id21 health highlights 22

sexual health

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Can modern and traditional health providers work together in Zambia?

Zambia has a serious shortage of health care workers due to emigration, the low output of medical schools and the loss of many health workers to AIDS. This shortage is jeopardising the country's ability to control the HIV and AIDS epidemic.

A significant proportion of Zambians use traditional health practitioners. According to UNAIDS, at least 60 percent of patients with sexually-transmitted infections (STIs) and HIV and AIDS seek their advice. Given the shortage of health care workers, traditional health providers are increasingly being seen as essential if care of people with HIV and AIDS is to be scaled up. Historically, however, the relationship between modern and traditional health providers has been plagued with tension, denial and mutual dislike.

This study looked at the experiences and attitudes of modern and traditional health providers towards collaborating together in caring for patients with STIs and HIV and AIDS. Over 150 biomedical health providers (nurses, midwives, physicians and laboratory and environmental health technicians) and 144 traditional health providers (herbalists, spiritualists, diviners and traditional birth attendants) were interviewed in two cities, Ndola and Kabwe, in May and June 2003.

The study made the following findings:

- There was little experience of collaboration between modern and traditional health providers.
- Collaboration mainly involved modern health providers training traditional health providers on safe delivery.
- Collaboration between the two sectors on care of patients with STIs or HIV and AIDS was less common.
- The two groups both acknowledged the role that traditional health providers could play in fighting HIV and AIDS.
- Both groups identified policy-level obstacles to collaboration, namely legislation and logistics.
- Collaboration is also hindered by individual modern health providers' lack of trust in traditional health providers – yet as many as 40 percent of the former said they were interested in working more closely with the latter.

Interactions between modern and traditional health practitioners tended to be along old paternalistic lines, in which traditional health practitioners were taught by modern health practitioners. This approach is inappropriate in the context of Zambia's AIDS crisis. It is therefore recommended that:

- a broader framework to acknowledge all the relevant stakeholders as useful partners – and allows for the distribution of roles among them – in controlling HIV and AIDS needs to be defined.
- the state must tackle the problem of the stigmatisation and lack of recognition of traditional health providers

There is an urgent need to involve modern and traditional health providers, patients and other stakeholders in exploring ways in which effective strategies can be set up to deal with key HIV and AIDS care issues through improved collaboration.

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Stigma and HIV infection in Russia

HIV is sweeping across Russia. Sufferers are stigmatised for becoming infected. This stigma must be removed if the epidemic is to be brought under control.

Bart's and The London School of Hygiene and Tropical Medicine (UK) conducted a study of attitudes towards HIV sufferers in Russia. By May 2005, 0.7 percent of the population of the Samara region in south-eastern Russia had been infected with the virus. Three quarters of registered patients became HIV-positive through using an infected needle.

Non-judgmental health services are necessary if the disease is to be brought under control. More people will come forward for tests if less stigma is attached to the virus. A number of group discussions with HIV-positive people and other members of the public were held in Samara in May and June 2004. The groups were divided by age, sex, level of education and HIV status. Each of the 15 group had 14 members.

During the discussions many HIV patients, particularly women, talked of depression and suicide attempts after they had been diagnosed with the virus. Men said they continued to share needles even though they knew about the risks involved. When they tried to buy syringes at chemists or use a needle exchange they found the police waiting outside to arrest them.

The study found that some Russians see HIV as a threat to society. Many believed:

- they were not at risk because they lead 'normal' lifestyles
- HIV is caught through prostitution, promiscuity or drug use. As a result they had little sympathy for HIV patients who 'got what they deserved'
- HIV could be caught through a blood transfusion
- drug addicts might attack them in the street with an infected needle.

Some believed HIV could be caught through sweat, kissing and travelling to a region with a different climate. People said they would avoid anyone with HIV and would stop their children from having any contact with them, even if it was a relative. Nevertheless, some people were more caring in their attitudes. They said they should help relatives in bad times as well as in good times. They believed HIV patients should have legal protection so they would not lose their jobs.

In order to stem the epidemic, the study recommends:

- providing health education in order to encourage people to change their behaviour and use condoms
- introducing needle exchanges
- counselling both before and after HIV tests to help patients with their emotional and practical needs
- Providing treatment for sexually transmitted infections
- Reducing transmission from mother to child

However, for these health measures to be effective, attitudes need to change. Health officials in Samara are using this study to find ways of reducing the stigma attached to HIV.

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Adapting to AIDS in Zambia

Why are some communities more resilient?

In Zambia, a high proportion of people aged between 15 and 44 are HIV-positive: 13 percent in rural areas and 25 percent in urban areas. The social and economic effects of AIDS are long-term, affecting both urban and rural communities. However, what makes some groups vulnerable and others resilient to these effects?

