



Oral Literature and HIV Narratives in Swaziland

Considerations for HIV prevention and communication strategies



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HIV in Swaziland

Swaziland is currently experiencing the worst HIV epidemic in the world. Over 26% of the adult population is living with HIV, and among pregnant women between the ages of 30 and 34 prevalence is nearly 54%. While the epidemic is generalised, it is women who bear the brunt of infections and socioeconomic consequences. Individuals who live in rural areas or who have had less access to formal schooling are at highest risk.

Behaviour change plays a crucial role in any strategy that aims to reduce HIV incidence. Additionally, the larger social environment must be taken into account for any national program that seeks to combat a disease that is so entwined with social and economic factors. To that end, leaders in Swaziland have emphasised a multisectoral response that focuses on key behaviours that influence the spread of HIV. Reduction of multiple concurrent partnerships, delaying sexual debut, and increasing condom use are key components of the national response.

Current Response Strategies

Swaziland has a rich cultural heritage to draw on. Several current and past interventions have used this as a successful starting point for community

involvement and the development of local, feasible programming.

Multiple community led responses to HIV that are based on traditional social structures in Swaziland have been highlighted as UNAIDS best practices. For example, KaGogo Centres re-imagine the grandmother's hut – a traditional space of safety and family communication – as a place where orphans and vulnerable children can go for care and support. Indlunkhulu fields, which set aside a portion of the harvest for those in need, have been revived to combat food insecurity and provide for vulnerable members of a community.

"People don't have ears. You can keep telling them about HIV, but it is [their] choice that will follow."

-Swazi grandmother

"Generally, people say that we are going to all die of this disease. It is exhausting the nation."

-Swazi woman

While these interventions, which aim to mitigate the social cost of HIV, have met with some success, campaigns designed to create behaviour change and lessen sexual risk have shown less promising results. Despite nearly universal awareness of HIV as a disease, condom use remains low and multiple concurrent partnerships common. If Swaziland and the region want to eliminate – not simply manage – HIV, improved

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behaviour change messaging and programs are necessary.

The HIV Narrative in Swaziland

Developing effective public health messaging necessitates crafting effective health behaviour narratives. The goal of most behaviour change interventions is to create a logical and acceptable causal pathway in an individual's mind that will encourage them to take up or abandon certain behaviours. In other words, effective behaviour change creates a narrative schema of expectations and norms around a particular health issue.

In Swaziland, a particular narrative around HIV and risk behaviour has begun to evolve: HIV infection is most often positioned as the consequence of a failure to adopt certain protective behaviours. An individual fails or refuses to use condoms, engages in multiple concurrent partnerships, or otherwise engages in a risky act. HIV is positioned as the inevitable consequence of this negative action.

The problem with this current narrative structure is that does not seem to be working. Swazis interviewed throughout the country expressed fatigue and frustration with messaging that invokes disaster and negative connotations. While HIV is absolutely a disaster with many negative consequences for the nation of Swaziland, it is time for a new approach to the narrative. One that Swazis feel is appropriate and acceptable for their culture and their lives.

Tinganekwane and Alternative Narratives

Just as previous successful HIV programming has taken advantage of facets of Swazi culture which already existed, there is great potential in a

narrative structure which already exists in the country: traditional folktales, or *tingane-kwane*.

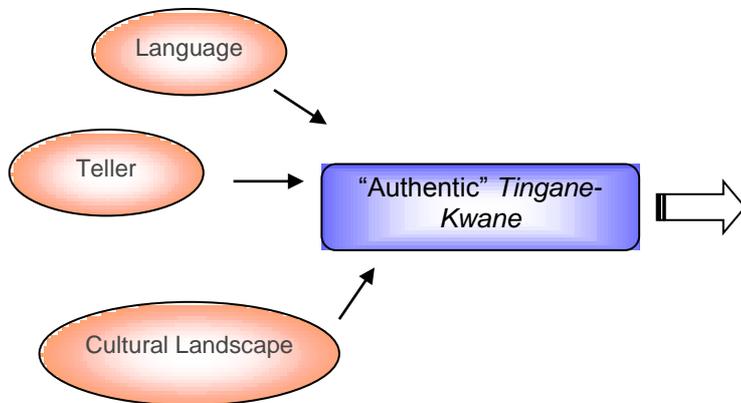
Tinganekwane are, in the words of one Swazi, a pre-existing "cultural intervention." They are used to instruct children in Swazi values; entertain; and reinforce the family structure. Traditionally, families would gather in the evening to listen to the grandmother tell a story which touched on important events of the day, or reinforced social lessons that she felt needed addressing.

"I saw all your faces when I said "once upon a time," you all gave me your attention. So it shows that story telling is one of the best ways to convey messages to people since it has that driving factor, it draws your attention and focus so you are bound to hear what I have to say. So people love to hear stories...it has a positive effect actually, it is like appetisers to listen."

