

Focusing on the Forest, Not Just the Tree: *Cultural Strategies for Combating AIDS*



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Most behavior change communication interventions for HIV prevention, care, and support have focused on individuals as the locus of change. Metaphorically-speaking, interventions have focused more on the tree, and not enough on the forest of which the tree is a part. The present article argues for the importance of focusing on the forest in designing and implementing culturally-sensitive communication interventions. Culture-based approaches to HIV/AIDS communication interventions must (1) view culture as an ally, (2) reconstruct cultural rites, (3) employ culturally-resonant narratives, and (4) create a culturally-based pedagogy of HIV prevention.

By early 2003, some 65 million people worldwide had been infected with HIV, of which 25 million had died of AIDS. Of the 40 million people who are living with HIV, 28 million are in sub-Saharan Africa, and some 4 million are in India (Singhal & Rogers, 2003). In Zimbabwe, a country in Sub-Saharan Africa, 45 percent of children under the age of five are HIV-positive, and the epidemic has shortened life expectancy by 22 years. Two out of three Zimbabweans, between the ages 15 to 39 years, are HIV-positive. A 15-year-old in Botswana or South Africa, has a one in two chance of dying with AIDS. AIDS deaths are so widespread in South Africa that small children now play a new game called “Funerals” (Singhal & Howard, in press). However, in the next decade, the epicenter of HIV/AIDS is moving from countries of Sub-Saharan Africa, to India, China, and Russia. By 2010, India is projected to have from 15 to 20 million HIV-positive cases.

To date, most behavior change communication interventions for HIV prevention, care, and support have focused on individuals as the locus of change. Metaphorically-speaking, HIV/AIDS interventions have focused more on the tree, and not enough on the cultural forest of which the tree is a part. What lessons should countries like India, sitting on the cusp of HIV/AIDS explosion, glean from these past experiences? How can they more strategically employ culturally-sensitive communication strategies for HIV/AIDS prevention, care, and support?

The present article argues for the importance of incorporating locally-situated knowledge, including its constituent cultural elements, to design, develop, and implement effective HIV/AIDS interventions. The limitations of individual-directed behavior change communication strategies are discussed, and an argument is put forth for considering cultural strategies in designing and implementing campaigns for HIV/AIDS prevention, care, and support. These strategies include:

- Viewing culture as an ally,
- Reconstructing cultural rites,

- Employing culturally-resonant narratives, and
- Creating a culturally-based pedagogy of HIV prevention.

Behavior Change Communication: Focusing on the Tree

Behavior change models for HIV/AIDS communication programming—such as the diffusion of innovations (Rogers, 1995), the theory of reasoned action (Fishbein & Ajzen, 1975), and hierarchy-of-effects (McGuire, 1981)—begin with ascertaining the knowledge, attitudes, behavioral intentions, and behavioral practice of individuals regarding HIV prevention, care, and support (Singhal & Rogers, 2003). Gaps in knowledge, attitudes, and behaviors among a target audience are identified, and communication interventions are then targeted to address these deficiencies at the individual level. However, results of behavior change communication strategies for HIV prevention that have targeted individuals have been mixed at best, and generally dismal (Airhihenbuwa, 1999; Melkote, Muppidi, & Goswami, 2000). Why? Behavior change communication strategies, by focusing solely on individual-level changes subscribe implicitly to at least four mistaken assumptions.

- Behavior change communication strategies assume that all individuals are capable of controlling their context. However, whether or not an individual can get an HIV test, use condoms, be monogamous, and/or use clean needles are all affected by cultural, economic, social, and political factors over which the individual may exercise little control.
- Behavior change communication strategies assume that all persons are on an “even playing field.” However, women and those of lower socio-economic status are more vulnerable to HIV/AIDS.
- Behavior change communication strategies assume that all individuals make decisions on their own free will. However, whether a woman is protected from HIV is often determined by her male partner.
- Behavior change strategies assume that all individuals make preventive health decisions

rationally. Why would one logically put one's life in danger by engaging in unsafe behaviors? A Kenyan youth who the present author met in Nairobi in June, 2001 quoted a popular Kiswahili saying to justify this non-rational action: *Aliyetota hajui kutota*, which means "The one who is wet does not mind getting wetter."

