

# Cultural assessment

## slp3- 414



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Cultural Assessment HIV and AIDS is a health problem that affects almost every cultural group in the world today. Culture plays a great role in the way HIV patients are treated in the society. This paper focuses on HIV/AIDS as a health problem in South Africa in the light of the PEN-3 model. As of 2009, close to 5.6 million South Africans were HIV carriers or had AIDS (Avert, 2011). South Africa has the highest number of HIV/AIDS victims in the world, the number of deaths associated with the scourge totalling 31000 in 2009 alone (Avert, 2011). The most affected group in the South African society is those between 15 and 49 years of age according to (Avert, 2011). Avert further states that the prevalence of the disease in the country varies according to provinces, KwaZulu-Natal and Mpumalanga leading with 15.8 percent and 15.4 percent prevalence respectively. Behaviour Contributing to the high Prevalence of HIV? AIDS in South Africa The high prevalence and incidences of HIV/AIDS in South Africa is mainly associated with irresponsible sexual behaviour and the denial of its actual existence. Statistics show that a minor portion of the population of South Africa start having Sex beyond the age of 15, a time when most people are not yet married. At this age, it is highly unlikely that the youths use contraceptives. Yet another major cause of the health problem is sexual violence, rape being a major factor in this category. The engagement in sex with multiple partners whether or not in a polygamous setting has also featured prominently as another cause of the disease. The scourge is also noted to be more prevalent among heavy drinkers and drug abusers. Many South Africans are reluctant to go for testing which means that they do not know their HIV status. Because of this, the spread of AIDS has not been curbed effectively as such people spread the disease without knowing. HIV, and South African Culture The majority of

South Africans that are affected by HIV/AIDS are blacks. Traditionally most of the tribes believe in extended families and having many children as a source of wealth and labour. The country can communicate its policies to tackle HIV through established institutions in dealing with the disease (Airhihenbuwa & Webster, 2004). Cultural identity such as the belief in polygamy makes dealing with HIV difficult as the existence of multiple sexual partners cannot be avoided. Furthermore, the wide belief in the notion that women are a weaker sex makes it difficult to deal with gender violence. The PEN-3 Model

DOMAINS Positive Existential Negative Perceptions X X X Enablers High economic status of the country in terms of GDP Establishment of numerous institutions to deal with HIV Culture of activism that has led to reduced drug prices Language elasticity Culture of face saving Orality in interventions Racism and Apartheid Belief in the benefits of having an extended family Adoption of HIV organs and children Widespread poverty at the ground level Non-availability of antiretrovirals in many hospitals Low position of women in society Historical social arrangement that favours inequity in various respects. Stigmatization oh HIV patience Nurturers X X X References

Airhihenbuwa C. & Webster J. (2004) “ Culture and African contexts of HIV/AIDS prevention, care and support”. Journal of Social Aspects of HIV/AIDS Research Alliance. VOL. 1 NO. 1 MAY 2004 Avert (2011) HIV and AIDS in South Africa. Retrieved 6 May, 2011 <http://www.avert.org/aidssouthafrica.htm>