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Schweizerisches Tropeninstitut
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International Health

Key Issue Paper

The Cultural Approach to HIV/AIDS Prevention



Theatre group of the Mali association of sex
workers
Photo: CARITAS Switzerland

Established in the frame of the
SDC Backstopping Mandate 2003 of the
Social Development Division's Health Desk

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This paper was commissioned by the Swiss Agency for Development and Cooperation (SDC). The views and ideas expressed herein are those of the authors and do not necessarily imply or reflect the opinion of the Agency.

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List of Abbreviations

GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
IEC	Information, Education, Communication
NGO	Non-governmental organization
PWA	Persons with AIDS
SDC	Swiss Agency for Development and Cooperation
SRH	Sexual and reproductive health
STD/STI	Sexually transmitted disease/infection
TfD	Theater for Development
UNDP	United Nations Development Program
UNAIDS	Joint United Nations Program on HIV/AIDS
UNESCO	United Nations Education, Scientific and Cultural Organization
WHO	World Health Organization
ZINATHA	Zimbabwe National Traditional Healers Association

Executive Summary

In order to assist the Swiss Agency for Development and Cooperation (SDC) and its partners both at headquarters in Bern and in field offices throughout the globe in the creation and implementation of effective and culturally appropriate HIV/AIDS programs and approaches to mainstream HIV/AIDS, this document aims to highlight the cultural approach to prevention as an important tool in the fight against the pandemic. It seeks to establish culture as a determinant of health relevant behavior and focuses on the use of culture in various forms (theatre, music, dance, traditional medicine, etc.) as a means to communicate and encourage behavior change for HIV/AIDS prevention. This paper will highlight Theater for Development and the collaboration with traditional healers in the framework of HIV/AIDS prevention as viable alternatives to more conventional communication and behavior change models. The paper will highlight several case studies, best practices from the field, and lessons learned.

Given that HIV/AIDS affects highly-burdened countries socially, economically, and culturally, public health efforts that aim to raise community awareness on HIV/AIDS and seek to change sexual behavior need to be based on a better understanding of the interaction between culture and the spread of HIV/AIDS. Given, too, that massive urban expansion and the corresponding multiplicity of cultural references challenging traditional values and behaviors may aggravate the spread of HIV/AIDS, prevention programs must respond to these dynamic changes with new approaches to the fight against the scourge. Provided as well that sexual behaviors and sexuality itself are both culturally determined and highly personal, prevention methods must not overwhelm, frighten, or alienate individuals, but rather, must be designed in terms of local culture. Therefore, the cultural approach to HIV/AIDS prevention means that a community's cultural references are used as a framework for the design and implementation of prevention policies and programs. Those programs that have employed this approach are characterized by their participatory approach that fosters community ownership and in turn, can result in both greater efficacy and sustainability within the community, and a strengthened fight against the spread of the HIV/AIDS epidemic.

Introduction

Conventional health awareness campaigns have shown limited success in changing risky behaviours.

Culture was too often perceived as an obstacle rather than a resource for prevention campaigns

Despite more than a decade of work in the field of HIV/AIDS prevention, global estimates of HIV infections now stand at a staggering 40 million. The advent of the pandemic has forced public health professionals to re-analyze their priorities and methods. Throughout years of prevention efforts, it has become increasingly clear that conventional public health awareness campaigns are largely unsuccessful at eliciting behavior change where sexuality is concerned. In part, this is because behavioral patterns are not only influenced by individual decisions but also deeply embedded within collective cultural norms that are inherited and shared through generations in the form of socially accepted behavior, traditional practices and culturally mandated taboos. Where cultural norms were considered within the formation of behavior change campaigns, they were often only considered obstacles to overcome rather than fundamental determinants of behavior that could be resourced for not only local programs, but in the formation of larger health policies as well.

A better understanding of the socio-cultural dimensions of HIV/AIDS is needed for an effective prevention approach.