Behavior change communication strategies are guilty of socially constructing HIV/AIDS as a life-threatening disease to be feared, resulting from promiscuous and deviant behaviors of the "others," the high-risk groups (Paiva, 1995). Hence, past communication approaches have mostly been anti-sex, anti-pleasure, and fear-inducing. While "sexuality" involves pleasure, behavior change communication strategies have rarely viewed sex as play, as adventure, as fun, as fantasy, as giving, as sharing, as spirituality, and as ritual (Bolton, 1995). Behavior change theorists, in their models and frameworks, failed to see how the social construction of "love"—which requires risk-taking, trusting, and giving—contributes to unsafe sex.

Because of their focus on individual-level changes concerns, most HIV/AIDS intervention programs rarely take into account how sexuality is socially and culturally constructed in a society. Hence, HIV/AIDS intervention programs are flying blind and culturally rudderless. Here anthropologist Richard Parker's work on the social and cultural construction of sexual acts in Brazil is illustrative (Parker, 1991; Daniel & Parker, 1993). Parker argued that the "erotic experience" is often situated in acts of "sexual transgression," that is, the deliberate undermining in private of public norms. Common Brazilian expressions such as *Entre quarto paredes, tudo pode acontecer* (Within four walls, everything can happen) or *Por de baixo do pano, tudo pode acontecer* ("Beneath the sheets, everything can happen") signify how the erotic experience lies in the freedom of such hidden moments (Daniel & Parker, 1993). This social and cultural construction of eroticism may explain why a happily married man, with a steady home life and children, visits commercial sex workers.

Within four walls, a CSW may perform a range of sexual acts that a "proper" wife would shun.

Parker's (1991) work in deconstructing "sexuality" provides social and cultural explanations for why the act of anal sex is perceived as relatively more routine in Brazil than in most Asian or African country contexts. Parker explains that anal sex is widely practiced in Brazil both between men-men and men-women, and that such sexual scripts are learned early. In the game of *troca-troca* (exchange-exchange), adolescent boys take turns inserting their penises in each other's anus (Daniel & Parker, 1993). Sexual encounters between adolescent boys and girls also routinely involve anal intercourse to avoid pregnancy and the rupturing of the girl's hymen, still viewed as an important sign of a young women's sexual "purity."

Behavior change communication interventions for HIV/AIDS rarely take into account such contextually-bound cultural and social constructions of sexuality. Hence, dissatisfaction with their relative ineffectiveness is growing. Many communication scholars believe that it is time to move away from individual-level theories of preventive health behaviors to more multi-level, cultural, and contextual interventions (McKinlay & Marceau, 1999; 2000; Salmon & Kroger, 1992). Metaphorically-speaking, new voices urge communication programers to go beyond analyzing and influencing the bobbing of individual corks on surface waters, and to focus on redirecting the stronger undercurrents that determine where the cork clusters end up along the shoreline (McMichael, 1995).

At a 2000 UNAIDS meeting in Geneva (in which the present author was a participant), a representative from Kenya talked about how young school girls in Kenya rendered sexual favors to urban middle-class and affluent men (commonly known as "Sugar Daddies") in exchange for the 3Cs: Cash, cell phones, and cars (driving in expensive cars like Mercedes-Benz and BMWs). Sugar Daddies initiate the seduction process by asking young girls: "Let

me buy you chicken and chips” or “Let me give you a lift in my car.” Such exchange puts these schoolgirls at risk for contracting HIV. In fact, rates of HIV infection among young girls in Kenya are five times higher than for young boys, with exploitation by Sugar Daddies contributing to this difference (Singhal & Rogers, 2003). Ethnographic research with school girls in Kenya showed that they were well aware of the high risks they faced in contracting HIV, but were willing to take their chances. Why say no to such glamorous adventures, when the alternative was to struggle through school and college, find a job, and, once married, to attend to domestic chores and reproductive roles?

