

# The problems surrounding hiv/aids in Mali

Mali is an excellent location for research on visual communication for illiterates. Almost 50% of the population cannot read and write. The republic of Mali is located at the south side of the sahara, in Western Africa. With its population of 12 million and size of the Benelux, France and Germany together it is a very thinly populated country. Life-expectency is horrifyingly low: 47 years. Mali is the second poorest country in the world; the average annual income is €900,- a person. Malian people do not praise their land on its financial richness, but on its cultural and human treasures.

Of all the african countries Mali still has a relatively low percentage of hiv/aids infections.

In 2001 a prevalence of 1.7% was measured on the entire population. That would amount to 20.000 people, but the unofficial estimates are much higher.<sup>1</sup>

More than 90 (foreign) NGO's are active in Mali, on a wide variety of causes, among which aids. Generally speaking you could say that the population is familiar with the existence of the disease, but only 13% of the women and 60% of the men know any means of avoiding the disease. The use of condoms is hard to integrate into the culture. Research shows that less than 2% of the women used a condom on their last sexual encounter.

Ideally, a pair-educateur<sup>1</sup> directs a patient to a healthcare center. The centers direct the patients to facilities where one can get tested. Tests are not easy to get by; one must travel far (and miss out on work and pay the bus-faire). There are very few

laboratories and testfacilities. When diagnosed, not all patients are able to receive treatment because of the lack of proper medication. In January of 2005 the government decided to make all tests and treatments free. This is not always a reality, but a good start. In Bamako, 2200 people are under treatment and in Mopti 50. At healthcare centers the doctor works together with a therapeutic worker who educates patients in medicinal use and helps them deal with the consequences they will face in their social environment.

The sexual life of boys and girls starts much sooner than it does for their European peers. Although there are no reliable numbers, girls under the age of twelve are sometimes thought to be already sexually active.

For people in middle-sized towns it is more easy to get condoms than their peers in small villages, because of geographical and financial reasons and the social control in the community. The Malinese government has banned the free distribution of condoms out of fear that this source of income would disappear from stores. The price of a condom is not very high, about €0,05 a piece. Some development organisations write out prescriptions for medical use, so they can be used for free.

There are certain factors that are specific for Mali in limiting the transfer of information. The education of the receiver, the religious background, the different roles between the sexes, the cultural habits, they all come together to create obstacles that are in the way of a well flowing stream of information.

<sup>1</sup> One obvious reason for the low percentage could be the fact that there are no resources for testing

<sup>2</sup> a pair-educateur is an aid-worker who mentors his/her own peers in discussion-groups on location

## Limiting factors

**Lack of education** A problem when spreading information on hiv/aids is the level (or lack of) of education of the target group. It is difficult to explain about hiv/aids when people don't have knowledge on the basic functioning of the body, the immune system, bacteria and viruses. Often, a patient does not visit a healthcare center until all traditional sources of medication have failed.

**Illiteracy** The high percentage of illiterates can be accounted for by a long history of verbal knowledge transfer (versus written sources) and a lack of educational opportunities. The verbal tradition is deeply rooted and is of a very high quality in detail. The lack of written sources has led to a very strong shared memory, an eye for detail and a love for all spoken sources like song, theatre and storytellers (griottes). It should be noted that more than half of the population has not received a formal education. For western campaign efforts, who strongly rely on text, this is a very big limitation. But also the area of the spoken word is not without obstacles.

**Language barriers** You can find more than twenty tribes living peacefully amongst each other. The Tuareg, Maures, Peul, Bambara, Dioula, Kassonke, Songhay, Soninke, Dogon, Senoufo, Minianka, Bobo and Mossi each have their own language or dialect. The french language works as a binding factor between the tribes, as well as bambara, spoken by about 80% of the population. French was introduced by the colonial powers in the nineteenth century, and is still taught as an official language. The local languages were never used in written media and were put in the roman alphabet in a phonetic way. However, there are very few people who can read this. Ninety percent of the population is islamic, which is why arab is also known in Mali, but only to men who have attended islamic schools.

