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PREVENTING THE SPREAD OF HIV/AIDS USING A CULTURAL APPROACH

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ABSTRACT

Since the first case of the HIV/AIDS reported in Indonesia in April 1987 in Bali, the number of sufferers of the HIV/AIDS continued to increase exponentially. In December 31, 2006, it was reported that there were 986 new cases of the HIV and 2873 new cases of AIDS within a period of one year. It was also reported that the cumulative since April 1, 1987 till December 31, 2006 approached 5230 sufferers of HIV and 8194 cases of AIDS. Among those, 1871 people died (PP & PL Department of Health RI Director General, on January 8, 2007). Moreover the data per June 2007 showed that the increase in the cumulative figure became 9689 for the case of the AIDS. Among those, 2118 died, and 5813 were HIV positive. Within 8,000 cases of the HIV/AIDS (56.6%) occurred among the adolescent (age 15-29 years) through free sexual relations (45.1%) and IDU (52.8%). This number was believed to be far from the actual number and will continue to increase. It was estimated that 8 million individuals among 15.5 million people sufferers of HIV/AIDS were adolescent. There were several ways of preventing AIDS, but it is proposed that cultural approach may have advantages in preventing HIV/AIDS.

Key words: HIV/AIDS, spreading, contagious, cultural approach

WHAT IS THE CULTURAL APPROACH?

Culture is one of many factors influencing human behavior; it is a determinant of socially accepted behavior, value systems, beliefs, and practical knowledge. Means of expression or communication, such as music, dance, theatre, and art, are those creative aspects of culture that we often define narrowly as culture itself. However, culture in the broader sense, includes also traditions and local practices, taboos, religious affiliations, gender roles, marriage and kinship patterns, and so forth. Therefore, culture is deeply rooted in all aspects of a society, including local perceptions of health and illness and health seeking behaviors.

However, culture does not exist independently of individuals. On the one hand it is by means of their own culture that social factors interpret and shape their life and environment, and on the other hand, culture is a dynamic construct which can also be subject to change. Cultural determinants go hand in hand with individual behavior that can favor risk taking and with other factors (such as gender, age group, social status, etc) that may increase vulnerability. It would therefore be simplistic to try and explain sexual behavior by using culture as the sole determinant.

THE CHANGING CULTURAL CONTEXT OF THE EPIDEMIC

As a consequence of increased globalization and socioeconomic changes, the balance of development within and across countries is becoming increasingly more polarized. Economic changes have forced rural communities into urban contexts. As a consequence, traditional cultures of rural societies are dissolving and increasingly less valued as people seek new lives and employment opportunities in large urban centers.

Former value systems ruling the various aspects of family and community life, the commitment to solidarity towards their members, the feeling for dignity and right behaviors are wiped away by new practices linked to self-defense and individualistic interest or informal group strategies for daily survival as a response to the overwhelming culture of modernity, with its prestige, attraction and demand for instant adaptation. (UNESCO/UNAIDS 2000).

CONVENTIONAL PREVENTION EFFORTS VS. THE CULTURAL APPROACH

Given this process of cultural destabilization, it is vital to incorporate prevention work into the ever-changing cultural fabric. Conventional prevention and health promotion techniques often do not respond to these dynamic sociocultural realities. From experience with “awareness raising” programs, we now know that knowledge of risks and risky behaviors itself does not automatically result in behavior change- for different reasons. We know that messages that scare people are often rejected or cause greater stigmatization of the infected, often causing them to hide their being HIV positive. We also know that even though people are aware of certain risks, they often assume notions of infallibility. Research has also shown that among
particularly vulnerable groups, street children, for example, risk perception is skewed by feelings of despair and urgent needs of survival, leading these youth to engage in risky behaviors regardless of their knowledge of transmission and prevention. It is also clear that certain communication channels or messages are inappropriate in some communities. For example, women talking with their male partners about sex may be taboo in certain communities and recommending them to negotiate safe sex may thus be culturally inappropriate and ineffective. In addition, cases are many where messages were delivered in non-local languages, and contained culturally unacceptable content. If the goal is to alter risky behaviors, in order to further human development, then - as part of a comprehensive responsesocio-cultural resources can be tapped. Conventional health promotion and behavior change programs not only have failed to do so effectively but these models also lack ownership by the people, greatly impairing both the acceptability and sustainability of HIV/AIDS messages. A further problem is that many health promotion campaigns tend to involve a chain of patronage. In order to achieve targets developed without the participation of the concerned communities these programs recruit local workers to spread desired messages. Effective communication and behavior change, however, relies on what Mollison and Puri refer to as an, “organic, rather than a constructed” effort.

As defined by UNESCO/UNAIDS (2000), the cultural approach to HIV/AIDS prevention and care means that, any population’s cultural references and resources (ways of life, value systems, traditions and beliefs, and the fundamental rights of persons) will be considered as key references in building a framework for strategies and policies and project planning, but also as resources and basis for building relevant and sustainable actions.

The cultural approach to HIV/AIDS prevention must also address the reality of those traditional cultural practices that promote the spread of the epidemic. An effort should be made to identify those practices that endanger the health of a community such as: certain initiation rites that include the circumcision of boys and girls, scarring or tattooing traditions, polygamy, widow inheritance, wife sharing, the exchange of wives for land or cattle, the defloration of girls by their fathers, or the belief that intercourse with a virgin will cure HIV/AIDS. Gender relations, as well, are deeply ingrained cultural values that in some cases define sexual behavior. In many cultures all over the world, the multitude of a man’s sexual partners is rewarded with enhanced social status, and expression of a man’s sexual prowess is encouraged and an expected behavior. These learned behaviors and practices not only aggravate the spread of HIV/AIDS, but also underscore the subordinate status of women often making it difficult for them to insist upon safe sex practices or to refuse those cultural practices that can put them at risk such as female genital mutilation, widow inheritance, early marriage and so on. The cultural approach to HIV/AIDS prevention aims to tackle these issues at a local level by stimulating community members to engage in a process of critically analyzing these traditional practices and beliefs to seek local solutions that encourage risk reduction.