In Kenya as elsewhere, strong cultural undercurrents about masculine sexuality; beliefs in virility associated with bedding young girls (which symbolize “trophies”); and power and prestige associated with such symbols of modernity as cash, cell phones, and cars complicate the design of HIV interventions directed at young girls and Sugar Daddies. Individual-directed messages such as “Stay away from Sugar Daddies” or “Stay away from school girls” will certainly be ineffective.

Cultural Strategies: Focusing on the Forest

A cultural approach to shaping HIV/AIDS interventions represents a move away from just focusing on individuals as the main target of preventive interventions. This approach signifies that the forest is more important than the individual tree. Understanding the cultural context allows one to appreciate the ways that individual trees are shaped and discern the order that exists between these trees, including the roles, connections, and relationships that exist among them (Airhihenbuwa, 1999). Understanding the forest reveals why certain trees tower over others, which trees nurture others, and other nuances.

How can the principle of “understanding the forest” be operationalized by HIV/AIDS communication interventions? Communication

interventions must strive to

- view culture as an ally,
- reconstruct cultural rites,
- employ culturally-resonant narratives, and
- create a culturally-based pedagogy of HIV prevention.

View Culture as an Ally

Communication strategists often viewed culture as static, and mistakenly looked upon people’s health beliefs as cultural barriers. This is a predominantly negative view. Culture has often been singled out as the explanation for the failure of HIV interventions (Brummelhuis & Herdt, 1995; Parker, 1991; Moses et al., 1990). Culture can also be viewed for its strengths, and attributes of a culture that are helpful for HIV/AIDS prevention, care, and support programs should be identified and harnessed (Airhihenbuwa, 1995).

Several socio-cultural and spiritual dimensions of Senegalese society strengthened the nation’s effective response to HIV/AIDS: For instance, the cultural norms with respect to the universality of marriage; the rapid remarriage of widow(er)s and divorced persons; moral condemnation of all forms of sexual cohabitation not sanctioned by religious beliefs; and extended social networks of parents, cousins, relatives, neighbors, and others that serve to control irresponsible sexuality (Lom, 2001). The fear of dishonoring one’s family and the subsequent “What will they say?” syndrome exercises a strong check on individual behavior (Diop, 2000; UNAIDS, 1999). So cultural beliefs assist HIV prevention in Senegal.

Similarly, the cultural attributes of the Nguni people in Southern Africa reveal points of entry for implementing HIV/AIDS behavior change communication. For instance, among the Nguni, responsibility for providing sexuality education to the young is usually delegated to an aunt or an uncle, at the onset of a youth’s puberty. Cultural emphasis is placed on sexual abstinence. A strong taboo exists against bringing one’s family name to disrepute.

Members of an extended family take turns in caring for the sick, to avoid burdening one person. No orphans exist, as extended family members take care of children without parents. The practice of *ukusoma* (a Zulu term for non-penetrative sex) is commonly practiced by the Nguni, both to preserve virginity and to prevent pregnancy. The woman keeps her thighs closely together, while the man finds sexual release. Other groups use a bent elbow for a similar purpose. Similar non-penetrative sex practices exist among certain groups in Ethiopia (commonly referred to as “brushing”), the Kikuyu in Kenya, and other groups.

In a similar vein, smoking cessation programs among Latinos identified the cultural strength of the value of *familismo* (family ties), a positive Latino cultural norm, and harnessed it to reduce smoking (Airhihenbuwa, 1995; 1999; Diaz, 1997). Similarly, close family ties are an important strength of Indian society, where the definition of the family includes neighbors and colleagues (referred to as “family friends”). This strong family bond should be harnessed by HIV prevention interventions, and by care and support initiatives (Mane & Maitra, 1992).

Reconstruct Cultural Rites

As noted previously, existing cultural practices may often seem harmful to HIV/AIDS prevention, care, and support. Under such circumstances, the metaphorical coupling of culture and harm needs to be exposed, deconstructed, and reconstructed so that new, positive, cultural linkages can be forged (Airhihenbuwa & Obregon, 2000)—as the following examples illustrate.

