease. I would also like to emphasize that, despite my understanding of biomedical discourses as infused with contradictory assertions, findings and messages that may have adverse socio-political effects, I still firmly adhere to the view that knowledge of routes of transmission and means of protection is an essential ingredient in HIV prevention strategies and must never be excluded on moral or political grounds.

5 There are different strains and subgroups of the HIV virus. Most publicly known and commonly referred to are HIV I and HIV II. (These are not to be confused with different patterns of the epidemic, also often labelled by numbers; see Article V.) HIV II has mainly been identified in West Africa and is described as less virulent than HIV I, which is more common and found in most part of the world (Barnett and Whiteside 2002: 29). Both HIV I and HIV II can lead to AIDS.

6 HIV makes up a so-called retrovirus. This means that it is an RNA virus that needs to make a DNA copy of itself in order to replicate. To convert the RNA into DNA, the virus uses a specific enzyme (reverse transcriptase) that can be incorporated into the host cell’s genes. What distinguishes retroviruses from other viruses is thus that they are stored
system, mainly the so-called CD4+ T cells (often referred to as T helper cells). This leads to a slow breakdown of the immune system, and the body becomes vulnerable to opportunistic infections. When there is a risk of such infections, or when they have already appeared, the infected person is said to have acquired immune deficiency syndrome (AIDS). However, as HIV belongs to a subgroup called ‘lentiviruses’, or ‘slow’ viruses, this can take many years. Although it can vary considerably, the time period from HIV infection until a person develops AIDS is often said to be approximately ten years. Thus, it is highly likely that a person does not know that he or she is infected and so runs the risk of exposing others to the infection. Since the mid-1990s, the development of highly active anti-retroviral therapies (ARTs) has resulted in a dramatic change in the course of the disease, turning HIV infection into a chronic disease. Yet the unequal distribution of ARTs leaves a vast number of people without any treatment at all. Indeed, for the great majority of people, HIV infection remains fatal, and the devastation that HIV/AIDS has caused, and still causes, in non-Western countries is of enormous proportions.

in the gene pool of the body, which therefore never heals. Facts about the disease are taken from Moberg (2000), Barnett and Whiteside (2002), the US National Institute of Allergy and Infectious Diseases (2004) and Smittskyddsinstitutet (2007). See these authors for more detailed information.

7 US National Institute of Allergy and Infectious Diseases (2004: 14) writes that an opportunistic infection is ‘an illness caused by an organism that usually does not cause disease in a person with a normal immune system. People with advanced HIV infection suffer opportunistic infections of the lungs, brain, eyes, and other organs’.

8 The virus itself tends to mutate quickly, which complicates the search for an effective treatment or vaccine against the virus (Moberg 2000; Barnett and Whiteside 2002).

9 This concerns not only people in the so-called Third World or global South. In the US, over 40 million people lack medical insurance (Cohen and Martinez 2007) and are left to rely on medical trials by pharmaceutical companies or on medical aid that resembles a lottery rather than a general welfare provision (Levenson 2004). In Sweden, critics have pointed out that many refugees and asylum seekers end up in a hopeless situation as the Swedish authorities promote testing for HIV but do not consider HIV infection serious enough to qualify for free medical treatment; only opportunistic infections are treated. Critics have also questioned the inhuman treatment of HIV-positive asylum seekers who are sent back to countries with poor health care (Sandahl 2003; Cronberg 2005; Sörberg 2007; see also SOU 2004: 13).
Epidemiology and Aberrations of Statistics

Since the very beginning of the epidemic, keeping track of the number of HIV and AIDS cases has come to play an important role in directing attention towards specific groups; and statistics have been repeatedly cited in the context of policy making, science and mass media. Nevertheless, a closer look at HIV/AIDS statistics soon reveals some confusing elements. Let me illustrate them with some examples.

A few years ago, an article in *Hivaktuellt* by the then editor Gudrun Renberg (2004) described how the then most recent statistics from the Joint United Nations Programme on HIV/AIDS (UNAIDS) made it appear as if the rate of HIV infection actually was decreasing. In 2001, UNAIDS estimated that 40 million people were living with HIV/AIDS worldwide, while in 2003 the total count was estimated at 38 million. Renberg clarifies that this, unfortunately, is a delusion since the changes are mainly due to improved measurement techniques. Thus, rather than showing a decrease in actual cases, the numbers are now more accurate than before. Yet Renberg leaves the reader puzzled as to how to interpret the earlier statistics, which were based on less accurate measurement techniques.

If this points to an inherent instability in the representation of HIV/AIDS cases, there are several other aspects that likewise make one query the hard ‘facts’ of epidemiological statistics. For instance, many countries still rely on dubious ways of measuring as well as of reporting. Statistics are sometimes built only on randomized, limited populations or on reports from clinics with poor facilities for conducting proper tests (Barnett and Whiteside 2002). Moreover, what is being reported is in some ways puzzling. In economically deprived environments, AIDS interacts with other illnesses, while stigma enhances the likelihood of the real cause of death being concealed. Also, the very definition of an AIDS case has been altered over the years. The initial definitions relied on the most common symptoms of the cohort of gay men

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10 Over the years, *Hivaktuellt* was published by the authority in charge of HIV/AIDS prevention in Sweden. See Part 2 of this introduction.
who were the first to be acknowledged as having HIV-related illnesses. Later, the authorities had to change the definition to include illnesses that affected other groups. Thus, the change in the AIDS case definition in 1987 led to a substantial increase of women and heterosexual men in the statistics (Akeroyd 1994: 68). More telling was the formal expansion in 1993 of the AIDS case definition to include invasive cervical cancer. All of a sudden, as Dworkin (2005: 616) has it, there was a ‘veritable and discursive explosion’ of women with AIDS. From being nearly invisible, women’s vulnerability has, as of then, become one of the main target issues in HIV/AIDS policies globally. In a similar way, it seems that the inclusion of the CD4+ lymphocyte count in the US definition in 1992 altered the numbers of people in the US living with AIDS (Akeroyd 1994). If so, then the fact that the European AIDS surveillance case definition used by EuroHIV\(^{11}\) does not include the CD4+ lymphocyte count criteria could contribute to the difficulties of international comparisons.

That most countries, until recently, have reported primarily AIDS cases and not the numbers of people with HIV has also been shown to impair the drafting of global estimates and overviews.\(^{12}\) If we look specifically at Sweden, however, the numbers of HIV infections and of AIDS cases are monitored separately. As HIV and AIDS have to be notified to the authorities, Sweden has far-reaching possibilities for maintaining detailed surveillance. Yet there are defects even in the Swedish system. For instance, the partially anonymous coding system does sometime result in the same case being reported several times (Smittskyddsinstitutet 2007).\(^{13}\)

\(^{11}\) The European Centre for the Epidemiological Monitoring of AIDS (EuroHIV) supplies data to WHO and UNAIDS (see also www.eurohiv.org).

\(^{12}\) Apart from Sweden, western European countries have mostly relied on AIDS case reporting. Due to effective ARTs radically reducing the number of people living with AIDS in Europe, AIDS case reporting for the European region was supplemented by a system for HIV reporting in 1999 (Infuso 2000).

\(^{13}\) Registers of HIV-infected persons in Sweden are coded by reference to a part of the social security number (personnummer) which reveals gender and year of birth, but not the identity of a person. If a person has no social security number – which is mostly the case with recently arrived migrants – a temporary code is issued. This frequently leads to
The Social Construction of ‘Risk Groups’

That counting numbers is a precarious enterprise is not the only instance demonstrating the problematic nature of epidemiological overviews. As Cindy Patton (2002: 48) graphically describes it, the narrative of epidemiology is ‘detective’, it aims to follow a sequence from an imagined centre to its periphery. As such, it purports to be as non-discriminatory as the virus itself. That is to say, in the same way as anyone can be infected if there is contact with the pathogen, epidemiology follows a disease wherever it appears. Yet, in order to describe what it sees, epidemiology needs categories, and these have turned out to be far from neutral.

Officially, AIDS entered the medical community via the *Morbidity and Mortality Weekly Report (MMWR)* of June 5, 1981. The *MMWR* is published by the US Centers for Disease Control and Prevention (CDC), and the particular issue in question ran a report on five cases of a type of pneumonia called *Pneumocystis carinii*. Later, several instances of a skin cancer called *Kaposi’s sarcoma* were reported. In their first reports, the CDC underlined that these diseases were rarely found in previously healthy, relatively young men, as had been the case here. The CDC also made clear that the diseases in question concerned ‘active homosexual men’ and that the phenomena could be linked to ‘some aspect of a homosexual lifestyle or disease acquired through sexual contact’ (Centers for Disease Control and Prevention 1981: 250–252).14 With the subsequent ‘discovery’ of similar trajectories among other groups of patients, mainly haemophiliacs, injecting drug users, sex workers and migrants from Haiti, additional ‘risk groups’ started to take shape. And with duplications of registered cases which the authorities then have to rectify. In recent years, over 700 cases have been reported annually, of which only 350–400 are accurate, the rest being duplications. According to epidemiologists Arnebom and Blaxhult (2006), it is most likely that the authorities do not manage to find all duplications. Hence, there might be an overrepresentation of migrants in the statistics. The anonymous coding system also makes it difficult to keep track of those HIV-infected persons who have acquired AIDS, died or left the country (*ibid*).

14 AIDS was also originally called gay related immunodeficiency virus (GRID) (Patton 1990).
reports from other countries indicating similar findings, AIDS also turned out to be a global phenomenon: a pandemic (Barnett and Whiteside 2002). Subsequently, AIDS increasingly became synonymous with the global South, thus turning migrants and racialized minorities into primary ‘risk groups’ in AIDS discourses at both global and national levels.15

The notion of ‘risk groups’ has come to play a key role in AIDS policy discourses. Indeed, as Patton underlines, it could be argued that AIDS was recognized only because there was a visible gay community to speak of: ‘In order to perceive a possible epidemic in the apparently unrelated deaths from pneumocystis carinii pneumonia (PCP) in 1980–81, doctors had first to recognize that the men shared a demographic trait in common’ (Patton 1990: 27). Yet the categories as they appear in the statistics can be shown to be quite misleading. First, they commonly confuse the route of transmission with the identity of the infected. For instance, it is taken for granted that then infection is transmitted to gay men by sexual contact and not by, for instance, contaminated needles.16 Similarly, all immigrants17 in Sweden with

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15 See, for instance, the most recent Swedish Government Bill on HIV/AIDS (Prop. 2005/06: 60).
16 It also renders some categories invisible, such as women-to-women transmission. Women are mostly seen as heterosexually infected and often as infected via sex work or via sex with a drug-injecting male partner. Thus, practices that could put lesbian women at risk might fall prey to an imagined safe lesbian identity (Wilton 1997). Another point to be made is that not everyone might reveal their ‘real’ source of infection. Henriksson (1995) notes, for instance, that many men who have sex with men but do not identify as gay might find it easier to claim that they have been infected via sex consumption ‘abroad’ rather than admit to having had sex with another man. Akeroyd (1994) also describes how, to deal with cases where there exist more than one possible route of transmission, the UK statistics of 1991 had a ranking system, listing the most probable exposure category as number one etc. Bloot et al. (quoted in Akeroyd 1994: 69) points out that ‘there is an unfortunate tautological element here: multiple risk cases are categorized to the riskiest transmission category and become in turn components in epidemiological analyses which identify the riskiest transmission categories’.
17 The Swedish statistics are also confusing as regards ethnicity where categories such as ‘origin’, ‘nationality’ and ‘country of birth’ are used interchangeably and often without any explanation. In addition, some statistics refer only to where a person has been infected and to this person’s country of residence.
HIV/AIDS are assumed to have been infected through heterosexual contact, at least – as epidemiologist Johan Gisecke (interviewed in Winfridsson 1991a: 9) once confessed – until evidence of another route of transmission has been confirmed. Throughout the years, any increase in the heterosexual column in the Swedish HIV/AIDS statistics has been followed by a clarifying statement explaining that this is due to increasing immigration and transmission abroad. Hence statements such as this one:

The majority of the newly reported cases during this year (191 cases) are made up by persons who have been infected in other countries prior to immigration to Sweden, and there are no signs of further domestic heterosexual transmission. (Arnebom 2005)

Nowadays, Swedish statistics more often refer to the route of transmission (smittväg) instead of the infected individual’s identity.18 That is, the term ‘heterosexuals’ has been replaced by ‘heterosexually transmitted’. Nonetheless, these categories still do not say anything more specific about how transmission has occurred: anally, orally, vaginally, via menstrual blood or wounds, etc. Neither do they say anything about the context of transmission. Being infected while being raped heterosexually is indeed different from being infected heterosexually by the love of your life. The taken-for-granted informative value of the categories used in epidemiological (and policy) contexts thus needs to be continuously queried and problematized. By the same token, such categories need to have their standing as merely neutral descriptions debunked. They are not the results, so to speak, of an unmediated communication from a virus, telling us how it wants to be approached in the social world; rather, they result from active human intervention in pursuit of understanding that which cannot reveal itself in human language. Thus, ‘risk groups’ must be approached as social constructs.

18 However, it is not uncommon in both Swedish and European statistics to find categories that indicate route of transmission next to other categories that rest upon identities (see e.g. EuroHIV 2007).
The Research Context

Like any research project, this project is embedded within a wider research context. My main source of inspiration is to be found among those I refer to as ‘critical HIV/AIDS researchers’. As there is no way to do justice to everything that has been written in this tradition, my brief overview here will concentrate on those studies and aspects that have been of particular importance for my work.

Critical HIV/AIDS researchers agree with AIDS activists in arguing that HIV/AIDS is as much a political as it is a medical issue. These researchers reveal that HIV/AIDS discourses not only relate to ‘already-inscribed relations of power’ (Patton 1990: 1) but also play a role in the continuing reconstruction, deployment and challenge of such relations. They also underline the importance of critically scrutinizing HIV/AIDS discourses ‘both in order to interrogate (and hence problematize) its deployment/reproduction of hegemonic constructs and in order to develop effective instruments in the struggle against the pandemic’ (Wilton 1997: 105; see also Treichler 1999a). Hence, the deconstruction of the meaning-making that pervades HIV/AIDS is set to provide the analytical resources and tools for the generation and improvement of policy.

This body of scholarly work covers a broad spectrum of perspectives (e.g. feminist, post-colonial, queer theoretical, post-structuralist, etc.) as well as a range of different empirical materials and settings (e.g. mainstream media, scientific accounts, health education material, global and national HIV/AIDS policy discourses, ethnographic studies on sexual cultures and practices). Nonetheless, most studies in this field engage in a critical discussion about the effects of designating different risk groups in AIDS policy discourses. Much has been written on how, in mainstream AIDS discourses, members of risk groups have been singled out as particularly prone to take risks and expose others to risks, and thus have been stigmatized as both dangerous and culpable for the spread of the disease. Similarly, it has been shown how non-members of risk categories have been construed as innocent and less responsible for transmitting the disease. Some scholars have underlined that AIDS
resembles other epidemics throughout history in that the blame has been heaped on certain groups. Drawing on the work of French philosopher Michel Foucault, this phenomenon has also been linked to the moral and physical control over individuals and populations in modern society (see e.g. Johannisson 1992; Gilman 1992a).

In the early days of the epidemic, the stigmatization of gay masculinity in AIDS policy discourses became one of the focal points for critical scholars as well as activists. The biomedical and epidemiological categorization of homosexual men mentioned earlier became the epicentre of this critique, and several studies revealed the inherent ‘homophobia’ in scientific accounts (see e.g. Treichler 1999b [1988]; Patton 1990). Indeed, responding to the repressive socio-political effects of AIDS on gays and lesbians soon proved to be an urgent task, as seen in Simon Watney’s writing the first edition of his much-cited book *Policing Desire: Pornography, AIDS and The Media* in only six weeks in 1986 (Watney 1997: IX). Drawing on other scholars who had interpreted society’s response to AIDS in terms of a ‘moral panic’, Watney (1997: 41) pointed to the limits of these analyses in capturing ‘the overall ideological policing of sexuality, especially in matters of representation’:

> We are not, in fact, living through a distinct, coherent and progressing ‘moral panic’ about AIDS. Rather, we are witnessing the latest variation in the spectacle of the defensive ideological rearguard action which has been mounted on behalf of ‘the family’ for more than a century. (Watney 1997: 43)

19 Anthropologist Ulrika Dahl (2005a) points out that homophobia is a contested concept within critically oriented studies of sexuality. While it has been useful in order to capture and question prejudice and discrimination against homosexuals, it rests upon a liberal tradition which locates this ‘phobia’ primarily on the individual, psychological level. Thus it might fail to grasp how it is a ‘social phenomenon rooted in cultural ideologies and relations between groups’ (Dahl 2005a: 18, my translation). The concept of heteronormativity is therefore preferable. Heteronormativity is also valuable for its inclusion of oppression of non-normative sexualities and genders as well (*ibid.*, see also Part 3 of this introduction).
Watney thus took to task the focus in mainstream AIDS discourses on the alleged promiscuity of gay men, who were portrayed as ‘the root cause’ of the epidemic, and argued that this notion revealed the level of prudery in contemporary Western societies. If mainstream society has suggested limiting the number of partners, practising monogamy or even abstinence as a solution to the continuous spread of the virus, Watney made the opposite claim. He argued in favour of a ‘pornographic healing’ and that safer sex strategies needed to be eroticized for them to have any effects (Watney 1997; 1999 [1990]).

Watney (1999: 406) also challenges a behaviourist tradition which, he claims, has shown an ‘inability to approach’ the ‘primary domain of sexual fantasy’. HIV/AIDS researchers Richard Parker and Peter Aggleton similarly underline that in ‘much sexual behaviour research in relation to HIV/AIDS […] sexual desire has been treated as a kind of given, and the social and cultural factors shaping sexual experience in different settings have been largely ignored’ (Parker and Aggleton 1999: 2; see also Parker and Aggleton 2003). Their respective work has contributed to overcoming such flaws by uncovering the pandemic’s gendered and sexualized character. In his research on Brazil, for instance, Parker (1999) highlights the diversity of sexual cultures and identities as well as how different gay subcultures ‘emerge’ in this spectrum. Parker’s study is one of many that display how AIDS has been central in paving the way for the queer theoretical understanding of sexual practices, desires and identities as socially and culturally constructed and tied to specific historical and political contexts: something that prompted Tamsin Wilton (1997: 16) to call queer theory the epidemic’s ‘love child’.20

**Feminism and HIV/AIDS**

Discussing the challenge posed by AIDS for feminist research, Diane Richardson (2000: 120) points out that, although AIDS invoked an important and well-known area for feminist research and activism – namely, sexual

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20 For a theoretical discussion on social constructionism, see Part 3 of this introduction.
politics – feminist contributions to the subject were initially surprisingly few. In trying to understand this predicament, Richardson suggests two possible reasons. One is that AIDS politics for a long time was equated with gay men, while women, in general, remained largely invisible. The other possible reason for the feminist absence is that other women’s health issues were perceived as more urgent at the time: in other words, feminists were concerned that HIV transmission could gain priority over issues such as breast cancer or cervical cancer. Moreover, feminists reacted negatively to ‘safer sex’ becoming synonymous with condom use, as if there was no unsafe sex before the HIV virus entered the scene, and as if there was not a number of other issues relating to safer sex equally important for women, such as avoiding unplanned pregnancy, sexual harassment or rape (Richardson 2000: 125).

Nevertheless, since the mid-1990s gender issues have gained much more space in HIV/AIDS discourses. This is probably due in part to the epidemiological development whereby, globally speaking, the rate of HIV infection among women has increased dramatically (see above). The politics of ‘gender mainstreaming’ following the Beijing Platform for Action in 1995 also urged HIV/AIDS policy-makers to include a gender perspective (United Nations 1995). As such, feminist voices no longer go unheard.

Feminist HIV/AIDS research has played an important role in promoting understanding of the implications of HIV/AIDS discourses for sexual practice. Janet Holland et al. (1998: 32) show how AIDS discourses rest upon (and thus reproduce) gendered patterns where femininity and masculinity are construed as ‘natural opposites’, with male (hetero)sexuality portrayed as ‘active’ and female (hetero)sexuality as ‘passive’. As men are seen to be equipped with a natural and spontaneous sexual urge, the construction of heterosexual masculinity works to empower men. By contrast, the construction of heterosexual femininity works to disempower women, for whom sex instead becomes closely related to love and relationships. This leaves both men and women in difficult positions when negotiating sexual safety in heterosexual relationships. The use of condoms, for instance, collides with the ‘male sex drive’ discourse (Hollway 1996) as it implies ‘breaking the flow’ (Holland et al. 1998: 37). It also
renders women more responsible for sexual safety given the perception that men have greater difficulty controlling their sexuality. However, women are in a rather precarious position when shouldering this responsibility, since to demand condom use means ‘interrupting his performance’ and, in addition, ‘being assertive about [sexual] safety can run counter to being feminine’ (ibid).\(^{21}\)

Many feminist scholars thus highlight the importance of theorizing not only gender but also heterosexuality. Wilton (1997: 119) points out that most feminist authors ‘have been writing within the immediate context of queer, rather than within the established feminist context’. She also discusses the implications of this gendered and sexualized discourse in relation to gay and lesbian identities. Proper masculinity is in her view constructed as heterosexual by definition; ‘“at the heart of heterosexual identity” lies that most totemized of notions, heterosexual (“real”) masculinity’ (Wilton 1997: 31). Gay masculinity is therefore feminized. Thus gay men are not slaves of the ‘male sex drive’ discourse and thus not as restrained as heterosexual men are when it comes to taking responsibility for sexual safety. Wilton also highlights that the association between AIDS and gay masculinity played an important role in distancing heterosexual men from condoms, and that the invisibility of lesbian women in AIDS discourses has had grave consequences both for the potential sexual risks that lesbians are exposed to and in concealing safe sexual techniques that could be used in prevention strategies.