**Religion** The influence of Islam is very large on the Malian culture. Like Christianity, the Islam has never seen hiv/aids as a threat to its followers. Preaching fidelity within marriage would be

enough to protect the true believer of this disease of infidels. This cultural immunity does seem to be supported by the dubious (because extremely low) numbers that are released in islamic countries. Because concrete data is missing, some people jump to the conclusion that religious values are protection against hiv/aids. Reality shows however, that the epidemic is also surging in these countries, but that many people are never officially diagnosed with the disease. Their death-certificate states the cause of death by the disease their bodies finally succumbed to. Many TBC-deaths are in reality Aids-deaths, as well as Malaria.

Muslims feel the trouble with current aids-education is that there is no moral judgement in it. For many muslims, a liberal campaign on safe sex is offensive because it says having sex outside of wedlock in the first place is apparently ok. Their feeling is that the dangerous behaviour should be discussed more critically. And the behaviour will continue, even though one takes precautions. The majority of imams confronted with the hiv/aids problem will preach abstinence, like their catholic counterparts. That means sexual abstinence for homosexuals and no sexual contacts outside of the marriage for heterosexuals.

It is perhaps needed to point out that many people have the idea that cultural habits of muslims, such as washing the genitals after sex, circumcision, shaving of pubic hair, use of water instead of toilet paper, prevent the spreading of the disease. Some customs are even dangerous, such as the shaving of the head when going to the mosque, because razors are shared.

Ideas on birth-control are very diverse among more traditional muslims in Mali. Sexual education is not very common. The denial of the Aids-problem leads to limitations on information, and discrimination & bannishment of patients.

How do you reach a group that is in denial of a problem because of their religious ideas and the honour and shame principles within their community?

**The roles between the sexes** The relation between the sexes is, gently put, unequal. The submissive

position of the woman makes her vulnerable because she not only has a higher chance of getting the virus, but she also does not have access to the means to strengthen her position. Poverty has a larger effect on her power of speech because she has no judicial ownership of her own life, education, social security or control of her own finances.

A woman gets her dignity from her husband, or so they say in Mali. A woman has no voice in the choice of a partner, who is chosen by her brothers and her father. If she is unhappy in her marriage, she has little chance to break free. She is also often the victim of physical abuse. Women have very little to say in the politics of their village life, and should adhere to the strict separation of private and community domain, which binds them to their houses. When a couple separates, all assets go to the husband. The women in Mali bear the largest workload, because they combine their work with gathering wood, cooking water for washing and cooking, making dinner, pounding grain, raising children, making clothes and cleaning.

The role of the woman is subject of many discussions and research by the government and NGO's. A significant part of development aid is spent on so called 'Genre Development': balancing workload, judicial independence and education for men and women.

**Cultural obstacles** When a man talks about condoms, he is a whimp. When a woman talks about condom use, she is a slut. These ideas are heard all over the world and Mali is no exception. More interesting for this research, are the deeply rooted cultural habits in Mali, that can lead to the spread of the Aids virus. These specifics are almost never addressed in campaigns.

For instance 'le levirat'. When a man dies and leaves a widow, his brother will often take her as a first or second wife. This custom is very dangerous when it is not clear whether the man died of aids, or whether the widow is also infected. The custom might endanger an entire family by spreading the virus through entire generations.

When a woman is pregnant, you should not

let her know that you know. To speak of it would curse the child. This makes it very difficult to inform and test pregnant women.

Another problem specific to women is the vertical transfer of a mother to her child. This may happen when the child is still in her belly, or through breastfeeding. In Mali it is not only the mother that breastfeeds the child, but also her female relatives or a wetnurse. It is very unusual for a woman not to breastfeed and is seen as unwomanly. Aidworkers have to choose what method to teach: breastfeed with a 8% chance of the child getting infected, or feeding powdered milk with a 45% chance of the child dying from infection or malnourishment. The lack of breastmilk is often fatal to children in poor countries because the supplements are scarce and hygiene is very difficult to find. Try cleaning a bottle properly when you live in a hut in the sahara.