Nyanza Province in Western Kenya, the Luo ethnic heartland bordering Lake Victoria, has one of the highest rates of HIV prevalence in the world (over 40 percent of the adults are HIV-positive). HIV entered the Nyanza area in the mid-1980s and spread rapidly. Like many other East African cultures, the Luo practice widow inheritance (also called “home guardianship”). When a husband dies, one of his

brothers or cousins marries the widow. This tradition guarantees that the children remain in the late husband’s family, and that the widow and her children are provided for. Sexual intercourse with the late husband’s relative sealed the bond between the widow and her new family (Blair et al., 1997). However, this cultural practice led to the rapid transmission of HIV among the Luo.

Anthropological research in Nyanza showed that the widow-cleansing practice continues as the Luo strongly wish to avoid *chira*, a curse that befalls a person who does not perform traditional rites. However, discussions with community elders suggested possibilities for replacing the rite of “intercourse” with alternative rites, such as the male relative placing his leg on the widow’s thigh, or hanging his coat in her home (Blair et al., 1997). Elders noted that such alternative rites were quite acceptable, as the Luo practiced them decades ago. The Nyanza area and the Luo culture deserve further study to derive lessons about the role of culture in HIV prevention that might apply locally, and in other areas.

Cultural insights from Nyanza Province suggest that HIV/AIDS program managers should go beyond the identification of harmful cultural practices (such as “wife-cleansing”), in order to create and implement culturally-acceptable alternative rites. PATH (Program for Alternative Technology in Health) in Nairobi created an alternative ceremony for young girls in Kenya, called “Circumcision with Words.” To date, some 6,000 girls have participated in these ceremonies, thus avoiding the risk of HIV infection during circumcision ceremonies.

Employ Culturally-Resonant Narratives

As noted previously, communication interventions about HIV/AIDS prevention, care, and support overvalue scientific and rational appeals to motivate audience members. Most HIV/AIDS communication campaigns in Latin America, Africa, and Asia undervalued traditional oral communication channels and the strength

of aural comprehension. In these cultures, the oral tradition is rich in visual imagery, and is the basis on which learning are founded (Airhihenbuwa, 1999). Proverbs, adages, riddles, folklore, and storytelling are thus important communication messages (Singhal & Rogers, 1999). The narrative tradition offers the potential of cultural expression, particularly words of advice and encouragement, that are often couched in adage, allegory, and metaphor (Airhihenbuwa, 1999).

HIV/AIDS programs fare better if scientific explanations of HIV/AIDS are couched in local contexts of understanding (Harris, 1991). Such context-based explanations are called “syncretic explanations” (Barnett & Blaikie, 1992). HIV/AIDS interventions in Africa should couch prevention messages to fit with prevailing local magico-religious myths. A diarrhoea prevention campaign in northern Nigeria illustrates the importance of providing syncretic explanations. When missionaries in Nigeria were alarmed about the number of infant deaths due to diarrhoea, they tried to teach mothers about water-boiling. The mothers were told that their children died because of little animals in the water, and that these animals could be killed by boiling the water. Talk of invisible animals in water was met with skepticism. Babies kept on dying. Finally, a visiting anthropologist suggested a solution. There were, he said, “evil spirits in the water; boil the water and you could see them going away, bubbling out to escape the heat” (Okri, 1991, p. 134-135). This message had the desired effect, and infant mortality due to diarrhoea dropped sharply.

Create a Culturally-Based Pedagogy of HIV Prevention

In Brazil, several HIV/AIDS prevention programs are inspired by the participatory approaches of the late Brazilian educator, Paulo Freire (1970), who argued that most political, educational, and communication interventions fail because they are designed by technocrats based on their personal views of reality (Melkote & Steeves, 2001). They seldom take into account

the perspectives of those to whom these programs are directed. Freire’s dialogic pedagogy emphasized the role of “teacher as learner” and the “learner as teacher,” with each learning from the other in a mutually transformative process. The role of the outside facilitator is viewed as working *with*, and not *for*, the oppressed to organize them in their incessant struggle to regain their humanity (Singhal, in press). True participation, according to Freire, does not involve a subject-object relationship. There is only a subject-subject relationship.

