

Knowledge, Behaviour and Culture: HIV/AIDS in Africa

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The wide knowledge/behaviour gap for avoidance and mitigation of HIV/AIDS infection throughout Sub-Saharan Africa has persisted over the 25 years of the pandemic. Knowledge of the nature and causes of the disease, and how to avoid it, are shown by the evidence of successive DHS data sets to have grown rapidly in most African populations since the 1990s, when the disease became a prominent policy concern for African states and the for world community. Major public information programmes were developed, with some success, to increase knowledge about the disease. However, national prevalence rates have grown in most cases, despite that stronger and more widely distributed knowledge base. Better knowledge has generally been insufficiently internalised to induce major changes in sexual behaviour of those most at risk. Cultural practices affecting sexual behaviour and exposure to infection continue to be very variable, even within most African states, Ethnic and cultural variables are shown to be important determinants of the width of the knowledge/behaviour gap, and are here exemplified by conflicting attitudes to male circumcision and sexual cleansing. National government policies for HIV/AIDS have sought, with varying success, to bring about changes in sexual behaviour. Greatest effects have been in Uganda, where political leadership has challenged cultural norms, compared with Kenya or South Africa, where traditional sexual behaviours have often been either encouraged for political reasons, or else ignored as a causal variable in transmission. Sexual behaviours are shown to still be filtered by culture, to the extent that effective national HIV/AIDS policies cannot be only of the 'one-size-fit-all' type, driven by national public information programmes, but need also to be culturally sensitive.