

HIV/AIDS and Cultural Diversity

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INTRODUCTION

- The HIV / AIDS pandemic has brought to light the role of culture in the way people and health care providers deal with it.
- No cure has yet been discovered for the disease
- The focus remains, and will continue to be on prevention.

INTRODUCTION

- ▣ The prevention of HIV/ AIDS, has necessitated a deep appreciation of peoples sexual norms and taboos.
- ▣ Health professionals are challenged to provide care for people living with the disease, and promote adherence to lifelong anti-retroviral medication with all its complications and cost.
- ▣ The high mortality of the disease questions our preparedness to deal with issues of end of life and care of the dying

Why cultural diversity?

- ▣ Multiple cultures live together.
- ▣ Cultures are brought closer through massive media coverage.
- ▣ Accelerating international migration over the last 50 years .
- ▣ New culturally and linguistically diverse communities (CALD)⁵.

Definition of culture

- ▣ Culture is not synonymous with ethnicity or religion .
- ▣ Many HIV/ AIDS prevention programs are often targeted to racial populations.
- ▣ Race is socially constructed and heavily influenced by underlying cultural and socioeconomic conditions, such as poverty, discrimination and unemployment, many of which are associated with high risk behavior ⁴.

Definition of culture

UNESCO

- ▣ Culture includes:

Ways of life, traditions and beliefs, representations of health and disease, perceptions of life and death, sexual norms and practices, power and gender relations, family structures, languages and means of communication; as well as arts and creativity².

Definition of culture

- ▣ Hufford in 1995 defines culture as everything that human being inherits from one generation to the next that is not passed on biologically.

Are cultures homogeneous?

- ▣ Galanti argues that knowing about a certain culture doesn't predict for any given individual's behavior, therefore it is crucial to individualize approach while keeping the cultural background in mind.
- ▣ Bonnie calls for the use of the term cultural diversity to refer both to the diversity among cultures and diversity within cultures.

Denialism



Denialism

- ▣ Denialism has never been as strong as with HIV/AIDS.
- ▣ It has been practiced by every entity ranging from nations to communities and, not surprisingly, individuals.
- ▣ Badri believes that American scientists are desperately trying to prove that AIDS originated outside the United States.

Denialism

- ▣ He wrote “to believe that the gene mutation of HIV took place from green monkeys to Africans, is indeed an extremely far-fetched, racist, and unfair way to ward off stigmatism and ease cognitive dissonance
- ▣ Lekhy reported that South Asian emigrants in Toronto didn't believe that they were at risk because they were not white or gay and they don't use drugs

Denialism

- ▣ In his address to AIDS Conference in Durban, Mbeki argued that HIV was not wholly responsible for AIDS.
- ▣ He likened the mainstream AIDS research community to supporters of Apartheid regime and racist defenders of "Western science" .
- ▣ As champion of the African renaissance theory, Thabo Mbeki's strong views about AIDS were a form of cultural retaliation against the theory of African origins of the AIDS.

Stigma

- ▣ AIDS-related stigma imposes severe hardships on its target population as well as on health care providers.
- ▣ Stigma interfered with collective response to cholera, syphilis, and TB.
- ▣ The social construction of the illness incorporated moral judgments about the circumstances in which it was contracted as well as pre-existing hostility toward the groups perceived to be most affected by it.
- ▣ By attacking AIDS-related stigma, we create a social climate conducive to a rational, effective, and compassionate response to this epidemic.

Stigma

Can stigma effectively reduce the prevalence of behaviours linked to disease and death?

- ▣ Stigma was viewed by some as a useful tool.
- ▣ Thomas Parran, in the 1930s, “advocated that ‘syphilis ignorance’ be replaced with ‘syphilophobia,’” arguing that the fear of syphilis “never killed anyone...never brought a handicapped child into the world, never infected an innocent person”
- ▣ Badri calls for the use of Islamic terms like (liwat)sodomy for homosexuality and (zinna)adultery for extramarital sex with their strong stigmatizing connotation to inhibit such deviant behaviour.
- ▣ He advises to refrain from using the rather secular terms like gay and extramarital affairs which express cheerfulness and joviality .

Stigma

- ▣ Experience has taught us that individuals who were the targets of stigmatization had the capacity to resist such efforts.
- ▣ The stigmatized people may turn the tide and refuse to accept victimhood and stigma like the Treatment Action Campaign (TAC).
- ▣ The use of famous public figures has been identified by some as an important de-stigmatizing factor.

Power and gender relations

- ▣ In communities where heterosexual transmission is prevalent, gender relations plays a significant role in determining the role played by culture in prevention or augmentation of the disease spread.
- ▣ In many African and Muslim cultures polygamy is acceptable.
- ▣ In certain Kenyan tribes a widow of a diseased brother will be inherited by the living one.
- ▣ In Nigeria HIV +v women are denied inheritance rights leaving them more vulnerable to engage in risky behavior.

