

Social and cultural factors that affect the spread of HIV



Odette's story

Prejudice and discrimination

Cultural and religious beliefs

Social and economic status

Ethnicity

Education

Sexual practices

Sexual orientation

Drug and alcohol use

Age

Answering Odette's questions

Odette's story

Odette is a 35-year-old Munukutuba-speaking woman with four children living in Port-Gentil, Gabon. She is a refugee from the neighboring country of Congo. She sells tomatoes and other vegetables in the market but does not have enough money to send her children to school. Her husband of many years was unable to find work for a long time and began to drink too much alcohol. He recently went away to work in the swamps, looking for oil. Although her husband is not around much, Odette has been faithful to him, but she wonders if he has had other sexual partners. She lives with her husband's family, while her own lives in another town.

Odette is worried because her youngest son has had diarrhea for a month. Today she walks into the health clinic in search of treatment for her baby. There is no Munukutuba-speaking counselor, but Odette understands some of your language. She says that she has been feeling tired and wonders if she is pregnant. Yesterday she heard a song about AIDS and children on the radio and it made her worried about her baby. "What should I do about my son's diarrhea?" she asks. "My mother-in-law does not want me in her house. Could she have caused my baby to have AIDS to make us leave?"

Prejudice and discrimination

Social forces such as discrimination and poverty affect who gets HIV and what kind of treatment they get when they become ill. Some people would rather think that only "bad" people get HIV, because if they themselves are "good," then they will not be infected. Of course, this is not true. People and governments need to accept that HIV is everyone's problem and work together to stop the spread of the disease.

Use the facts

HIV is frightening, and people often make decisions based on fear and not facts. This can be seen in many areas of society: government ministers decide to have students from only certain countries tested for HIV, health care workers refuse to care for people with HIV, children are not allowed to go to school if they have HIV, people refuse to buy houses from people with AIDS, and people are fired from their jobs because of people's fears about infection. Actions like these come from emotions; they do not stop the spread of HIV. Make your decisions based on facts, not fear!

Preventing discrimination

All over the world, people with HIV have faced discrimination. Here are some examples of how people have tried to stop this from occurring.

In 1997, Zimbabwe's government established a national code of practice that makes it illegal to discriminate against people with HIV or AIDS.

In Kampala, Uganda, some business owners ask people who are looking for work to take an HIV test. They also hire older workers, who are less likely to have HIV or become infected with it. AIDS activists are trying to keep employers from using HIV tests to decide who to hire. The government is also against required testing, except for people going into the army and those being hired for foreign training.

The southern region of Russia was the first area of the country to be affected by HIV. The virus spread when a child with HIV was hospitalized in Kalmykia province and doctors reused dirty needles that had been used on the child. People with HIV began to experience discrimination. To try to prevent this, the state government passed laws to make sure people with HIV would have free medical care, education, jobs, and better housing.

All people have some type of prejudice—that is, low regard for certain groups of people. Prejudice is often based on how we feel about others' wealth, poverty, sex, ethnicity, political beliefs, or sexual practices. Some peo-

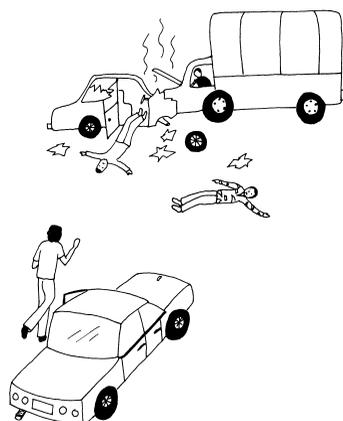
The surgeon and the car accident

One hot day in July, Philippe was on his way from Yaoundé to Douala in Cameroon. Trucks drive by each other at very high speeds on this road and there are many accidents. Philippe was driving his uncle's car with a trunk full of cloth for his sister's wedding. He drove carefully because he knew of the road's dangers and he was not in a hurry. When he had almost reached Douala, he came upon a terrible accident. A truck filled with many people had collided with a brand-new Mercedes-Benz. The

Benz was crushed and a man and his son were thrown from the car. Philippe quickly picked up the injured passengers and drove them to a local hospital. The surgeon was called, saw the young boy, and immediately exclaimed, "That's my son!"