HIV/AIDS presents particular challenges because it is in the majority of cases transmitted sexually and has profound effects on not only individual physical health, but on all aspects of social life as well. Sexuality itself is culturally bound, making behavior change efforts particularly challenging in the sphere of HIV/AIDS prevention. The complex nature of the HIV/AIDS epidemic requires multidimensional strategies for prevention. Particularly in resource-constrained settings, public health prevention efforts need to be based on a better understanding of the socio-cultural dimensions of the spread of HIV/AIDS. Furthermore, these programs should address the particular context-specific key issues of prevention and be expressed within the cultural framework rather than rely on more conventional information, education, and communication (IEC) as the predominant methods for prevention. These conventional methods have failed to elicit behavior change largely because they are performed at the social and cultural periphery. Although people may hear the messages and understand them, they fail to truly comprehend these messages and incorporate them meaningfully into their lives and behaviors.

Culture can also be a means for behaviour change.

This paper seeks to establish culture as a determinant of health relevant behavior and focuses on the use of culture in various forms (theatre, music, dance, traditional medicine, etc.) as a means to communicate and encourage behavior change for HIV/AIDS prevention. Culture should be understood as a resource to strengthen communication and a vehicle for both empowerment and change. The primary focus of this paper is to define the cultural approach and to highlight case studies and best practices from the field.

Chapter I: What is the Cultural Approach?

A: How do we define culture and how does it relate to health?

Culture is one of many determinants of human behaviour.

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 actors 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.

In order to respond appropriately to the health needs of a community, "it is important to gain an understanding of the social and cultural contexts of people's lives and to identify needs within, *and in terms of*, such contexts." (Heggenhougen 1991). Accordingly, a cultural approach in health utilizes culture as a lens through which one can gain a greater understanding of individual and collective health behaviors, and a means to formulate prevention programs within a specific cultural context. If we understand that,

The cultural approach utilises local knowledge for sustainable and appropriate health programs and prevention efforts.

culture provides people with a way of perceiving the world at large and with ways of coming to terms with the problems they face: [including] attitudes about the body and ways in which a person should be treated when ill, (Heggenhougen 1991)

then bringing the cultural approach into HIV/AIDS work allows for prevention efforts not to rely solely on the import of foreign and biomedical concepts as a means of prevention, but also to utilize local knowledge for sustainable and appropriate health programs and prevention efforts. Because health is something that "cannot be given to people" (Heggenhougen 1991), it has to be realized through a process which begins with prevention at the local level, on distinctly local terms.

B: The changing cultural context of the epidemic

As a consequence of increased globalization and socio-economic 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.

Culture is a dynamic construct subject to change.

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).

Brutal social change such that forced migration, massive urban expansion may cause a situation of anomy by losing traditional cultural references without them being replaced by new meaningful and more adapted values and references.

Modern urban cultural patterns

may replace traditional means of communication and learned behaviour and create new cultural realities impacting on HIV/AIDS vulnerability and risk taking.

Anomy considerably aggravates the spread of HIV/AIDS. These changes affect all levels of society. Migrant workers are forced to leave their homes for long periods, isolated from their ancestral references, therewith increasing the likelihood of their engaging in risky extra-marital sexual behaviors. Gender imbalances are often reinforced in a context of migration and women (and girls) often pushed into informal forms of work that may increase their vulnerability and are often linked to sex work. Disruptions such as these have interrupted traditional means of communication and learned behavior, and can result in the “urban cultural pattern”, which includes a culture of sexual promiscuity and carelessness, drug abuse and addictions, and violence (UNESCO/UNAIDS 2000). HIV/AIDS prevention programs must be guided by this new cultural reality, basing the response on the knowledge and awareness of these contexts.

C: Conventional prevention efforts vs. the cultural approach

Prevention strategies need to be culturally adapted to be effective.

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 socio-cultural 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.

Effective communication and behaviour change relies on organic, participative rather than constructed efforts.

If the goal is to alter risky behaviors, in order to further human development, then - as part of a comprehensive response- socio-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.

Cultural references and resources should be key references and resources for designing and implementing prevention strategies.

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.

Cultural values and norms of both the “beneficiaries” and development workers need to be critically reflected and power relations questioned.

It is, however, not only the culture of the so-called beneficiaries which should come into play. **Development actors, health and social workers often originate from outside of the community and act in reference to their own culture. They, too, need to critically reflect their values and norms in order to allow various cultures to meet and interact in an effective and mutually enriching way based on mutual respect.** Part of this process is also to question power relations and put into relation differences of perspectives, values and norms.

