

Advanced International Colloquium on Building the Scientific Mind

Contribution to the special panel: The Scientific Mind and HIV/AIDS

Poliomyelitis is still an important disease in African countries. There is a campaign to eradicate it, which means that people are encouraged to have their children vaccinated. The attempt is relatively successful. I was present several times when people were informed about polio in villages in the Eastern province of Moxico in Angola. It is clear for medical and paramedical staff that awareness has to be built, if people are asked to agree to an intervention like a vaccination. Awareness building consists in most cases of transmission of information. As Western/Northern medical doctors we believe that this information should be given according to scientific standards. Of course, we know that a good physician does not necessarily know, which methods are the best to transmit knowledge about a disease. So we cooperate with people who are trained in education. All this was correctly observed, when teams arrived at the villages in Moxico, at least those who were accessible during the war, and informed people about poliomyelitis. They were told about a virus, which caused the disease, about the ways, how the virus could be transmitted from one person to another. And they were then informed about the existing method to combat the virus, which was the vaccination.

The people who gave the information, were respected people. There was no reason not to believe them. Most mothers went with their children to have them vaccinated. And a high percentage even came back for the second and third administrations of the vaccine.

Nevertheless, I got the impression that it did not mean very much to the mothers. They did not say anything against the information about the viral origin of the disease. However, the story about viruses answered a question they had never put. They all were looking for reasons for everything which happened. The virus-story could not be such a reason. In the way how people in Eastern Angola interpret history and nature, a disease has a meaning. It is important to find out what that meaning is. The disease disturbs relationships in families and communities. It is perceived as the expression of something that has gone wrong in the relations between the living or between them and the ancestors. A mother whose child has poliomyelitis would rather ask: Why is *my* child ill? That means that she wants to find out what is different in her family from the others. And the story about the virus does not answer that question.

In spite of that, poliomyelitis is being successfully combatted, because people do not resist the vaccination. So, why should we care?

It is more complicated, if we look at the human immuno-deficiency virus. There is not yet a vaccine. Even very optimistic scientists tell us that it will not be available within the next ten years. And once it will be, it will be very expensive and so not available to all those who need it. So we have to rely on other types of prevention. There are more than 20 years of experience of HIV prevention behind us. Yet the number of success stories is low. And even in the case of these success stories like in Uganda, we cannot yet be really sure that the decrease in HIV prevalence is a result of prevention interventions.

On the 7th International Conference on AIDS Impact, held in Cape Town from April 4th to 7th, 2005, Jeff Fisher from the Centre for Health/HIV Intervention and Prevention at the University of Connecticut, was very critical with existing prevention interventions. He called

them “intuitive and atheoretical” and “not informed by the state-of-the art behavioural theory”¹. As a result of that, Fisher pointed out that many interventions

- are not tailored for the respective target population;
- only provide information;
- fail to motivate prevental behaviour;
- do not teach behavioural skills;
- are not rigorously evaluated.

Fisher presented an answer to the problem with a model that had been developed in the USA and is actually adapted in Africa: the “Information-Motivation-Behavioural” (IMB)-Model. When I listened to Fisher, I was not sure whether the model would really fit to the situation I have met in Southern Africa. However, the approach to the problem is interesting:

The prevention interventions “only provide information” – this indicates clearly that information as such is apparently not enough. And interventions “are not tailored for the specific target population”. Isn’t it strange that many people seem to believe that the same tool can be used all over the world, if we are intervening in very substantial matters of societies and individual persons?

Some call it “social marketing of condoms”. The penetration of market terminology into all areas of human life is really amazing. Sometimes, when I have travelled through rural Mozambique, I wondered whether young people would not be tired of the intensive propaganda about condoms. Songs, theatre, posters – talk about condoms everywhere. Why doesn’t it work? In rural areas of Zambia, I found the message more concentrated on abstinence. Young girls and boys in schools, six years old, sang songs about abstinence. And the older ones told me that it was better not to have any contact with people of the other sex. They were afraid of any type of relationship – and I started to get afraid of these people thinking of them as future adults. What is going wrong with such simple rules like the famous ABC, standing for Abstinence, Be faithful, and Condoms, and now sometimes being extended to D for Delay sex and E for Early testing?

It is surprising, how little we know about what determines people’s sexual practices in African countries. We do not know much about their understanding of sexuality, love, relationship and reproduction. Most anthropological and ethnological books about African societies are written by missionaries, who were precise observers of many practices, but apparently not very much interested in the sex-life of those, whose souls they wanted to win. Maybe that is because they were not very clear about their own sex-life and its meaning.

I am not saying that the elements of ABCDE are wrong nor can I propose other solutions. However, what I have seen, indicates that the ABCDE-message cannot come across, as long as we do not take into account what the meaning of it is for the people we are talking to.