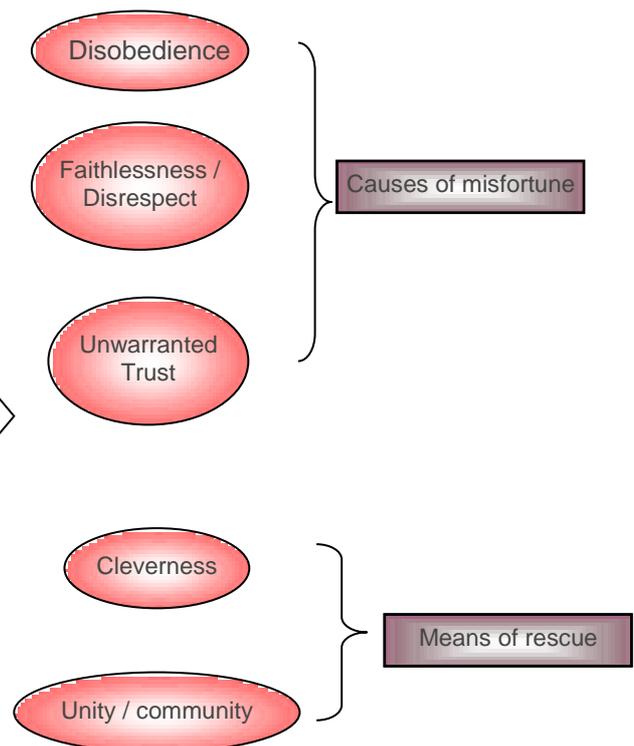
-Swazi man

Tinganekwane emphasise key Swazi values: Obedience, respect, cleverness, unity, and suspicion of strangers. Generally the narrative structure takes one of two paths. Either a character violates one of these values and is punished with disaster (frequently an unpleasant or grizzly death) or they fulfil a value and rescue themselves or a fellow character from disaster. The first narrative can be seen clearly in current HIV messaging. An individual violates a value and is punished with disaster. For example, HIV is contracted after an individual does not use condoms. Strikingly, many Swazis who were interviewed felt that this approach is inappropriate for adults because it mimics a format that is more frequently used for teaching children.

Context (Cultural Authenticity)



Content (Morals Within Stories)



An alternative format is the second path: an individual avoids disaster by enacting a positive behaviour. Many Swazis, when interviewed about HIV and narratives in their country, expressed a desire for messaging that celebrated rescue rather than threatened disaster. Many also declared a frustration with values that are seen as imported from “the West.” From their perspective, Swazi culture already celebrates values that have a great deal of potential in combating HIV.

Supporting one’s community, distrusting strangers who are only interested in their own gain, being clever enough to rescue oneself from an unpleasant demise, treating one’s partner faithfully and respectfully -- all of these values have clear strengths in the fight against HIV, and all of these values are wholly Swazi. No imports from abroad are necessary.

Lessons from TinganeKwane

While *tinganekwane* have begun to fade from the cultural landscape, Swazis of all ages, male and female, rural and urban, still speak of *tinganekwane* with universal enthusiasm and pride. They are remembered fondly from childhood, and are sometimes still used today in venues that range from primary school classrooms to national research conferences. Insights into the role and shape of *tinganekwane* offer two key areas for the improvement of HIV prevention efforts in Swaziland:

- 1) *Tinganekwane* have a role to play as a prevention and education media. They are already recognised and accepted as an educational media used to instruct children in proper social behaviour.

Because of this, they have a great deal of potential for adaptation and embedding of HIV behaviour change messaging for many segments of the population, especially youth.

- 2) The narrative structure of *tinganekwane* provides a framework for alternative HIV narratives for Swaziland. Narratives that highlight only a disaster that comes from making 'bad' choices are not the only option. Instead, narratives that showcase good choices that lead to rescue have a great deal of possibility and untapped potential.

"We seem to think some of our cultural things will seem primitive and then it will seem as if we are not developed enough. So, we leave our own cultures in pursuit of civilisation such that our own Swazi cultural practices would come with westerners and then we accept them and think now they are better yet we've always had them here but did not appreciate them as ours."
-Swazi man

Several specific policy recommendations follow from these points:

- Swazi voices and preferences need to take precedence in message design. Many current interventions are perceived as coming from outside international organisations or donors, and many materials are available only in written English. This precludes those who are not confident in English language or literacy skills and who are most at risk: the rural, poor, and uneducated.
- *Tinganekwane* and the cultural context in which they exist should be utilised more in programming. As a pre-existing cultural intervention, they have the potential to

strengthen family and community structures that have been weakened by the epidemic. They also have the potential to support the role of the grandmother as a strong female voice in Swazi society. This is important given the strong gender-based patterns of HIV risk that exist in Swaziland.

- Values that are perceived as inherently Swazi can and should be integrated into prevention messages. Cleverness, unity, suspicion of strangers, and respecting other people are all integral parts of Swazi culture which can be adapted to behaviour change messaging in myriad ways.
- The narrative of HIV prevention in Swaziland should change. The current approach creates a storyline in which individuals who fail to adhere to basic rules (abstinence, monogamy, or condom use) are punished with HIV infection, despite the fact that these 'rules' exist within a complex social framework in which their execution is not always up to the individual.
- A new narrative can be created which celebrates those who have managed to protect themselves, their partners, and their communities through the fulfilment of Swazi values in a genuinely Swazi way.

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