Then, the benefits of employing a cultural approach are three-fold. First, the cultural approach utilizes and often, revitalizes local cultural forms of expression and channels of communication (such as theatre, dance, and music, story telling, traditional healing, etc.) and therewith, can build enthusiasm, solidarity, and empowerment within the community both for local culture and against the health problem. Secondly, the cultural approach encourages self-reflection among the various actors and within communities, allowing community members to re-evaluate local practices and behaviors, generate questions and formulate answers; and thirdly, the cultural approach makes public health knowledge and messages more readily accessible and sustainable at the local level.

The cultural approach also involves the analysis of traditional practices or beliefs that favour the spread of the epidemic.

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.

Chapter II: Case studies on Theater for Development

Theatre is a communication channel that allows addressing sensitive issues in a culturally acceptable manner.

Theatre for development involves all community members in an active exchange on controversial topics.

The audience takes part in the process of shaping the play.

Theater for Development (TfD) is an innovative approach to communication and learning that engages communities in interactive performances that tackle difficult and complex themes including social and political issues, as well health topics. TfD is a particularly useful medium for HIV/AIDS discourse because it allows both actors and audience members to address candidly the often challenging and socially guarded topics of sexuality and reproductive health.

The TfD approach most often uses a combination of traditional and modern skills, often building on preexisting traditions of theatrical communication. In many African countries, for example, there is a long history of story telling, mimes, rituals, songs, dance and riddles that are a part of both community and traveling theater. Like the traditional forms of theater, TfD aims to incorporate all community members in a public exchange on controversial topics; the performances can be satirical, comedic, or dramatic, but the key element to all productions is its participatory approach.

There are many different approaches to Theatre for Development. Common to all is that TfD is more than entertainment and aims at collective learning and behavior change. Often, actors create a play on a chosen topic, rehearse it, and perform it for the community on a publicized date. Following the initial performance, with the help of a facilitator the actors ask for advice from the audience on how to improve, enliven, or re-draft the play. The goal of the play is to provoke the audience in some way so as to elicit responses from them in the form of criticism or suggestions for the play. The actors then perform the play again, this time incorporating the input of the audience. This process is continued until the actors and audience agree on an ideal version of the play, in which solutions to the dramatized issues are formulated. At this point, the actors and audience members engage in a dialogue on the topics presented in the play. This is the most critical stage of TfD, because it brings the issues—often difficult topics presented in a fun and jovial manner—into focus. In conjunction with a facilitator and health staff, the

audience and the actors discuss the lessons learned through the play and supplement this with additional information, and then relate the themes of the play to daily life and local behaviors, beliefs, and practices.

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.

In the following section, 3 case studies will be presented. 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.

Case Study 1:

Using theatre for HIV/AIDS education in Niger Swiss Agency for Development and Cooperation (SDC)

SDC Niger experimented with theatre in the form of a national competition for HIV/AIDS related theater. The one-time event was announced across Niger on the radio, and the response was overwhelming. SDC received applications from fifty different local cultural groups hoping to perform. The competition, therefore, drew large crowds as well as participants including local authorities and religious leaders, and the three winning groups were able to go on tour throughout Niger to perform their dramas. The content of these performances all centered around transmission prevention, but, according to Peter Bieler, head of the Coordination Office of SDC Niger, the plays simply conveyed a series of facts and, "we all know that facts don't cause behavior change." The theater performances were an experience, he reports, but need to be built upon. People living with HIV/AIDS were not involved, and getting them involved will be a long process; as they remain greatly stigmatized. On the ground, the barriers to prevention efforts are still great. The response to the HIV/AIDS epidemic takes place in an extremely poor country, with

Theatre is an effective tool to raise awareness and get people interested. But unless a comprehensive theatre for development approach is combined with other measures, little behaviour change will take place.

information and preventive measures such as condoms still inaccessible. The population in Niger is mostly in the stage of “getting aware” but not much behavior change has so far taken place. The theater productions, however, raised people’s interests, and made them curious to gain more information. “It was a start,” says Bieler, “but people need constant reminders—we need to keep the topic on the table.” The challenges that SDC faces in Niger, like in many other countries, are how to upscale the initiative and use the theatre for development approach so that it can lead to sustainable behavior change.