Representations of health and disease

- ▣ What does disease and health mean is diverse among different cultures.
- ▣ This determines when and where to seek help and treatment.
- ▣ In Southern African cultures the belief in witchcraft and the role of Sangomas (local traditional healers) is undeniably strong.

Sangomas from Natal



MUTI



President of Gambia administering AIDS cure medicine



China offers herbal treatment for HIV/AIDS carriers (CRI)

Updated: 2005-09-24 10:51

Representations of health and disease

- ▣ Chinese traditional medicine(TCM) provides variable descriptions of the workings of the human body and, further, of the connections of the individual body to social, environmental and even cosmological forces.
- ▣ Latinos cultures conceptualize disease and treatments in terms of inherent hot and cold qualities, and that treatment is aimed at restoration of appropriate balance between hot and cold in the body .
- ▣ Moral and religious beliefs among immigrants from Caribbean countries, dictates that AIDS is like a biblical plague, like a retribution for having done something very bad.
- ▣ Islamic scholars teach that AIDS, as a new disease is a form of punishment from Allah to those who deviated from the norms.

Cultural Competence

- ▣ Cultural competence is “a set of academic and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups”
- ▣ The first step is self-awareness that is discovery of our own assumptions and stereotypes.
- ▣ The second is nurturing the attitude of acceptance and flexibility.

Cultural Competence

- ▣ At a wider scale cultural competence is “ a set of congruent behaviors, attitudes and policies, including a consideration for linguistic, socioeconomic and functional concerns that influence behavior that come together in a system, agency, or among professionals, thus enabling that system, agency or those professionals to work effectively with the target population resulting in services that are accepted by the target population⁴,
- ▣ 4 dimensions systemic, organizational, professional and individual. These dimensions interrelate so that cultural competence at individual and professional levels is underpinned by organizational and systemic commitment

Cultural Competence

- ▣ Cultural competence is an interactive process that requires “a willingness and ability to draw on community-based values, traditions and customs

AIDS prevention and cultural sensitivity

- ▣ Are they compatible?
- ▣ What is for cultural sensitivity?

1. Pragmatic and instrumental reasons

- ▣ The AIDS prevention messages seek to modify concepts and attitudes in a given community and as cultural views are perceived to be correct, sensitivity to the existing norms would facilitate effectiveness and prevent rejection of the messages.

2. Ethical and political

- ▣ The basic principle of ethics that individuals should be treated with respect and their dignity should not be violated is by extension applied to culture¹². A failure to respect the cultural integrity of others is almost always characterized as an imposition of the values of the dominant and powerful on the subordinate and the marginal.

AIDS prevention and cultural sensitivity

What is against cultural sensitivity?

- ▣ Ronald Bayer: Cultural sensitivity may prove counterproductive.
- ▣ A profound clash between the goals of public health and the demand to respect group's cultural integrity becomes clear.
- ▣ The example of resistance to condom distribution among high schools students that had been staged by political conservatives, many parents, and churches, who they sought to defend their moral and religious views of appropriate sexual behavior for their children against the forces of secularism.
- ▣ If we to respect those points of views, then we put those children at real risk of acquiring the infection.

AIDS prevention and cultural sensitivity

□ Homilies about cultural sensitivity should be replaced by a forthright acknowledgement that we can't seek radical behavioral and normative change while adhering to a dictum that serves principally to protect the status quo.

□ Robert et al reported that when students and teachers from different cultural backgrounds asked about cultural sensitivity, they were of the opinion that materials should be factual and that the facts were the same for every one.

AIDS prevention and cultural sensitivity

- ▣ Intercultural sensitivity is not natural. It is not part of our primate past, nor has it characterized most of human history. Cross cultural contact usually has been accompanied by bloodshed, oppression or genocide....in seeking a different way; we inherit no model from history to guide us (Bennett 1993).
- ▣ Efforts should be made to acquire cultural competency skills through training and continuous engagement with communities to allow for culturally appropriate intervention

Conclusion

- ▣ Culture can be both a barrier and medium for bringing behavioral change
- ▣ Cultural views are perceived to be correct, sensitivity to the existing norms would facilitate effectiveness and prevent rejection of the messages
- ▣ The starting point should be through self-awareness of one's own culture in order to appreciate other's point of view
- ▣ Cultural competence entails empowering systems, organizations and professionals with the necessary skills to promote and sustain the HIV prevention message

Conclusion

- ▣ As Cultural competence is continuous process, flexibility and adaptation to different situation is mandatory
- ▣ The best advocates for patients remain patients themselves, the role of civil society has never been as strong and influential as in the case of HIV era. TAC is a shining example
- ▣ The universal provision of antiretroviral medication and the resultant prolonging of life of people living with HIV/ AIDS, has brought surgeons who initially thought they were not part of health care providers to HIV patients, closer to these patients.

Conclusion

- ▣ Finally, whatever medium we use and in whatever cultural entity, for a message to be effective, facts remain the most important component in that message and people with different background tend to take note of it

