



AS SWEET BY ANY OTHER NAME?

The chief executive officer of LoveLife, South Africa's premier HIV prevention programme for youth, Dr David Harrison, has called for an urgent 'segmented' HIV awareness campaign aimed at older males, traditional leaders and university students.

LoveLife appropriately targets the country's 14 million 12 - 17-year-olds, more than half of whom have a better than even chance of contracting HIV/AIDS (60% of our new HIV infections occur before the age of 25).

In this way LoveLife tries to starve the epidemic of its new infections. However, there appears to be a yawning chasm in the overall HIV/AIDS communication and awareness strategy and Harrison says his continuing efforts to convey this to the health ministry have yet to yield any tangible results.

'We need to keep hammering on – to my knowledge we've never sat down with government and discussed a strategy. It's a call that's not been picked up. I don't know if we're being ignored, but it's certainly not been translated into any action.'

Stratified campaign needed

What was needed was a campaign that was segmented enough to target specific age groups and leadership strata, deliberately filling the biggest gaps in existing communication. 'We'll have a limited effect if we're not based in a national strategy that applies the same intensity of effort to other age groups,' he said.

Harrison was responding to conclusions reached by fascinating and little-publicised study into the 'naming and ways of talking about HIV/AIDS in African languages', by Tessa Dowling, a doctor of African languages in Cape Town. Dowling's study concludes that programmes need to be developed that have 'a real prospect of influencing perceptions and behaviours', especially when it comes to understanding the naming and taboo traditions in African languages.

She goes as far as to suggest that a praise name be found for the condom – as an attempt to destigmatise and

reduce the cultural and traditional resistance to its use.

Dowling's work uncovers some unique and creative cultural language constructs and beliefs around HIV/AIDS and offers valuable insights for Western medical practitioners. The actual research centres on urban Xhosa communities around Cape Town, many of them shack-dwelling people with strong rural ties to the Eastern Cape, but can be extrapolated to similar communities across the country.

There appears to be a yawning chasm in the overall HIV/AIDS communication and awareness strategy.

Beliefs largely ignored

Awareness campaigns, it seems, take little notice of what statistically a very significant proportion of South Africans believe and practice – and how they actually talk about HIV/AIDS.

On beliefs, for example, would you speak the name HIV/AIDS if you believed that doing so might bring the dreaded disease upon you? Would you dare go for an HIV test if you believed that doing so would risk its mention and thus 'expose you' to being positive? Or would you use a condom if you believed that, after sex, your partner might steal the contents for mixing by a wizard into a powerful potion with which to curse you or hold sway over you?

Would you use the ubiquitous *ijiffy* if you thought that spilling your seed or 'essence' into it would anger your ancestors whose sacred bloodline you are obliged to perpetuate?

Many doctors are confused and mystified by the seemingly implacable resistance by many patients to the best advice, treatment and prevention that science has to offer.

Dowling's study poses the question of whether it offers some political insight into the top-level government denialism, defensiveness and reluctance

to speak out loudly and frequently on HIV/AIDS.

LoveLife 'limited'

While LoveLife might be the most efficient and largest campaign, it is hamstrung because it targets mainly the 'born free' generation (born after 1994) that lives in a media-saturated environment, transcends cultural boundaries and is much more materialistic and 'acquisitional' than the swathe of people Dowling spoke to.

The health department's Khomanani HIV/AIDS awareness campaign duplicates this as part of a wider message.

Nomonde Xundu, the health department's new HIV/AIDS chief, said that Khomanani was now beginning to explore the targeting of women, adding that she was fully prepared to 'sit down with anybody and explore where the gaps are'.

Harrison said work of Dowling's calibre and content was 'critical' while his head of programme development and design, Scott Burnett, told *Izindaba* he would consider incorporating it into LoveLife's radio slot broadcast on 14 stations nationwide.

'Dowling's point is well taken – but with us you have to be able to balance cultural and language-specific stuff with the context of Lovelife as an aspirational youth brand.'

Chris Ellis, a KwaZulu-Natal doctor and author of several books on Nguni language and culture in medical consultations, said one of the most common causes of misinterpretation was that many African languages used metaphors, allusions and euphemisms, especially when dealing with illness.

Dowling says that by treating the HIV/AIDS names itself as taboo, 'one respects the other's choice to remain silent as well as protecting oneself'.

What's in a name?

The cause of death of an HIV/AIDS victim at a funeral would be the whispered *Amagama amathathu* (the three words). Other common names for



HIV/AIDS were *Uqedisizwe* (the finisher of the Nation), *iLotto*, *iAce*, *iStimela saseZola*, *Umlazi* train (crowded train routes), *iTKZ* (pronounced ee-tea-kay-zee, a popular kwaito group) or that the infected person is 'a member of the ANC or PAC' (also three letters and apparently clear to the listener when used in context).