**Tensions and Intersections**

Many feminist and queer theorists have pointed out that mainstream AIDS discourses often corroborate, rather than challenge, the hegemonic construc-
tions of heterosexual masculinity. Nevertheless, some scholars have argued that at least AIDS comprises the possibility of an open discussion concerning issues related to heterosexuality and masculinity, which, in itself, must be seen as valuable, as these issues often remain invisible due to their normative status (Redman 1996). Yet others have argued that the identification of men as a problem in AIDS discourses has not led to a sufficiently thorough understanding of how norms of masculinity regulate men’s sexual practices, desires and identities. Purnima Mane and Peter Aggleton (2001: 30), for instance, claim that gender perspectives in policies and prevention programmes often ‘address vulnerability of individual women rather than the roots of their social vulnerability tied with gender, which influence both women and men’. What is needed – in addition to support that would ‘empower’ women – is thus to challenge dominant images of masculinity. However, Mane and Aggleton (2001: 32) also underline that ‘class, race and sexuality (among other variables) interact with gender’, which leaves masculinities ‘intimately tied to hierarchy and power relations’; that is, masculinities exist and operate in plural. This calls for an intersectional approach that can incorporate several power-related perspectives simultaneously.

As will be discussed in more detail in the third part of this introduction, what constitutes an intersectional approach is not always self-evident, since there are many conflicting positions between different theoretical perspectives. Simon Watney’s above-mentioned suggestion, for instance, of a ‘pornographic healing’ has not persuaded feminists such as Wilton (1997), whose argument is located in a tradition in which pornography remains intimately related to power relations between men and women. Conflicts revolving around the issues or perspectives that are being neglected have also surfaced among critical HIV/AIDS researchers and activists. Richardsson (2000: 121), for one, writes that, when gender was more visible on the AIDS agenda, ‘attempts were being made by certain sections of the gay male community to

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22 Wilton (1997) identifies with a feminist tradition which separates the erotic from the pornographic. It should be noted that not all feminist HIV/AIDS researchers agree with this position (see e.g. Patton 1996).
“re-gay” AIDS. According to Richardson (2000: 121–122), this ‘led in some cases to political disagreements and divisions between gay men and women asserting their respective needs of AIDS resources’. Other scholars have identified the same re-gay process also in response to a decrease in funding for gay-related HIV preventive work and an increased focus on other affected groups, including women, young people, and people of ethnic minority backgrounds on the part of the relevant authorities (e.g. Weeks et al. 1996).

Another field of tension found in this literature concerns the issue of ‘race’ and ethnicity. As with sexuality and gender, scrutinizing racialized and ethnic constructions in AIDS discourses has become an important field for critical HIV/AIDS researchers. Early in the history of the pandemic, much attention was directed at Haiti. With a background of being ‘unwelcome’ refugees – often detained by the US Immigration and Naturalization Services (Farmer 2006: 210) – Haitian migrants in the US were already exposed to discriminatory practices. When a number of them fell ill with opportunistic infections, the situation for Haitians drastically worsened. In 1983 the US Centers for Disease Control and Prevention (CDC) categorized Haitians as a ‘risk group’ alongside gay men, haemophiliacs and injecting drug users. Although the CDC subsequently (in 1985) withdrew the categorization of Haitians as a risk group, the connection between Haitians and AIDS remained. Both the media and the scientific community speculated about the cause of ‘Haitians being more contagious’.23 In these speculations, all kinds of racist myths appeared; most outstanding were notions of deviant cultural practices, in particular voodoo rituals (Farmer 2006).24 It was also underlined that,

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23 As is often the case with HIV/AIDS, these speculations were not confined to the US; for instance, Swedish HIV/AIDS policies from that time also mentioned Haiti (see e.g. Socialstyrelsen 1985: 11).
24 Farmer (1990: 88) therefore urges anthropologists engaged in the fight against AIDS to be self-critical and reflective over how they represent different cultures and to not ‘forget [anthropology’s] often disturbing record on the sharing of special knowledge, its troubled history of collaboration with national and colonial bureaucracies, the mixed fortunes of
contrary to the US/Western epidemic, the Haitian epidemic was spread primarily through heterosexual encounters. Thus, the Haitians ‘constituted the first complete report focusing directly on persons outside the “homosexual” category’ (Oppenheimer, quoted in Farmer 2006: 211).

In *AIDS and Accusation: Haiti and the Geography of Blame* (2006 [1992]), medical anthropologist Paul Farmer showed how these speculations served to foment a general notion that AIDS originated in Haiti. Indeed, it was often suggested that it was brought to the US via ‘homosexual’ tourists (*ibid.*, see also Sabatier 1988). However, concerning the place of origin, Haiti still had to give way to Africa – the HIV virus’s true mythical place of birth. It is now considered ‘widely established’ that HIV comes from a similar virus found in monkeys in central Africa. Well-known AIDS expert Lars Olof Kallings (2007, my translation) writes, for instance, that:

> Through a genetic analysis of virus strains, the origin of the virus that causes the present pandemic, HIV I, can be traced back to 1930. The HIV I virus found in humans is very similar to a virus found among wild living chimpanzees in western equatorial Africa – in Gabon and Cameroon – called SIV cpx (Simian Immunodeficiency Virus). [...] It is presumed that HIV first travelled slowly from isolated villages in the jungle via humans along rivers and other transport routes. And then, with decolonization that enabled cross-border shopping, far-reaching migration and new transport routes, the spread of the disease exploded.

If we leave aside the question of whether it is ‘true’²⁵, the story of the African monkey origin has no doubt been surrounded by equally racist myths as the

²⁵ Patton (1992: 222), for instance, has commented on the myth of origin by pointing out that ‘[t]he blank spot within the Euro-American mind makes it far easier to imagine an alternative causal chain running from monkeys to Africans to queers than to recall the simple fact that the West exports huge quantities of unscreened blood to its Third World client states (much less acknowledge that black and white Americans have sex – gay as well as straight – and share needles with each other)’. 

Haiti connection. As in Haiti, HIV in Africa is presumed to be primarily transmitted heterosexually and this has triggered all kinds of wild speculation of African men and women’s sexual practices, echoing colonial times and notions of the Dark Continent and its primitive peoples. Thus, in all kinds of settings and situations, Africa has become synonymous with the disease itself (see also Article V in this dissertation), and people with African decent experience daily the consequent stigma.

Some scholars have highlighted that researchers and activists focusing on combating the ‘homophobic’ response to the disease were not free of racism. Indeed, Chirimuuta and Chirimuuta (1989: 6) showed how some of them tended to ‘deflect anti-homosexual fire onto central Africans’ and support their arguments against perceiving AIDS as a gay disease with the ‘fact’ that in Africa it is primarily transmitted heterosexually. Other scholars have used these ‘tensions’ to acquire a more comprehensive picture. In her numerous works on the pandemic, Cindy Patton (1990; 1992; 1995; 2002), for instance, has demonstrated that, by being both a white gay male disease in the West and a ‘black’ heterosexual disease, AIDS discourses have tended to construct white heterosexuals – both women and men – as risk-free. In a similar way, many of the relations and identities that figure in the debate about the pandemic (such as the ‘prostitute’ against the middle-class woman; bisexuals as vectors to the perceived innocent heterosexual community; and migrants as carriers into Western societies) could be grasped by approaching the topic from an ‘intersectional’ perspective.

In sum, then, critical HIV/AIDS researchers have played an important role in the continuing theorization of gender, ‘race’ and sexuality and its different intersections. As will be seen, this scholarship has been of the utmost importance for my work, including its theoretical and analytical tensions.

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26 Critics have argued that the exclusive focus on heterosexual transmission has ignored other routes of transmission such as via men who have sex with men, and via insufficient health care (see e.g. Gisselquist et al. 2003; Lorway 2006).
The Swedish Research Context

While my inspiration comes partly from the international scholarly context, the Swedish research context is, needless to say, of equal importance. This includes both studies that specifically deal with Swedish HIV/AIDS policy and its effects, and studies that share a similar interest in scrutinizing ethnic and racialized constructions and how these intersect with gender and sexuality in contemporary Sweden. Below I provide a brief overview of research on the Swedish context relevant for this study, highlighting what I take to be its central points and perspectives.

The research that has been carried out on Swedish HIV/AIDS policy is, generally speaking, quite sparse. Some sociological work was done during the first decade of the pandemic (see e.g. *Sociologisk Forskning* 1988), and some studies were also conducted on behalf of the then National Commission on AIDS (e.g. Jarlbro 1987; Månsson 1987). Similarly, there has been commissioned research work on how certain campaigns promoting safer sex have been conducted (e.g. Lindbladh 1995; Falkheimer and Palm 2003; Falkheimer and Wallgren 2003), as well as a few reports covering initiatives targeting migrants and HIV/AIDS (e.g. Ackerhans 1999; Jarlbro 2000).

However, a few researchers have conducted more comprehensive inquiries. Here the work of the late Benny Henriksson is of key importance. Henriksson wrote extensively on the topic of Swedish HIV/AIDS policy, sexual practices and the socio-cultural effects of the epidemic (see for instance Bjurström and Henriksson 1988; Henriksson and Ytterberg 1992; Henriksson 1995). He was also the editor of *Aids – Föreställningar om en verklighet* (1987), a report of the international conference *Aids – Metaphors and Reality*, held in Stockholm in 1986 (see also Svéd 2000). As the title indicates, the conference attended to the social and cultural aspects of the epidemic instead of the usual medical and epidemiological issues, issues which – at least back then – were almost exclusively in focus at large international research functions. Henriksson’s dissertation, *Risk Factor Love: Homosexuality, sexual interaction and HIV prevention* (1995), deals with sexual negotiations among men who have sex with men (MSM) and the symbolic meanings of sexuality in times of
AIDS. Among many things, Henriksson’s study shows how most MSM find it hard to negotiate the use of condoms in love relationships, given that condom use is seen as the ‘very opposite of trust and intimacy’, whereas unprotected anal intercourse – primarily practiced in love relationships – connotes ‘privacy, love, affection, and [...] trust’ (Henriksson 1995: 234, emphasis in original). Henriksson’s study thus challenges the widely held notion that it is promiscuous behaviour that makes many MSM vulnerable to HIV infection. Rather, he claims, it is in stable love relationships that MSM are most at risk (see also Tikkanen 2003).27 His study also challenges the idea that unsafe sexual practices are to be understood as either an irrational behaviour or as symptomatic of a lack of knowledge about sexual risks. Rather, his findings corroborate the importance of critically scrutinizing the socio-cultural and symbolic aspects of the epidemic.

Another study that also focuses on the socio-cultural and symbolic aspects of HIV/AIDS is a dissertation by the ethnologist Anna Ljung (2001). Ljung examines the cultural assumptions about morality and moral security and insecurity as these are reflected in Swedish press coverage of AIDS and how media representations affect the lives of four HIV positive men and women living in Sweden. Drawing on sociologist Zygmunt Bauman’s work, Ljung reads the AIDS problematic as a ‘moral crisis’. In line with Bauman’s thinking, she shows that the question of guilt is difficult to pinpoint since an infected person might not even be aware of his or her HIV status. Similarly, as different moral regulations and authorities compete with each other, a general insecurity occurs regarding whether our actions are to be seen as morally correct. According to Bauman, such ambivalence is characteristic of the postmodern age, and Ljung (2001:10) discusses how such moral crises appear both on a structural level regarding how societies deal with risk, and on an individual level where people are ‘faced with innumerable choices’ while

27 Feminist HIV/AIDS research has made similar observations regarding women in heterosexual relationships (see e.g. Holland et al. 1998).
‘dealing with their own morality’. Ethnologist Ingeborg Svensson (2007) has also written a dissertation on how HIV/AIDS affects people’s daily lives. Svensson studies AIDS-related funerals and gives an account of the heteronormative processes at work in this context and the strategies that are used to counteract them.

Yet two more studies need to be mentioned in this overview. David Thorsén’s ongoing research on the Swedish reception of HIV/AIDS relates its findings to the specific historical context of HIV/AIDS. Thorsén (2005: 317) points out how the epidemic threatened the ‘very foundation of modern medicine’. The fact that modern medicine failed to find a (fast) solution to the epidemic modified the fairy tale of its ever-increasing possibilities and abilities to cure illnesses and save lives. Dealing more specifically with the policy development, Dagmar von Walden Laing’s (2001) dissertation compares HIV/AIDS policy networks in Britain and Sweden between 1982 and 1992. Von Walden Laing describes the policy development in detail, focusing on different ‘actors in the drama’, such as medical experts, public health policy-makers, social workers and different non-governmental organizations (NGOs). She also relates how different statutory bodies acted and how HIV/AIDS policy developed in relation to already existing health care policies as well as to each country’s political culture.

Taken together, this work has provided me with important background and contextual information on Swedish HIV/AIDS policy, and I partly draw from these scholars in the second part of this introduction, where I outline the Swedish HIV/AIDS policy development. Before doing so, I end this first part by describing some final sources of inspiration and making some comments on the concepts used in this dissertation.

28 See also Drakos (2005) for a comparative study (between Sweden and Greece) on the narratives of disease among people living with HIV/AIDS and their relatives.
Ethnicity and ‘Race’ in Contemporary Sweden

As my study concerns the articulation of ‘race’ and ethnicity in the Swedish context, I have also drawn inspiration from scholars who do not work directly on HIV/AIDS-related issues, but share my interest in scrutinizing how ‘race’ and ethnicity appear in contemporary Sweden. In their path-breaking book *Paradoxes of Multiculturalism: Essays on Swedish Society*, Aleksandra Ålund and Carl-Ulrik Schierup (1991) demonstrated how Sweden was gradually abandoning its generally generous multicultural policy from the mid-1970s – whereby ‘foreigners’ were to ‘enjoy the same legal privileges as Swedish citizens’ and the general public were to ‘accept multicultural aims’ (Ålund and Schierup 1991: 3) – in favour of a more restrictive and limited policy. Drawing from primarily British scholars, Ålund and Schierup pointed out how this trend resembled the trends around this time throughout Europe. In their analyses of Swedish policies and public debates on migration and immigrant integration they revealed how a hidden logic of a new commonsense cultural racism (demarcating, in terms of fixed cultural essence, ‘other cultures’ as different from ‘our culture’ and disturbing to the normal order) finds […] its way into language and practices of public servants, professionals and into the everyday commonsense discourses of ordinary people. (Ålund and Schierup 1991: 10)

Subsequently, many scholars have examined this unfortunate conflation of ethnicity and culture, and highlighted the effects of a ‘culturalist’ discourse on Swedish society and on migrants’ living conditions (see e.g. Jonsson 1993; 2004; Mattsson and Tesfahuney 2002; Dahlstedt 2005). Alongside the official policy discourses, the mainstream media have been identified as an important institution that foments and disperses the cultural racist discourse. Ylva Brune (2002) shows that while in the 1970s the media were preoccupied with defining and typifying ‘immigrants’, in the 1990s ‘immigrants’ served as a stereotype already infused with connotations and expectations. Scholars have also looked
into other important areas such as education (e.g. Gruber 2007), trade unions (e.g. Mulinari and Neergaard 2004) and the labour market (e.g. Mulinari 2007) and revealed similar patterns of cultural racism, thus tarnishing some of the core institutions in the Swedish welfare state, which is well-known internationally for its attempts to achieve equality. In recent work, Carl-Ulrik Schierup, Peo Hansen and Stephen Castles (2006) stress that, in comparison with other EU countries, Sweden has gone through a remarkable change whereby (following the course dictated by the general global development) it has adapted to a neoliberal economic policy. However, they also note considerable differences between EU member states. For instance, populist parties with an outspoken racist agenda have not yet reached the same level of influence in Sweden as they have elsewhere in Europe.

While many studies of cultural racism focuses primarily on the racialization of ‘immigrants’ and demonstrate how notions of culture and religion have come to serve as the main dividers between Swedes and non-Swedes, some studies have examined how traits of racial biological thinking also permeate the Swedish context. Here, Lena Sawyer (2002) reveals that notions of ‘Africanness’ and blackness exist that connote not only ‘cultural differences’ but also recollections of a colonial history. She argues that although ‘Sweden’s colonial links to Africa are weak in comparison to those of other European nations’, Swedish nation-building is ‘not hermetically sealed from European racialization’ and its colonial ideas of race (Sawyer 2002: 19). In addition, Sawyer underlines that the widely held conception of Sweden as a ‘homogeneous’ country up until the large-scale post-World War II immigration has helped sustain an idea or Sweden as free of racism. Racism has instead been ‘projected’ onto other nations, or onto fringe groups on the extreme right (ibid).

These perspectives and approaches to the study of Swedish society have expanded over the two past decades. Today there is, for instance, a growth of ‘whiteness studies’ where Swedishness is being deconstructed and its mythical homogeneous past questioned (e.g. Mattsson 2004). There is also a growing interest in adopting an ‘intersectional’ approach. Many of these studies
have centred on how gender and ethnicity/‘race’ intersect, and it has frequently been argued that the official gender equality policy has come to function as an ‘ethnic marker’ (de los Reyes 2002) between ‘gender equal Swedes’ and ‘patriarchal others’. This gendered and racialized demarcation has had a great impact on Swedish society, and has worked to normalize unequal ethnic relations between migrants and Swedes (e.g. de los Reyes et al. 2002). Other studies, most notably within the field of queer theory, have revealed how these hierarchies are not only gendered and racialized but also sexualized (see e.g. Dahl 2004; Laskar 2005; Bolander 2008). Yet other work includes dimensions such as class (e.g. Lundström 2007; Mulinari 2007) and able-bodiedness (Malmberg 2002). In sum, these studies have opened up a multidimensional understanding of how different power relations interact and how they together shape contemporary Swedish society.

Words that Matter

As this dissertation is primarily concerned with discussing the effects and implications of how different concepts, terms, words and categories are used and cited in the Swedish HIV/AIDS policy discourse, it seems appropriate to set out how I myself define and use them.

Medically speaking, AIDS is not a disease but a syndrome, a range of opportunistic infections that appear as a consequence of the destruction of the immune system. However, AIDS still carries the symbolic meaning of a disease, and I use the term with reference to this symbolic meaning. If I speak specifically of the infection, I use the term ‘HIV’ only. I also use ‘HIV’ and ‘HIV infection’ throughout, thus including the period when the virus had not yet been identified or went under other labels such as HTLV-III and LAV. It is also worth pointing out that, as HIV is not exclusively transmitted sexually, it is not accurate, medically speaking, to define it as a sexually transmitted disease (STD). However, as I focus mainly on policy and prevention materials that concern sexual transmission, I sometimes compare or conflate HIV with (other) STDs. I also use the term ‘safer sex’ with reference to how it is
commonly conceptualized in public debate, that is, sexual practices that substantially reduce the risk of transmission of HIV/STDs. I do, however, agree with the feminist objection that this is a too narrow a definition and that ‘safer sex’ should also include absence of physical and psychological violence in sexual relations (Richardsson 2000: 125).

The terms ‘homosexual’, ‘prostitute’ and ‘drug abuser’ appear only in direct references to the empirical material, i.e. to the policy discourse. I myself prefer to use ‘gay’ and ‘lesbian’ as the term ‘homosexual’ comes with a history of negative connotations; homosexuality has, for instance, been defined as an abnormality within both medical science and society at large. However, following Tamsin Wilton (1997: xii), I do refer to ‘homosex’ as a same-sex practice. Similarly, I use the concept ‘heterosex’. I also aim to avoid terms that I believe to connote victimization. Therefore, I use the term ‘sex worker’ rather than ‘prostitute’, and ‘drug user’ instead of ‘drug abuser’.