Of course there are certain taboos that cannot be addressed in public, such as polygamy. Organisations have reported negative reactions to campaigns focussing on men with more wives. Also, when youth talk back to the elderly, it is not appreciated.

**Poverty** is a large factor in spreading the virus. Malinese men often leave for other West-African countries for a long period, looking for work, only seeing their families occasionally. One can suppose that they will be in sexual contact with other women in those countries, where the prevalence is much higher. Also, men from other countries visit Mali, bringing the virus with them. If you look at the geographical pattern of hiv/aids cases, you will see they are almost all along the (only) main highway. There you find a high percentage of hiv/aids among prostitutes and chauffeurs. Prostitutes are nomads and go from town to town which makes it harder to trace them. Many organisations target this group, seen as the gateway into Mali.

**Parentage** A common problem amongst infected patients undergoing treatment is that they share their medication. This is a very normal phenom-

## Existing methods of communication

enon in a culture where people share everything they own with others. It makes patients even weaker and they start to build resistance to the medication. Another problem is that medication is seen as a miracle pill that will also cure other ailments. Family members sometimes 'borrow' pills without telling the patient. To get a grip on this problem, doctors count the leftover pills every month, so they can see whether the medication was used in the correct manner.

*Prejudice and discrimination* Apart from these specific cultural habits, there is also the problem of the prejudices on hiv/aids that are still very apparent in West-Africa. This results in discrimination of seropositives, but also in misperceptions on the disease itself. A very wide-spread story is that of the mutated malaria-mosquito that is put on the loose by the former colonial oppressor to infect as many africans as possible. With these kinds of stories circulating it is difficult to convince people of the importance of condoms.

One can differentiate between campaigns focussed on the public through massmedia (tv, radio, billboards and posters) and those who focus on personal education on a small scale. Massmedia is most visible to the large audience in cities and small groups in the countryside. Small-scaled educational efforts are less visible because it targets small groups without others taking notice of the effort. This type of education is called pair-education, which means that groups of people are educated by their own peers, to get the best understanding. It is difficult to measure the effect of campaigns that use massmedia, but it can be said that they have a large role in the awareness of the population on the subject of hiv/aids. The fact that knowledge on preventing infection is lacking, and fairytales still exist, could perhaps be caused by the superficiality and type of information and the lack of interaction with mass media. After all, you cannot ask the television set a question.

*Paireducation* How is the paireducation system set up? The ministry of healthcare asks provinces to set up healthcare centers. These centers, called 'relais' visit communities that have indicated they need information on a certain subject. Ideally, the community must indicate that they are ready to talk about a subject, otherwise the information might not receive it in a positive manner. The community will pick out some young people who are enthusiastic about health care. The relais trains the kids to be paireducateurs and educates them on the subject of hiv/aids, (sexual) relationships, communication methods, etcetera. They should also be familiar with local customs and local language, so they can easily integrate in a society.

The pair-educateurs help their peers in a friendly and respectful manner. Gathering separate groups of girls and boys (to prevent shyness), they talk to each other about sex, relationships and the future in an informal setting. They also distribute condoms and show the proper way to use them. It should be a constant Q-A situation, and the pair-educateur is expected to stay in the community as a permanent source of information. For this reason it is important to hire locals.

*Massmedia campaigns* 'La lutte contre le sida' design the most visible campaigns, seen on billboards, radiocommercials, events and tv-commercials. Affiches, folders and stickers are received with enthusiasm, but only understandable for those who can read. They are distributed at places where people come when they are already ill. Other organisations choose comics, some use pictograms.

It is vital to know that visual communication in general and graphic design in particular is still an emerging field. Logodesign, corporate identities and printed matter are mostly done by people with no knowledge of the craft itself. In a country where the concept of identities for companies is still not very well known, it is questionable whether a logo will signal to people that it is an abstraction of a physical company. One of the most recognizable signs in hiv/aids is the red ribbon. In Mali this sign is also used very often, though its effectivity has never been tested.