In 1990, Vera Paiva, a psychologist at the University of São Paulo and an expert in HIV/AIDS and gender issues, used Paulo Freire’s participatory approach to involve students and teachers in the low-income schools of São Paulo City in HIV/AIDS prevention. Based on a deep understanding of the socio-cultural dimension of risk, the goal of the intervention was to create a generation of “sexual subjects,” who could regulate their sexual life, as opposed to being objects of desire and the sexual scripts of others (Paiva, 2000). A sexual subject is one who engages consciously in a negotiated sexual relationship based on cultural norms for gender relations; who was capable of articulating and practicing safe sexual practices with pleasure, in a consensual way; and who is capable of saying “no” to sex.

In collaboration with students, teachers, and community members, Paiva developed a culturally-based pedagogy of HIV prevention, which sought to stimulate collective action and response from those directly affected by HIV, and living in a vulnerable context. Face-to-face group interaction with girls and boys pointed to the importance of understanding the role of sexual subjects in various “sexual scenes,” composed of the gender-power relationship between participants, their degree of affective involvement, the nature of the moment, the place, sexual norms in the culture, racial and class mores, and others (Paiva, 1995). Words such as AIDS, *camisinha* (little shirts or ‘condoms’), and others were decoded, and

participants proposed new words and codes for naming the body and gender rules, thus generating new realities.

Paiva employed a variety of creative techniques to help participants formulate a culturally-based pedagogy of HIV prevention: Group discussions, role-playing, psychodrama, team work, home work, molding flour and salt paste to shape reproductive body parts and genitals, games to make condoms erotic, and art with condoms (to be comfortable in touching them with one's bare hands). To break inhibitions during role-plays, a "pillow" was placed in the middle of the room, symbolizing a sexual "subject." For example, the pillow could represent an "in-the-closet" gay or a lesbian; a virgin schoolgirl; or a bisexual schoolboy. Participants could adopt the pillow to have internal discussions with the subject, experience themselves in the place of the other, or understand their own fantasy. The pillow provided a vehicle to speak out through an imaginary character, while preserving their privacy (Paiva, 1995).

Group processes showed that sexual inhibitions could be broken in the context of *sacanagem* (sexual mischief), accompanied by "exaggerated" sexual talk and eroticization of the context (Paiva, 1995). Condoms became easily discussable when both the boy and the girl were ready to "loosen the hinges of the bed," or "turnover the car," while engaging in sex. The pedagogy of prevention was based on an "eroticization" of prevention.

Conclusions

Vera Paiva's work in Brazil, and dissatisfaction with biomedical, individual-oriented behavioral change approaches, point to the importance of thinking boldly, radically, and culturally about HIV prevention, care, and support. Needed are more culturally-based approaches, as opposed to individual-centered rational approaches. Needed are more community-based, dialogic approaches, as opposed to individual-based "banking" approaches.

Our analysis suggests that culture can

serve a positive or a negative factor in HIV prevention, care, and support. Program managers must identify cultural attributes that represent an ally for HIV/AIDS initiatives, and harness them. For cultural practices that may seem like a barrier, the metaphorical coupling of culture and barriers needs to be exposed, deconstructed, and reconstructed in the form of alternative cultural rites (such as, the alternative rites for female circumcision or wife-cleansing in Africa). More culturally resonant narratives, couched in local contexts of understanding, must be employed. Finally, a culturally-based pedagogy of HIV prevention must be forged to create "subjects" who can regulate their life, as opposed to being objects of desire for others.

While considering culturally-based communication strategies for HIV prevention, care, and support, communication planners must be mindful about the dangers in manipulating or subverting culture (Airhienuwa, 1995; Melkote & Steeves, 2001). What if constructing or deconstructing culture leads to destroying culture? In focusing on the forest, one must be mindful to not subvert the underlying ecology of the forest.

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End notes

- 1 The present article draws upon Singhal and Rogers (2003).