

African Tribal Cultures Influence the Formulation of Techniques To Eradicate HIV/AIDS (Part Two)

**By Tata Agwo, M.S., Med*

Nothing can be left behind forever, even if the doors are closed and the air is well fumigated." This report dates 2002. The doors are no longer closing but... As AIDS undoes many African communities, Western efforts to intervene are impeded by inadequate understanding of African culture. For example, polygamy is still practiced in many parts of Africa and condom use remains taboo in some regions. Africa is comprised of thousands of different cultures and unique assemblies of beliefs constitute each village.

Professor Wali F. T. Muna, MD, PhD noted that we are prone to generalize so as to disguise our limitations in differentiating. I believe the cultural differences in Africa confound HIV/AIDS interventions. Thus, we need a strategy that is based on the lifestyles of the indigenes to prevent and treat the disease.

I spent four years working as the Financial and Administrative Director of a private hospital in Africa, where I wrote a guideline on patient care management strategies in Africa. Some of the recommendations that I made helped one of the world's major American oil companies to design patient care management in Africa.

My experiences in Africa and in healthcare systems in the United States push me to realize new ways to treat and prevent the spread of HIV/AIDS in Africa.

Years of colonization by Europeans have confounded the formation of working relationships between western healthcare professionals and indigenous Africans. Memories of manipulation and exploitation deter trust. For example, during French rule in Cameroon, the country was partitioned for profit and extraction of natural resources. French rule in Africa, especially in Cameroon,

was designed to assimilate indigenes so that they too would feel that they were French people.

The economy was designed to serve the interest of France. For example, it was tuned to produce raw materials, mostly cash crops, to satisfy French industries.

As France successfully established administrative units in Cameroon to support their mission, why is it then difficult to convert those same administrative units to

coalesce: western healthcare professionals, indigenous healthcare professionals, and the indigenes.

However, resurrecting cultures is problematic. Aspects of Africa's cultures have been lost through years of colonization. This confounds attempts to understand the mindsets and lifestyles of the indigenes so as to construct effective methods of preventing the spread of HIV/AIDS.

One man's story of HIV/AIDS

with a lot of girls, many of them street girls. We talked about HIV/AIDS and he denied that the disease existed.

"It is a ploy by the Whites to have access to our resources," he told me. John and many others of his age had the same mentality.

I realized then that HIV/AIDS information was seriously lacking at the village level. Shortly after moving to Douala to work for a private hospital, John fell ill and came to the hospital for a consultation. "I have frequent malaria and typhoid," he told me. Lab results confirmed that he had malaria. He returned to Yaounde after treatment.

Two weeks later, John came back to the hospital with typhoid and was treated again. When he returned the next night, the treating doctor requested an HIV/AIDS test.

John reluctantly signed a consent form and soon learned that he had contracted HIV/AIDS. John's response was one of indirect denial. "I did not sign a consent form for the test to be done!" he raged. Incrementally, John finally realized that HIV/AIDS was real, but it was too late for him.

He was hospitalized and died a few weeks later. Culture is a powerful communication tool and can be used to reduce the spread of HIV/AIDS in Africa. In the United States, healthcare professionals, sociologists, politicians, psychologists, philosophers and pedagogic advisors are integrating hip-hop culture into teaching techniques.

A couple of years ago, a Harvard professor of philosophy, Alison Wesley, was feuding with Harvard's president, Lawrence Summers. Wesley had started a new pedagogical approach, which incorporated hip-hop. Summers prevented the application of hip-hop, but rather than attempting to stop the inevitable, hip-hop can be

used to reduce the spread of HIV/AIDS, teen pregnancy, and substance abuse.

Summers argued that the composition of class demographics made it impossible to effectively apply hip-hop-teaching techniques, while Wesley knew that hip-hop, like other cultural transformations, advances opposed or unopposed. Although it seems an oxymoron, change is immutable.

Wesley resigned from Harvard, but not before arguing his position on C-SPAN. Like American hip-hop culture and its poignant possibilities for serving change, Africa's cultures, once resuscitated, honoured and comprehended, can be used to combat HIV/AIDS.

Distributing packages of condoms to indigenes isn't where the work is.

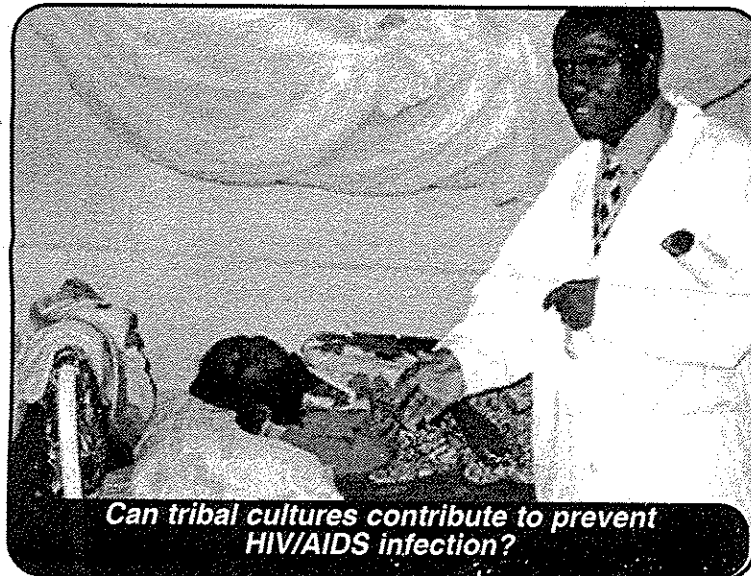
Change must begin with the minds of Africans and those minds can be swayed via the cultures that connect them.

In my book, "The Mysterious Virtues of Paul Abanda", recently published, featuring an introduction by Beth Israel Deaconess Medical Center's Senior Vice President of Network Integration, Stanley Lewis, M.D, I examine how indigenous African tribal cultures influence the formulation of techniques to eradicate HIV/AIDS in Africa.

**Tata Thaddeus Agwo is Healthcare Leadership Management, Chairman of Board of*

Trustees for Cameroon Cultural Association, Inc., Boston Senior Systems Integration Engineer/EDI

Beth Israel Deaconess Medical Center & CareGroup Hospitals (Harvard Medical School Teaching Hospitals) Boston, Massachusetts, USA



Can tribal cultures contribute to prevent HIV/AIDS infection?

serve the indigenes in treating HIV/AIDS?

Perhaps resentment impedes this conversion: if we can revive the cultures that were deconstructed by France and other western countries, rather than operating through structures which engender inveterate resentment and distrust, it might ease the indigenes' acceptance of changes in their lifestyles.

Additionally, it might be easier for healthcare professionals who come from the indigenous cultures to communicate and work with the indigenes on formulating culture-specific techniques to prevent the further spread of HIV/AIDS.

These three elements must

resonates in me: I met John after returning from the

United States, to work for the Cameroon Government and met John. John was one of those who left his village after graduation from high school for Yaounde.

Cameroon is a country in West Africa. Cameroon has thousands of tiny cultures with massive migration to large cities such as Douala, the economic capital, and Yaounde, the administrative capital. For someone moving from a village into a city, it seems a whole new world. People with disparate lifestyles crowd the streets.

John was an attorney's assistant in a law firm. He consorted