CASE STUDIES ON THEATER FOR DEVELOPMENT

Theatre is a particularly effective means of communication, especially in the TfD format. Its benefits are manifold: it enables discourse on difficult topics and can contribute to breaking taboos. It is effective in empowering both the actors and the community members and bringing together both sexes and various age groups. Also, it can help to preserve and celebrate cultural traditions. In a TfD manual published by the German Technical Cooperation (GTZ 2002), Klink points out that TfD can also work in combination with other ancestral arts and means of expression, but that one must be careful to remain respectful of the traditional roles of those customs. These include: music, stage and choir singing, traditional and modern dance, drama, comedy, and musicals, puppet theater and masks, image theater (where the audience comments on scenes in still-life), simultaneous dramaturgy (where the audience finishes a scene of a play where the actors leave off), and satire or comedy. The first reports on using theatre as a communication channel in a traditional IEC (information, education, communication) approach in Niger. The case also outlines some of the limitations of the classic approach compared to a more comprehensive Theatre for Development approach, as described in the last two case studies.

LESSONS LEARNED FROM THE FIELD REGARDING THE INVOLVEMENT OF TRADITIONAL HEALERS IN THE FIGHT AGAINST HIV/AIDS

The cultural approach to HIV/AIDS prevention acknowledges the local roles of traditional healers as reliable, authoritative, and trusted members of the community whilst capitalizing on this local influence and availability as a primary point of contact with the public in order to encourage behavior change and risk reduction. Training traditional healers in basic prevention techniques can, therefore, contextualize known biomedical prevention efforts into local healing practices and achieve overall greater efficacy.
and sustainability. Many experiences have shown that it is possible to introduce new ideas and practices in an effective and culturally sensitive manner rather than by undercutting well-established and widely resourced beliefs and practices. The ineffectiveness of the workshops conducted in Zimbabwe highlights the fact that communication does not necessarily equate with behavior change—among both healers and patients—and underscores the need for the messages to be delivered in terms of local culture and by locally competent mediators. The success of other collaborations lies in the establishment of mutual trust and respect; which can be achieved only if there is a two-way dialogue between the traditional and the modern branches of the health care system. The scope of the epidemic in highly-effected countries naturally calls upon the collaboration between traditional healers and the biomedical establishment—it is not only practical, but a matter of urgency in the fight against the epidemic. There is evidence from successful experiences that such collaboration can promote intercultural understanding and facilitate behavior change and risk reduction among both healers and patients. Furthermore, involving healers as community actors and equipping them to be able to effectively. Traditional healers can successfully communicate prevention messages in local languages in a culturally acceptable manner; Collaboration with traditional healers fosters understanding among the research community and biomedical practitioners on the local belief systems and practices, including what significance these practices have in local terms and how to communicate for behavior change; Collaboration with traditional healers allows for wider dissemination and local acceptability of prevention materials, including information packets and condoms; Traditional healers can play a crucial role in treating opportunistic infections and providing care to people affected by HIV/AIDS in resource limited settings; by fostering cross reference (traditional healers referring patients to the modern health system and vice versa) a complementary system built on mutual respect can greatly benefit the population;

Training traditional healers on ways of transmission can reduce transmission itself by altering certain treatment methods, such as making incisions with contaminated equipment; it can also protect the patient from substandard care. However, training will only be effective if developed in a truly participative collaboration with the traditional healers and conducted in an interactive way; Governments need to be committed to involve traditional healers as real partners; this commitment entails the design and implementation of culturally appropriate workshops and interventions;

Governments should create comprehensive policies on traditional healing and medicines to provide the healers with the appropriate legal protection (against malpractice, intellectual property rights, etc.), and adequate funding. However, it should be noted that this last recommendation is highly controversial. In conclusion, collaborating with traditional healers for HIV/AIDS prevention and care allows for a more comprehensive national campaign in the fight against the epidemic. Where an open exchange between healers and the biomedical community is achieved, this cooperation has great potential for wide dissemination and sustainability.

FINAL CONCLUSIONS AND RECOMMENDATIONS

As a fundamental determinant of human behavior, culture is a powerful resource for communication and education in order to foster self-reflection and behavior change toward the reduction of HIV/AIDS transmission. The role that culture plays in transmission of HIV is two-fold: existing culturally normative practices can promote virus transmission, as do certain culturally bound behaviors. Resourcing living culture—such as theater, dance, and music as well as the know-how of traditional healers—on the other hand allows prevention and care methods to come from within the culture, and therefore, maintain sociocultural acceptability, local ownership and credibility. In the cultural approach model, the prevention efforts themselves become culturally bound; ideally, they would be founded in local mentalities, traditions, and belief and value systems, carried out in the local context and ultimately, realize local change. But the cultural approach is not about the culture of “the others”. It implies a process of critical self-reflection on cultural determinants, norms and values as well as resources of all actors involved in a development process. By allowing dialogue and exchange in a mutually enriching learning process, culturally adapted responses can be generated that will be better sustainable than conventional, externally produced approaches.

REFERENCES