**Case Study 2:
Theater for Development (TfD) in Guinea (GTZ)**

GTZ’s (German Technical Cooperation’s) experience with TfD in Guinea began among a small group of refugee women who had fled from Sierra Leone and Liberia to Guinea. This group was initially trained as volunteers to assist health staff in providing health services within the refugee camp. The idea to create theater performances was initiated by the women themselves, and they began to recruit youth to perform in refugee communities in the area. The energetic performances were enthusiastically received, but prior to GTZ engagement in 1996, these plays did not yet possess the mutual performer-audience dynamic of TfD. GTZ’s involvement began with a workshop to train actors and facilitators in the TfD methods for interactive theater, and these methods were incorporated into performances that then became crucial supplements to the existing health services in the community. In order to maintain the quality of the information exchanged in this forum, GTZ holds workshops on sexual and reproductive health for theater participants and health workers, paying small sums to the actors to encourage participation. GTZ also supplements these performances with counseling services to enable audiences to incorporate lessons learned immediately into daily practice. This network of support and backstopping ensures for a high level of information received and fosters widespread impact (Klink 2002).

Through transforming conventional theatre into theatre for development and integrating it into a range of services made available, lasting impacts can be achieved.

**Case Study 3:
DANAYA SO („Maison de la Confiance“)— theatre group of the Mali association of sexworkers (CARITAS Switzerland)**

The theatre group of the Malian association of sex workers was founded in Bamako in 1995. Following an interview with a local radio station on their lives, the women had the idea to create a theatre group and to realize a play on the topic of “HIV/AIDS and sex work”. In writing and staging the play, the women were supported and coached by a stage director. Initially they played scenes from their daily lives and so developed a scenario for the prevention of HIV/AIDS and sexually transmitted diseases. The women used the traditional form of theatre “Koteba” in which humor plays an important role. They first performed the play in brothels and bars. Along

TfD is an important tool for empowering both actors and communities. However, possible negative effects on the actors need to be anticipated.

with prevention messages they also addressed stigma and discrimination of people living with HIV/AIDS and topics such as the role of traditional medicine in treatment and care of the illness. Later on the same group developed a second play on the topic of drugs and illegally sold medicaments which are often consumed by sex workers.

While acting, the sex workers use their own language, way of expression and improvise a lot. They are usually accompanied by a female doctor whose role it is to answer questions from the public arising after the play. This doctor is also in charge of ensuring that the content remains correct and unchanged despite improvisation.

The strongest motivation for the women is being themselves confronted with topics they act on. Several of them are in fact HIV positive. Repeatedly, the women had to cope with deaths of members of their group. Another strong motivation to continue their work consists in the opportunity to improve their public image.

Initially, these plays were perceived as provoking by the audience. The demonstration of condom use with the help of a wooden model of the penis and sex workers appearing in public were considered particularly offensive. The women had to first cope with their own feelings of shame. While in the beginning all sex workers interested in performing were welcome, the group nowadays also is concerned about acting talent when accepting new members. Another selection criterion is whether a woman can serve as a positive role model for others. In order to be credible, women belonging to the group are expected to use condoms and seek medical care if needed.

Lessons learned from the field in TfD

In their manual, *Hands On! A Manual for Working with Youth on Sexual and Reproductive Health (SRH)* (2002), GTZ highlights some common challenges linked to TfD.

- Too much interference by health staff can jeopardizing local ownership and a participatory approach.
- A lack of available services can very quickly negate the messages brought forth in the plays.
- TfD has limited power to influence complex and deeply ingrained social structures that prevent certain community members (e.g. women or PWAs) from putting lessons learnt into action. The costs of development and implementation may be high if extensive transport is needed or actors, facilitators, or scriptwriters (if used) require fees.
- Evaluation in terms of quantifiable impacts and cost effectiveness is difficult.

Despite some common challenges, TfD has proven an effective and culturally sensitive approach.

