Representation, management practices and strategies for TB & HIV/ AIDS control in West Africa

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Abstract

HIV/AIDS and tuberculosis still arouse irrational emotions and behavior due to the nature and quality of the information conveyed.

In West Africa the NCCR North-South addressed the issue of these diseases through inter and trans-disciplinary approaches to provide insights and developments in the understanding of the transmission and the strategies to mitigate the burden of these diseases. It appears from the case studies in urban and rural areas that strengthening the capacity of medical staff, the promotion of economic activities for young people and women, and finally the management of incidental cost to DOTS and ARV are credible alternatives to promote health. New forms of communication about the disease that take into account socio-cultural values can help to deconstruct language and representations on these diseases that are now by far a fatality, due to the advance of medicine.
1. Introduction

Africa suffers from the burden of infectious diseases, among which the most publicized are tuberculosis and HIV/AIDS. HIV/AIDS particularly arouses a lot of emotions and irrational behavior because of the nature of the information conveyed. It still leads to attitudes and practices that discriminate against a certain category of people living with HIV (women and youth). These attitudes and practices, influenced by social relations of gender, make these people vulnerable, leading them to break one by one the social ties that bind them to their environment. These breaks, contrarily to what emerges from the literature, far from leading to a total exclusion, gradually leads to social blending. Social and production costs associated with these diseases are rarely quantified, whereas their inclusion could determine the success of health programs through equitable access to medicines and care.

Methods of standardized prevention and treatment of these diseases, sometimes simple and of guaranteed efficiency do not appear to significantly alter their effects on populations and societies. Conventional health systems are linear and pyramidal. These structural public health problems are underpinned by social, economic and political systems of which it is crucial to make a thorough analysis in different contexts.

The NCCR North-South through the research group “High Burden Diseases” has been working for nearly 10 years with institutions in the research and the promotion of forms of adaptation of populations to health problems (ex. HIV/AIDS &TB) in urban and rural contexts. The choice to address these issues through social sciences has helped shed light and developments in understanding the transmission and mitigation strategies of the burden of these diseases. Reflections focused on risks, vulnerability factors that affect the health of individuals and transform their values and resilience to diseases.
2. Approach and Methodology

The comprehensive approach enables a contribution to the reduction of inequalities in the access to diagnosis and care, the reduction of contamination risks, and the promotion of new values for a behavior change. The latter is supported by the adaptation of the ALS method. (Autodidactic Learning for Sustainability) to the theme of HIV/AIDS. The various case studies and pilot interventions covered since 2003 have been carried out in the semi-arid environment (nomadic, rural) and urban, and include:

- Perception of tuberculosis among nomads in Hodh Echargui (Mauritania) and Chari Baguirmi (Chad) by Dr. Moustapha Ould Taleb.
- Dynamics of social relations and sexual practices in Ouagadougou in the context of HIV/AIDS by Mrs Patricia Schaerzler
- Social fragmentation of women affected by HIV/AIDS in Abidjan (Côte d’Ivoire) by Mrs Cléopâtre Kablan
- Perception of HIV among health workers in Nouakchott (Mauritania) by Dr. Moussa Keita
- Equity in access to treatment for HIV in Abidjan and in Bouaké Côte d’Ivoire by Mr. Sosthène Nguessan.
- Costs linked to the management of tuberculosis in Mauritania. Cost of the system and cost for patients and their household. Durand-Bourjate Yannick
- Partnership Actions for Mitigation Syndromes (PAMS): HIV/AIDS and TB in Côte d’Ivoire, in Mauritania and Chad, several projects which involved above listed PhD students and many seniors including Dr Alain Nicolas Betsi and Prof. Guéladio Cissé

The originality of the issues addressed in the context of this research is first of all the framework of the theoretical reference of these studies within the NCCR North South which ensures complementarity between the subjects and disciplines used (interdisciplinarity) and the value added of social sciences and local knowledge (transdisciplinarity).

Privilege qualitative approaches through focus groups and life stories were used to identify breaks and seize articulations and adjustments that have marked the different stages of people’s lives (ex. Women living with HIV/AIDS) as well as failures and successes of their strategies and practices. The analysis of the content of the discourses produced enabled to develop themes and to achieve a significant configuration of the issues most frequently mentioned by these people in relation with the disease. The effectiveness of equity of access to care and drugs as well as the social costs of the disease are the new components introduced to better understand the obstacles and improve health systems in a sustainable way.
3. Representation, social costs and mitigation systems.

Among the nomads in the Sahel, the representation of tuberculosis is complex and driven by traditional concepts, including the “inheritance of the disease.” The study of sexual practices in urban areas, shows that TB, HIV/AIDS are at the heart of social relations. As a matter of fact, because of their emancipation from general social control and in particular marital of the elders, the youth and particularly young girls are blamed for the spread of the virus. People living with TB or HIV/AIDS are stigmatized and forced to live at the periphery of society. It changes their status and they become more fragile. In this sense, gender issues are particularly present.