How is this possible?

The surgeon was a woman! (Did you assume that the surgeon was a man?)



ple react negatively to those outside their social, ethnic, racial, or religious group. They believe untrue things about particular groups of people—such as that all skinny people are thieves. You need to be especially aware of your own prejudices, or biases, because they can get in the way of counseling work. Prejudice can prevent counselors from getting to know people and helping them.

The good news is that biases can be unlearned. No one is born with feelings that make them judge people they do not know; people are taught prejudice by others. The first step in freeing oneself from prejudice is to recognize it. In this chapter we describe factors like poverty and discrimination, and we discuss ways to become more understanding of all people with HIV.

Cultural and religious beliefs

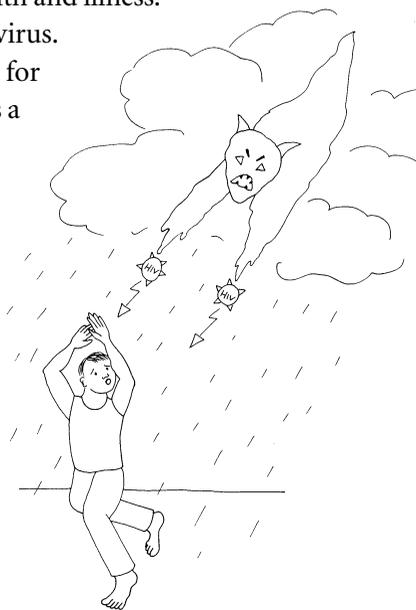
People have many ways of explaining health and illness.

Some people believe AIDS is caused by a virus.

Others believe that AIDS is a punishment for wrongdoing, is caused by bad spirits, or is a result of jealousy.

Find out what people in your community believe about AIDS. Ask each person you counsel what she knows about AIDS. Knowing her ideas will help you build a better counseling relationship. For example, you want to tell someone that condoms can stop HIV. You know that AIDS is caused by a virus. But what if the person thinks that AIDS is caused by magic? It would be difficult for her to understand why condoms will help. Knowing a person's beliefs will tell you where to start your discussion.

Not only do people have different ideas about the cause of AIDS, but they also have different beliefs about how to cure the disease. Often, folk remedies and traditional methods are as good as or better than Western medicine. Other times, though, they may be harmful. Ask about a person's healing beliefs; if they are harmful, carefully challenge them. For example, Odette blames her son's risk of AIDS on her mother-in-law's anger, but the real threat to Odette is more likely her husband's drinking and sexual practices. If a person's beliefs are helpful, say so. No matter how different from yours, treat other people's



What do people in your community believe about AIDS?

Ideas about how HIV is spread can lead people to do strange things. The following story is about a false but common belief about how HIV is spread.

Dominique is a reporter for a newspaper in Guadeloupe. One beautiful sunny day she was driving along the beach to interview a fisherman. The fisherman had caught a marlin that was larger than his boat and everyone on the island was talking about it. Dominique had her camera in her lap, ready to take a picture of the huge fish for her newspaper. Suddenly she saw a small fire off the road in the forest. She pulled over. She approached the flames and saw a group of people standing around. The flames came from a big pile of clothes, furniture, and a bed. She asked why the villagers were burning all these useful things, and they answered that the man who owned the clothes and furniture had died of AIDS.



Dominique was surprised because she knew that clothes do not spread AIDS. At first she thought that the people did not know how HIV is spread because they were from a small village. But later, she asked 50 people in her own town if HIV and AIDS could be spread by clothing or furniture, and was surprised to find out that almost all of the people thought that clothes could spread HIV. Dominique then wrote a story for the newspaper explaining that this belief was untrue and titled it "Clothes do not infect the man!"

beliefs seriously and with respect. Otherwise, they are likely to ignore your suggestions and never come back for more treatment or counseling.