Despite these challenges, TfD has proven an effective and culturally sensitive approach that has been used by development organizations across the globe for HIV/AIDS prevention and many other development issues. The TfD programs have evolved over time. In addition to the challenges mentioned above, lessons learned show many positive outcome and solutions to some of the challenges:

- TfD can provide a forum for self-reflection on certain culturally entrenched practices. In this respect, TfD is a useful tool for behavioral change, and thus, risk reduction.
- TfD fosters local ownership, solidarity, and empowerment among communities.
- TfD can be made accessible to the most remote communities and is easily adaptable, and in this way, cost-effective in terms of the number of people reached, especially when used in combination with other forms of communication such as mass media.
- TfD gives a culturally appropriate and readily accessible forum for expressing important health messages, but also for giving a voice to the silent or stigmatized (for example PWAs). It is an efficient way of reaching illiterate audiences.
- To reach full effectiveness, TfD should be combined with follow up activities (counseling, etc) to address issues and concerns after the performance.
- Qualitative methods of data collection are viable alternatives for evaluation.

From what has been said above it becomes clear, that TfD should be understood as one effective strategy in a comprehensive approach to prevent HIV/AIDS and in the fight against stigma and discrimination. As a stand-alone intervention it will be little effective. Embedded in a range of offers in the field of prevention, treatment and care it can, however, play a crucial role- particularly also due to the community participation and ownership it helps to create.

Chapter III: Case studies on the involvement of traditional healers into HIV/AIDS prevention programs

Traditional healers are a most popular and accessible source of information and care for many populations in developing countries.

Research suggests that some 80% of people in developing nations, particularly in sub-Saharan Africa, seek the aid of traditional healers as their primary source of care. **The services of traditional healers are financially and geographically often more accessible to poor and rural communities and traditional healers use culturally adapted methods of counseling, treatment and care.** They think, express and act illness experience "inside" the same cultural framework as their patients, enabling very effective communication. It is also known that traditional healers are particularly consulted for treatment and counseling of sexually

For a long time, traditional healers were seen as dangerous elements with whom the modern health system cannot cooperate.

Traditional practitioners can help increase coverage of services.

Traditional healers are an interface between communities and health systems.

transmitted infections and increasingly also for opportunistic infections linked to HIV/AIDS. The patients' faith in their ability to treat some of these conditions is reinforced by their trust in the healers' respect of intimacy. At the same time, traditional healers are involved in traditional ceremonies and practices—such as scarification, circumcision, or traditional forms of deliveries and medical practices that can bear an increased risk of HIV infections and thus facilitate the spread of HIV/AIDS.

While for a long time traditional healers were seen as an element of danger contributing to the spread of HIV/AIDS, there is nowadays increasing acknowledgement of the crucial positive role they can also play in the fight against HIV and AIDS. As early as in 1990 the WHO has stated that “there is a potential for involving traditional health practitioners in providing the community with culture-specific information on sexual behavior and in formulating and channeling specific health promotional messages”. At the same time, governments have increasingly acknowledged the potential for traditional healers to fill service delivery gaps. However, traditional healers' roles should not be reduced to providing services where governments cannot provide them. Traditional healers provide services which are different and complementary to those of the modern health system. Governments should also not be allowed to rely on the availability of traditional healers for covering up short comings of the public health system. Governments have profited from not only the healers' skills in treatment and care, but from their roles as intermediaries between the health service and the general populous as well. In Uganda, for example, there is one traditional healer for every 100 people, while there is only one biomedically trained doctor for every 30'000 people. In that country the Ministry of Health has built a partnership with the nation's traditional healers through the “Traditional and Modern Health Practitioners Together against AIDS organization”, which aims to nurture a dialogue and cooperation between healers and health workers.

Collaboration with traditional healers in HIV/AIDS prevention is based on the premise that understanding local ethnomedical systems is central to understanding local systems of support, as well as local knowledge on and understanding of the body and its functions. Through collaboration with traditional healers, preventive activities of public health professionals can be developed in a more appropriate and relevant manner and prevention messages will be better understood by the target groups. Given that traditional healers are often the first interface between patients and the health system, they have a potential to educate patients on transmission and prevention and to endorse risk-reduction strategies in a culturally acceptable manner. I would not say that TH are “interface”, they do not perceive themselves and the patients do not perceive them in that way (at least in my experience). They completely belong to the same sociocultural “universe” than

the "community". I would say that healers are often the first provider consulted (and often repeatedly consulted) for health issue. And therefore they have a potential ...