Finally, the term ‘immigrant’ also refers to the authorities’ vocabulary and categorization. As will be discussed in detail in the dissertation, this term is highly problematic, as it tends to convey an understanding, whether intentionally or not, that homogenizes highly heterogeneous groups and that often has racializing effects (see further Part 3 of this introduction). With this in mind, we turn now to the next part of this introduction, where I will introduce my empirical material and the development of Swedish HIV/AIDS policy.
Part 2 – Swedish HIV/AIDS Policy and the Empirical Material

As discussed earlier, the main focus of this dissertation is on discourse, on ‘meaning making’, and on its socio-political effects. The production of meaning, however, takes place on many levels and in many fields of society, and does not always produce a coherent picture. Concerning HIV/AIDS, there is, for instance, a biomedical discourse produced and reproduced within biomedical research. This discourse directs attention towards certain aspects of the pandemic, such as finding a vaccine against the virus or examining the possibility of genetic resistance among some populations.29 Such research often makes use of epidemiological discourses that, as described above, identify ‘high risk’ groups and map out the prevalence (the number of cases present at a particular point in time) or the incidence (the number of new cases in a particular period of time) of HIV and AIDS. By contrast, organizations for people living with HIV/AIDS might produce different discourses. Although most such organizations probably take a strong interest in biomedical research developments, their more immediate concern is often with social, economic and political matters. Hence they might identify discrimination as one of the most important issues to be tackled.

This study centres on the meaning making generated and disseminated by official bodies, that is, by the Swedish government and public authorities. Thus, it focuses on the official policy discourse. Although this discourse is intimately related both to biomedical/epidemiological research and to the concerns of people living with HIV/AIDS, it also harbours a discernible, more or less independent, agenda of communicating the preferences and views of various governing bodies. In this context, policy, broadly speaking, could be understood as a ‘course of action’, as a set of guiding principles that aim to direct people towards certain behaviours and actions. As such, government policies ‘codify social norms and values, and articulate fundamental organiz-

29 A research group at Karolinska Institutet, for instance, has studied a group of female sex workers in Kenya who, in spite of frequent exposure, have not been infected with HIV (Noaks Ark, Röda Korset 2006).
ing principles of society’ (Shore and Wright 1997: 7). Moreover, government policy in liberal democracies has been identified as, in Foucauldian terms, ‘political technology’ that disguises its political nature by using ‘the neutral language of science’, often legitimized by referring to expert knowledge (ibid. p. 9). Such policies are said to ‘govern’ people and ‘constitute’ subjects, a claim that refers to ‘a philosophy of governance based less on territorial administration and more on the management of every aspect of people’s lives through successive discursive formations’ (Sutherland 2005: 189).

The third part of this introduction develops the theoretical framework of my approach. The aim of the present part is to frame my empirical material and to present a brief overview of Swedish HIV/AIDS policy development, its relation to global AIDS policies and the specific characteristics of the Swedish policy discourse. Hence, it serves as a background and a context for the dissertation. However, it should not be read as an attempt to provide an all-encompassing history of the epidemic in Sweden. Rather, it aims to contextualize my material and to address some of the analytical tasks that I deal with in the subsequent articles. This part ends with a more detailed discussion outlining the types of material I have examined and why.

**Initial Insecurity, Homophobia and Ignorance**

In the early 1980s, rumours about a strange disease that had stricken gay men in the United States found their way to Sweden where, as in many other Western countries, AIDS was first taken seriously by the gay and lesbian community (Henriksson and Ytterberg 1992; Svéd 2000). The chief organization for gay and lesbian rights in Sweden, Riksförbundet för sexuellt likaberättigande (RFSL), gathered and published the then known information in its *AIDS Bulletin*. It also handed out leaflets with advice on means of pro-

30 The first case of AIDS in Sweden was diagnosed in December 1982 (Moberg 2000: 17).
31 On July 1 2007, the organization changed its name to Riksförbundet för homosexuella, bisexuella och transpersoners rättigheter (Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights).
tection against the disease. In the leaflet *Aidsfakta (Facts about AIDS)* (RFSL 1984), readers were told to avoid anal intercourse and oral sex with casual partners. They were also told to avoid casual sex while in the US and Haiti, where the infection was said to be widespread. In addition, *Aidsfakta* advised its readers not to give blood until further notice – a recommendation that RFSL had already issued in January 1983, long before the Swedish authorities decided to do so.

When knowledge of AIDS became more widespread in the mid-1980s, it at first generated insecurity. As Ljung (2001: 23–24, my emphasis) points out, at least at the beginning of the epidemic, statements such as ‘as far as we know, HIV is transmitted mainly through sexual contact and through blood’ were

32 See Part 1 of this introduction.
33 Svéd (2000) stresses that this initial recommendation was no easy decision for RFSL, but was rather a result of the prevailing paucity of knowledge about HIV. RFSL also later changed its position. According to Henriksson and Ytterberg (1992: 321–322), the National Board of Health and Welfare (NBHW) reacted strongly to the recommendation not to give blood, and even accused RFSL of ‘creating hysteria’. However, in the autumn of 1984 the NBHW issued an order to exclude certain risk groups from the donor pool based on the high incidence of primarily hepatitis, and in March 1985 the board issued an order with general recommendations on AIDS specifying the exclusion of certain risk groups from blood and organ donations (Albaeck 2001; SOSFS 1985: 4, see also SOSFS 1989: 38; SOSFS 2001: 2). Since then, MSM have been prohibited from being blood or organ donors, along with women who have had sex with a man who has had sex with another man (SOSFS 2006: 17). Similarly, people who currently inject drugs, have previously injected drugs, have sold sex or have had sex with a member of either of these groups are forbidden to donate. Persons who have visited a country with a high prevalence of HIV and their sex partners are subject to a six-month qualifying period before being allowed to donate (*ibid*). In December 2007, the NBHW proposed a change of policy whereby men who have sex with men would also be subject to a six-month qualifying period. In its proposal, NBHW emphasizes that decisions should be made according to ‘risk behaviour and not sexual preference or group membership’ (Socialstyrelsen 2008). The proposal has been welcomed by RFSL. (However, both RFSL and NBHW seemingly agree that men who have active sex lives with other men should still be excluded.) The proposal was to be circulated for consideration by the parties concerned during the spring of 2008 (Morner 2007). Albaeck (2001: 563) calls the issue of HIV and blood ‘the forgotten part of the larger AIDS story told in Sweden’ and points out how measures against blood-borne HIV infection were never subjected to a public debate, as was the case in many other Western countries.
interpreted as evidence of uncertainty about the contagious possibilities of AIDS. Surveys on attitudes towards and knowledge about HIV/AIDS among the Swedish population confirmed such doubts and revealed that a relatively large number of people believed that the HIV virus was much more contagious than it actually was (see Socialstyrelsen 1986). However, it was not only a question of an uncertain public; different medical experts disseminated contradictory messages about how HIV is transmitted. Similarly, information on HIV/AIDS disseminated by the authorities did not give any clear-cut information about, for instance, whether deep kissing could be a route of transmission of the HIV virus, or whether everyone infected with HIV necessarily would develop AIDS (for examples of such uncertainty, see e.g. AIDS-delegationen 1987: 7; Socialstyrelsen 1985: 6–7).

For the most part, this initial uncertainty reinforced general anxiety about the new disease, and AIDS soon came to be seen as an impending threat. Mainstream media fomented this development by stressing the inconsistencies among the experts and the lack of trust in authorities (Ljung 2001). It was also common to read stories exaggerating the ‘AIDS threat’ (Aftonbladet 1985). And while the authorities tried to check panicky responses from both medical experts and the general public (such as confining HIV-infected people to an island, or forcing people to carry ‘sexual passports’ or tattoos or to qualify for ‘sexual drivers licences’ [Thorsén 2005: 313; Ljung 2001: 23]), even they emphasized that the number of unrecorded cases was probably large and could explode. For instance, a government Bill from 1985 esti-

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34 Ljung (2001: 23) calls attention to how suspicion on the part of the general public could also be related to transmission of the HIV virus being confused with public knowledge of bacterial transmission. Recent surveys indicate that such misconceptions are no longer common (see Herlitz 2004).

35 Some still question whether HIV is the cause of AIDS. In March 2006 Celia Farber, a journalist, wrote an article for the prominent periodical Harper’s Magazine where she addressed, among many other things, the interests of large multinational pharmaceutical companies in the AIDS area and displayed knowledge that cast a different light on established scientific facts (see Farber 2006). Her article caused a great stir and led to an extensive rebuttal from well-known HIV scientists such as Robert Gallo, one of the ‘discoverers’ of the HIV virus (see Gallo et al. 2006).
mated that the number of people with AIDS would more than double each year (Prop. 1985/86: 13, p. 6).

In light of this development, gay activists feared that AIDS would induce a backlash against the incipient development of gay and lesbian rights. The final pages of RFSL’s *Aidsfakta* (1984) were subsequently devoted to a reflection about how to ‘fight back’. Here, the importance of taking action in the open was underlined, in order that gays and lesbians should not to be ‘pushed back into the closet’.

Such misgivings would soon turn out to be justified. As in other countries, gay men were often targeted as scapegoats instead of being treated as a particularly hard-hit group. The link between (male) homosexuality and AIDS was strengthened with the development of the first official AIDS policy documents. In these documents, ‘homosexual’ men were put forward as the main ‘risk group’. Additional risk groups at this point were ‘prostitutes’ and ‘injecting drug abusers’. In sharp contrast to other affected groups, such as those who had contracted the disease through blood products, blood transfusions or from birth, ‘risk groups’ were held responsible for their infection:

There is one reason why HIV infection has spread among certain groups, above all homosexual men and injection drug abusers. It is due to a certain kind of behaviour – multiple partners and, for exam-

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36 Fortunately, this forecast did not come true. Since June 2007, nearly 7,700 cases of HIV infections have been reported to the Swedish Institute for Infectious Disease Control (Smittskyddsinstitutet 2008a). In January 2008 it was said that approximately 4,000 persons were living with the infection in Sweden. For many years, the incidence rate was relatively constant; between 1994 and 2001 around 250 new cases were reported each year. However, since 2002 there has been a steady increase of new cases. In 2006, 390 cases were reported (ibid). According to the official statistics, this increase mainly consists of people becoming infected abroad or prior to migrating to Sweden, while the number of people being infected in Sweden remained the same until 2007, when there was an increase in infections, particularly among men who have sex with men and among injecting drug users (Smittskyddsinstitutet 2007; however, these categorizations should always be treated with caution, as discussed in part 1 of this introduction). In addition to this negative trend, statistics on other STDs reveal a dramatic increase, in particular of chlamydia infections among young people (15–24 years) (Smittskyddsinstitutet 2008b).
ple, anal sex or drug injection with contaminated needles [...] And one must of course distinguish between those who have been infected by blood or blood products and those infected by risk behaviour. (AIDS-delegationen 1986: 16, English in original)

Accordingly, ‘risk groups’ were set apart from those seen as innocently infected. Information made available to the public also distinguished between, and gave different advice to, those ‘who belong to a risk group’ and those ‘who stand completely outside the risk groups’ (see e.g. Socialstyrelsen 1985).

AIDS Is Everybody’s Concern: The ‘De-gaying’ of AIDS

Fox et al. (1989) point out that the official response on the part of the Swedish government came relatively late. However, when it came it did so with emphasis. In 1985 the Social Democratic government appointed a National Commission on AIDS (AIDS-delegationen). The head of the Commission was the then Minister of Health and Social Affairs, Gertrud Sigurdsen, and other members included medical experts, civil servants and interest-group representatives including from the Swedish Association of Local Authorities and the Federation of County Councils (Svenska Kommunförbundet och Landstingsförbundet). The Commission was set up to obtain a broad consensus and therefore also included members from the Conservative Party opposition, and eventually members from all political parties in the parliament (von Walden Laing 2001: 66–67). A reference group composed of members from different non-governmental organizations (NGOs), such as RFSL, was also appointed.37

The Commission was charged with drafting a policy to combat AIDS, as well as to coordinate and assess the need for future action. It was also to

37 Fox et al. (1989) indicate that the politics of consensus – a common strategy in Swedish politics – left out certain critical voices that could have challenged the course of action undertaken. However, at one point the RFSL representatives left the reference group in protest of the inclusion of HIV in the Contagious Disease Act (Svéd 2000).
monitor and initiate research and assess immediate action such as legal changes and information campaigns. Thus, the Commission took over what otherwise, at least in part, would have been the task of the relatively independent National Board of Health and Welfare (NBHW). The powerful role assigned to the Commission served to underscore the urgency of the matter, as did the fact that the Commission was situated within the ministry.

As several critics have convincingly argued, it seems as AIDS was not taken seriously until it was truly perceived of as a threat to the ‘general’ – i.e. heterosexual – public (Bjurström and Henriksson 1988; Svéd 2000). The authorities also stressed that the most immediate goal was to keep the virus confined to the designated ‘risk groups’:38

Seen from an epidemiological point of view, the situation in our country is still auspicious. The infection is still limited to certain groups only. In the short run, the goal must therefore be to prevent the infection from breaking out from these groups and to counteract the further spread of the virus. In the long run, the goal must naturally be to find a vaccine against and a cure for disease. (Prop. 1985/86: 13, p. 10)

Accordingly, the authorities came to identify bisexual men, sex-selling women and, to a certain extent, their clients as particularly unsafe since they could serve as ‘bridges’ to the ‘general public’. They also highlighted the importance of reaching those men who have sex with men (MSM)39 but who

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38 It is important to emphasize that this division was not only found in policy settings but also manifested in mainstream social, behavioural and medical research. For instance, when describing the development of general HIV/AIDS policy in the UK, Fox et al. (1989: 96) write that ‘there was increasing evidence that an epidemic previously confined to deviant minorities might be spilling over into the population at large’. Such accounts similarly posited a certain route of transmission from risky, ‘deviant’, irresponsible individuals to an innocent, ‘normal’, population.

39 The concept of ‘men who have sex with men’ (MSM) is also frequently used in AIDS research and policy worldwide. Scrutinizing the use of this concept in these contexts, Young and Meyer (2005: 1146) point out that MSM ironically has come to universalize ‘a culturally specific phenomenon in much the same way that critics say does the term gay’. But instead of symbolizing a specific cultural context, as does ‘gay’, ‘MSM’ works in nega-
do not identify as gay, and pointed out that among migrants and among those who have been infected abroad, the virus had mainly been spread heterosexually.

In 1987 the Commission initiated its first large-scale information campaign. This was one of the largest campaigns ever in Sweden and its overall mission was to (1) reduce the transmission of HIV infection; (2) counteract prejudice and misinformed beliefs; and (3) to counteract unnecessary anxiety and fear (Riksrevisionsverket 1989: 46). The campaign mirrored the inherent contradiction in simultaneously singling out risk groups and acknowledging the risk of transmission outside of these groups. The Commission warned, for instance, that the designation of risk groups amounts to a misleading strategy as it singles out some people and risks lulling others into a false sense of security (AIDS-delegationen 1986: 16). It was also stressed that ‘risky behaviours’ (which, the Commission stated, included ‘multiple partners’ and ‘anal sex’) occurred also among heterosexuals, and it was acknowledged that an individual could have multiple identities (ibid.). Yet the Commission still believed it was important to uphold the practice of dividing people into ‘risk groups’ in order to have a clear picture of different ‘target groups’:

Although it is behaviour, not group identity in itself, that aggravates the risk of infection, we have elected to speak in terms of groups at risk. This concept has the advantage of leading to a classification of target groups. (AIDS-delegationen 1986: 16, English in original)

tive terms, being equal to what is defined as ‘not gay’, which often implies a minority status. Young and Meyer (2005: 1147) also argue that the shift from gay/lesbian to MSM/WSW has only resulted in less knowledge about the cultural and social context, and that MSM/WSW are ‘behavioral terms that say little about behavior’. However, I would argue that in the Swedish policy discourse the concept of MSM seems simply to work as a substitute for ‘gay’. As such, the National Board of Health and Welfare prohibits ‘men who have sex with men’ from donating blood or organs (SOSFS 2006: 17, see also footnote 33). Either way, men who have sex with men – gay-identified or not – are still presumed to engage in unsafe sexual practices.
In order to solve this dilemma, the Commission stressed that it was important to emphasize that it is the *behaviour* and not the *identity* that is the problem. It also decided to launch a campaign targeting both the general public and certain ‘risk groups’, under the slogan ‘AIDS is everybody’s concern’.

The activities that fell under this heading were criticized for either *ignoring* or *stigmatizing* those groups who were most affected (Bjurström and Henriksson 1988). In fact, the amount of official information that directly targeted gay men was very limited. Neither did the authorities pay any particular attention to their specific living conditions. To exemplify, the leaflet *You can be stricken with AIDS. Knowledge is the best protection* (*Aids kan drabba dig. Kunskap är bästa skyddet*) (AIDS-delegationen 1987) that was distributed to all households in Sweden contained illustrations of men and women in different settings, such as a man and a woman at a romantic candlelight dinner; grandparents reading to their grandchild; a young straight couple in front of their school lockers, etc. The fact that only one picture represented two men together (but not made out to be explicitly gay) serves as a good illustration of the general ‘de-gaying’ of the epidemic that occurred as the authorities took action (see also Henriksson and Ytterberg 1992: 331). Yet, simultaneously with this process of silence and neglect, the tacit message from the authorities remained that gay men (and other ‘risk groups’) were particularly risky. As a result, when mentioned, gay men were depicted in a stereotypical and stigmatizing fashion, particularly in the information directed to the general public. And even though it was emphasized that condom use protects against the virus, the general public was not primarily called upon to practise safer sex – rather, they were told to limit their

40 As mentioned earlier, this ‘de-gaying’ process was common in many Western countries. Weeks *et al*. (1996) describe, for instance, how gay-identified organizations had to defuse their gay politics and give way to AIDS issues only. They also describe how gay activists had to compete both with the increasing professionalization of AIDS and other identified risk groups. This has resulted in an effort to ‘re-gay’ AIDS politics, a course of action that Weeks *et al*. identify as resting upon a much more narrow and essentialist notion of gay identity than the first years of gay-identified AIDS activism.

41 In another conspicuous example of this ‘de-gaying’ venture, Svéd highlights how the logotype for the international AIDS conference held in Sweden in 1988 represented a heterosexual nuclear family standing inside the contours of an HIV virus.
number of partners and to avoid having sex with anyone from the alleged risk groups. Hence, under the heading ‘You can protect yourself’ in the same leaflet (You can be stricken with AIDS…) we read that:

Most of those who are HIV infected today are men who have had sexual relations with other men or injecting drug abusers or prostitutes. Thus, you are at greatest risk of infection if you have unprotected intercourse with a member of these groups. Or anyone who, in turn, has had sexual relations with them. Remember, you have sexual intercourse not only with your partner, but also with everyone she or he has had a previous sexual relation with. (AIDS-delegationen 1987: 11)

Despite the explicit efforts of the Commission to teach everyone about the importance of not getting infected, the risk of disease was still projected onto certain groups. And even though the campaign was to target ‘everybody’, it was quite obvious that the ‘general public’ did not include gay men (or lesbians), sex-working women or injecting drug users. That the campaign failed to live up to its stated aim of addressing ‘everybody’ was further emphasized when the issue of discrimination against people living with AIDS was raised. In order to prevent intolerance, the public was to be informed that HIV cannot be transmitted through daily contact and that it is important to sympathize with the infected, especially since they often belong to groups that are already exposed in our society (AIDS-delegationen 1986: 12). Yet again, then, the Commission singled out certain groups as risky/infected, whom the ‘public’ was told to be tolerant towards. As we will see later, working to avoid discrimination against people living with HIV/AIDS was also seen as important in order to make people living with the virus take preventive measures. For similar reasons, the Commission stated that it was important to discourage scaremongering or negative attitudes towards homosexual-
Ironically, the first campaigns were criticized mainly for conveying just such a negative message (Henriksson and Ytterberg 1992).

**Policy Changes**

Generally speaking, one could say that the authorities have modified, but not radically altered, their approach over the years. For instance, in recent policy documents the strategy of limiting one’s number of partners is de-emphasized in favour of promoting condom use more generally. The most current policy also underlines that it is important to promote behavioural changes within the population in general and not only among certain designated risk groups. This was partly due to that policies from the mid-1990s and onwards have covered sexually transmitted diseases (STDs) in general and not only HIV, and, in comparison, STDs are not as confined to the appointed risk groups. But it also forms part of a self-reflection concerning the policy development in the first decade of the epidemic. As the National Institute of Public Health (NIPH), which took over responsibility from the discontinued Commission in 1992, writes:

> At the beginning of the pandemic one often spoke of risk groups. This expression highlights group belonging instead of sexual behaviour. What determines whether a person will be infected is whether this person has safer sex. Therefore, nowadays we use the concept of risk behaviour instead of risk group. The danger with designating risk groups is also that people become convinced that HIV/STD ‘is not of

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42 However, when evaluating the campaign, the National Swedish Audit Bureau claimed that too much emphasis had been placed on heterosexual transmission and not enough on the designated risk groups. The Bureau maintained that the campaign had therefore been too general and that the goal of countering prejudice and misinformation had worked as an obstacle to the goal of reducing HIV transmission. In the long run, the Bureau argued, this could lead to general doubt among the public as to whether the authorities’ messages were trustworthy (Riksrevisionsverket 1989).