Social and economic status

A person's social or economic position can affect his views about how HIV is spread. It can also change his chance of infection and determine what kind of medical care he gets. For example, an educated person may have learned more about how to avoid HIV. On the other hand, a person with a lot of money may be able to travel to large cities or other countries, which, if he engages in risky behavior there, may increase his chances of getting HIV. In some countries,

Poverty and HIV

In 1997, Nkandu Luo, Zambia's deputy health minister, said that skills training and campaigns to fight poverty should be an important part of anti-AIDS efforts. "Even if people have the best information on AIDS, but they don't have food to eat or they are not involved in anything to bring them income, then we are not going to succeed in our efforts to prevent AIDS."



men with a lot of money are more easily able to have several sexual partners than men with little money; again, this can increase the chance of getting HIV. On the other hand, people with less money have more difficulty getting health care, information about HIV, and condoms. People with less money are often forced to travel long distances to find work. They may live in large cities, away from their families and community support. Sometimes they need to exchange sex for food, housing, money, or drugs. It is difficult to avoid HIV under these conditions.

A number of factors can make life especially difficult for women. Having children may force a woman to spend long hours feeding, raising, and caring for them. Childbearing itself, especially in the case of a difficult pregnancy,

Ali and Dunia

Ali is a student at a small college in Alexandria, Egypt. He is studying mathematics and wants to become a schoolteacher. Because his home is up the Nile River in Luxor, Ali lives in a dormitory at the college. Ali's friend Dunia lives in a nearby dormitory. Dunia grew up in Jordan. Both of Dunia's parents were killed in a traffic accident two years ago. She is studying accounting so that she can work for one of the American oil companies in Cairo.

Ali is worried about Dunia because lately she has not been her usual happy self. He asks her what is wrong. She explains that she is having problems with her boyfriend. She is hurt because he has other girlfriends. She is worried about getting pregnant and getting AIDS but does not know how to talk about this with her boyfriend. He has left her many times but he always comes back. Because Dunia is very poor, her boyfriend pays for her food. She needs the food and usually does whatever he wants in return. Ali is frustrated because he knows Dunia may become pregnant or get HIV.

How would you counsel Dunia?

can limit a woman's ability to work. Also, in many countries women do most of the housework and farming. They may also be responsible for caring for elderly family members. This leaves women with less time for education or work outside the home, and it increases their dependence on their husbands and families. In general, women have less money than men. In many parts of the world, this means women have less power in a relationship—less power to ask for safer sex or to make decisions about family planning (that is, about whether to have children, and if so, how many to have and when to have them). Finally, traditional ideas about women's roles in society may make it difficult for women to talk about sex. When women are counseled by other women they may talk more openly than when counseled by a man. Some women may feel freer to speak their mind when their partner is not present. Other women may want their partner to be present because the partner may treat information more seriously when it comes from you than from them.

Most societies want women to have only one sexual partner. In contrast, in many places men are encouraged to have more than one partner. This can be dangerous for them and for their partners. A man who has sex with women outside his partnership or marriage may feel ashamed and may not tell his wife or girlfriend. This puts the woman at risk.



Sometimes it can help to bring your partner with you to HIV counseling.

Ethnicity

Ethnicity refers to a person's cultural group or tribe. Often, one ethnic group controls money and resources and denies other groups an equal share. Members of some ethnic groups may be forced from their homes, prevented from having certain jobs, restricted from particular schools, or physically attacked. In many parts of the world, ethnic groups are waging war against each other.

Counseling people from different ethnic groups is challenging. Sometimes groups speak different languages and have different beliefs about health and illness. Try to have people from different ethnic groups work with you; that way people can be counseled by someone more familiar with their group.

HIV and indigenous peoples

Indigenous (native) people in many countries are at a higher risk of getting HIV than other people. This is mostly because indigenous people are more likely to suffer from discrimination, live in poverty, and have less access to education and health care.