In their lives, infected women participate in the construction of new forms of sociability on the background of new representations. Indeed, social representations arise from the experiences of solitude experienced by these women. These representations express how they lived and apprehended the effects of the disease (ex. HIV/AIDS) on the course of their lives, leading them to print a logic and a new meaning to their relationships and consequently to adopt new ways of being, acting and associate, to achieve a socio-economic identity.
3.1 Gender and generation

These results confirm the feminization of HIV/AIDS in Côte d’Ivoire: 72% of the respondents are women against 28% of men. It is clear that women are showing positive signs because they can reclaim social recognition and less negative status by organizing themselves internally and assimilating their new situations. The breaks usually occur with the family, the marriage and at work, the first two being the most important. But the necessary analysis that needs to be made, after observing the course made by these women is that when there is a break, it is never enough consumed at the point where the social bonds are permanently and irreversibly put into question and broken. Some links still exist; others are literally broken or delayed, if they are not simply slackened. The continuation of these links, nevertheless have a selective consonance. It favors the relationship of the uterine, which is mainly a general trend in the matrilineral system. Furthermore, the selective and partial nature of the breaks, shows that even if it leads to a process of exclusion, this process is ambiguous. Women in their journey of solitude, therefore tend to develop strategies of resilience to individualism, in the sense that solitude is experienced with regard to certain values of social and statutory integration, as an impasse which must be sought to avoid at all costs.

Registering these values, marriage and the pursuit of economic activities, rank first. Moreover, the ambiguity of the exclusion process clearly appears, when the itinerary of the solitude experienced by these women results in some material and financial achievements. This success, instead of driving these women to adopt economic behaviors and ways of being with the others, which would be guided by aspirations fully individualist and will end up disconnecting them permanently from their social networks, is on the contrary, a powerful social, family, and community reintegration factor for them.

Sexual practices are social activities and thus subject to social changes and to the negotiation of different positions between old and young people and women and men. Models of relations, discourses and sexual relations practices coexist. Older people refer to “traditional” institutions of premarital sex control, and are complaining of their downfall with reference to the current sexual practices of teenagers in cities (ex. Ouagadougou). They also judge these practices negatively and consider them to be one of the reasons for the spread of HIV/AIDS. They specifically accuse young girls. For the latter and for boys, their models and practices of multi-partnership are an expression of the quest for new representations of femininity, masculinity, and the quest for financial means. These new representations are in part, shaped by a socio-economic and customary context encompassing monogamous and polygamous practices, and some forms of extramarital relations socially acceptable. The hesitation vis-à-vis the use of condoms is due to various reasons, including some myths built around the condom.
3.2 Equity and Good Governance.

Information is an important resource in the field of disease prevention. Generally speaking raising public awareness is vested in the medical staff and society. Medical staff that should be having vanguard functions, in some cases is insufficiently informed. For example, in Mauritania, only 15% of the medical staff has some knowledge about the 3 modes of transmission of HIV/AIDS. The majority adheres to other beliefs on the transmission such as mosquito bites (19.2%), sex with foreigners (67.9%). Areas of mythologizing of HIV/AIDS and medical syncretism are more extensive than we think. Training and awareness of medical personnel is equally important as those provided to the populations through civil society.

The issues of good health governance are also crucial. The standard of care is below the actual needs of patients. Map distribution of support centers, show significant disparities and inequalities. (eg. Abidjan).

The management of patients is strongly characterized by a highly unequal distribution of structures, most of which are located in capital cities. (eg. Côte d’Ivoire). It is also clear from the observations, that a low capacity of people living with HIV/AIDS and TB ensures expenditure items surrounding the treatment, despite the fact that ARV’s and DOTS are free. The total cost to support a TB patient is estimated at 2700 dollars. (eg. Mauritania) with 6% of direct cost supported by the health system and short course chemotherapy and 94% of indirect costs (social productivity) supported by the patient and his family. The use of social ties, traditional therapy systems, spirituality and the informal health sector seems to be an emergency exit in the exit of the disease. Unlike the public sector, community actors develop mechanisms to support the most vulnerable people. As for the political environment, while offering institutional arrangements and a strong commitment, it does not always enable to provide an effective fair support and to achieve the goal of universal access.
4. Conclusion

Research by the group “High Burden Diseases” of the NCCR North South lead to modifications and practical application for the alleviation of the burden of infectious diseases. The capacity building of medical staff, promotion of economic activities for young people and women, and finally the management of expenses incidental to DOTS or ARV are credible alternatives to promote health. Finally a new form of communication about the disease that takes into account socio-cultural value can help to deconstruct the language and representations on these diseases that are now by far not a fatality due to the advance of medicine.
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Bibliography