43 However, number of partners and early sexual experience still remain as indicators of sexual risk taking (see e.g. Herlitz 2004).
my concern’, it belongs to members of the risk groups. (Folkhälsoinstitutet 1997: 28)

Whether there has been a real shift is, nonetheless, debatable. Despite the insistence on focusing on behaviour, the authorities have continued to single out certain ‘target groups’ with the motivation that it is, after all, necessary to construct tailor-made prevention strategies. That the distinction between target groups and previous years’ risk groups remains blurry can be seen in statements such as this from the NIPH:

> In the beginning of the epidemic, MSM and injecting drug users were seen as being particularly at risk of transmission. The special target groups that are prioritized today are, in addition, immigrants, young people, people travelling abroad and the HIV-infected and their relatives. (Folkhälsoinstitutet 2001: 23)

Rather than representing something really new, target groups seem simply to have replaced the former risk groups, or at least are treated in a similar fashion: that is, both of them are being employed to designate groups at risk of infection. Thus, both target groups and risk groups are set apart from a general (non-risky) public.

The quoted passage also exposes what has been one of the most conspicuous policy changes in recent years, namely, that migrants and people travelling abroad have become increasingly present in the policy discourse. The risk of transmission abroad was, of course, recognized early on in the epidemic. It was, for instance, often mentioned that

> one thinks that the HIV epidemic has its origin in Africa and was subsequently spread to the US and Europe. […] When you travel abroad there is every reason for being extra careful. Avoid casual sex altogether. (AIDS-delegationen 1987: 11–12, emphasis in original)
In this context it was often stressed that, in contrast to ‘domestic’ transmission, HIV/AIDS abroad was not confined only to certain risk groups. During the 1990s, ‘the global’ received increasing attention in the Swedish policy discourse, as it did in many other countries and in global AIDS policies. In 1990 it was acknowledged that ‘heterosexual’ transmission had exceeded ‘homosexual’ transmission (Finer 1990b: 12), a development that was directly linked to immigration. As an example of this increasing focus on ‘the global’, an editorial in the periodical *Hivaktuellt*, written by the then NIPH director general Agneta Dreber (1994: 2), under the title ‘AIDS – an issue without borders’, states:

Contact with people in and from other countries has become part of our daily life. People cross the Swedish border in both directions. And HIV does not know any borders. The AIDS problem cannot be solved by an individual country; it demands cooperation between countries.

Subsequently, it has also been acknowledged that ‘the world has become aware of the disease’s significance for peace, security and development’ (Johansson and Jämtin 2003).

This development forms a central focus for this study. In the different articles, I show when and how ‘immigrants’ and the issue of migration to Sweden appear in the policy discourse. The articles address shifts in the discourse concerning migration by following the policy development chronologically (Article III), and undertake more in-depth analysis of how the policy deals with the issue of migration, as well as the ways migrants are linked to HIV/AIDS and sexual risk taking in the authorities’ understanding (Article I, III and IV). Correspondingly, the articles examine how national identity and national self-understanding are articulated in the policy discourse: in relation to migration in general, to perceptions of migrants’ culture and to the behaviour on the part of Swedes travelling abroad (Article V), but also in relation
to how ‘the global’ and related developments, issues and problems have become incorporated in the policy discourse (Article II and III).

I now turn to the task of situating Swedish AIDS policy in a global context.

The Global AIDS Policy Development

In some respects, Sweden’s response to the HIV/AIDS crisis reflected that of many other Western countries. As the Swedish government prepared the health sector to face up to the effects of a new disease, the general public was informed, medical experts were set to task and policy-makers drew up the guidelines for a broad public health strategy. Over the course of the epidemic, a similar pattern can be detected in many countries, where AIDS initially was neglected by the authorities, and then perceived to be an urgent crisis, before slowly being incorporated into the general structures of society (Bayer 1991). Moreover, the general conceptualization of HIV/AIDS and the consequent national policies in most Western countries often followed principles laid down by international organizations. With HIV/AIDS being defined as a pandemic, global initiatives soon appeared alongside national agendas. In 1987 the World Health Organization (WHO) initiated the Global Programme on AIDS (GPA); and since then, global AIDS strategies have continued to expand. In 1996 the Joint United Nations Programme on HIV/AIDS (UNAIDS) was launched in order to coordinate the efforts and resources of ten different UN organizations. The aim is that each and every level of society should be engaged in combating the pandemic. In 2000 the UN made the fight against HIV/AIDS one of its Millennium Development Goals; more precisely, the goal is ‘to halt and begin to reverse the spread of HIV/AIDS before 2015’. Furthermore, in 2001 the UN General Assembly held its first Special Session on HIV/AIDS and adopted the ‘Declaration of Commitment on HIV/AIDS’ (UNGASS 2001), upon which the Global Fund to Fight AIDS, Tuberculosis and Malaria was established. In 2006 a

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44 See further www.un.org/millenniumgoals.
follow-up meeting was held to review the implementation of the 2001 Declaration (UNGASS 2006).

The initial global policy strategy was informed by previous global health discourses. In 1987, when the GPA was launched, the WHO's approach primarily rested upon an understanding of 'health as medicine' (Söderholm 1997: 75).45 Thus, the importance of epidemiological surveillance and biomedical research in combating AIDS was emphasized. However, as Peter Söderholm (1997) points out, there were also two discourses in motion that challenged the 'health as medicine' approach. The first one of these championed an understanding of 'health as human rights', an understanding that questioned the general victimization prevalent in the 'health as medicine' discourse. This standpoint became especially powerful in relation to AIDS. With AIDS then a universally lethal disease, progressive physicians and public health agents joined AIDS activists in lobbying policy-makers to make AIDS an exception from regular public health policy (Bayer 1991).46 Although this 'exceptionalism' subsequently seemed to come to an end (Bayer and Fairchild 2006) – due, inter alia, to the development of vital ARTs, making HIV infection for some more similar to a chronic disease like diabetes – crucial issues raised at that time still remain prevalent in global HIV/AIDS policy discourses.47 Above all, this concerns the issue of discrimination

45 Patton (2002) stresses that the US played an important role in directing global AIDS policy towards epidemiology, whereas previously the WHO and UN-based organs had relied on a tropical medical notion of disease as located in different regions (see Article V; see also Söderholm 1997: 75 ff.).
46 Bayer (1991) points out that this coincided with a 'new generation' of public health doctors who criticized earlier, more repressive methods. Bayer also shows that with the development of effective clinical alternatives epidemics and many associated public health measures were generally seen as something belonging to the past.
47 Other reasons behind this development might be the general professionalization of the field where the work of AIDS activists is being supplemented by the work of physicians and others who prioritized the 'benefits' of early recognition of infected individuals over issues of discrimination. Bayer (1991) also addresses the effects of an epidemiological shift in the US: when groups less influential than white, middle-class gay men – i.e. poor blacks and Hispanics and injecting drug users – became affected, the authorities immediately assumed a more supervisory role (see also Bayer and Fairchild 2006).
against people living with HIV and AIDS. The second discourse competing with the understanding of ‘health as medicine’ advocated the approach of ‘health as development’. Here, issues of poverty and poor health services are seen as important obstacles to good health.

Although major donors such as the US, the EU and Japan promoted ‘health as medicine’, human rights and development issues had gained considerable ground and could no longer be neglected. At this point – around the mid-1980s – and especially in relation to HIV/AIDS, NGOs, too, had begun to play a crucial role and became more and more involved in the development of global AIDS policy. People living with HIV and AIDS received their own international organizations and the WHO, and subsequently also the UNAIDS, started to work closely with NGOs, thus in some ways challenging the mostly intergovernmental structure. However, NGOs are often non-voting members only, and it could indeed be argued that the incorporation of NGOs in some important respects needs to seen as a cooptation strategy, a way of taking the sting out of their many points of criticism; in turn, this was an effect of human rights and development issues being mainstreamed in order to secure their inclusion in the policy development, while at the same time making sure that they did not fundamentally challenge powerful states and their governments. Different NGOs also had different functions, often reflecting unequal power relations between the global North and the South. Whereas some, in particular organizations of gay men in the US, had a strong influence on policy, others – such as many NGOs in developing countries – were used more as means of implementation (Söderholm 1997).

As Söderholm (1997) has demonstrated, the existence of competing discourses was mirrored in subsequent global policies. For instance, the Global Programme on AIDS referred to AIDS as three epidemics: (1) the spread of HIV infection; (2) AIDS and its associated illnesses; and (3) ‘the social, political and cultural context’, i.e. ‘the reaction and response to the first two epidemics’ (Söderholm 1997: 90–91).

On closer inspection it is obvious that Swedish HIV/AIDS policy in many important respects reflects the global AIDS policy discourse. As seen
above, combating the spread of the virus and identifying high-risk groups, providing good health care for AIDS patients, and working against discrimination of people living with HIV and AIDS were all highlighted in the initial Swedish policy documents. In the most recent policy of 2005, Sweden has made an explicit effort to incorporate the UNGASS Declaration of 2001 (Prop. 2005/06: 60). Nevertheless, even if the Swedish policy discourse on AIDS is influenced by global AIDS discourses, there are instances where it differs from them. In the following I draw attention to some of the ways in which the Swedish policy discourse stands out internationally.

**Repressive Laws…**

Peter Baldwin (2005) has shown that, when it comes to targeting AIDS, Western countries have adopted different strategies much depending upon each country’s public health tradition. Similarly, Kirp and Bayer (1992) refer to AIDS policies as reflecting each country’s political culture (see also von Walden Laing 2001). The issue of HIV antibody testing serves as a good illustration of this. Testing was a sensitive issue in the mid-1980s – before the development of effective ARTs – and it was commonly argued that, since HIV was a lethal disease, individuals should have the right to choose whether to know their HIV status. In consequence, most Western countries objected to contact tracing, screening programs and registration of those infected with HIV. Compulsory testing was seen as particularly awkward, and in 1989 the Council of Europe recommended that HIV testing should be voluntary.48

As the only member of the Council, Sweden made a reservation against the Council of Europe’s recommendation. Even though HIV/AIDS to a certain degree was treated as a subsection (with its own budget, special measures etc.), AIDS was much more integrated in general public health policy in Sweden than in other Western countries. The most conspicuous example of this is the fact that in 1985 AIDS, and subsequently the HIV virus, was in-

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cluded in the Contagious Disease Act (CDA) of 1968, and classified as a venereal disease. Whereas STDs previously had been subsumed under a separate law, the CDA of 1968 'broke new ground by subjecting all transmissible diseases, venereal or otherwise, to the same measures', with the exception that with STDs 'individual liberties were more restricted than for other ailments' (Baldwin 2005: 45–46). Baldwin establishes that this was mainly because STDs were intimately related to prostitution and that 'prostitutes' were 'considered unwilling to undergo treatment or to conduct themselves in a nontransmissive manner' (ibid. p. 46). Thus, classifying AIDS as an STD, even though HIV has other routes of transmissions than sexual, made it possible for Sweden to take even stricter precautions.

The CDA opened up for the possibility of compulsory HIV testing if there was reason to suspect HIV infection. The treating physician also had to conduct contact screening and notify partners that could have been infected. Moreover, anonymity was granted to those tested for HIV only if the test was negative, as all cases of HIV infection were to be reported to the authorities. Registers of infected individuals were coded but revealed geographical location, and thus risked disclosing, by default, the identities of individuals who did not live in the metropolitan areas (Henriksson and Ytterberg 1992: 324). Those who knew of their infection, or who suspected that they might be infected due to risky behaviours, were obliged to visit a physician and observe certain restrictions. For instance, they had to disclose

49 In comparison, other countries such as Britain and the Netherlands had at that time adopted a voluntary approach to testing for venereal disease (Baldwin 2005: 46).
50 In the government bill that preceded the law it is stated that the reason for classifying HIV (at that point in time called HTLV-III) as a venereal disease was that otherwise it would not be treated with the requisite medical competence. The other option would have been to classify it as a 'disease dangerous to public health' (allmänfarlig), responsibility for which lay with the board dealing with issues concerning health and environment (Prop. 1985: 13, p. 12). In the 1989 amendment to the law, the distinction between venereal diseases and diseases dangerous to public health is abandoned, and all diseases came under the heading 'disease dangerous to society' (samhällsfarlig). Here, however, HIV infection was treated as an exception: thus, some measures (such as the obligation to notify potential sexual partners) were valid only for HIV infection (see SFS 1988: 1472).
their HIV status prior to having sexual relations. The CDA also made it possible to forcibly isolate individuals who flouted their obligations (see Prop. 1985/86: 13). There was no need for evidence: the mere suspicion of having broken the rules constituted sufficient grounds for incarceration.

All of these measures went against the Council of Europe’s (1989) recommendation. The Swedish authorities did concede that these measures ran the risk of being counterproductive since they could scare off people who were in need of care. Yet they emphasized the benefits for ‘society at large’ and argued that it would be ‘unacceptable’ not to be able to act when people showed ‘an obvious lack of regard for their fellow beings’ (Prop. 1985: 13, p. 11). It was also emphasized that, for those not subjected to the CDA, the general principle was that HIV testing should take place voluntarily: people should be encouraged, rather than forced, to take tests.\(^{51}\) Swedish campaigns have thus often urged people to get tested. In addition, the authorities have made use of large screening programs. Pregnant women, refugees and prisoners have been among those who have been offered an HIV test (Baldwin 2005). However, as a result of the lack of proper information, especially for newly arrived asylum seekers, these groups have not always understood that testing is voluntary.\(^{52}\)

\(^{51}\) Henriksson and Ytterberg (1992: 329) have revealed that some programs combating drug abuse demanded that their beneficiaries take HIV tests, thus violating the rule of voluntariness.

\(^{52}\) In the late 1980s, the policy was that newly arrived asylum seekers should be offered an HIV test during the general health check that was part of the reception procedure at the time (Socialstyrelsen 1988; see also Socialstyrelsen 1995). In practice, this was done to a greater or lesser extent. As well, some studies claim that some health practitioners simply conducted the test without obtaining the requisite informed consent (Abascal 1991; see also Brune et al. 1990). Since then, the vast majority of refugee camps have been shut down and refugees are dispersed throughout society to a greater extent than before, which has led to a radical decline in the number of health checks. With the increase in HIV in recent years, different authorities have called for measures to be increased. In 2004, the (now discontinued) Swedish Integration Board suggested that ‘HIV prevention should be compulsory’ for asylum seekers and refugees and form part of an equally compulsory health check for these groups (de los Reyes 2006: 37).
The CDA has been amended on a number of occasions over the years, but compulsory testing, compulsory contact screening, forced isolation and registration remain on the books in the most recent version enacted in 2004 (SFS 2004: 168). In it HIV infection is defined as a disease that is ‘dangerous to public health’\(^{53}\) and as such subjected to all of the above-mentioned measures. The ‘prime responsibility’ for ‘avoiding exposing others to infection’ still lies with infected individuals, who are to observe their responsibilities, such as informing potential sex partners of their HIV status (Ministry of Health and Social Affairs 2005: 3). When the new law was promulgated, the then minister of Public Health, Morgan Johansson, explained that ‘every individual has to decide what risk he would like to be exposed to’ and that this ‘cannot be up to the infected person to decide’ (Voss 2003), hence indicating that individual rights would be reserved for the non-infected only. If treating physicians suspect that their patients have not disclosed their status, the amended law of 2004 stresses that they must report to the County Medical Officer, who in turn has been given the right to notify ‘people close to the patient who risk infection’ (ibid. p. 5; SFS 2004: 168).

Sweden has some of the most stringent sex laws in Europe in other areas, too. For instance, since 1999 purchasing or attempting to purchase sexual services constitutes a criminal offence (SFS 2005: 90). The law criminalizes only the buyer, and not the seller, because the Swedish authorities view prostitution as a product of gendered unequal power relations:

In Sweden, prostitution is regarded as an aspect of male violence against women and children. It is officially acknowledged as a form of exploitation of women and children that constitutes a significant social problem, which is harmful not only to the individual prostituted woman or child, but also to society at large. (Ministry of Industry,

\(^{53}\) In this version of the law, HIV is no longer treated as an exception, which means that the obligation to notify persons close to the patient includes all diseases that fall under this heading (SFS 2004: 168; cf. footnote 50).
Although the law covers all purchases of sexual services, the public debate about the law has almost exclusively focused on male clients of women selling sex.

Parallel to these laws, Sweden has also opposed harm reduction when it comes to drug use. It has, for instance, been reluctant to introduce needle exchange programs and methadone clinics, arguing that such measures ‘encourage drug abuse’ and go against the Swedish drug policy goal of working for a drug-free society.54

Taken together, these measures have made Sweden stand out as rather repressive in comparison with other Western countries.55 It also indicates how Sweden has incorporated the fight against HIV/AIDS into its specific welfare state structure. Although space precludes any detailed historical elaboration, the Swedish welfare state is well-known for its comprehensiveness and its close association with the Social Democrats and the trade union movement. Public health in general and information on sexual matters in particular have been important components in the historical build-up of the Swedish welfare state. Sweden thus has a long history of sexual education. In the early years of the Swedish welfare state – at the time of the launching of the so-called ‘people’s home’ (folkhemmet) – sexual education more or less became a ‘pragmatic tool’ that formed an integral part of the goal of a healthy and sound population (Sandström 2005). Sexual politics was thus intimately re-

54 As of July 2006, needle exchange programs are legal in Sweden (SFS 2006: 323). Before that, two clinics (in Lund and Malmö) were exempted from the general policy, and thus handed out clean needles. These clinics have been subjected to regular evaluation and over the years have been threatened with termination on several occasions. Under the new law, it is up to each county council to decide whether needle exchange programs should exist within their region, and only those who live within the region are able to use the service provided. So far (January 2008) very few county councils have shown any interest in offering the service.

55 However, unlike many other countries, Sweden does not screen foreigners for HIV-infection at the borders and exclude people who are HIV-positive.
lated to social reforms. On the dark side of this, however, particularly in the decades before the Second World War, one also encounters numerous repressive measures, such as sterilization policy built on racial biology (Broberg and Tydén 1996). Part and parcel of this was thorough control of the Swedish population, of which registration and strict measures to ‘look after’ people living on the margins of society were important ingredients. The inclusion of AIDS in the current CDA thus points to continuity with the past.

However, it is also worth mentioning that the current laws and measures, concerning for example ‘prostitution’, that were discussed above have been subjected to criticism both in Sweden and internationally. It has, for instance, been debated whether the law against purchasing sex really lives up to its objective of protecting female sex workers, or whether many of these women have simply been relegated to much more insecure working conditions (RFSU 2005; Östergren 2005). More profound criticism has been directed against the inclusion of HIV/AIDS in the CDA; early on, AIDS activist groups such as ACT UP staged public protests against it (AIDS-delegationen 1991: 37). Sweden has also been found guilty by the Council of Europe of violating international law.56 In Sweden, gay and lesbian activists and associations of people living with HIV/AIDS have been among the most vociferous critics of the law, but others, too, have objected. Treating physicians have argued that the harsh measures interfere with the doctor–patient relationship (Svensson 2004). Many have also pointed out that most transmissions occur before the infected person is aware of his or her status, thus pointing to the need to treat everyone as equally responsible when it comes to sexual safety and not to let the infected individual occupy a place apart (see e.g. RFSU 2004). Isolating individuals prior to their ‘crime’ has also been questioned, especially as the offence of deliberate infection already exists within the penal code (ibid).

56 See e.g. Council of Europe (2005).
…and Pragmatic Morals

If these laws and restrictions make Sweden appear more repressive than many other Western countries, other aspects of Swedish policy stand out as comparatively ‘liberal’. This is particularly true of Sweden’s views on sexual rights for women, young people and sexual minorities. Internationally, there has been a significant increase in so-called ABC prevention strategies, where A stands for ‘abstain’, B for ‘be faithful’ and C for ‘condoms’, but with the last of these seen only as a last resort. Lately, they have often appeared as AB strategies only, and some countries with ABC policies have also witnessed a change whereby access to condoms has been circumscribed (Human Rights Watch 2005). ABC policies are represented foremost by religious and right-wing forces, and they have strong support from the US Bush administration and its PEPFAR program (The President’s Emergency Plan For AIDS Relief, launched in 2003) in which a third of the overall prevention budget – and two thirds of the behavioural prevention budget – is earmarked for AB programs (Kanabus and Noble 2007).57 This development has caused great apprehension amongst critics, and loud protests have been common at different international venues such as the big international AIDS conferences held biannually. Internationally speaking, however, critics seem, for now, to be on the losing team.

