

BRIDGES CROSSED YESTERDAY, PEAKS TO BE CONQUERED TOMORROW

Dr V Chandra Mouli, a consultant on AIDS with the Norwegian Agency for Development Cooperation (NORAD), looks at the condom promotion campaign in Zambia.

IN 1987 when the AIDS public education programme first began, the messages focused mainly on AIDS itself and condom use was barely mentioned. Then, in the middle of 1988, the Anti-AIDS Project, Lusaka, produced a booklet entitled *Information on AIDS for secondary school students*, which advocated abstinence before marriage but suggested that condom use was a possible alternative for those who were already sexually active.

This sparked off an acrimonious controversy with enraged religious leaders who accused the project of flaunting un-Christian and un-African values. The public debate raged through 1989 with religious leaders and quasi-religious groups (such as the Family Life Movement and the Pro-Life movement) accusing condoms of destroying Zambian culture, corrupting youth, promoting promiscuity and so on.

Approval at the highest level

In December 1989, senior Christian leaders from all the major denominations came to Lusaka for a workshop organised by the National AIDS prevention and control programme. The condom issue was discussed in detail. Health

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workers on the one hand, and religious leaders on the other, agreed to disagree. While there was no question of religious leaders encouraging their congregations to use condoms (for pre- or extra-marital relationships), it was agreed that they would not 'fire across the lines' and criticise health workers for promoting condoms. An uneasy truce was declared and two years later, it is still in place.

While the public furore was going on, senior Ministry of Health officials met privately with the country's political leadership to explain the gravity of the AIDS situation in the country and the urgent need to do everything that was necessary to stop its spread. Only after obtaining the blessings of the top leadership, a national condom promotion campaign was launched in December 1989 (1).

Launch of the condom promotion campaign

In December 1990 the Health Education Unit, Ministry of Health produced a poster and an accompanying leaflet designed to encourage condom use among groups likely to have casual sexual partners. The primary targets of this campaign were customers and workers in bars and taverns.

To support the efforts of the Ministry of Health, we at the National Aids Prevention and Control Programme (NAPCP) decided to get involved in condom promotion work too. In March 1990, our outreach team started distributing materials to bars and taverns in our

province. In response to the expressed interest of workers in these establishments, our team started combining small-group teaching and discussion sessions with material distribution in each place that we visited. This work continues today.

Strengthening free condom distribution networks and encouraging health workers to promote condoms.

Meanwhile, as other members of our outreach team were distributing materials to health centres, they discovered that some hospitals and clinics did not even stock condoms and staff were not favourably inclined to condom promotion. During the next six months, we concentrated our efforts on improving the free condom distribution system through hospitals, clinics, some private surgeries and district branches of the Planned Parenthood Association of Zambia.

In September 1990, we conducted a survey to determine knowledge, attitudes and practices of health workers relating to condom promotion. Based on these findings, the NAPCP prepared a leaflet entitled *What health workers must know about condoms*. We have distributed these leaflets widely and have continued to use them in workshops with doctors, nurses and clinical officers.

Making a taboo subject legitimate for public discussion. During 1990, we serialised two booklets which we had produced on sexually transmitted diseases and AIDS in the *Times of Zambia*, the leading national daily newspaper. Both dealt with the subject of condoms. Here is an extract from page 17 of our booklet entitled *Information on AIDS for adult men and women*.

What is a condom?

A condom is a thin rubber sheath which fits over the erect penis (*ubwaume*) and prevents the man's sperms from entering the woman's vagina (*ubwanakashi*).

We knew that the material was provocative and expected critical comments but there were none. This shows that culture

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is dynamic — attitudes can change. In 1988, condoms were a taboo subject. Very few health workers dared to advocate them in interviews on television or radio. Newspaper messages such as the one mentioned above would have been unthinkable. Two years later, the social climate had changed and more open discussion was possible.

We still work hard to challenge the existing status quo and to extend the frontier of what it is possible to say, but we tread warily and are careful not to overstep the unstated limit.

A terrible mistake

During 1991, the AIDS control programme in another African country published newspaper messages featuring the slogan:

'The Bible may save your soul, but the condom could save your life'.

The response from church leaders (of all denominations) was immediate, angry and strong. The church-health worker rift that has been created will take a long time to heal.