When developing material, you come across various unforeseen problems. Can you use signal-colors? I tested one poster with red, yellow and green dots to indicate danger. Every person I approached thought they were the colors of the national flag. That makes sense, since there are only a few trafficlights in the entire country. Also, arrows, crosses and pictograms are almost never interpreted as having any meaning at all, they are just shapes.

A problem when developing material for campaigns is then: how do you show someone is ill, when there are no clear signs of the disease, like polio or rickets. That is why you see a red monster on billboards in Mali, chasing innocent civilians. The virus has to be made abstract to visualise it. It does not explain, however, in which way the public can stop running and defend themselves.

What is communicated seems more important than how it is communicated, even though the way in which you package a message does have a very large impact on the effectiveness of the information.

So how do you reach a population of which 50% cannot read? At the moment, all written

communication depends on the hope word of mouth will spread it further. In my opinion the pair-educateur campaigns have a larger effect, but are also very labour-intensive and cost a lot of time to set up. But once they run, they do very good work.

*Traditional media* Unfortunately, very little use is made of the traditional imageculture in Mali. It is very rich in tapestry arts, sculpture and painting. Theater is sometimes deployed for educational purposes and very popular. When I was watching a video tape of a show at my "apartment", the lady next door came over and watched with me. She translated everything from bambara, while laughing out loud. She cannot read or write, cannot do a simple puzzle, but is very wise and knows all the stories of her people by heart. The play addressed her in a way that is part of her cultural heritage.

## Conclusion

*No adaptations to illiterates* The people responsible at the NGO's are not aware of the difference between literates and illiterates in perceiving visual messages. When talking about this subject, I used a simple metaphor. A man has lived on his own on an island his entire life. Has seen nothing but ocean and palm trees. One day he finds a message in a bottle. He has never seen a bottle. He has never seen a piece of paper. He has never seen a drawing, or lettering. How would you tell this man how he can get off the island? Does he even have a notion of the concept of another place?

*Pull versus push* The campaigns I encountered in Mali are generally based on the judgement of the organisation on the information that needs to be spread. It is not based on the reality of life for their target audience. If you do not have knowledge of the human body, the immune system and medical care is missing, how do you know that a doctor can draw blood and test it in a laboratory to find a virus that makes you sick so he can cure you?

Mass-media cannot change the fact that many people still do not see HIV/AIDS as a direct threat to their community. People do not change their lifestyles abruptly. Knowledge of a problem is not necessarily a catalyst for change. Think about the relation between smoking and cancer! And still, people smoke.

Because of taboos concerning sexuality, all campaigns in public are abstract and very superficial. Organisations find that people are annoyed by the repetition of the same message, and thus by the subject.

There are many campaigns that target the women who should start a discussion about using a condom. Because of her biological and social vulnerability this is an obvious choice, and a noble one. The truth is that in practice, women have very little to say about these matters. The men are the ones making the decisions, so why not target them when they are young? They will be the ones that decide the spread of the virus in the coming decades.

At the end of the day, the goal should not only be to spread the message of prevention, but to get the discussion going on relationships, hygiene, illness and social structures. If there is truly a wish to engage in a thorough discussion, then the questions that are still locked in the communities should first be found.

*How to move forward* There are no simple answers in this report. Only more questions. To use western communication methods in non-western countries will require a lot of field-study, testing and retesting. The world does not need good intentions. The world needs a professional attitude towards the problems we are faced with. To provide a solution for complex problems will surely take some heart, and maybe a few tears, but above all, many more sweatdrops than you could have ever imagined. Please remember, your idealism has consequences.

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Part of this project are an article on visual illiteracy and a pair-educateur campaign that is still in the initial testing phase.

All material connected to the Peut-on-en-parler project can be found at [www.annemiltenburg.com](http://www.annemiltenburg.com)