The main argument against this is the emergency. In an emergency you cannot look for reasons, background or context. You intervene. In the case of a burning house, you extinguish the fire first, and then you try to find out why it burnt. There is no doubt that AIDS is an emergency, at least in Sub-Saharan Africa. However, we have been fighting the fire for twenty years, and what if we have been fighting it with petrol instead of water?

¹ Quotations from own conference notes.

That is, indeed, the main concern: that our interventions are not only unsuccessful, but that prevention interventions might contribute to the spread of the virus. Reimer Gronemeyer, professor emeritus, sociologist and theologian at the University of Gießen, reminds us in his book “So stirbt man in Afrika an AIDS”² of the structuralist view that historical eras have their own characteristic diseases, “which belong to its physiognomy like everything else they produce: ... like its arts, its strategy, its religion, its physics, its economy, its erotics, and any other expressions of life...”³. AIDS might then be the disease of modernity and globalization, and it seems to confirm this view that some Bantu languages use the term “modern disease” for AIDS⁴. It is interesting to listen to the different names people give to the disease or its threat. Modern migration or trafficking in Sub-Saharan Africa – forms of movement, which are different from earlier forms of migration, in which whole communities or clans changed locations – have contributed to the dissolution of social structures, in which people felt safe and at home. This is one of the characteristics of modernity in that part of the world. I do not want to idealise old or traditional social structures. However, saying that modern dissolution of social networks contributes to the spread of AIDS, does not necessarily mean that these networks were ideal social structures. Gronemeyer states that there is something like a “social immuno-deficiency”, which would support and strengthen the “human immuno-deficiency”. If he is right, one of the consequences should be that the struggle against the “human immuno-deficiency virus” (HIV) has at least to include empowerment of societies and/or communities in order to reverse “social immuno-deficiency”.

And that cannot work without understanding what people’s interpretations of their own context are.

Until now I have not even mentioned the “scientific mind”, although this term is in the centre of this colloquium. The organisers have wisely refused to provide a definition of the “scientific mind” before. However, they have given some guidance: “We may assume, though, that most will agree that it has, among other things, to do with not taking things for granted, questioning any given ‘truth’, being inquisitive, seeking connections and patterns, and being relentless and methodical in asking questions”⁵.

I am not a scientist, but as a European citizen with an academic education, I can happily adhere to this tentative description of the “scientific mind”. My question here is: Does that help in combating AIDS in Sub-Saharan Africa, where I work?

Allow me, please, to briefly concentrate on one of the elements of the above quoted tentative definition: “questioning any given ‘truth’”.

Doing this, certainly requires a feeling of safety. I assume that part of that is material safety. If I do not have to care about the next day’s food, I can afford to not believe what others tell me to be the truth. The European enlightenment has emerged in a cultural context with certain liberties. Culture is able to move, to change, and so to advance and possibly reach higher levels of development, if it is not threatened. Amílcar Cabral has described colonialism as a violent external termination of a people’s own history, and he concluded that the struggle for liberation would be a fundamentally cultural act, in which people try to restore their cultural

² Gronemeyer, Reimer: So stirbt man in Afrika an AIDS. Frankfurt (Brandes & Aspel) 2002

³ Egon Friedel: Kulturgeschichte der Neuzeit, München 1976, quoted in Reimer Gronemeyer: op.cit.

⁴ It is a strange phenomenon in European languages that a disease is given a name derived from its pathogen agent, using an English abbreviation in nearly all languages, which makes it linguistically be part of modern computer or economic languages, which also use a lot of English abbreviations.

⁵ Quoted from the „Call for participation“ to this colloquium.

identity⁶. Attempts of liberation have widely failed. This is not the place and the moment to discuss the reasons for that. However, if we follow Cabral's interpretation of foreign dominance, we find African cultures more than ever under threat. It does not make much difference, whether the threat comes from a foreign country or from a capital city in a formally independent state, which for most people is as far away as any colonial power has ever been. And – we all know that – foreign domination has not ceased with the departure of colonial rule.

I am not saying here that the indigenous culture is good and the foreign dominant culture is bad. However, even if we think that the “Declaration of Human Rights” is an important achievement, we still have to recognize that some elements of it are not culturally accepted in many Sub-Saharan African countries. And, following Cabral, I would assume that the reason for that is that these African cultures have been constantly under threat of extermination, which is why they did not have the chance to move, to try new concepts, to set new steps and take risks. While it is true that the inner Africa has only been colonized very late and that in these areas much of very ancient culture has survived, I would defend the thesis that colonial rule, although it was fully established only at the coast, has nevertheless been felt all over the continent. It has not succeeded to destroy the cultures. However, it has had a very strong impact in preventing these cultures to be flexible and able to take risks. People have become rigid in defending their cultural identity.