For example, HIV infection is growing among Brazil's native tribes. Many of the tribes are poor, and some of their people have had to move to larger cities to find work. In the cities, they are exposed to HIV. In 1997, the government started an AIDS awareness program with the tribes. Much more needs to be done.

In 1997, the rate of HIV infection in Australia was dropping. However, HIV infection among indigenous peoples—including Aborigines and Torres Strait Islanders—was increasing. Educational programs were begun to talk with people about sexual health, HIV, and other sexually transmitted diseases.

Making an effort to understand more about the cultural groups you counsel will make other people more comfortable and open to your suggestions.

Discussions about HIV are sensitive and complex. Make sure people understand the language you are using. Try to have a counselor who speaks the person's native language. If this is not possible, you can use an interpreter. Unfortunately, having a third person in the room can make it harder for people to talk about personal issues. If an interpreter is embarrassed, she may change a person's story. She may not understand all the questions or answers. But it is better to use an interpreter than not to be able to speak with someone at all.

Education

Education changes how people see themselves. It also affects a person's health. Often, the more educated a mother is, the healthier she is because she knows how to take care of herself. The healthier a mother is, the healthier her child will be. The level of a person's education can help or hurt your efforts to counsel someone. For example, a person who is able to read may have read newspapers and billboards about AIDS. He may already know something about HIV. You could teach him using written materials. The ability to read and write may mean that a person feels comfortable learning in a school setting.

A person who does not read or write relies on other sources of information, such as radio, television, and friends. She often thinks more in terms of real-life situations. In this case, telling stories about other people with AIDS

may teach more than listing facts about the number of people in the country with HIV. Using visual aids such as posters, drawings, and videos can be especially helpful. People who cannot read often learn better from their own experience than from information given in a student-and-teacher setting. When counseling such a person, it is also better to ask more concrete (exact) questions; for example, ask “When you last had sex, did you use a condom?” rather than “Should condoms always be used for sex?”

Written materials such as pamphlets can help with your counseling. People may have questions after you have spoken with them, and the written information can help answer these. It can also remind people of facts they have forgotten. They can share the pamphlet with others. People who have difficulty reading can still be given written materials; their friends or family can read the materials to them.



Counseling checklist

Ask yourself these questions while counseling:

What does this person already know about AIDS? At what level should I start the session?

What languages does this person speak? Should I get an interpreter?

Can this person read? Has he gone to school? Do I have any information sheets to give him?

Is this person understanding me?

Sexual practices

Health counselors often have little training in human sexuality and rely mostly on their own experience. This means they often do not feel comfortable talking about sexual practices. Some counselors are prejudiced against certain sexual practices. You can overcome your own prejudices by creating a broader sense of what is normal. For example, if you have a difficult time talking about anal sex and HIV, then talk about it with coworkers. This will help

you feel more comfortable talking about sex and HIV while counseling. A good counselor should be able to talk about most issues comfortably.

Try to be neutral when discussing sexual practices. It is important not to judge people if you want to have an open discussion with them. Avoid using labels or names; instead, talk about specific practices. For example, ask a man “Have you ever had sex with a man?” instead of “Are you gay?” A man who has had sex with men would answer yes, even if he did not consider himself gay (homosexual). You would then be able to talk with him about reducing his risk of getting HIV. The more comfortable you are talking about sex, the more comfortable people around you will be when they talk about sex.

Using neutral language	
When counseling people, be sure to use neutral, not biased, language. Biased language may offend people. Neutral language will help lead to a more open discussion.	
Biased	Neutral
Are you a slut? promiscuous?	How many sexual partners do you have?
Are you a prostitute? hooker? gigolo?	Have you ever traded sex for money, food, or a place to live?
Are you a drunk? wino?	How often do you drink alcohol? About how many drinks a day?
Are you a drug addict? junkie? shooter?	Have you ever used drugs? Which ones?
Are you a homo? fag? fairy?	Have you ever had sex with a man? (to a man)
Are you a dyke? lesbo? diesel?	Have you ever had sex with a woman? (to a woman)

Sex means different things to different people, and its meaning often varies by culture. It can be used to show feelings, have children, provide physical release, gain a sense of closeness or attractiveness, or be a means of getting money or fulfilling an obligation. With an open mind you can develop an understanding with each person that can lead to a free discussion about sex.