Sweden has officially distanced itself from this conservative trend pursued by the Bush administration. In fact, Sweden blames the US for having ‘moved in the direction of the Vatican and some Muslim countries’ when it comes to sexual matters and gender relations, and in 2005 the Swedish Ministry of Foreign Affairs stated that this implies that ‘the US hardly can be seen as a partner to Sweden and the rest of the EU in matters concerning sexual

57 In addition, Kanabus and Noble (2007: 8) note that ‘the PEPFAR five-year strategy document mentions condom provision and promotion only for those who practice high-risk behaviours’ which ‘include “prostitutes, sexually active discordant couples (in which one partner is known to have HIV), substance abusers, and others”. Condoms are not mentioned as a strategy for helping young people in general.’ They also point out that ‘This approach differs significantly from previous U.S. policy and the policies of other donors including the Global Fund and the European Union’ (ibid).
and reproductive health and rights, and related issues’ (Utrikesdepartementet 2005: 2). The then Minister for Development Assistance, Carin Jämtin (2004), also pointed out that ABC programs are insufficient in particular for women and girls who often are infected in monogamous relationships. Women and girls are also, Jämtin emphasized, subjected to rape and sexual assault. Thus, in contrast to the US, the Swedish Ministry of Foreign Affairs stated that Sweden

particularly underlines young people’s need for information, knowledge and access to contraceptives, both women’s and men’s right to their own sexuality and sexual identity, and the right to free and safe abortions. (Utrikesdepartementet 2005: 2)

Similarly, Sweden’s long tradition of sex education is often put forward as an asset at international venues.

This view of sexuality permeates the Swedish AIDS policy discourse. Although critics have pointed out that HIV/AIDS entailed a temporary setback for the more affirmative trend in sexual matters prevalent in the 1970s (Bäckman 2003), the basic view in the AIDS policy discourse has been that society should promote ‘a positive view of sexuality’. Already in the early Swedish AIDS policy documents it was stressed that ‘instructions for the avoidance of infection must be combined with positive alternatives for sexuality and personal relations’ (AIDS-delegationen 1986: 11, English in original) and it was not uncommon to find remarks in information leaflets from the mid-1980s which asserted that nobody should have to abstain from sexual relations (see e.g. AIDS-delegationen 1987). Promoting and providing easy access to condoms have also been among the main features of Swedish pol-

58 However, in the same year (2005), the Swedish government joined the US government in a project targeting trafficking and prostitution in eastern Europe (United States Embassy Stockholm 2005). Given the US policy concerning sexual and reproductive rights, this was criticized by, among others, the Swedish Association for Sexuality Education (RFSU) (Andersson 2005a; 2005b). RFSU also argued against the notion that there existed a common view on the issue of prostitution between the two countries.
As part of this, public youth centres (ungdomsgårdar) often hand out free condoms, and a special magazine on sexual relations, GLÖD, targeting young people is being distributed by the National Institute for Public Health.

This affirmative attitude also includes gay and lesbian sexual relations. Making ‘homosexuality visible and respected’ is an oft-repeated phrase in HIV policy (see e.g. Winfridsson 1990: 2); and many of the reforms regarding gay and lesbian rights that were enacted from the mid-1990s onward (such as the partnership law) were suggested early on as means of targeting HIV/AIDS.59 Making homosexuality ‘respected’ was seen as important both in order to reach out to homosexuals and in order to combat discrimination. Prejudice on part of the ‘public’ was to be countered by underlining that sexuality is a ‘human need’ (AIDS-delegationen 1986: 13).

Previous research has shown that AIDS indeed gave gay and lesbian activists new tasks and thereby a new status in society (Rydstöm 2004; Svéd 2000; see also Weeks et al. 1996). However, in light of the often demeaning treatment and the prejudice described earlier, research has also addressed the many obstacles to this development. For instance, the collaboration in Sweden between the authorities and RFSL has not been without tensions. RFSL has not only been critical of the restrictions that followed the inclusion of HIV/AIDS in the

59 In brief, the development of gay and lesbian rights in Sweden has been as follows. Homosexuality was decriminalized in 1944 as an effect of increasing medicalization whereby homosexuality came to be construed as a deviance and a disease. As Rydstöm (2004: 38) points out, it was seen as improper to put ‘sick’ people in jail; rather they were hospitalized and sometimes subjected to sterilization. In order to restrain young people from being ‘seduced into homosexuality’, an age limit was put in place: homosexuality was allowed only from the age of 18, as compared with 15 regarding heterosexual relations. This law was repealed in 1978, and in 1979 homosexuality ceased to be classified as a disease. These changes followed largely upon the development of a new radical gay liberation movement. Since then, ‘assimilation’ has been the leading term: in 1988, gay couples were recognized as common law husbands/wives (sambo) if living together, and in 1995 the so-called ‘partnership law’ was passed. Registered partnership was to be placed on an equal footing with heterosexual marriage, but included some striking exceptions: up until 2003, registered same-sex partners were denied the right to become parents via adoption, and it was not until 2005 that lesbian couples were given the right to insemination on the same grounds as heterosexual couples. In addition to these laws, several laws against discrimination have been passed since the mid-1990s.
Contagious Disease Act; it has also questioned the way gay men have been represented in public AIDS campaigns and the general neglect of their needs (Henriksson and Ytterberg 1992). RFSL has also been in disagreement with the content of safer sex materials distributed by the authorities, arguing that it needs to be more sex-positive, erotic and sensual. Correspondingly, the authorities have objected to some of RFSL’s advice on safer sex and, occasionally, to the attempts to erotize safer-sex information (see e.g. Winfridsson 1991b). Thus, the authorities’ self-proclaimed role as a promoter of a ‘positive attitude towards sexual relations’ could, at least to a certain extent, be called into question. That this role involves an inherent contradiction becomes obvious by looking more closely at what, in the authorities’ minds, constitutes risky behaviour. As mentioned above, both gay men and sex-working women are seen as risky mainly due to their assumed large number of sexual partners.

60 Via established networks with US activists, radical safer-sex politics were adopted by the Swedish gay and lesbian movement (von Walden Laing 2001). These centred on the education and promotion of safer sexual practices such as condom use, non-penetrative sex and so on, thus disconnecting sexual safety from moral issues such as with whom or with how many a person has sex. It must be emphasized, though, that there were conflicting views amongst gay organizations both in Sweden and elsewhere concerning, for instance, the extent to which promiscuity should be acknowledged as a risk factor (Henriksson and Ytterberg 1992). According to Ljung (2001) the inclusion of HIV in the CDA was also the subject of a debate between different gay organizations. That there was general ignorance for a long time concerning what constitutes lesbian unsafe and safe sexual practices could also be mentioned as an example of uneven priorities within gay and lesbian organizations.

61 This misunderstanding is fairly common both in policy and in medical research on HIV and other STDs. If a high frequency of STDs correlates statistically with a large number of partners/casual sex (or early sexual debut), this is interpreted as a causal connection between the two. For instance, the recent increase in chlamydia infections among young people in Sweden is connected to generally risky behaviour which includes an increasing number of sexual partners (see e.g. Herlitz 2004). Medically speaking, the risk of HIV infection is increased if a person has an untreated sexually transmitted disease. With whom or with how many a person has sex does not alter the risks of infection if safer sex is practised. Indeed, many who become infected, particularly women, have had only one or very few partners in their lives. And, as Tamsin Wilton (1997) highlights, ethnographic studies have shown that both MSM and sex workers tend to protect themselves more often when they have casual sex/work and that they are more exposed in love relationships as these are imagined to be safe.
Thus it was not primarily the practice of unsafe sex that was held up as a risky behaviour, but rather the number of partners. (People were also generally told to limit their number of partners as a prevention strategy.)\textsuperscript{62} This sexual moral was manifested in the law against so-called gay saunas (SFS 1987: 375), which prohibited gay saunas and similar venues on the grounds that they promoted promiscuous behaviour.\textsuperscript{63} Looking at the implementation of the law, Finn Hellman (2001) has shown how used condoms, ironically, were produced as evidence of illicit activity.

In view of that, there seems to be a parallel development whereby gays and lesbians on the one hand become assimilated and allowed to assume agency, while on the other hand they become stigmatized, morally repelled and even excluded, given the repressive CDA as well as the prohibition on MSM from donating blood or organs. Critics have asserted that it is of the utmost importance to acknowledge this in order not to be seduced into endorsing a simple story of steady linear progress (see e.g. Rydström 2004; Edenheim 2005). In her analysis of official government reports on homosexuality, intersexuality and transsexuality between the years 1934 and 2001, Sara Edenheim has graphically asserted the continuity of what, at first glance, seems a series of ruptures and radical changes. In fact, she stresses, rather than a radical change, there seems to have been a ‘change in the treatment of the deviant, without disturbing the actual relation between norm and deviance as such’ (Edenheim 2005: 202, emphasis in original, my translation).

**The Empirical Material**

Finally, before leaving this contextualizing part of the introduction, I will sum up with a more detailed account of the content of my empirical material.

\textsuperscript{62} In the empirical material studied in this dissertation, it is also quite common to find moral judgements about early sexual debuts among young women of working-class background, reflecting a similar attitude towards frequent sexual activity.

\textsuperscript{63} The law was in force from 1987 until 2004.
As seen above, a number of statutory bodies have been involved in the development of policy, and – with the exception of the material analysed in the first article\textsuperscript{64} – the chief part of my empirical material is gathered from them. Apart from the Swedish government itself and its National Commission on AIDS, these include the National Institute of Public Health (NIPH), the National Board of Health and Welfare (NBHW) and Swedish Institute for Infectious Disease Control (SMI), which replaced the National Bacteriological Laboratory (NBL) in 1993.\textsuperscript{65} The National Commission on AIDS, established in 1985, was discontinued in 1992, when its responsibilities were transferred to the then recently formed NIPH.\textsuperscript{66} In 2005 the Swedish government issued a National Strategy to Combat HIV/AIDS and Certain Other Communicable Diseases (Prop. 2005/06: 60). Part of this strategy was to coordinate national efforts more effectively, with the result that responsibility was transferred from the NIPH to the NBHW as of July 2006. The NBHW has a supervising role in health matters and shares with NBL/SMI the responsibility for prevention of communicable diseases. Both the NBHW and the SMI have thus also been key players in the policy development throughout.

In addition, material from some county councils has been included, primarily from Stockholm County AIDS programme (LAFA). LAFA’s programme is

\textsuperscript{64} As mentioned earlier, the first article is the odd one out in this dissertation. This article is based on two case studies. The first case study examines mainstream media debates on immigrant youth, gender and sexuality. The second is based on an earlier research project where young men and women of different ethnic backgrounds were interviewed on matters concerning safe sex and sexual relations. For a more detailed list of empirical material and discussion on the methodological issues raised by this article, see Bredström (2005).

\textsuperscript{65} In Sweden, high-level policies are enacted by the ministries, whereas more detailed planning and implementation of policy are the task of the different authorities (myndigheter) that come under each ministry. Since ministries are prohibited from making administrative decisions, these authorities are relatively independent (von Walden Laing 2002: 47). Most of the practical public health work is carried out by local authorities and county councils. As concern HIV/AIDS, the county medical officers (Smittsyddsläkarna) have played a particular important role.

\textsuperscript{66} In 2001, the NIPH was given a new, more clearly defined role in Sweden’s public health efforts. Simultaneously, the Swedish name was changed from ‘Folkhälsoinstitutet’ to ‘Statens folkhälsoinstitut’.
relatively extensive and focuses particularly on the targeting of migrants. As my interest lies in scrutinizing only the official Swedish HIV/AIDS policy discourse, I have generally not included materials produced by voluntary organizations. However, there are a few exceptions. Since some of the major NGOs, such as the Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights (RFSL) and the Swedish Association for Sexuality Education (RFSU), have occasionally cooperated with the authorities, some material comprises collaborative products of a statutory institution and an NGO. On those occasions, my guiding principle has been that the material in question should be co-produced and not only sponsored by the authorities in order for me to include it as part of my empirical material. I also sporadically refer to other non-statutory sources, for instance in order to provide examples of contrasting views or to show how similar arguments appear in different contexts. Sometimes this consists of a public statement by an important actor on the HIV/AIDS scene. On these occasions I have included material from daily and evening newspapers such as *Dagens Nyheter* and *Aftonbladet* and from other sources such as the medical journal *Läkartidningen*.

My material is limited to the extent that I focus mainly on the health sector. More specifically, I examine primarily public health and prevention policies and not, for instance, guiding principles for health care workers in their profession. The vast majority of the material also concerns sexual transmission. Thus, I have only to a lesser extent examined policies on other routes of transmission such as via blood or blood products, via needle exchange and from mother to child. It is also worth mentioning that the issue of HIV/AIDS goes well beyond the area of public health. Given how ‘the global’ constitutes a point of ever-increasing reference in almost all debates on AIDS today, the issue of HIV/AIDS is raised in a number of other policy fields as well, such as security policy, development assistance and migration policy. Thus, if I had examined these to the same extent, it is most likely that the link between migrants and HIV/AIDS would have been even stronger. However, these go beyond the scope of this dissertation, and I only occasionally include materials from these policy areas.
Finally, regarding the character of the empirical material under study, I have used a broad definition of policy that includes laws, government bills, documents outlining specific strategies and plans of action conducted by the different authorities mentioned above, as well as educational and information material that belongs more to the realm of implementation.67 Here, I have analysed printed as well as web-based materials.68 (For a detailed list of empirical material, see Appendix I.) I have examined in particular the periodical Hivaktuellt, where I have surveyed all the issues available. The periodical was launched in 1986 by the NBWH under the name Socialstyrelsen informerar om AIDS (The National Board of Health and Welfare informs about AIDS). In 1988 it changed its name to Hivaktuellt (News about HIV). Over the years, Hivaktuellt has been published by the National Commission on AIDS (1990–1992), the NIPH (1992–2006) and the NBWH (1988–1990; 2006–2007). The periodical contains in-depth stories on different aspects on the pandemic and related topics as well as more specific information, statistics and commentary from both medical and public health perspectives. Hivaktuellt’s aim is to inform and to disseminate knowledge about the situation of the HIV-infected and about the measures adopted by the authorities. The periodical was discontinued in the spring of 2007.

The empirical material under study is for the most part written in Swedish. On the few occasions when the original is written in English, this is stated.

67 Quantitatively speaking, the material shifts slightly during the (approximately) two decades under study. To a certain extent it mirrors how the first AIDS crisis was followed by a stabilizing period which, in turn, was succeeded by a radical fall-off of attention as a result of the development of effective ARTs in the mid-1990s. At the beginning, the National Commission on AIDS produced a vast number of leaflets, brochures, posters, periodicals and commissioned research reports on issues such as young people and unsafe sex or sex consumption. As the general crisis abated, the period of massive nationwide campaigns against AIDS in Sweden came to an end. However, a steady flow of policy material was still produced even after the Commission was discontinued. With the recent increase in STDs, and with the increasing attention drawn to migrants, tourists and the surrounding world, the trend has turned once again.

68 As the Internet has become a common meeting place for sexual partners as well as a place for sexual exploration, it has been identified as an important arena for the distribution of safer-sex information (SOU 2004: 13, p. 46).
Thus, unless otherwise stated, quotations from Swedish sources have been translated into English by me. The time period covered spans the beginning of the epidemic to the end of 2007.

In sum then, this part has provided a background and an empirical context for the subsequent articles by drawing together, in brief, the main components of the Swedish HIV/AIDS policy discourse, the historical policy development and the Swedish policy as seen in international comparison. In the next part I will show how I have approached the material, that is, I will present my theoretical and methodological tools.
Part 3 – Theoretical and Methodological Perspectives

So far I have described and discussed how the Swedish HIV/AIDS policy discourse focuses on different groups perceived to be especially at risk. I have also explained why this group approach constitutes a problematic enterprise, since it risks reproducing stereotypes of different groups, such as ‘men who have sex with men’, ‘injecting drug users’ and ‘immigrants’. In addition, I have indicated that since this discourse occurs at the level of official policy it forms part of a wider machinery that produces and reproduces power relations in Swedish society. In this third part of the introduction, these claims will be further clarified and substantiated through a presentation of my theoretical and methodological approach. I begin with what could be construed as this dissertation’s meta-theoretical perspective; that is, discourse theory and its social constructionist foundation. I illustrate the basic theoretical arguments by citing some empirical examples from the policy discourse. I also describe similar debates within feminist theory and discuss the understanding of social change from a constructionist vantage point. I go on to discuss the concepts of nation, ‘race’ and ethnicity and how these are to be understood within the meta-theoretical framework. Subsequently, I link my discussion to the ongoing debate (primarily within feminist theory) on ‘intersectionality’ – i.e. how to approach different power relations simultaneously – and explain how this concept is utilized in this dissertation. I end this part by describing how I have proceeded when analysing the empirical material, as well as pointing to some of the limitations of my analyses.

The Basics of Discourse Theory

The work here is inspired by post-structuralist discourse theory, as developed by Ernesto Laclau and Chantal Mouffe. In capturing the essence of Laclau and Mouffe’s approach, Louise Phillips and Marianne Winther Jørgensen (2002: 24) write:
The overall idea of discourse theory is that social phenomena are never finished or total. Meaning can never be ultimately fixed and this opens up the way for constant social struggles about definitions of society and identity, with resulting social effects. The discourse analyst’s task is to plot the course of these struggles to fix meanings at all levels of the social.

Laclau and Mouffe (1985) call themselves post-Marxists and develop Gramsci’s theory of hegemony into a theory that seeks to move away from economic determinism. They argue that there is no separation between base and superstructure, or between the discursive and the extra-discursive; rather, ‘every object is constituted as an object of discourse, insofar as no object is given outside every discursive condition of emergence’ (Laclau and Mouffe 1985: 107). On this view, then, discourses set the limits of what is ‘thinkable’ as well as ‘doable’ in the next historical moment; they direct both our attention and our actions. Following that, the ways in which the social sphere is represented should not pass as a mere reflection. Instead, representations are to be understood as constitutive of the social (see also Hall 1996; Phillips and Jørgensen 2002).

More specifically, the process of constructing meaning takes place through articulation. By articulation Laclau and Mouffe (1985: 105) mean ‘any practice establishing a relation among elements such that their identity is modified as a result of the articulatory practice’. The ‘structured totality’ that emerges from this ‘articulatory practice’ is what they call discourse (ibid.). In the HIV/AIDS policy discourse, for example, the conjoining of the element of migration, which became a standard procedure in the 1990s, needs to be seen as resulting from an articulatory practice which

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69 Laclau and Mouffe (1985: 108) stress that they understand discourses as material (i.e. it is not only the idea of a material object, for instance a table, that is an element in a discourse, but the table ‘as such’). They also repudiate a common misunderstanding, namely, that their approach would deny the existence of a ‘world external to thought’. What is denied, rather, is that anything could be made intelligible outside of, or prior to, discourse (ibid.; see also Hansen 2000: 17–18).
worked to modify both elements, linking them in the same *chain of equivalence.*

In such a policy discourse, AIDS establishes an ostensibly ‘natural’ link to migration. In order to secure this link, discourses operate by reducing the possible meanings that could be articulated (see also Phillips and Jørgensen 2002: 26–27). The ‘surplus’ meaning – i.e. the possibilities that are excluded – is what Laclau and Mouffe (1985: 111) call the *field of discursivity.* With the *field of discursivity* making up an inexhaustible deposit of alternative ‘meaning makings’, other discourses could thus construct other links to AIDS – for instance severing the ‘natural’ link between AIDS and migration – that challenge the conceptions affirmed within the official policy discourse. In turn, yet other discourses might support the official policy discourse on AIDS by extending its reach beyond public health, which, one could argue, is exactly what is currently taking place when migration policy at both national and supranational levels is being articulated as ‘naturally’ linked to questions of terrorism, crime and security (see Bredström 2006).

When discussing the *field of discursivity,* Laclau and Mouffe (1985: 111) emphasize that their ‘analysis meets up with a number of contemporary currents of thought which […] have insisted on the impossibility of fixing ultimate meanings’. Accordingly, they argue that there are no predetermined meanings to be revealed behind what we may think of as a disguised or distorted notion of reality. This includes the notion of identity. In their view, identities emerge as discursive subject positions, and they stress that ‘subjects cannot […] be the origin of social relations […] as all “experience” depends on precise discursive conditions of possibility’ (ibid. p. 115). Instead, identities are to be understood as effects or outcomes of discursively articulated subject positions.

