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Culture and Condoms. Integrating approaches to HIV and AIDS

A cultural approach for HIV/AIDS related projects

The need for intercultural competency

Von Véronique Schoeffel

Working in international cooperation in situation linked to HIV and AIDS, differences in communication styles and cultural values become critical. What are the main dimensions to consider in intercultural communication, the negotiation of shared common meaning? What are the intercultural skills needed to understand each other and to work together?

The aidsfocus.ch conference of the 6th of May 2009 reflected on the richness, new opportunities and challenges of a cultural approach for projects related to HIV/AIDS, in terms of prevention, treatment, care and support.

The invitation flyer defined the concept of cultural approach: “a cultural approach allows prevention and care methods and messages to come from within and be appropriate to different cultures. Creative and artistic projects may be the most visible examples. Cultural appropriate projects include working with religious leaders, elders and healers as well as involving people living with HIV and affected by AIDS.”

If such an approach seems obvious from the point of view of community development and empowerment, it raises a number of important questions in relation to intercultural communication. How can we make sure that we understand each other, when, due to our different cultural backgrounds, we perceive the disease differently, we talk differently about the same issue, we approach it differently, and we often underestimate the challenges of interacting meaningfully across cultures?

Indeed, most projects in international cooperation are not developed and led only by insiders of the culture of the “beneficiary”, but by organisations and partners from various countries and cultures. How can we make sure that we understand each other, when, due to our different cultural backgrounds, we perceive the disease differently, we talk differently about the same issue, we approach it differently, and we often underestimate the challenges of interacting meaningfully across cultures?

If we define intercultural communication not only as an interaction between people of different cultures, but as a *negotiation of shared common meaning* between these people, some dimensions of intercultural communication become critical, in relation to the content and to the process.

This article raises questions relating to three of these dimensions:

- The verbal communication styles, especially the issues related to direct and indirect communication
- The cultural values, especially the issues related to
 1. individual orientation and community orientation
 2. time orientation and use of money

Direct and indirect communication styles

In many countries and cultures of the West, and thus in many of the projects and programs developed in these countries, direct communication is considered as more desirable, clear and effective. In direct communication, we “say what we mean and mean what we say”, and our words are clear, explicit, expressing exactly what we mean.

In many countries and cultures of the rest of the world, indirect communication is considered as more desirable, clear and effective. In indirect communication, the meaning is not in the word, but in the context, between the lines, in the implicit. Who says what, when, to whom and how is very coded and regulated. One is especially careful not to hurt or make somebody lose face.

In projects related to HIV/AIDS, this difference becomes critical in the following situations:

- When people are offended by the directness of expatriates who, without being aware of it, use hurtful or offensive words
- When people prefer not to talk in order to protect their dignity and their families' dignity, but expatriates feel one needs to name things clearly in order to handle them
- When expatriates find it difficult to cope with the silence, the “not saying” related to HIV/AIDS, and have no other way of communicating

The following examples illustrate the issues related to direct and indirect communication styles.

The book “28 stories of AIDS in Africa” by Stephanie Nolan dedicates a chapter to Nelson Mandela, one of the most honourable and courageous people on earth. In this chapter, a passage explains why Mandela hardly ever addresses the issue of HIV/AIDS publicly when he was president of South Africa:

“In the period in which he was president of South Africa, the country’s HIV infection rate grew from

less than 8% of adults to nearly 25%. Yet he (Mandela) almost never addressed the subject, citing the excuse that it was culturally unthinkable for a Xhosa elder to discuss matters related to sexuality in public. “In our part of the world”, Graça told me, “everything related to sex is so private. Only aunties and some uncles can speak to the younger ones on sexuality, or those who go to the initiation process” – the traditional rites for young men in many tribes, including Mandela’s Xhosa. The spread of a sexually transmitted infection was not viewed as a presidential matter in newly-free South Africa.”

If talking publicly and directly about sexuality and HIV/AIDS is so difficult for a man of Mandela’s stature, one can imagine how much more difficult it is for the average citizen.

Silvia Noser and Friedwart Storto, who worked as volunteers in the North of Namibia with the organisation Interteam experienced it the following way:

“Sexuality is lived – the many children and the numerous teenage pregnancies show it – yet, one does not talk about it. Sexuality, and thus HIV/AIDS are taboo.” (Newsletter 6, January 2008)

How can one develop and support cultural approaches if our ways of talking about the issue are so fundamentally different? What specific intercultural skills does this require?

Individual orientation and Community orientation

If international cooperation is serious about applying a cultural approach, then it needs to accept that many partner organisations and many beneficiaries feel and think in a community oriented way, with implications for the nature and aim of the project.

When some projects have an inclination to want to support the persons living with the virus, many of the latter think in terms of family and community: what are the consequences for my family if I say that I live with the virus? What are the consequences for my extended family, if I can’t work anymore?

Lilian Raymund, 18 years old, lives in Tanzania. Her family is affected by AIDS.