Sexual orientation

Certain groups of people may have difficulty getting services such as health care and education. They may be excluded because of their tribe or ethnic

A doctor and his patient

A doctor who practiced for many years in a small town was seeing a patient for the first time. The patient had abdominal pain and was vomiting. The doctor thought that she might be pregnant. He asked her a few questions:

“Are you married?”

“No.”

“Are you sexually active?”

“Yes.”

“Do you use birth control?”

“No.”

“Could you be pregnant?”

“No.”

The doctor insisted on doing a pregnancy test on the patient’s urine. The test came back negative. When he told her, the woman laughed and explained that there was no way that she could be pregnant because her sexual partner was a woman.

group, their lack of money or resources, their political beliefs, or their “sexual orientation.” Sexual orientation refers to whom people are attracted to and have sex with. Heterosexual (“straight”) people have sex with people of the opposite sex; homosexual (“gay”) people have sex with people of the same sex; bisexual people have sex with both women and men. Gay and bisexual women and men often experience severe discrimination. In the industrialized world HIV has especially affected gay men, and because of this they have experienced even worse discrimination than before the days of AIDS.

Drug and alcohol use

Using drugs or alcohol can increase a person’s risk of getting HIV. HIV can be spread if needles are shared during drug use. Drugs and alcohol affect a person’s judgment; some people may risk unsafe sex when they are under the influence of one or both. Many types of people inject drugs—mothers, merchants, doctors, street people. Do not assume that someone does not use drugs because that person does not “look” like a drug user.



Drug use and HIV

Drug users have a hard time changing their behavior because:

Most drugs are addictive and are difficult to give up.

Discrimination against drug users prevents them from learning about HIV.

Some drug users are poor and may even live on the street. These people have more immediate worries, like food, shelter, and their next “fix.” It may not seem important that they could get HIV and become sick in five or ten years.

Drug users often do not trust information that comes from authorities, including health workers.

Reaching out to drug users is difficult but not impossible. Some people think that because a person uses drugs she is unwilling or unable to change her behavior. Many drug users *are* self-destructive, but outreach workers have found that many others are interested in changing their behavior once they learn about the dangers of getting HIV. Many drug users know a great deal about the way HIV is spread and have changed their behavior to reduce their risk. You can provide the education and materials to help them change.

Age

Young adults are a special challenge for the HIV worker. Passing from childhood to adulthood is difficult and exciting. In most places, youths depend heavily on friends of the same age for ideas and information. These friends often influence their behavior more strongly than the youths’ parents.

Often, young people are not concerned about the future. They may feel immortal and find it hard to believe they could become sick or die. Young people often think, “I can take risks and nothing bad will happen to me.” For example, in the United



Sometimes young adults listen to each other more than to their elders.

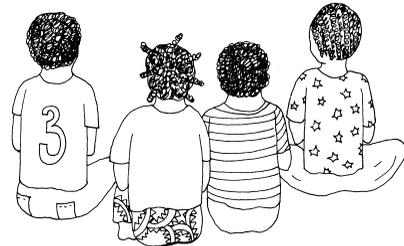
HIV and young women

In Zambia and some other parts of Africa, older men think that young women are less likely to have HIV. These men single out young girls for sexual favors. In Zambia this practice is called the “sugar daddy syndrome.” Many of the older men already have HIV and spread it to the younger women. The infection rate among young girls is six times as high as the rate among boys the same age.



States, they may jump off high rocks into rivers to prove that they are brave. Young people often take risks with sex or drugs; they are curious and want to explore new experiences. They may not think about pregnancy or AIDS.