People who are open about their disease are often looked down upon with the following stigmatising expressions bearing witness: *Ufuna ukuba famous* (s/he wants to be famous), *Ufani imali Kahulumeni* (s/he wants money from the government), *Uyithe pahaha* (s/he has mentioned something s/he is not meant to say).

Other expressions centering on refusing to use condoms include *Yi-waste*, *Ngifuna ingane* (I want a child), *Awunawulahla imbewu/abantwana bakho* (you cannot throw away your seed/your children).

Expressions revolving around discomfort and negative side-effects include *Angifuni ngane ezalwe ithwele isigqoko* (I don't want a child born wearing a hat), *Yenza idrop* (it causes drop) and *Ikondomi inokuyivelela ngaphakati I-Aids* (a condom can keep AIDS inside). On reducing or eliminating enjoyment: *Awunatya iswiti esphepheni* (you cannot eat a sweet wrapped in paper) or *Awunawuhlukuhla ikhampa* (like shaking a carton that has not been opened).

Dowling says a number of her respondents saw AIDS as having been brought deliberately to Africa from outside and includes sayings such as *Abelungu bezonukudla eNingizimu okuneAids* (whites came to Africa with food that has AIDS in it) and *Lintlanga ngeentlanga ezigcwele apha eSA zizo eziza nezi zifo* (the different nationalities that are filling up SA are those that are coming with these diseases). Most tragically and distancing she says, is that HIV/AIDS is seen as something that has been brought to South Africa to end love: *Iphelisa uthando* (it ends love).

Xundu, who took over the government HIV/AIDS hot seat just 3 months ago, said her understanding was that LoveLife was funded by the State to take the initiative wherever it

felt this to be necessary. 'So for them to say they get no hearing from us is irritating and unhelpful.'

If there were 'identified and proven' gaps to consider in the overall awareness campaign, 'we're definitely open to that. There's no such thing as no one listens,' she added.

Government chief dismissive

Thami Skenjane, Director for Social Mobilisation in the HIV/AIDS directorate, dismissed Dowling's work outright. 'As a nation we've moved and shifted from those kind of myths – I don't think it's possible that there are hundreds of thousands of people out there who still believe these things'. She challenged the validity of extending Dowling's conclusions about township communities in Cape Town to the rest of the country. 'I have a bit of a problem with her research. Where does she come from? Don't tell me she's one of those USA students who come to Cape Town and study and then go back and become authorities on South African issues!'

Skenjane, a former AIDS activist, also took issue with Harrison. 'You can tell him I'm not impressed with his suggestions because we're giving him money. He shouldn't be talking about it, he should be acting on it.'

'Our people are dying and we don't have time to be faffing around,' she added.

Skenjane believes Khomanani is 'achieving about 98% public awareness', claiming that whatever it put into the public domain was 'first tested and researched for that particular target group of people'. She highlighted Khomanani's 'hip-hop' youth campaign video, saying it was presented in both rural and urban areas and pointed to the 'mobilisation of traditional leaders, women and youth'.

A traditional leaders' forum was being used to take its members through a formal HIV/AIDS course while the 'seven main faiths' in the country were in HIV/AIDS partnerships with the directorate.

From interviews with national and provincial health officials in October last year, the *SAMJ* estimated that the

percentage of traditional healers to have undergone State-sponsored HIV/AIDS awareness training stood at around 6.25% (25 000 of an estimated 400 000).¹

Continued Skenjane: 'I personally organised the Men's March, they had an Indaba at Stellenbosch in October 2002 and they then spearheaded the anti-violence campaign. I also came up with the Feed a Child campaign – I have a problem where people don't follow these things and know about me,' she added. Skenjane has been in her post since 1998.

She goes as far as to suggest that a praise name be found for the condom – as an attempt to de-stigmatise and reduce the cultural and traditional resistance to its use.

Dr Robert Pawinski, a community health expert in the faculty of medicine at the Nelson Mandela University in Durban, said there was a paucity of psychosocial information and data in the HIV/AIDS field. 'This is still a growing body of knowledge. In rural communities Dowling's work is important in terms of optimising prevention and treatment,' he said.

- LoveLife gets R23 million of its annual R200 million budget from the Department of Health with a specific brief to make 250 public clinics 'adolescent-friendly', and has data indicating growing success in this field.
- Dowling is a University of Cape Town graduate, Xhosa linguist and the director of a company called African Voices that produces material for the learning and teaching of African languages. She has done research and consultancy for several local and foreign institutions. She told *Izindaba* that she has never been to the USA.

1. Bateman C. HIV training of traditional healers limps along. *SAMJ* 2004; 94: 804-806.

Chris Bateman