When Markus Geiger, who works for Interteam in Tanzania interviewed her, he was very surprised by one of her answers. His question was about her future, as an individual, her answer was the answer of a community oriented person:

- What do you think for the future?

- I think of my family and I hope that my sister will continue working well at school and that my mother will recover from her illness.

I hope that my family will continue caring for one another, and that I can count on the support of my colleagues and neighbours.

- And for you personally?

- For the time being, I can’t imagine anything for myself. My sister and my mom have so many wishes.” (Mzungu Gazetti, December 2008)

The book “28 stories of AIDS in Africa” also has a chapter on Tigist Haile Michael, an AIDS orphan from Ethiopia, who lives alone with her young brother Yohannes, in very poor circumstances.

“When they walk down the main road on the way home from school, the children look in all the shop windows. Yohannes tries to catch a few minutes of movies playing on the TV screens, while Tigist likes to look at the clothes and the books. If they had more money, she said practically, she would spend it finding them better housing, and newer clothes, and proper cooking pans. When I put the question to Yohannes, he answered instantly that he would pay for them both to go to the best school in the city. And then he would buy trays and glasses, the things they need in the house. And perhaps, if there were lots of money, a television. When his sister was out of earshot, he confided, “I’d use it to take care of her.”

And when Yohannes has gone back out to run with his friends in the street, Tigist watched him from the doorway, her head against one slim-fingered hand, and she said it too. “If we had more, I would try to take better care of him. I have to take care of him.”

The stories of Tigist and Yohannes, as well as the story of Lilian highlight the importance of community oriented thinking in many HIV/AIDS oriented projects.

Time orientation and use of money

Multicultural teams involved in HIV/AIDS related projects do often experience tensions because of the culturally different ways of handling time and money.

Western development workers do often find it hard to understand and accept that considerable amounts of money are spent for funerals, when the family does not have the means to pay for schooling of the children or for “decent” housing. They are stunned when their local colleagues ask them to lend them money for funerary rituals. They also find it hard to accept that professional commitments are almost systematically postponed in case of funeral of somebody one knows, even if that person is not in the “close circle” according to western standards.

Local colleagues are, on their side, stunned and shocked that western development workers do not understand the absolute centrality of decent funerals, for the sake of the binding of the community of the living, and for the journey of the soul of the deceased towards ancestry. They are hurt when western colleagues challenge their primary commitment to funerals. For them, dignified funerals guarantee not only their status in the community, but also and even more the journey of the soul of the deceased...and thus their own peace of mind. The tragic story of Mfanimpela Thlabatse, from Swaziland, whose whole family died of AIDS within 5 months, illustrates this central cultural value. It is taken from “28 stories of AIDS in Africa.”

“I couldn’t bring myself to inquire of Mfanimpela about his wife or the children, but when Siphwiwe and I were making our way back down the path, I did ask her. “They all died, between April and August,” she said baldly. “One after the other.”

Mfanimpela had to give the children paupers' burials, she added, because after he buried his wife there was no money left for more funerals. I understood the shame this must have caused him.

Mfanimpela was thirty-four that day we met again — a few months older than I. And he had outlived his entire family.”

Let us also listen once more to Silvia Noser and Friedwart Storto's perspective:

“Funerals are more important than any professional commitment or anything else. For funerals, everything else is postponed. Everything. That was also the reason why the key speakers had not attended the teachers' conference. If a colleague dies, whether s/he is in pension or still working, the African understanding of paying respect requests that one attends the funeral. No way out. On one side, we are moved by this unshaken expression of support and condolences in case of bereavement, on the other side, we see that, at the age of HIV/AIDS, the endless number of funerals do not only paralyze schools to some extent, but they also prevent the development of a whole state.”

Two situations that highlight the gap between the cultural priorities...and the challenge of negotiating shared common meaning.

Concluding thoughts

If some of us give priority to funerals and life after death, whilst some of us give priority to what was planned and committed to; if some of us think as individuals and others as a member of a community, if some of us talk about things in an explicit direct way and others in an implicit indirect way...an important set of intercultural skills is needed to bridge the gap and to try to understand each other. This mutual understanding, result of negotiation of shared common meaning, takes time, but is the key to developing sustainable projects on the base of a cultural approach.

Developing intercultural skills takes curiosity, time, work and energy. It requires knowledge and awareness of one's own cultural identity, relevant knowledge of the other's culture, and knowledge of interaction and skills in it. It also involves the capacity to experience the other's perspective from his or her cultural basis, and the capacity to act in a culturally appropriate way in a given situation.

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Ressource

- Stephanie Nolen: 28 stories of AIDS in Africa. New York 2007

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Further information about cinfo and its services can be found at the following address:

<http://www.cinfo.ch/>

cinfo offers a number of workshops in relation to intercultural communication and intercultural skills development. More information on the website, under Formation (French page) or Bildung (german page). The workshops' language is English.

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