This study explored the impacts of AIDS-related deaths on livelihoods in Zambia. The study uses 'clusters' rather than just households in its analysis. These clusters are groups of people, usually related, who are involved in exchanges of resources including food, labour and/or common access to livestock.

The study collected observations over a long period of 12 years, from 1993 to 2005. It focused on two locations: Mpongwe, near the Copperbelt towns, and Teta, a remote rural area. The researchers used methods such as community meetings and in-depth interviews to gather information.

The team found that factors affecting resilience included: length and degree of incapacity due to AIDS; type of person(s) who had died, with primary producers of food likely to leave behind a vulnerable cluster; the type of people in a cluster, with female-headed households and dependent producers most vulnerable; the health status of a surviving spouse; and opportunities for livelihood and agricultural production. Analysis showed that:

- AIDS-related deaths affected 18 of the 35 clusters in Mpongwe and 14 out of 19 clusters in Teta over the same period
- a policy of intensified maize production in Mpongwe had led to some increased yields but only for the wealthier, while all clusters had experienced adverse effects
- the Teta clusters, which showed fewer adverse effects, had changed to less reliance on maize and a return to more traditional crops, focusing on low-input cultivation and off-farm activities
- both Teta and Mpongwe clusters had lost cattle due to disease, but since the Teta clusters had lower ownership and access, the effects were less than in Mpongwe
- the matrilineal social system (where descent is traced through the maternal line) in both areas gave individuals flexibility and choice about their location and place of work, increasing resilience
- many people in both areas do not recognise the link between HIV and AIDS, and traditional belief systems remain strong, preventing changes in sexual behaviour.

The researchers note the benefits of cluster analysis for understanding the network of relationships which affect resilience. They call for a broader definition of vulnerability that is not just AIDS-related. They stress that strong social networks are vital for building resilience and conclude that:

- food security policy should focus on local knowledge and diversification of crops
- diversification within and outside agriculture contributes to resilience because it allows farming systems to adjust according to the availability of labour
- programmes should target resource-poor clusters or groups rather than poor households
- HIV protection messages need to target people who can influence behaviour, which in rural Zambia means older women, and take better account of local, cultural factors.

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Condom use rises among young single African women

Disappointment over efforts to slow the spread of HIV in Africa may be unfounded, research suggests. Analysis of data from 18 African countries, covering 132,800 single women aged 15 to 24, shows that their behaviour has changed. The results support efforts to promote condoms for contraception, not just HIV prevention.

Researchers based at the London School of Hygiene and Tropical Medicine (UK) and the World Health Organisation chose to look at this group of women because:

- their behaviour, and that of young men, will shape the epidemic
- they make up around a fifth of all women aged 15 to 49 in these countries
- sexually active single people are at higher risk of HIV than those who are married
- patterns of sexual behaviour set at a young age probably last into adulthood.

The results showed that between 1993 and 2001 the percentage of women who said they were virgins changed little. During the same period:

- The percentage of sexually experienced women who said they had no intercourse in the last three months rose significantly in seven countries. The increase was more than ten percent in five of these and the median for all 18 countries increased from 43.8 percent to 49.2 percent.
- Use of condoms for pregnancy prevention rose significantly in 13 countries and the median proportion increased from 5.3 percent to 18.8 percent. The rise in condom use was more than ten percent in nine countries.
- In 13 countries women were also questioned about condom use at most recent intercourse. In these countries, condom use rose from a median of 19.3 percent to 28.4 percent, but trends were not related to severity of national HIV epidemics.
- Over half (58.5 percent) of those who used a condom at most recent intercourse were motivated at least partly by a wish to avoid pregnancy.
- In 15 countries, most women who use condoms for pregnancy prevention buy them chiefly from pharmacies and shops.

Very few single women want to become pregnant, so the need for contraception is high. Overall contraceptive use has not increased much but there is a shift from traditional methods towards condoms, rather than modern non-barrier methods, such as oral contraceptives. This rise in condom use might be due to greater awareness of the method and to social marketing campaigns which have improved their commercial availability.

The growth of condoms as a contraceptive has an extra benefit through their protection against HIV. It means that programmes promoting family planning and HIV prevention have common interests. A young woman might find it easier to negotiate use of condoms to prevent pregnancy than to protect against HIV.

The researchers conclude that:

- the sense of failure around HIV prevention efforts in Africa is unjustified. Condom promotion has had an important effect, at least for young single women
- behaviour change on a large scale takes time. First, new messages must become embedded in local social networks
- HIV prevention programmes could promote condoms more effectively through an emphasis on preventing pregnancy rather than sexually-transmitted infections.

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