As traditional healers use explanatory models differing greatly from those of the modern medical system, it may, however, be naïve to assume that only by training these providers, they would adopt the language promoted by the national AIDS program. Successful training approaches have involved traditional healers from the initial moments of developing the training curriculum and the messages and thus managed to integrate their concepts and create ownership.

Where communities and traditional healers are involved in defining problems and developing responses a cultural approach can be beneficial to all actors involved.

Case study 1:

Using a cultural approach to HIV/AIDS prevention in Northern Mozambique (SolidarMed, funded by SDC)

SolidarMed, a Swiss NGO, supports a district health project in Northern Mozambique that includes a health promotion component involving community leaders, traditional healers, men and women advisors for initiation rites and local midwives. An aim of the project is to improve cooperation between health care and advise providers in the community and the formal health system. All health problems are addressed by first analyzing jointly local realities and perceptions. The various actors negotiate and elaborate responses to the problem and clarify the role of each party involved. In this process, the project basically plays the role of a facilitator and moderator.

HIV/AIDS prevention is an important component of the health promotion activities. A joint analysis of local common sense and practices identified as a possible source of public health problems (e.g. multiple use of injection material by informal (illegal) care provider without sterilization, circumcision or scarification) that may increase risk for HIV infection is at the beginning of the process. Local explanatory models are shared and exchanged (e.g. blood contact is not perceived as bearing any risk of contamination). Common risk behaviors (e.g. informal exchange of sexual services against material and financial benefits are not considered "prostitution") and the social situations where they frequently take place (e.g. meeting places at taxi and bus stations, sexual constraints / coping strategies of pupils at secondary schools, beer selling women in local markets, etc) are jointly identified and analyzed.

This stage of analysis is then leading to a dialogue with the aim of finding adapted, culturally acceptable and locally owned solutions.

As all young people still undergo ritual initiation, this particular moment is considered an ideal opportunity to integrate sexual and reproductive education as well as education on gender relations. Following exchange with and trainings of the persons in charge of the rites, adapted messages- including

HIV prevention- have been integrated into traditional communication forms, such as chants, dance and drama.

In a similar approach, other local leaders such as male and female village chiefs have been actively involved in the health promotion campaigns.

These reflection circles involve various sub groups of the local society to discuss social values and resources. The debate includes a wide range of topics, including gender roles, intergenerational dialogue and traditional forms of education. For a society as traumatized by longstanding civil war as the one in Mozambique these discussion platforms are a crucial help in redefining a commonly shared definition of social roles and culturally accepted values. (*source: communication Laurent Ruedin, SDC*)

Case study 2:

Traditional Healers Associations of South Africa, Zimbabwe, Swaziland, Tanzania, Uganda, and Zambia

As other countries in sub Saharan Africa, the Ministries of Health of South Africa, Zimbabwe, Swaziland, Tanzania, Uganda, and Zambia have all pro-actively made efforts to incorporate traditional healers into the national health systems of these countries. Two examples will be presented.

Not all of the countries' efforts have been successful.

In **Zimbabwe**, some 2,150 members of the National Healers' Association (ZINATHA) (out of a total 45,000 members) attended workshops sponsored and led by the Ministry of Health. Although the workshops enhanced the traditional healers' knowledge of transmission and prevention, there was little observable change in behavior among either the healers themselves or their patients (UNESCO/UNAIDS 2000). In Zimbabwe, the traditional healers' great distrust of the biomedical community resulted in a failed attempt at involving the healers into the health care system. The overall feeling of the healers was that the policy of the government to encourage partnership was a farce. In a country where the population spends almost double the amount on traditional medicines as on biomedicines, and where traditional healers enjoy a large clientele, it is perhaps not in the interest of the healers to collaborate with the biomedical sector. In addition, few healers have a complete understanding of HIV, and some believe they are able to cure it. Clearly, establishing trust in order to promote collaboration between the two sectors is necessary and the challenge remains to cooperate on equal terms to achieve equal goals (*source www.irinnews.org; accessed 15.03.02*).