In order to further clarify this rather abstract notion of identity, let me return to the HIV/AIDS policy discourse. When it comes to changing behaviours, information on routes of transmission and means of protection are, of course, essential. Yet a narrow focus on knowledge alone conveys a notion of society as made up by rationally risk-calculating individuals. That this is a chimera, at least at the aggregate level, has long been obvious to policy makers on HIV/AIDS (i.e. generally speaking, people in Sweden have adequate
knowledge, and generally this has not stopped them from practising unsafe sex [Herlitz 2004]). Even if the policy discourse to some extent relies on the idea that adequate knowledge will ‘make people act rationally’, the Swedish authorities also admitted early on, in the first policy documents, that knowledge and information were not enough. Instead, the authorities put forward the ‘KAB model’, which stands for Knowledge, Attitudes, and Behaviour.\textsuperscript{70} This model claimed that, although knowledge about, for instance, routes of transmission is important, attitudes are changed only by two-way communication. Moreover, in order to achieve behavioural changes, the receiver needs to fully incorporate the message with a positive attitude. Confidence and trust, the model suggested, will lead people to act in line with their knowledge: ‘If people in a critical situation are told what they ought to do by someone they trust, they will frequently act rationally’ (AIDS-delegationen 1986: 7, English in original). Correspondingly, lack of change in behaviour or attitudes was explained by reference to individual fears and blockages:

Probably one important reason for some people finding it so difficult to grasp the real state of things is that the subject is so emotionally charged. To assimilate information, one must to some extent examine one’s own feelings about sickness and death, the right to express love for people of the same sex and the urge towards abuse and destructiveness. This is a demanding process, and many people prefer to find scapegoats and turn a deaf ear. (AIDS-delegationen 1986: 13–14, English in original)

In a similar way, it was seen as important to avoid scaremongering propaganda and to combat discrimination, not only out of concern for those who suffered from the negative treatment, but also as necessary if people were to incorporate messages with a positive attitude. The KAB-model is central to the official strategy against AIDS, and has constituted the foundation of

\textsuperscript{70} This model can be compared with the ‘health belief model’ that ‘dominates ideas about risk perception in the fields of health promotion and health education’ (Lupton 1999: 21).
many projects over the years. The model is built upon a notion of how people receive knowledge that is to be found within cognitive social psychology. Phillips and Jørgensen (2002) point out that, traditionally, social psychology has been dominated by the idea that cognitive processes can explain social phenomena. Accordingly, mainstream social psychology has focused on how individuals think, interpret, react to, understand and thus, in short, how they mentally process the social world. Potentially, one could argue, this makes way for a social constructionist approach. Social psychological research on stereotypes, for instance, does indeed underline how routine categorizations are false or distorted interpretations of reality. Yet, focusing only on how the individual perceives reality, they fail to acknowledge that reality, too, is socially constructed (Wetherell and Potter 1992). By contrast, a social constructionist approach starts with the latter. As discourses cannot originate from sovereign individuals, ‘the speaking subject’ should rather be grasped ‘as constituted by discourse’ (Hansen 2000: 12). Instead of assuming that different social categories and identities – such as ‘the global’, ‘immigrants’ or ‘men who have sex with men’ – exist prior to discourse, this approach thus sets out to enquire when, why and how these social categories appear. Consequently, if discrimination in the policy discourse becomes reduced largely to a matter of individual prejudice and fear of what is perceived as ‘different’ or ‘unknown’, a social constructionist approach starts by enquiring into how the ‘different’ came to be perceived as ‘different’ in the first place.

Feminist Theory and Social Constructionism

It follows that a social constructionist perspective on gender and sexuality would imply that neither sexuality nor gender should be understood as some-

71 It should be noted, though, that recent policy documents sometimes refer to ‘norms’ and ‘values’ as standing in the way of practising safer sex. Yet the solutions to the problem are found at the level of individual psychology, as with the claim, for instance, that it is important to ‘find your inner compass’ and build up self-esteem to be able to resist negative norms (see e.g. Folkhälsoinstitutet 1997: 49–52).
thing constituted pre-discursively. The pivotal task would thus be to probe into when and how sexual and gendered boundaries are being constructed, reconstructed, employed and dispersed rather than to take them for granted. McLaughlin et al. (2006: 1) contend that social science long ignored gender and sexuality, leaving it to medical science, psychology and sexology to 'lay down the first arguments about the interrelationship [between gender and sexuality] and their influence on human character and social relations'. Part of the strong naturalization of gender and sexuality in most Western societies today derives from these disciplines. Sexology, for instance, conceived sexuality as something primarily biological and psychological, and was highly influential in constructing hegemonic perceptions of what constitutes 'normal' and 'abnormal' sexual and gendered feelings, desire and expressions (see Foucault 1980).

Challenging rigid sexual and gendered categories has, however, turned out to be a tricky endeavour. In fact, even those who acknowledge the social, economic and historical contingency of these categories have not always managed to break away from essentialist understandings. To a certain extent, this applies also to some strands of feminist theory.

Feminists have argued persistently that gender is an outcome of 'patriarchal' power relations in society and is thus socially constructed. However, as Holland et al. (1998: 20) note, these 'initial concepts of social construction were largely located within a “modern”, rational, scientific scheme of thought’. Thus, the goal came to be women’s empowerment, or the liberation of women, without necessarily challenging the very idea of two existing genders. In addition, the theorizations of sexuality within this paradigm have been accused of focusing only on ‘negative’ aspects, such as sexual violence, and, in a sense, of taking part in reproducing patriarchal apprehensions of a passive and victimized femininity.72 Feminists objecting to pornography and

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72 This critique concerns in particular so-called radical feminists. Presenting brief overviews of a complex and multifaceted history such as this is difficult indeed. Clare Hemmings (2005) has objected to the way feminists rewrite the history of feminist theory in a linear, evolutionary fashion. When criticizing the essentialist undertones of radical femi-
sex work have also been accused of joining unholy alliances with conservative forces, particularly in the US, and in the 1980s a heated debate among feminists on the political and cultural implications of such undertakings went under the name of the ‘sex wars’ (Duggan and Hunter 1995). AIDS was central to this battle, and feminists engaged in developing radical sexual politics feared a conservative backlash.

With the development of queer theory, feminist theory has undergone a self-examination involving both the underlying essentialist residues and the heteronormative assumptions that have taken men’s and women’s heterosexual identity for granted. One of the most influential contributions to this development was Judith Butler’s *Gender Trouble* (1990). Tiina Rosenberg (2002) singles out two distinctive features in Butler’s reasoning, namely, her genealogical approach and her notion of performativity. The first implies resisting the thought of finding any original or true sexuality/gender, but rather exploring the ways in which gender and sexuality become naturalized. This includes questioning the division between (biological) sex and (cultural) gender common to much feminist thinking. As Butler (1990: 6–7, emphasis in original) writes:

> Can we refer to a ‘given’ sex or a ‘given’ gender without first inquiring into how sex and/or gender is given, through what means? And what is ‘sex’ anyway? Is it natural, anatomical, chromosomal, or hormonal, and how is a feminist critic to assess the scientific discourses which purport to establish such ‘facts’ for us? […] If the immutable character of sex is contested, perhaps this construct called ‘sex’ is as culturally constructed as gender; indeed, perhaps it was always already gender, with the consequence that the distinction between sex and gender turns out to be no distinction at all. […] As a result, gender is not to culture as sex is to nature; gender is also the discursive/cultural means by which ‘sexed nature’ or ‘a natural sex’ is produced and established as ‘prediscursive’, prior to culture, a politically neutral surface *on which* culture acts.

nism it is thus important to remember the critical debate about essentialism within radical feminism itself (see e.g. Dworkin 1996 [1978]).
The idea of a sex–gender divide, in Butler’s view, also take part in the construction of women as by nature a unified category. In other words, it preserves a logic that states that there is something that unifies women beyond the social, political, economic and cultural divisions between women. One of Butler’s main points is to object to such foundationalism.

Her performative model of gender paves the way for a multiplicity of genders not confined to the categories of women and men. Basically, performativity means that gender is ‘always a doing, though not a doing by a subject who might be said to preexist the deed’ (Butler 1990: 25.) Like Laclau and Mouffe, then, Butler emphasizes that identity does not exist prior to discourse, but is rather to be seen as ‘the after-effect of repeated signifying practices’ (Martin’s interpretation of Butler 1992: 102).73

**Hegemony and Power**

Insofar as all subjects are produced within discourses they also need to be approached as historically specific and thus subject to change. As such, articulation is to be seen as a contingent practice, that is, its outcome is not predetermined. However, in responding to critics who have argued that Judith Butler’s celebration of differences translates into a voluntaristic notion of gender and sexual identity, Anna Marie Smith (1993: 229) argues that ‘it is important to distinguish between the accidental and the contingent’; ‘contingency […] does not mean that “anything goes”’. On the contrary, ‘performative practices [occur] within the context of asymmetrical power relations’ (ibid.). Translated into Laclau and Mouffe’s discourse theory, the asymmetri-

73 In conformity with Laclau and Mouffe (see footnote 69), Butler (2004: 198) insists on the material character of discourse. ‘In my view, performativity is not just about speech acts. It is also about bodily acts.’ Nevertheless, Butler admits that she is ‘not a very good materialist’: ‘Every time I try to write about the body, the writing ends up being about language’ (ibid.). Others have stressed the importance of paying more attention to interpretations of bodily processes without losing sight of the fact that the body is not something predetermined but always subjected to signification by social and cultural processes (see e.g. Esseveld 1997; 2004).
cal power relations are partly produced through hegemonic interventions whereby certain discourses struggle to gain precedence over others. As mentioned earlier, the articulatory process whereby meaning is temporarily fixated is an ongoing process, and there are always conflicting or antagonistic discourses in motion. Such reasoning implies a Foucauldian notion of power where power is ‘that which produces the social’ (Phillips and Jørgensen 2002: 37). It also means that ‘politics is not a power struggle between natural subjects, it is a struggle around the very process of constructing and contesting identity’ (Smith 1993: 228). In order to make a particular discourse appear as the ‘evident truth’, as the only way of understanding a particular social phenomenon, other alternative interpretations need to be suppressed. It is this process of acquiring ‘unambiguity’—of holding other options back—that is called ‘hegemonic interventions’ (Phillips and Jørgensen 2002: 48). If a particular discourse succeeds, if it is simply ‘taken for granted’, it can be said to have attained an ‘ideological’ or ‘objective’ status in Laclau and Mouffe’s terminology (ibid. p. 38).

In accordance with this, unequal social relations are both reproduced and challenged through discursive articulations. In other words, discourse theory views categories and identities (individual as well as collective) as socially constructed and thereby subject to change. However, such change is neither random nor readily brought about; it is, rather, contingent on the relative strengths between forces struggling to obtain the power to represent social relations and phenomena in ways that agree with their respective political preferences. In Butler’s theory, the logic of two distinct sexes and genders is naturalized by a hegemonic understanding of heterosexuality. She conceptualizes this logic in her *heterosexual matrix*:

I use the term *heterosexual matrix* […] to designate that grid of cultural intelligibility through which bodies, genders, and desires are naturalized. I am drawing from Monique Wittig’s notion of the ‘heterosexual contract’ and, to a lesser extent, on Adrianne Rich’s notion of ‘compulsory heterosexuality’ to characterize a hegemonic discursive/epistemic model
of gender intelligibility that assumes that for bodies to cohere and make sense there must be a stable sex expressed through a stable gender (masculine expresses male, feminine expresses female) that is oppositionally and hierarchically defined through the compulsory practice of heterosexuality. (Butler 1990: 151, note 6, emphasis in original)

Butler’s conjoining of gender and heterosexuality could be conceived of as resulting from an ‘intersectional’ approach.74 Similarly, Laclau and Mouffe’s de-centering of class in their analysis makes it ‘possible to argue that class may be lived in terms of race in some contexts or in terms of sexuality in others’ (Smith 1993: 223). I will return to this discussion below. First, however, I discuss in more detail how we may understand the concepts of nation, ‘race’ and ethnicity within this framework.

‘Race’, Ethnicity and Nation from a Social Constructionist Perspective

As with studies of gender and sexuality, scholarly work on ethnicity, ‘race’, nationalism and related topics is widely interdisciplinary and covers a broad field of research. Parts of this research remain caught within nationalism’s and racism’s own parameters and thus reproduce an understanding of races, ethnic groups or nations as primordial entities, and not as contingent upon specific social, political and historical contexts. Much other work, however, points in the opposite direction. Benedict Anderson (1983), for instance, sees the nation as a specific modern construct that was made possible by the development of print capitalism. His notion of nations as ‘imagined communities’ has been very influential and has been broadly dispersed among scholars attempting to understand the social construction of national, ethnic and

74 Butler’s model has come in for some criticism. One important objection has been that queer theory runs the risk of presenting itself as a-historical and universal (Holden 2003). Consequently, queer theoretical works have been criticized for normalizing a white middle-class identity as well as reproducing late-capitalist ideology (see e.g. Samuels 1999; Morton 2001).
racial group formation (see e.g. Anthias and Yuval Davis 1992). Many scholars also highlight the ongoing process of becoming rather than being by using concepts such as racialization (Miles 1989). Similarly, it has been stressed that ethnicity is a relational concept, ‘an aspect of a relationship, not a property of a group’ (Hylland Eriksen 1993: 12 [drawing on the work of Fredrik Barth]). However, one part of this relationship often remains ‘unmarked’. Hence, much less attention has been given to the interrogation of whiteness or, let’s say, Swedishness as making up an ethnic or racial identity than to the ethnicity of ethnic minorities, migrants or black people.

Although only a small portion of these studies that accentuate the historical specificity of ethnicities, races and nations has any explicit link to Laclau and Mouffe’s discourse-theoretical framework, the framework itself has proved highly suitable for studying these phenomena. The approach is useful, for instance, in order to ‘highlight different articulations of the national identifier, the incorporation or repudiation of the “Other” using ethnic markers and the relative success of competing national constructs in becoming hegemonic’ (Sutherland 2005: 199). This implies a view where culture, religion, tradition, history, place etc. are not seen as given, but discursively articulated in order to create, reinforce and induce a sense of belonging to a particular community (Cockburn 1998: 10). Thus, the task for research is not to explore, define, describe or in any other way ‘map out’ the allegedly proper characteristics or behaviours of a particular ethnic, racial or national group. Rather, it is the opposite: to examine how racial, national and ethnic groups and identities are being constructed and reconstructed through hegemonic interventions in a particular historical moment.

An important implication of this theoretical perspective is that it acknowledges the similarities of racial, ethnic and national group-making – in essence, all of these amount to ‘imaginary communities’. This is not to say that one cannot distinguish between ethnic, national and racial group-making. Instead, it is to emphasize that they share the same basis: that is, they function as means of producing boundaries by which some are included while others are not. It is also a way of stressing that, although elaborating on their differ-
ences might be fruitful in some cases, the divisions also sometimes end up concealing their intimate connections. According to Maxim Silverman (1993: 7, emphasis in original),

Discussion of the concept of ‘race’ has traditionally focused on the way it has used a biological discourse to distinguish between ‘different’ populations. On the other hand, discussion of the modern concept of ‘nation’ has traditionally focused on the way it has used a cultural discourse to distinguish between ‘different’ national communities. Hence a dichotomy has been constructed between concepts of ‘race’ and ‘nation’ and, correspondingly, between biological and cultural characteristics. This has also led to the firm distinction, by some theorists, between concepts of racism and nationalism […].

In a similar fashion, Swedish scholars have demonstrated how the conceptualization of ‘Swedes’ and ‘immigrants’ in modern-day Swedish society as primarily national and ethnic constructs has worked to conceal the ‘central role’ that racism plays in these constructions (Mulinari and Sandell 2007: 327). In line with this view I will, for the most part, make use of the concept of (cultural) racism rather than nationalism in my analyses of how ‘race’ and ethnicity are articulated in the Swedish HIV/AIDS policy discourse. Using the concept of ‘race’ in a context where it is not commonly used entails a succession of potential pitfalls. Gudrun-Axeli Knapp (2005) discusses, for instance, how ‘race’ has a different symbolic meaning in Germany to that in the US where it can serve as the basis for a positive political identity as well as a critique of a racialized society. She argues that the German word *Rasse* is too intimately related to National Socialism and its ideas of racial biological differences for it to be appropriated in analyses of contemporary society. Yet Knapp also points out how this has been an obstacle to a critical debate on the colonial history of Germany and its impact on the current situation of migrants living in Germany. For comparison, she cites the UK, where both colonialism and ‘race relations’ have been strongly debated for many years. In
a similar way, I find it beneficial to speak in terms of racism for understanding the racialization of Swedish society. Thus, I believe it is important to liberate the concept of ‘race’ from its customary connotation of ‘white’ and ‘black’ bodies and the racial biology of the past. Such an undertaking both reveals how racism changes face and constituents depending on its historical and geographical location (Goldberg 1993), and helps us to capture its present manifestation.

Racism in the Swedish HIV/AIDS Policy Discourse

Without pre-empting the analyses in my subsequent articles, I would like to comment briefly on the manifestations of racism in the HIV/AIDS policy discourse under study. As has already been noted, the term ‘immigrants’ serves as an all-encompassing category that emerges as the ‘other’ in relation to Swedes.75 Thus, statements such as ‘Many immigrants do not differentiate between HIV and AIDS […]. They have a completely different view on disease, marriage and sexuality’ (Holmberg 1990: 3–4) are commonplace in the policy discourse. For the most part, however, this discourse does not centre on phenotypes or biological differences; instead, immigrants are depicted as ‘culturally’ different. In my analyses, I have therefore made use of the concept of cultural racism. In short, cultural racism means a process of racialization through the application of notions of immutable cultural differences – i.e. it represents cultures as fixed products rather than dynamic processes. Scholars who make use of this concept often proceed precisely from the difficulty of grasping current trends of racism. J. M. Blaut (1992: 289), for instance, poses the question of why, paradoxically, ‘[n]owadays we seem to have a lot of racism but very few racists’. Answering such questions, it is often suggested that one difficulty is that both racism and ‘race’ are strongly connected to the past (or to fringe groups of today [e.g. neo-Nazis]), and mainly to the scientific racial biology of the 19th and early 20th centuries. In

75 Given the strong link to migrants, Liz Fekete (2001) calls the present racism ‘xenoracism’. 
addition, Etienne Balibar (1991) explains, the current trend of racism initially appeared as a challenge to the racial biological paradigm, that is, it presented itself as anti-racism. The notion of culture, in this context, was introduced by intellectuals, progressives and academics\(^\text{76}\) who questioned the idea of racial biological differences and proposed that cultures were indeed distinctly different from each other but 'equally human'. In this theory, xenophobia became naturalized: it was seen as unavoidable if these (natural) cultural borders were challenged by, for instance, too large a presence of ‘others’. Cultural racism (or ‘differentialist racism’), Balibar argues, agrees on both these presumptions; and he concludes that ‘we now move from the theory of races or the struggle between the races in human history […] to a theory of “race relations” within society, which naturalizes not racial belonging but racist conduct’ (Balibar 1991: 22, emphasis in original).

As a way of marking the break from past racism, this cultural racism is sometimes labelled ‘new racism’. Mark Duffield, for instance, writes that within the discourse of ‘new racism’ ‘[i]t is held to be human nature to form groups based on similarity which then set themselves apart from other groups perceived as different. The cement which binds a group together is its shared way of life: its culture’ (Duffield 1984: 29). However, as Silverman (1993: 8) points out, the usage of ‘the term “new racism” to define contemporary expressions of racism based on cultural absolutism rather than biological hierarchy might be misleading […] since cultural definitions of the nation have for long had the potential to act in this way’. Thus it is important to note that there might simultaneously exist several discourses on racism. Indeed, I would argue that this is the case in the policy discourse that I scrutinize in this study. For instance, in addition to culture, tradition and religion (primarily Islam) are articulated in more or less the same manner. An article in *Hivaktuellt* on HIV/AIDS information to asylum seekers illustrates this:

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\(^\text{76}\) Both Balibar (1991) and Blaut (1992) adjudge intellectuals’ and academics’ roles in producing and reproducing both racist and anti-racist discourses to be pivotal.
When they visit families from certain African countries, she also talks about the Swedish position on gender mutilation.

– I usually mention that it doesn’t say in the Koran that women should be mutilated. Moreover, I tell them that it is illegal in Sweden and that we are not culture-tolerant when it comes to gender mutilation.

– Preferable, I would like to do a second visit because this is such a difficult subject… This tradition is not anything you can change over night. (Nyquist 1995: 19)

Similarly, the designation ‘immigrants’ is sometimes used interchangeably with terms such as ‘Muslims’, ‘Arabs’, ‘Kurds’ and so on.

Moreover, it is also striking to see that phenotypes and racial biological thinking sometimes permeate also the culturally racist discourse (see also Modood 2001), not necessarily as ‘explanations’ of behaviour but as demarcations of ‘difference’, as in statements such as this:

‘if is wasn’t for their dark hair and all the different languages heard all over the place, it could, at the first glance, have been any Swedish school.’ (Nyquist in Hiraktuell 1996: 20)

Racial biological thinking is also present in medical HIV/AIDS discourse. One illuminating example was when a medical study of HIV vaccine was captured in Dagens Nyheter under the headline ‘HIV vaccine only protects black people’ (Bojs 2003). In the subsequent article, the author stressed that the result could be explained by ‘genetic differences between different people’. Not only is it stunning that such research seemingly escapes critical discussion, given how the paradigm of racial biology is seen as belonging to the past; it also evinces the intimate link between popular constructions of genetics and racial biological differences (Åsberg 2005) as well as between the concepts of ‘race’ and people. In light of these examples, it might be more appropriate to think of racialization as a ‘process by which social rela-
tions are conceived as structured according to common biological and/or cultural absolutist characteristics’ (Silverman 1993: 8, my emphasis).

