PHOTOESSAY

Culture, community, and disease control

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While cultural factors permeate every aspect of health promotion and health intervention many such projects still do not include any consideration of ‘culture’. Aspects of culture that should be taken into account include: verbal (spoken and written) and visual language; gender roles and relations; beliefs and spirituality; and collectivist vs individualistic orientation. In addition, effective health promotion and disease control activities in a multicultural context should: affirm participants’ cultural identities and self-concepts; help to accomplish various strategic goals and expectations; speak the language (cultural repertoire) of participants in a literal and metaphorical sense; acknowledge and accommodate cultural diversity; and be sensitive to the contextual nature of meaning. Therefore the target audiences, as well as ‘culturally literate’ persons other than the target audiences, including outreach workers, local artists, and political and spiritual/religious ‘opinion leaders’, should be involved in all of the various stages of the design and implementation of a health promotion campaign or process.

This photoessay comprises of observations regarding the devastating effects of the AIDS epidemic and the social and cultural factors and circumstances that alleviate or amplify its impact. These visual and verbal impressions were gathered during several visits to South Africa and Lesotho as part of a Joint Flemish-South African research project on TB control in the Free State. I am grateful to Prof. H. Van Rensburg and his staff from the Health Research and Development Centre of the University of the Free State for showing me around and for introducing me into these countries’ cultures and severe health challenges.

The ABC of combating AIDS according to a Lesotho health campaign: ‘Abstain, Be faithful or Condomise’. A straightforward approach—executed in several languages along the road—offering clear advice on how to avert the threat, though the viability of each of the options proposed depends very much on the social and cultural norms that prevail within the targeted community.

The medium (a huge billboard), the message (get on the phone to seek help) and the location (a busy crossroad in Bloemfontein) construct the audience for this health campaign. The pictorial part contains several visual metaphors: the shape and position of the phone unmistakably has sexual connotations and the curl in the red phone cord mirrors the shape of a well-established symbol of the fight against AIDS. However cleverly constructed, this concept will probably not work for the high-risk population living in the vast townships nearby (see below) because the appeal to the individual and the use of telephones does not adequately address the community’s cultural and socio-economic constraints.

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The role of the family and community in the decision processes in certain cultures should never be underestimated. Very important differences may exist between more collectivist cultures and more individualistic ones. These differences must be taken into account when designing and executing health control strategies.

This school mural fights the stigmatization of and misconceptions about AIDS patients, and the exclusion they may suffer as a result. Grass roots responses are among the best indicators that a community is taking ownership of a problem. Both the location and the execution of these types of messages may serve as a powerful complement to more formal communication channels. They work particularly well on issues of acceptance and solidarity. Other grass roots or community media that are often used to express views on social and political problems include quilts, cloths, handbags, and clothing.

Efforts to promote more healthy behaviour should not go against existing belief systems (though they should not refrain from combating harmful misconceptions). Instead, they should adopt a co-operative approach. This billboard along the main road to Maseru (Lesotho) and close to a church is a simple but effective example of how this can be accomplished.
The wall of a traditional healer's shack advertising its 'health offerings'. The shabby outside contrasts sharply with the huge billboards displaying their slick health messages. However, this visual discrepancy may prove deceptive to the outsider, since these traditional belief systems still exert a profound influence on large sections of the population of contemporary African society. To simply ignore or fight them is inevitably counter-productive. A culturally sensitive approach also implies that one should try to reconcile traditional culture with more contemporary ways of acting and thinking. Culturally specific beliefs should not be considered by default to be cultural barriers.

A morbid aspect of many cities and villages in South Africa is the omnipresence of funeral parlours. Often they are also among the most thriving businesses in many of these highly burdened communities. Undertakers businesses have a large customer base, advertising as supermarkets tend to do and sometimes even resembling them.

Fairly deserted during the week this huge graveyard is a busy place during the weekend. Long rows of open ditches are waiting for new arrivals. Reading the names and the dates on the graves tells the story of how whole families and generations of young people in their twenties and thirties are wiped out, mainly by AIDS. Although they have very little, the families of the deceased tend to invest a lot in a proper farewell.