As a successful example, in **Swaziland**, where nearly 40% of the adult population is HIV-positive, the health ministry has recently initiated a local branch of the Traditional Healers Association of South Africa and aims to foster cooperation between traditional healers and biomedical practitioners. Given the healers' cultural acceptability and local authority, the health ministry and other organizations including UNAIDS

Cooperation between the modern and traditional health system is only effective when based on mutual respect and real participation.

have recruited the healers in HIV/AIDS prevention efforts in the form of training workshops aimed at educating the healers on transmission and preventing opportunistic infections. The healers are also free to bring their own ideas to this forum, including new herbal treatments, which are then subject to testing by the biomedical community. The workshops also encourage the use of traditional methods in healing; for example, healers are trained to use the traditional method of making incisions- with porcupine quills- over the use of modern razor blades that are both expensive and can easily transmit the virus. The government-run programs also provide the healers with condoms, which they formerly resisted. Since the collaboration began, however, they are both widely accepted and widely distributed. *(source: www.allafrica.com; accessed 23.05.03)*

Lessons learned from the field regarding the involvement of traditional healers in the fight against HIV/AIDS

Today many experiences document that effective and culturally sensitive cooperation between modern and traditional health systems is possible and greatly enhances HIV/AIDS prevention and care.

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 inefficacy 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-affected 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

communicate on preventive practices and raise awareness expands the reach of effective health services and facilitates access to a larger portion of the population. In addition to these two primary advantages of collaboration with traditional healers, the lessons learned from the field include several benefits and advantages that are:

Only if governments treat traditional healers as real partners can they develop their full potential in a sustainable fight against HIV/AIDS.

- 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.

Chapter VI: Final Conclusions and Recommendations

The cultural approach is not about the culture of the others.

By allowing dialogue and exchange in a mutually enriching learning process, culturally adapted responses can be generated.

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.

Resources used, selected links and recommended reading

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Selected links:

GTZ: Theatre to Promote Reproductive Health: www.gtz.de/srh/english/project/proj3-3.html

Royal Tropical Institute of the Netherlands (KIT): KIT Arts against AIDS project: www.kit.nl/specials/html/td_summary_arts_against_aids.asp
Theatre and Development: www.kit.nl/specials/html/td_theatre_and_development.asp

Culture, HIV/AIDS, and UNESCO:

http://www.unesco.org/culture/aids/html_eng/manual2.shtml

UNAIDS:

Cultural approach: Angola, South Africa and Zimbabwe country report: <http://www.unesco.org/culture/aids/images>

World Bank:

Indigenous Knowledge Program: <http://www.worldbank.org/afr/ik/index.htm>

Traditional healers/ Tanzania :<http://www.worldbank.org/afr/ik/tawg/starthere.htm>

Indigenous Knowledge/HIV/AIDS: Ghana and Zambia:<http://www.worldbank.org/afr/ik/iknt30.pdf>

Culture and the Development Gateway:

www.developmentgateway.org/culture

Recommended Reading:

- ✶ **Collaboration with traditional healers in HIV/AIDS prevention and care in sub-Saharan Africa; A literature review**, UNAIDS 2000
<http://www.unaids.org/publications/documents/care/general/JC299-TradHeal-E.pdf>
- ✶ **Des remèdes ancestraux pour une maladie nouvelle:** L'intégration des guérisseurs traditionnels à la lutte contre le SIDA accroît l'accès aux soins et à la prévention en Afrique de l'Est. Etude de cas. Best practice collection ONUSIDA 2003
- ✶ **L'approche culturelle de la prévention et du traitement du VIH/SIDA:** synthèse des études par pays; UNESCO 2002, www.unesco.org/culture/aids
- ✶ **SIDA et théâtre:** comment utiliser le théâtre dans le cadre de la réponse au VIH/SIDA, UNESCO 2003, www.dakar.unesco.org/pdf/sida_manueltheatre.pdf
- ✶ **Handbook appropriate communication for behavior change:** a cultural approach to HIV/AIDS prevention and care; UNESCO/UNAIDS,2001 www.unesco.org/culture/aids