The Concept of Intersectionality

In addition to scrutinizing racialized notions, this dissertation also pays attention to how ‘race’ and ethnicity intersect with gender and sexuality. ‘Intersectionality’ has gained the status of a ‘cutting edge’ theory (Young and Meyer 2005: 1145) in the international feminist debate. Lately, the concept has also ‘arrived’ in Sweden (de los Reyes et al. 2002; Lykke 2003). Coined by Kimberlé Crenshaw in 1989 (Crenshaw 1989; 1994), the concept uses the metaphor of a traffic intersection/junction to illustrate how several axes of domination intersect and impinge upon each other. Dealing with differences among women is, as Nina Lykke (2003; 2005) clarifies, by no means new to feminist theorizing. Rather, theorizing intersections between, for instance, class and gender dates back to the first wave of feminism and the political struggle of socialist feminists. However, with post-structuralism and the ‘linguistic turn’, the notion of ‘difference’ reached a new level of importance in social science and so also in feminist theory (Maynard 1994). In addition, Black and postcolonial feminism77 moved from ‘margin to centre’ (hooks 1984; Afshar and Maynard 2000) with its critique of white Western feminism’s inability to deal with issues of ‘race’, ethnicity and racism in particular, and power-related differences in general, and thus challenged the notion of a unified womanhood and feminist movement. It is no coincidence, therefore, that the debate on intersectionality and other concepts with similar import (with a view to grasping the interrelatedness between different axes of domination), appears at this point in time.

77 Speaking with Kum-Kum Bhavnani (1993), Black and postcolonial feminism have shown how – by ‘erasing’, ‘denying’, ‘tokenizing’ and making non-white women’s experiences ‘invisible’ – white Western feminism has acted in a similar fashion concerning non-white women as general social science has concerning ‘women’.
Discussing the pros and cons of the concept itself, Lykke (2007: 132) suggests that intersectionality could work as an important ‘nodal point’ around which debates on how to theorize differences could emerge. By reviewing some of the contributions to this debate, I will bring up a few, interrelated, problems that are frequently cited and that illustrate the difficulties of an intersectional approach. I will end with a discussion on how I use the concept in the subsequent articles.

One of the central points that feminist scholars engaged in the debate generally agree on is that intersectionality poses a challenge to an additive approach to difference. That is, instead of treating ‘race’, class, gender, sexuality etc. as separable and, thereby, as additable (i.e. black lesbian working class women are being subjected to quadruple oppressions, as women, as blacks, as lesbians and as working class), intersectionality focuses on how different axes of domination are ‘mutually constitutive’ of each other (see Collins 1998). De los Reyes and Mulinari (2005: 24, my translation) stress that it is a question of a ‘simultaneous effect’ and that any isolation of one presupposes neutrality in relation to the other. For instance, an attempt to analyse ‘race’ as separate from gender presupposes that ‘race’ is a gender-neutral concept.

However, escaping an additive approach has turned out to be easier said than done. In her first contribution to the debate in Sweden, Lykke (2003: 53, my translation) raises the question of how to deal with what could be an indefinite number of axes of domination simultaneously, which seemingly is an impossible task to accomplish. In outlining her ‘principles for a feminist intersectional analysis’ she therefore states that it is important to acknowledge that ‘an intersectional analysis is always based on choosing some axis of domination over others’, and that gender researchers are more qualified to analyse the gendered axis of domination. However, Lykke continues, this

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78 The concept has also made its way into international human rights policies as both the UN and different NGOs have sought to meet the challenge of dealing with multiple discriminatory structures simultaneously. However, in these settings different structures are not necessarily understood as mutually constitutive. Instead these policies often seem to aspire to a more additive approach (Yuval Davis 2006: 193–194).
does not imply that gender necessarily should be prioritized: for an intersectional analysis it is always necessary to argue for and against which axis of domination to include as well as their relative weights. She also highlights the fact that an intersectional analysis always must reflect upon what choices are being made and try out different perspectives in order to continuously problematize the field. Nonetheless, as a final principle she stresses the importance of maintaining a focus on gender in a society where gender power is ubiquitous. In a critical comment on Lykke’s article, Maria Carbin and Sofie Thornhill (2003) ask how it is possible to ‘subtract’ certain axes of domination in a ‘non-additive approach’. That is, how is it possible to single out any axis of domination if they are all interrelated? Carbin and Thornhill (2003: 112, my translation, emphasis in original) take the problem one step further and question the metaphor of an intersection, since an intersection makes it seem that ‘these roads, or structures, are constructed independently from each other up until the intersection itself’ and that one ‘could choose which road to travel’. In response, Lykke (2005: 8) suggests that her definition of intersectionality should be revised in line with Karen Barad’s concept of ‘intra-action’. If inter-action signals relations between well defined entities, intra-action, Lykke emphasizes, ‘has to do with a reciprocal action between non-defined phenomena that penetrate each other and that transform each other during the interplay’ (ibid.). Thus, intra-action responds more properly to the imperative of understanding how ‘race’, gender, class, sexuality etc. are ‘mutually constitutive’.

Further Difficulties with Intersectionality

Although this notion that something is always transformed by the same structure that it is separate from may seem rather unclear, it is difficult to find a more suitable model of thinking. The risk is that one otherwise becomes trapped in the opposite corner, where the different systems of oppression become reduced to one primary source or axis. Indeed, during the early second wave feminisms one important argument for analysing gender as separate from
class, for instance, was the impossibility of capturing gender inequality within a Marxist framework only. In the debate on intersectionality, some scholars pose similar arguments against what they perceive as a tendency to conflate the different axes of domination as if each did not have its own specific history. Nira Yuval Davis (2006: 200–201), for instance, claims that it is important to remember ‘the ontological basis of each of these divisions’:

[C]lass divisions are grounded in relation to the economic processes of production and consumption; gender should be understood not as a ‘real’ social difference between men and women, but as a mode of discourse that relates to groups of subjects whose social roles are defined by their sexual/biological difference while sexuality is yet another related discourse, relating to the constructions of the body, sexual pleasure and sexual intercourse. Ethnic and racial divisions relate to discourses of collectivities constructed around exclusionary/inclusionary boundaries […] that divide people into ‘us’ and ‘them’.

However, this argument seems to me rather drastic and problematic. For instance, if we accept Butler’s (1990) understanding of heterosexuality as integral to the construction of two different genders that desire each other, how then are we to exclude gender from the discourse of sexual pleasure? In fact, such a move may bring us back to square one, where it becomes urgent to stress the simple fact that gender has everything to do with economic processes of production, as have sexuality, ethnicity and ‘race’. (Indeed, Yuval Davis’s argument seems strange given that she has long emphasized precisely these intersections.)

Instead of struggling to separate the seemingly inseparable, some scholars suggest that the solution lies in being historically specific in defining the...

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79 Similar arguments have also been made against not viewing sexuality as a separate field of analysis. See e.g. the discussion between Judith Butler and Gayle Rubin in Butler (2000).
80 Yuval Davis (2006: 201) adds ‘ability’ and ‘age’ as two further structuring components.
81 See also de los Reyes and Mulinari (2005: 49–51).
structures that are relevant at this or that particular moment, and how they, at a specific point in time, interrelate with each other. To cite Yuval Davis (2006: 203) again:

[I]n specific historical situations and in relation to specific people there are some social divisions that are more important than others in constructing specific positionings. At the same time, there are some social divisions such as gender, stage in the life cycle, ethnicity and class, that tend to shape most people’s lives in most social locations, while other social divisions such as those relating to membership in particular castes or status as indigenous or refugee people tend to affect fewer people globally. At the same time, for those who are affected by these and other social divisions not mentioned here, such social divisions are crucial and necessitate struggle to render them visible. This is, therefore, a case where recognition – of social power axes, not of social identities – is of crucial political importance.

Emphasizing certain social divisions as more relevant at a particular point in time and place might be a useful way of dealing with the impossibility of accounting for everything. Yet such an approach runs the risk of focusing on one side only and making invisible what is disguised as the normal living condition. Take refugee status, for instance. Arguing, as Yuval Davis does, that refugee status ‘affect[s] fewer people globally’ clearly disguises how citizenship today plays a crucial role for everybody, not just for those who lack access to it. Hence, even if singling out some axes as more relevant in a particular location and moment, or for a specific research question, seems to be the most pertinent way of solving the inherent problems described above, it still leaves us with the predicament of defining what is most relevant, and to whom. As such, formulating intersectionality as an imperative, as something that forces us to see or as a ‘concise shorthand’ concept for acknowledging differences seems to me to continue to be an important starting point (Phoenix and Pattynama 2006: 187, see also Lykke 2003: 53).
Intersectionality as a Critical Tool

Given this complexity, I will now turn to how I have used the concept in my analyses. Another convoluted matter that can be deduced from the debates referred to above is what an intersectional approach means in terms of tackling conflicting positions among feminists. Lykke (2005: 15, my translation) writes, with reference to Yuval Davis (1997), that the concept of intersectionality is

very well suited [...] for establishing a transversal feminist politics – that is to say, a politics that is built on acknowledging that differences (including power-related differences) exist and that these are analysed in a respectful way.

Even if this constitutes a generous approach, it is bound to run into difficulties since not all conflicting positions could be solved by admitting and acknowledging each other’s existence. Indeed, power-related differences are often mutually exclusive and always mutually conflicting. In more concrete terms, when one influential brand of feminism understands gendered or sexual violence among migrants as (primarily) an outcome of culturally determined patriarchal relations among migrants, the same understanding might be seen as racist from another point of view. This is particularly true when feminist arguments are being appropriated in racist discourses, which is, I would say, often the case in current public debates on migrant integration in Sweden, where alleged commitments to gender equality frequently serve to differentiate Swedes from non-Swedes.

Feminists have not always

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82 This, of course, ties in with how gendered and sexualized metaphors are being exploited in foreign policy, in particular during wars. Drawing on Nira Yuval Davis, Maud Eduards (2002: 26) points to how Afghani women are being used as a means to denigrate the ‘other’ men; i.e. by depicting them as patriarchal, cruel and uncivilized. This was an enterprise that subsequently served to justify the bombing of Afghani women into equality; that is, leaving them at the mercy of warlords deemed suitable to the interests of Western powers. Another area that deserves more attention, and in which this problematic has increasingly come to leave its mark, is immigration and asylum policy. Just as feminist rhetoric has been appropriated to drum up support for harsher border controls
resisted such tendencies. Rather, as de los Reyes and Mulini (2005) have shown, hegemonic Swedish feminism has also played a role in maintaining other, above all ethnic and racial, differences in the Swedish society.

Such an approach implies a focus not mainly on the intersections between different axes of domination, but on how they also work to sustain each other. As such, class relations could be articulated in racialized terms, or ethnicity could work to subsume class conflicts. This is also the main way intersectionality is utilized in this dissertation. That is to say, I mainly use intersectionality as a critical tool to expose how discursive constructions of ‘race’ and ethnicity operate through notions of gender and sexuality in the policy material under study. My approach is thus strongly influenced by postcolonial and Black feminism. In this tradition, desire holds an equally central position as in the queer theoretical argument outlined above. With reference to Drucilla Cornell, Wron Ware (1997) argues, for instance, that ‘the matrix of desire’ is what gives the construction of ‘blackness’ and ‘whiteness’ meaning. This also corresponds to what Paul Gilroy (1993a) has pointed out: that by being discursively constructed as ‘natural’, gender and sexuality work to ‘naturalize’ ethnic or racialized boundaries. Likewise, a discussion on the interrelationship between nationalism and masculinity leads Joane Nagel (1998) to conclude that the struggle to define masculinity plays a central role in sustaining and reproducing different nationalist agendas (see also Edley and Wetherell 1996).

Racialization by means of gender and sexuality has a long history. Scholars have shown the existence of similar patterns in several different historical and geographical contexts. When, for instance, Sander Gilman (1992b) examines how white and black women are represented in Western art and Western medicine in the nineteenth century, he demonstrates how gender and sexuality were crucial in the construction of racial differences. The Black woman (the Hottentot woman in particular) was, for instance, subjected to a thorough scrutiny by the early sexologists. She was seen as monstrous, ape-

for the supposed purpose of preventing trafficking (Fleischer 2003), we can also see, for instance, the notion of ‘forced child marriages’ used as a pretext for a more restrictive policy on family reunion (for an example, see Rothenborg and Opitz 2002).
like and associated with debauched sexuality. Moreover, her sexual parts – the form and size of her buttock and the look of her genitals – literally came to symbolize her degeneration and primitive nature. Her ‘difference’ was taken as proof of racial subordination. She also came to serve as a model for both lesbianism and white prostitutes. For instance, in one of the major late-nineteenth century studies on prostitution, the female prostitute is explicitly compared, and similarities emphasized, with the Hottentot woman. When Gilman (1992b: 189) cites the frequent accounts in the literature of sexual liaisons between black people and monkeys, and when he describes how syphilis was long associated with African leprosy, it is hard not to make connections with our present times. As mentioned earlier, in hegemonic AIDS discourse the story of the Monkey in Africa as the original carrier of the HIV virus is frequently referred to in both popular and scientific accounts. In addition, numerous myths circulate about sexual practices among the people of the sub-Saharan countries, and, as with the Monkey theory, they are often put forward as ‘scientific facts’. Thus it seems likely, as Ware (1997: 138) writes, that ‘[d]espite the multiplicity and instability of meanings attached to “race” and gender, the white supremacist imagination is still capable of a very limited repertoire’. Yet this does not mean that they necessarily are permanent or universal. Following the social constructionist approach to its conclusion means that both categories and their intersections can be constituted differently and thus be radically altered.

Mode of Procedure

In their interpretation of the work of Laclau and Mouffe, Phillips and Jørgensen (2002: 48) stress that, if ‘hegemony is the contingent articulation of elements in an undecidable terrain’, then Jacques Derrida’s concept of deconstruction functions as ‘the operation that shows that a hegemonic intervention is contingent – that the elements could have been combined differently’. On this view, I have inquired into the articulatory practices carried out within the Swedish HIV/AIDS policy discourse; how they appear and how they are
configured; the types of consequences or implications that various articulatory practices may give rise to; and how the articulatory practices have changed over time. In particular, I have scrutinized the articulations in the policy discourse concerning *immigrants* and therewith related matters and phenomena. This implies that I have done a close reading of the material, focusing on recurrent statements and articulations in order to map out general patterns of how immigrants are represented in the material. Thus, I have scrutinized the meanings assigned to the term *immigrants*, how immigrants as a group are represented and in what ways these understandings affect how immigrants are targeted by the authorities.

If this covers my general approach, I have also looked more closely at when and how immigrants are linked to an understanding of risk and safety in sexual relations and, more generally, how ‘race’ and ethnicity interact with gender and sexuality in the policy discourse. My analysis is not limited to those occasions where immigrants as a category are explicitly defined by the authorities. Rather, I point to how meanings are sometimes attached ‘by default’ and revealed, for instance, via notions of who the intended reader is (see Wilton 1997: 103). Policy deliberations on migration in general, including matters of ethnicity and ‘race’, also appear in other discussions such as those revolving around ‘the global situation’ and in policy perceptions of how to tackle racism and discrimination. In addition, my approach implies a scrutiny of how Swedish identity – indirectly or directly – is articulated and represented.

Although the main focus has been on text, as in policy documents and information material, I have also occasionally included interpretations of pictures in my analysis. However, these I have also interpreted mainly as ‘texts’; that is, I have made an interpretation based on what the given picture represents in relation to the policy discourse, rather than analysed it in relation to, for instance, its composition or any visual specificity. I have also specified my interpretation so as to enable the reader to question it or suggest other, alternative interpretations. I would also like to stress that I have given approximately the same ‘weight’ to all kinds of materials (specified in Part 2 of this introduction). However, there are sometimes differences in representation,
depending on where it occurs. For instance, an editorial often differs from a report in a periodical, which, in turn differs from government bills or materials designed to be used in sex education. In my analyses, I specify the kind of material a particular quotation is taken from or what kind of text it is. I specifically indicate whether the text is part of a heading or a caption, as these emphasize ‘one out of the many possible meanings’ and ‘anchors it with words’ (Hall 1997: 228, with reference to Barthes, emphasis in original).

As my main focus lies in the construction of racialized, gendered and sexualized meanings, my study is silent about both the effectiveness and the reception of the empirical material studied. It is neither a study of policy making – in the sense of focusing on the policy process as such or the interplay between the different actors involved – nor a study of the social history of any given group. Moreover, scrutinizing epidemiologically based categories as I have done by no means implies that epidemiology in and of itself is bereft of insights relevant for this study. That is to say, a critical analysis of the discursive effects of how women have become the new ‘face of AIDS’ does not automatically mean denying that women get infected to a greater extent today. Neither should it be taken to deny the important role feminists have played in contributing to the increasing availability of proper health care which has followed this increasing visibility (see also Dworkin 2005).

Finally, it should be mentioned that the form of this study, built as it is around five separate articles, has certain limitations. Indeed, in a monograph I would have been able to devote far more space to both empirical descriptions and analyses. With the limited space that a journal article provides, contradictions and counter discourses sometimes have had to give way to the dominant representation. With this in mind, I now turn to the fourth and final part of this introduction, where I summarize and discuss the dissertation’s main findings.
Part 4 – Summary and Discussion of the Articles

Cultural Racism and Gender

The first article in this study is entitled ‘Gendered Racism and the Production of Cultural Difference: Media Representations and Identity Work Among “Immigrant Youth” in Contemporary Sweden’. By and large, this article briefly summarizes a previous research project of mine (Bredström 2005). The project examined experiences of and attitudes towards safer sex practices among young people from different ethnic backgrounds. A major part of the project came to focus on the important role played by racialized perceptions of immigrant youth in Swedish society and the impact of these perceptions on the daily lives of the young men and women that participated in the study.83 As part of the study I consequently analysed contemporary representations of ‘immigrant youth’ in the public debate, mainly in mainstream media between 2000 and late 2002. The chief part of the article is devoted to an analysis of these media debates (see also Bredström 2002), and the article only briefly touches upon the impact of these debates on the young men and women that took part in the project. Thus, although the article does not analyse the HIV/AIDS policy discourse per se, its research questions still fit very well into the overall framework of this study, scrutinizing as they do discursive articulations of ‘race’ and ethnicity and how these intersect with gender and sexuality.

83 The major reason for my approach was simple. During my field study, several major and loud debates concerning ‘immigrants’ in general and ‘immigrant youth’ in particular dominated the mainstream media and were therefore strongly present in the interviews that I conducted. In fact, while doing research in the suburban areas where the young men and women lived I was often mistaken for a journalist looking for a scoop. Needless to say, this project came to involve a number of ethical issues. One way for me to deal with the situation was to include in my study a critical examination of the media debates. The project was commissioned and financed by the Swedish National Institute of Public Health. See Bredström (2005) for a full report on the findings of this study, including a comprehensive discussion on the methodology used in the field study.
For the most part the media debates under scrutiny had a narrow, problem-oriented focus with regard to, for instance, rape, ‘forced marriage’ and ‘honour-related violence’, which were often depicted as expressions of a certain culture, religion, ethnic group or nationality. The article thus shows how static notions of cultural differences between Swedes and immigrants were strongly present as they formed the basis of much of the debate. Concepts of cultural racism and ‘ethnic absolutism’ (Gilroy 1993b) were thus employed in my analysis of the debate. The article pays particular attention to the debate’s gendered manifestations and discusses how different feminist voices and positions manoeuvred in the debate. Drawing from postcolonial feminism (e.g. Mohanty 1991; Narayan 2000) I argue that it is important not to be lured into the fallacy of interpreting the debate above all as an expression of a feminist imperative to fight ‘patriarchal’ structures and ‘gendered violence’ among migrants, but instead to see how the debate worked to conceal sexist structures among ‘Swedes’ as well as to fortify racialized boundaries between Swedes and immigrants.

My interviews revealed the limited positive effects that these discourses have had on the everyday life on the young men and women that took part in the study. Instead, the problem of racialized notions of Swedishness and immigranthood appeared in practically every discussion – from desire and attraction to sexual risk and safety. The study also revealed that the gendered character of the debate affected the young men and women’s conceptions of what constitute proper heterosexual masculinity and femininity. It also left the young women in particular caught between the ‘racism of the dominant society and the sexist expectation’ of their ‘own community’ (Espin 1996: 92). Moreover, the study displayed how the young men and women lived a truly ‘multicultural’ everyday life with hybrid and highly fluid identities. In sum, the study showed how the young men and women’s ethnic identities were being negotiated and reconstructed in a racialized Swedish context, effectively invalidating the prevalent yet simplistic tendency to reduce them to an alleged ‘cultural background’.
Conceptions of Difference in Feminist HIV/AIDS research

The aim of the second article, entitled ‘Intersectionality: A Challenge for Feminist HIV/AIDS Research?’, is to engage critically with feminist HIV/AIDS research by applying an intersectional perspective, focusing in particular on the work of Tamsin Wilton (1997) and Janet Holland et al. (1998). As was mentioned in the first part of this introduction, feminist HIV/AIDS research has played an important role in deconstructing dominant HIV/AIDS discourses, thus showing that risk-taking in sexual relations is intimately linked to gendered notions of what constitutes proper masculinity and femininity. In addition, much of the feminist literature on the topic includes a critique of heterosexuality in the analyses of gender, which is also the case with the work under scrutiny in this article.