I do not think that it is possible to make these people question what they believe is the truth, because their truth has always been questioned by others. Many of these others were violent intruders, and still continue to be, although their forms of violence may be more subtle. And the other truths, which have been offered to them, have only worsened their lives. That is why I do not believe that we will be able nor that we should try to make them change their minds to be scientific in the way we understand it. People from different cultural backgrounds listen to us in private and can be even curious to know about our ways of interpreting phenomena in the surrounding world. However, in order to do that, they need to trust us. That trust is then the basis, on which they also can afford to question their own visions. In order to create that trust, we – the interveners from outside – have to become trustworthy. And even if we personally may already have that quality, we have to recognize that we are part of a long history, which has destroyed trust. It is necessary to take the threat away from the cultures which have been dominated for such a long time. To do that, will be very difficult and highly controversial, because it implies not only to take the threat away from those elements of culture, which we agree with.

Historic collective experience plays a very important role. When the South African government at the end of the 80ies of last century started to give information about AIDS, this could only be understood in the context of the still existing apartheid regime. “Government efforts to promote AIDS education and prevention programmes in schools and elsewhere were at best ignored, at worst counter-productive” and AIDS “was said to stand for ‘Afrikaner Invention to Deprive us of Sex’”⁷. People who said this, were not stupid or ignorant. They had an experience, which made them question the “truth”, which was offered by those, who suppressed them.

⁶ Amílcar Cabral: A cultura nacional II. O papel da cultura na luta pela independência. In: Amílcar Cabral: A Arma da Teoria. Unidade e Luta I. Obras Escolhidas de Amílcar Cabral. Textos coordenados por Mário de Andrade. Lisboa (Seara Nova) 1976, pp. 234-247.

⁷ Virginia van der Vliet: South Africa Devided against AIDS: a Crisis of Leadership. In: Kyle D. Kaufman and David L. Lindauer: AIDS and South Africa. The Social Expression of a Pandemic. New York (Palgrave Macmillan) 2004, pp. 49/50.

It may be easier for us to deal with the minds of those people who currently intervene in African countries in order to reverse the development of HIV prevalence. And for them I would like to add an element to the tentative definition of the “scientific mind”: They need to be curious, they need to want to know, what the context is, in which they want to intervene.

I do not know any other tool to prevent the spread of AIDS than abstinence (which I think is not a very promising concept, because I continue to believe that sexual relations are part of human nature and culture and contribute to pleasure and strengths of human life) and condoms. However, in order to convince people to use condoms, we have to understand their views on sexuality, relations, love, reproduction and a lot of other issues, which may be important for their lives and their understanding of the world around them. We need to take the people, who are addressed by our campaigns and projects and even by our research, more serious.

I mentioned already the 7th International Conference on AIDS Impact in Cape Town in April this year. There was an interesting presentation of a young South African researcher, Terri Ann Selikow, linked to the University of Alberta/Canada. She had done research on prevention programmes under the ABCDE-concept in Alexandra, one of the former so-called townships just outside Johannesburg. And her findings made her say that this concept is “a simplistic approach to a multifaceted problem”⁸. She argued that the context of sexuality had to be taken into account, comprising hermeneutics (symbols, meanings with all their cultural specificity) as well as structural elements, which she described as more external. For South Africa, she stressed the need to consider the historic mistrust towards any kind of authority, which has consequences for example in schools, the disintegration of families, the breakdown of traditional socialization institutions, and the lack of educational and employment opportunities.

The researcher found that trust was considered important in relationships between men and women, and that trust was seen as opposed to condom use. Sex was, particularly by young people, often perceived as proof of love – which led in many cases to early sex and also to sex without condom. These are only examples of determinants for people’s practices. Prevention appeals, which do not address them, are not likely to be successful.

Selikow therefore proposed the development of what she called “love literacy”, taking the notion of literacy from the understanding of Paulo Freire. That means that all practice (and all language) is seen in its relation to other social practices, and that action is united with critical reflection. Instead of the simplistic ABC (-DE), we would then come to a different alphabet, and look at the meaning of many letters like the t for trust, the m for myths (not just in the sense of “erroneous belief”, but in that of the socially constructed nature of sexuality), the p for power, the g for gender, the e for education and economy, the n for new forms of masculinity and femininity, the f for fear etc.

I do not know whether “love literacy” can or should be part of the “scientific mind”. It seems to me that it can be an interesting idea to develop further. And part of the reason for that is that it expresses a profound interest in those who are struggling with HIV, and empathy, which may not be scientific, but which I would like to see included in the “scientific mind”.

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⁸ Quote from own conference notes.