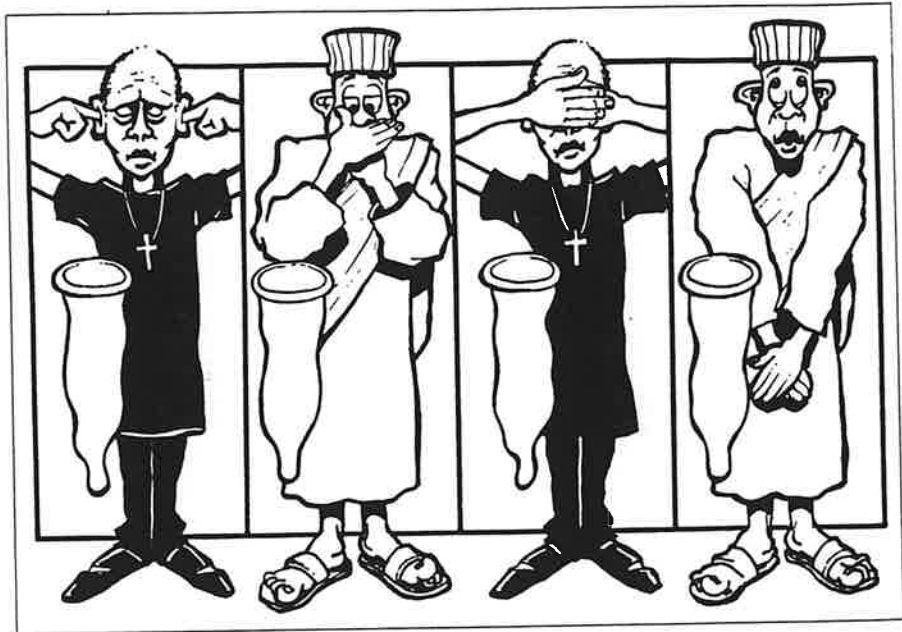
We have followed the advice of David Werner and Bill Bower in their excellent book, *Helping health workers learn*:

'When faced with sensitive political or social problems affecting health, don't stick your neck out unnecessarily but don't hide your head in the sand either. In the long run, one way can prove as dangerous as the other.'

Challenges for the 1990s

In May 1990, we cooperated with the Health Education Unit, Ministry of Health and AIDSCOM (Johns Hopkins University) in conducting ten focus group discussions with men and women aged 16–39 years in three different locations of Zambia. An important finding of this study was that few of the participants knew that condoms protected against HIV infection. Most believed that they were ineffective and associated them with promiscuity and infidelity (2).

These findings were confirmed in a more recent survey conducted by a young Zambian doctor in Ndola (3). Dr Stanley Banda interviewed 109 men and women, in the age-group 15–45 years, coming from different professional and social



backgrounds. Two of the findings of his study are of particular interest.

1. When asked, 'Do you think a condom can protect you from AIDS?', 55.2% of the men and only 30.4% of the women answered 'Yes'.

2. When asked, 'How would a sexual partner react if you said that you would like to use a condom?':

(a) 53.6% of the women and 61.7% of the men felt strongly that the partner would feel that, 'you don't trust them',

(b) 28.2% of the women and 47.2% of the men strongly agreed that, 'The women would feel like prostitutes'.

These two studies indicate that the biggest challenge before us in the 1990s is to promote condom use for AIDS and STD prevention. Their strength and effectiveness, when properly used, should be emphasised. Condoms should be linked to responsibility and manliness, and condom users should be portrayed as sensible and responsible people.

But in addition to that, we must improve public access to condoms by improving free condom distribution and by marketing them through a range of non-traditional outlets. In Zaïre, the 'Prudence' brand of condoms has been marketed with cleverly-crafted mass-media messages, attractive packaging and point-of-sale leaflets. This experience has demonstrated beyond doubt that in sub-Saharan Africa (as elsewhere), people

would be glad to part with some money to get good quality condoms, anonymously, when and where they are needed.

Conclusion

With no cure or preventative vaccine in sight, AIDS health promotion is like a long drawn out war. We have won some battles in the past and lost others, but the war continues. There is need to look back so we can learn from our mistakes and draw inspiration from the useful lessons learnt. It is also necessary to plan carefully, implement effectively and evaluate honestly our programmes now and in the future!

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