Written materials are often boring for young people. Theater, music, and video are better ways to reach them (see Chapter 12). Young people may not like authority figures, including health workers. But all of this does not mean that young people do not need your help. Talk about the issues that are important to them as well as those that are important to you. Talk with parents about doing the same. Have young people who already know about HIV talk with other young people. This “peer counseling”—counseling among equals—often allows a more open discussion.



Each person is a part of his community. There are many types of communities. For example, a person’s family, village, coworkers, friends, drinking buddies, and schoolmates are all communities. Each of these groups influences how a person thinks and acts. Understanding the different communities in people’s lives will help you counsel them about HIV. For example, a teenager may rely on friends for HIV information. His friends may not be worried about HIV and may pressure him to drink and have sex. Another person may be far away from her village. Being far away from home may make

The AIDS quilt

In San Francisco, California, in the United States, many people were dying from AIDS. After much thought and discussion someone came up with the idea to make an AIDS quilt. Each person or family that lost someone to HIV sewed a square that would be a part of a huge quilt. Each square showed the sense of loss and love felt by the people left behind. The quilt has become a beautiful but sad reminder of the effects of AIDS. The quilt is so large that it covers many football fields. In your community, how big would the quilt be?

her care less about the social rules of her family. For example, being far away from her husband may lead her to have sex with another man. Communities can also be your allies in helping people avoid HIV. If you are teaching a child about HIV, he may share what he learned with his parents. Seeing the individual as part of a “bigger picture” can help you be a better counselor.

Answering Odette’s questions

“What should I do about my son’s diarrhea? My mother-in-law does not want me in her house. Could she have caused my baby to have AIDS to make us leave?”

Odette is faced with many difficulties. She has asked whether her baby could have AIDS, but she has other worries as well. Odette’s situation shows the need for you to see HIV risk as only a part of a person’s life. Let us examine the social factors affecting Odette.

1. Economics—Odette is poor.
2. Ethnicity and language—Odette is Munukutuba-speaking. Munukutuba-speaking people have a history of discrimination in some areas. She may not trust you.
3. Belief system—Odette believes that AIDS can be spread by bad will.
4. Knowledge about AIDS—Odette has heard about AIDS but does not know how it is spread.
5. Sexual practices—Odette has had sex only with her husband, but he is away from home much of the time and might have other sexual partners.
6. Alcohol—Odette’s husband drinks.
7. Personal health—Odette may be pregnant and may have HIV.
8. Son’s health—Odette’s baby has diarrhea and might have AIDS.
9. Family support—Odette lives with her husband’s family. Her husband’s mother does not like her. She is far away from her own family.

The fact that Odette is poor, alone, and has children means that she has a lot of important priorities other than HIV. If she is hungry and is worried about losing her housing, then HIV risk may not seem very important to her. Because she has no money and lives with her husband's family, she may not have any bargaining power for adopting safer sex practices with her husband.

Because Odette is Munukutuba-speaking, she may not have access to information or services. The Munukutuba-speaking people also have certain beliefs about HIV and its spread that should be addressed. Talk with Odette about what she knows about AIDS, and help her learn in areas where she is less knowledgeable.

The fact that her husband drinks and is away from home means that he may have other sexual partners. Ask Odette if she thinks her husband has other sexual partners and if she herself drinks or uses drugs.

Odette thinks she may be pregnant. Ask about her periods and consider asking her to take a pregnancy test. Family planning may be useful. Odette is worried about AIDS. After talking with her more about her chances of having HIV, you may want to offer an HIV test. If Odette is HIV positive, Odette's son may have AIDS. If her son is younger than fifteen months, the standard HIV test will not work; she should bring him back for testing when he is older. However, it is likely that the baby's diarrhea has nothing to do with HIV. The diarrhea may be serious even if it is not caused by HIV, and it should be treated.

You may not entirely understand Odette's situation, but you can encourage her to talk about it. This will allow you to build a relationship with her and answer questions she may have. By listening to her ideas you will learn about her problems, and then together you will be able to develop a plan to reduce her risk for HIV or cope with being infected.