Central to both Wilton and Holland et al. is the hegemonic status of heterosexual masculinity. According to this model, men’s reluctance to use condoms derives from the notion of men being equipped with a ‘natural’ sexual urge. Correspondingly, women are seen as hindered by a dominant notion of heterosexual femininity as passive and receptive. In the article I examine how ‘race’, ethnicity and class are theorized and conceptualized in this literature. My scrutiny reveals that, despite acknowledging the importance of these axes of domination, both Wilton and Holland et al. refrain from including them in their analysis. They justify this by reference to their theoretical understanding of gender and sexuality. For Wilton, the nexus of gender and sexuality is held to be more of an embodied issue than are ‘race’, ethnicity and class. For their part, Holland et al. (1998: 15) state that it is ‘beyond the scope of this book’ to address this matter and they partly motivate their approach by arguing that beyond the differences in question lie many similarities. Nonetheless,

84 In their critique of Foucault, Holland and Ramazanoglu (1993) incorporate the body and the issue of reproduction in a similar way to Wilton. It should also be noted that, even though both Wilton and Holland et al. view gender and sexuality as socially constructed, arguably they still do not conform to the queer theoretical prerequisite of understanding gender and sexuality as inherently unstable categories (both Wilton and Holland also admit to having an ambivalent relationship to some queer theoretical standpoints). Vitellone (2002b), for instance, points out that, by not incorporating the performativity of the
through an examination of their empirical analyses I show that notions of differences still permeate their accounts but that these are dealt with in a descriptive instead of an analytical way.

The article ends by pointing out that an intersectional approach that addresses power-related differences among men could challenge the feminist understanding put forward by Wilton and Holland et al. Others have made similar arguments. In a critical reading of feminist HIV/AIDS research, Nicole Vitellone (2000; 2002a) argues, for instance, that, while feminists have been eager to uncover the link between masculine identities and unsafe sexual practices, they have not examined the types of masculinity that are performed when safe sex is indeed practiced. In her analysis of representations of condom use among men, Vitellone claims that safer sex discourses construct not only a heterosexual masculine identity per se, but a masculinity that is reflective and responsible, a masculinity often associated with white, middle-class, heterosexual men. In the article I argue that, with the increasing focus on problematic attitudes towards gender roles and sexual relations among ‘immigrants’, feminist analyses that lack a perspective on how ‘race’, class and ethnicity intersect with gender and sexuality might have unintended consequences. If an indication of the power of masculinity lies in how well it manages to conceal its own superiority (i.e. become hegemonic), then there is a strong chance that safer sex strategies focusing only on gender and sexuality will end up overlooking crucial aspects of masculinity.

**Racialized Discourses in Swedish HIV/AIDS Policy**

In the last section of the second article, I cite a few empirical examples from the Swedish HIV/AIDS policy discourse, in order to illustrate the merits of condom in their analysis of the ‘male sex drive’ discourse, feminists such as Wilton and Holland et al. assume an unproblematic link between the male body and masculinity.

85 See also my previous study described above (Bredström 2005), which show how racialized boundaries permeated the young men and women’s understandings of what constitute proper heterosexual masculinity and femininity.
including a critical perspective on ‘race’ and ethnicity and other axes of power relations. In the subsequent articles the policy discourse is analysed in more depth. The third article, ‘From Cultural Pluralism to Neo-assimilation: Shifting Discourses in Swedish HIV/AIDS Policy (1985–2005)’, inquires into the discursive framing and depictions of immigrants and migration during twenty years of Swedish HIV/AIDS policy. In particular it examines if, when and how immigrants are linked to understandings of risk and safety in sexual relations. In this article the theoretical discussion on cultural racism is developed further and explicitly linked to a broader socio-political development. I set out by describing how, initially, immigrants were attributed a rather marginal role in the policy documents. The main focus during the 1980s was instead on men who have sex with men, injecting drug users and, to a lesser extent, sex-working women. Immigrants were simply mentioned as yet another group with ‘special needs’, next to, for instance, ‘[p]ersons with vision and hearing defects’ (AIDS-delegationen 1986, English in original), and it was stressed that ‘[s]pecial measures are needed to overcome linguistic, cultural and other obstacles which may impede the transmission of knowledge to immigrant communities’ (ibid. p. 41). During the 1990s, however, the focus on immigrants increased. An increasing heterosexual transmission was linked directly to migration and travels abroad. This increasing attention resulted in recurring discussions on ‘culture’ and ‘cultural differences’, discussions that in many ways resembled those described in the first article of this study. Accordingly, culture was described as an inherited trait, and immigrants were left no option but to represent their alleged cultural origins – no matter if they were children of immigrants, born and raised in Sweden, they were still perceived as immigrants and culturally different (or subjected to ‘identity loss’ under the excessive influence of Swedish society).

The article interprets these currents as part of a cultural racist discourse that erects boundaries between Swedes and immigrants. However, the policy discourse under study also highlights the importance of challenging discrimination, not least in order to be able to reach migrants. Discrimination – including racism – was also seen as an expected outcome of the epidemiologi-
cal development where the migrant/heterosexual column in the statistics was on the increase. Yet the authorities did not identify articulations of unbridgeable cultural differences as integral to the problem of racism. Instead they were content with aspiring to humanist values, underlining the need for solidarity and generosity towards immigrants and asylum-seekers. Thus, the cultural racist discourse inadvertently also came to set the terms for the formulation of an anti-racist strategy.

In addition to pointing to stereotyped conceptions of culture, the article also highlights a discursive shift in the 1990s in how ethnicity and ‘race’ were conceptualized. I construe this shift as a movement away from a cultural pluralist outlook to a neo-assimilationist one on the part of the Swedish authorities that is related to a general retrenchment of the Swedish welfare state. In the late 1980s and early 1990s the discourse on immigrants emphasized the importance of mutual respect and tolerance. This strategy was abandoned from the mid-1990s on. Instead, more and more emphasis has been placed on teaching ‘Swedish’ values and customs; that is, there is a trend towards cultural assimilation. The discourse on migration also became more problem-oriented. Here, the debates on, for instance, ‘honour related violence’ and sexual assault, surveyed in the first article, became incorporated into the policy discourse. By contrast, ‘Swedish values’ became represented as synonymous with universal values and human rights. The article argues that this shift goes hand in hand with a general trend in how the issues of migration and migrant integration are treated in most European countries. In the post-9/11 era, migration has increasingly been framed as a security issue in the West. According to the European Commission (2004: 23), for instance, ‘illegal immigration, organised crime, trafficking of various kinds, terrorism and communicable diseases’ now form part of the same bundle of threats to which the EU needs to frame a comprehensive policy response. As such, the article demonstrates that articulations of ‘race’ and

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86 This has occurred in the name of ‘integration’, which has led some researcher to call the same trend towards cultural assimilation ‘integrationism’. For further discussion on this political development, see de los Reyes and Kamali (2005).
ethnicity within Swedish HIV/AIDS policy need to be understood as intimately linked to the larger European and global socio-political context.

**Gendered and Sexualized Racism**

With the increased attention on ‘the global situation’ during the 1990s, ‘migrants’ and ‘people travelling abroad’ were added to the list of special ‘target groups’ within Swedish HIV/AIDS policy (see e.g. Folkhälsoinstitutet 2001: 23). In the two remaining articles, the perceptions from within the policy discourse of each of these groups are analysed, focusing in particular on sex educational materials targeting these groups. The fourth article in this study, entitled “Love in Another Country”: “Race”, Gender and Sexuality in Sex Education Material Targeting Migrants in Sweden”, is based on an analysis of two booklets targeting immigrants and refugees in Sweden. Like the previous articles, this article highlights the relevance of applying the concept of cultural racism to both booklets’ depictions of immigrant cultures as by definition different from Swedish culture. The article also points to a modern–traditional dichotomy in the booklets whereby immigrants’ alleged current way of life is compared with historical Swedish lifestyles. If such a dichotomization at a first glance seems to open up for immigrants the possibility of evolving into ‘modern’ Swedes over time, this evolutionary trajectory, upon closer scrutiny, cannot but be blocked by the policy discourse’s simultaneous depiction of migrant cultures as unsusceptible to change, steeped, as they are said to be, in tradition and primordiality.

Another key concept in this (fourth) article is intersectionality. Like the first article, this article discusses how the concept of gender equality becomes an ‘ethnic marker’ that serves to reinforce racialized differences between Swedes and immigrants. Throughout the two booklets gender equality is explicitly linked only to Swedishness. In addition, this article also discusses how sexuality is dealt with in the sex education material under scrutiny. Among other things, the article analyses how, in the two booklets, Swedishness is made to appear as containing both less sexual constraint and less
homophobia than does ‘immigranthood’. It is also pointed out that the notion of gender equality does not necessarily challenge a heteronormative understanding of men and women as essentially different and heterosexual by nature (see also Dahl 2005b).

In similar vein, the fifth and final article in this dissertation also includes a discussion on sexuality in its analysis of gendered and racialized articulations in the policy discourse. This article, entitled “The Venereal Map of the World”: Exotic Places and Seductive Otherness in Swedish HIV/AIDS Policy Discourse”, follows the trail of a web-based campaign targeting Swedes travelling abroad. Thus, it directs attention beyond Sweden’s borders, and examines how otherness and Swedishness are represented on a ‘map of the postcolonial world […] redrawn as a graph of epidemiologic strike rates’ (Patton 1992: 218). It discusses a tendency within the policy discourse to make place synonymous with people, whereby notions of cultural differences appear alongside old racialized fantasies about Africa as the ‘dark continent’ and the source of disease. It also engages in a discussion of how both masculinity and femininity, as well as heterosexuality and homosexuality, feature in this discourse as demarcations between Western and non-Western subjects; between whites and blacks and between Swedes and non-Swedes. In particular, it directs attention to how Swedish heterosexual masculinity and femininity are represented, and points out that, although the material specifically targets Swedes, sexual risk is still located in the identity of others. As such, there is a clear resemblance between the material targeting migrants and that targeting tourists. However, there is also a noteworthy difference. On the one hand, refugees/migrants are taught that Swedish heterosexual relations are based on norms of gender equality, responsibility and caring. On the other hand, when Swedes travel abroad, they are portrayed as potential sex consumers or romance tourists. This is explained in the policy discourse by the fact that when ‘abroad’ Swedes tend to dispense with established cultural norms and values. As such, the Swedish authorities do not identify Swedes as a risk group, but instead portray tourism abroad as a specifically risky situation.
Safe Sex, Unsafe Identities

The five articles clearly share many themes, and it is time to sum them up in concluding remarks. First and foremost, this dissertation inquires into how ‘race’ and ethnicity are articulated in the Swedish HIV/AIDS policy discourse. It does so mainly by showing how notions of cultural difference become racialized and serve as markers distinguishing between Swedes and non-Swedes. In this discourse, non-Swedes inevitably become tied to their culture and seemingly cannot, as the Swedes can, leave their norms and values behind on their travels. It also shows differences in racialized representations. For instance, the exotization of non-Swedish women is more prevalent in the material targeting Swedes travelling abroad than in the material targeting migrants, where immigrant women are mainly depicted in a stereotypical ‘Third World’ pose, as pre-modern, ignorant and repressed. Nonetheless, the dichotomy between Swedes and non-Swedes remains intact. Hence, the variations rather point out that racist discourses are historically specific and thus need to be contextualized. As such, differences reflect both the intended reader of the material and the specific socio-political context that it represents. For instance, Baltic women being depicted as ‘others’ serve as a reminder of how racialization need not be a matter of ‘black’ or ‘non-white’ subjects.

Similarly, the discursive shift from cultural pluralism to neo-assimilation identified in the third article point to the inherent instability in ethnic and racialized discourses and their intimate link to a socio-political development. It also makes it necessary to see the connection between migrants emerging as a specific risk category and the increasingly restrictive immigration and asylum policy among EU governments, which violate human rights by deporting people infected with HIV to countries with limited health care. This includes both those who have been convicted for the criminal offence of having transmitted HIV and those held in isolation under the Contagious Disease Act (see Sörberg 2007).

This dissertation also shows the benefit of an intersectional approach. With gender and sexuality as markers of authentic Swedishness, Swedish authorities and policy distance themselves not only from the South but also from Western
countries with either more ‘liberal’ views on sex work and harm-reduction policies as regards drug use or more conservative views as regards sexual and reproductive rights, particularly for women and youth. Thus, by including gender and sexuality into the analyses important means by which racialized discourses becomes hegemonic are brought to light. This undertaking also points to the importance of adopting a sceptical stance towards notions of women or men as homogenous groups with similar interests.

Most importantly, though, the dissertation shows the drawbacks and contradictions involved in the enterprise of risk-group thinking within HIV/AIDS policy. Despite establishing early on that inducing safer sex practices among the Swedish population was the only viable solution to the pandemic, notions of unsafe identities nonetheless permeate the policy discourse. As such, and intentions aside, the policy clearly conveys a picture of who is at risk, who constitutes risk, who is responsible for sexually transmitting diseases and who is to take responsibility for sexual safety, all mediated through racialized, gendered and sexualized intersections. In 2007, the number of reported HIV cases increased dramatically, particularly among men who have sex with men and injecting drug users. Despite acknowledging an equally dramatic increase in chlamydia infections among heterosexuals, the public debate is demanding further measures targeting groups at risk. What is currently unfolding thus echoes conduct during first decade of the pandemic. As critical HIV/AIDS researchers and activists have asserted throughout the course of the pandemic, this approach has significant pitfalls. For the most part, policy perceptions of different risk groups rest upon habitual and thus often baseless perceptions of different groups’ behaviours and customs. As such, men who have sex with men are construed as by definition both promiscuous and inclined to practise unsafe sex, injecting drug users are seen as having sex partners but no love relationships (Glick Schiller 1992), and migrants are approached as locked within their backward cultures. This is not to say that there are no groups that are particularly vulnerable to the infection, or that social categories could not be recaptured and reworked in more fruitful and suitable ways; indeed, in the initial phase of the pandemic the proac-
tive and productive link between gay identity and safer sex practice was essential as a counter-strategy among gay activists against a homophobic and heterosexist society (Wilton 1997). Rather, it is to say that, if AIDS is an ‘epidemic of signification’, as Paula Treichler (1999a) has it, then the task is to challenge these significations and to combat the underlying power structures that make certain groups vulnerable to the disease in the first place.
References


Ackerhans, Margareta (1999) *HIV/AIDS information to immigrants in Sweden: how has it been organised and how effective has it been*, Göteborg: Nordic School of Public Health.


*Aftonbladet* (1985) ‘AIDS-hotel’, 2, 3, 4, 5, 6, 7, 8, 9, 18 November and 13 December.


Folkhälsoinstitutet (1999) Some of the fun is to put it on…use condoms!, Stockholm: Folkhälsoinstitutet.


Glick Schiller, Nina (1992) ‘What’s Wrong with This Picture? The Hege-
monic Construction of Culture in AIDS Research in the United States’, 

Goldberg, David Theo (1993) Racist Culture: Philosophy and the Politics of Mean-
ing, Oxford: Blackwell.

Gruber, Sabine (2007) Skolan gör skillnad: etnicitet och institutionell praktik, Norr-
köping: Linköpings universitet.


Hall, Stuart (1997) ‘The Spectacle of the “Other”’, in Hall, Stuart (ed.), Represent-
ation: Cultural Representations and Signifying Practices, pp. 223–290, Lon-
don: Sage.

Union, Umeå: Umeå University.

Hellman, Finn (2001) Bastuklubblag: en studie av dess tillämpning och konsekven-
er, Stockholm: Stockholms Universitet, Kriminologiska Institutionen.

2: 115–139.

Henriksson, Benny (1987) Aids – Föreställningar om en verklighet, Stockholm: 
Glacio.

Moral(istic) Left’, in Kirp, David L. and Ronald Bayer (eds), AIDS in the 
Brunswick, N.J.: Rutgers Univ. Press.

Henriksson, Benny (1995) Risk Factor Love: Homosexuality, sexual interaction and 
HIV prevention, Göteborg: Göteborgs universitet.


Hjördisdotter, Katarina (1990) ‘Kondomer som upprör?: …liksom svenska 

Queer Studies’, in Holden, Philip and Richard J. Ruppel (eds), Imperial De-
sire, pp. 295–321, Minneapolis: University of Minnesota Press.


Prop. 1985/86:13 om ändring i smittskyddslagen (1968:231) m.m.

Prop. 2005/06: 60 *Nationell strategi mot hiv/aids och visa andra smittsamma sjukdomar*.


SFS 1987: 375 *Lag om förbud mot s.k. bastuklubbar och andra liknande verksamheter*.

SFS 1988: 1472 *Smittskyddslag*.

SFS 2004: 168 *Smittskyddslag*.

SFS 2006: 323 Lag om utbyte av sprutor och kanyler.


SOSFS 1985: 4 Socialstyrelsens föreskrifter och allmänna råd angående AIDS.

SOSFS 1989: 38 Socialstyrelsens föreskrifter om blodgivning, blodtransfusion m.m.
SOSFS 2001: 2. Socialstyrelsens föreskrifter om ändring i föreskrifterna (SOSFS 1989:38) om blodgivning, blodtransfusion m.m.


List of Main Empirical Material

Laws, Government Bills and Official Reports

SFS 1987: 375 Lag om förbud mot s.k. bastuklubbar och andra liknande verksamheter.
SFS 1988: 1472 Smittskyddslag.
SFS 2004: 168 Smittskyddslag.
SFS 2006: 323 Lag om utbyte av sprutor och kanyler.
Prop. 1985/86:13 om ändring i smittskyddslagen (1968:231) m.m.
Prop. 1985/86: 171 om särskilda medel för bekämpningen av AIDS.
Prop. 1986/87: 2 med förslag till bl. a. vissa ändringar i sekretessreglerna för effektivare insatser mot spridningen av LAV/HTLV-III.
Prop. 1987/88: 79 om åtgärder mot AIDS
Prop. 2005/06: 60 Nationell strategi mot hiv/aids och vissa andra smittsamma sjukdomar.

National Board of Health and Welfare
Socialstyrelsen Vad vi vet om AIDS, 1986.
Socialstyrelsen ’Sjuuletten sitter i hjärtat’: barnomsorg, invandrarfamiljer, sexualsyn, 1989.
SOSFS 1985: 4 *Socialstyrelsens föreskrifter och allmänna råd angående AIDS*.
SOSFS 1986: 11 *Socialstyrelsens föreskrifter och allmänna råd om information och föreskrifter till patienter i samband med meddelanden om resultat av test avseende anti-kroppar mot LAV/HTLV-III*.
SOSFS 1989: 18 *Socialstyrelsens föreskrifter och allmänna råd om tillämpningen av smittskyddslagen*.
SOSFS 1989: 38 *Socialstyrelsens föreskrifter om blodgivning, blodtransfusion m.m.*
SOSFS 2001: 2 *Socialstyrelsens föreskrifter om ändring i föreskrifterna (SOSFS 1989: 38) om blodgivning, blodtransfusion m.m.*
SOSFS 2006: 17 *Socialstyrelsens föreskrifter om blodverksamhet*.

National Commission on AIDS
AIDS-delegationen *Just NU!, Mars and November*, 1990.

National Institute of Public Health
Faber, Marianne *Tänk om han har HIV... men det har han nog inte!*, Folkhälsoinstitutet, 1995.
Faber, Marianne Men sedan kom det känslor med i bilden: en rapport om svenska männs sexuella beteenden utomlands, Folkhälsoinstitutet, 1996.
Faber, Marianne You travel away from yourself: that's the whole point, Folkhälsoinstitutet, 1998.
Folkhälsoinstitutet Some of the fun is to put it on…use condoms!, 1999.
Folkhälsoinstitutet/Statens folkhälsoinstitut Venerisk Världskarta http://www.lovepower.org/6resan/, (Downloaded 2004–05–30).
Mossberg, Maja-Brita Det mest privata i det svenska folkhälsoarbetet: Sex, samlevnad och bin/ aids i ett mångkulturellt samhälle, Folkhälsoinstitutet, 1996.

Other Official Material
Landstinget förebygger aids (LAFA) Mellan människor: tankar om sexualitet och samlevnad i Sverige och världen, 1996.
Samspel: Om hivinformation till invandrade göteborgare, Göteborg: Göteborgs stads invandrarförvaltning.