



# UNIVERSITY OF CALGARY

**University of Calgary**

**PRISM: University of Calgary's Digital Repository**

---

University of Calgary Press

University of Calgary Press Open Access Books

---

2021-05

## The Tensions between Culture and Human Rights: Emancipatory Social Work and Afrocentricity in a Global World

University of Calgary Press

---

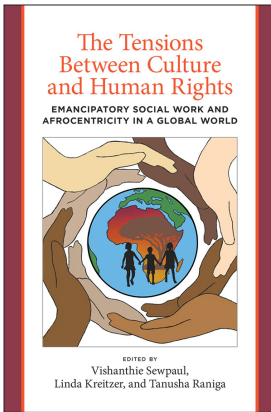
<http://hdl.handle.net/1880/113368>

book

---

<https://creativecommons.org/licenses/by-nc/4.0>

Downloaded from PRISM: <https://prism.ucalgary.ca>



## THE TENSIONS BETWEEN CULTURE AND HUMAN RIGHTS: Emancipatory Social Work and Afrocentricity in a Global World

Edited by Vishanthie Sewpaul, Linda Kreitzer, and Tanusha Raniga

ISBN 978-1-77385-183-9

**THIS BOOK IS AN OPEN ACCESS E-BOOK.** It is an electronic version of a book that can be purchased in physical form through any bookseller or on-line retailer, or from our distributors. Please support this open access publication by requesting that your university purchase a print copy of this book, or by purchasing a copy yourself. If you have any questions, please contact us at [ucpress@ucalgary.ca](mailto:ucpress@ucalgary.ca)

**Cover Art:** The artwork on the cover of this book is not open access and falls under traditional copyright provisions; it cannot be reproduced in any way without written permission of the artists and their agents. The cover can be displayed as a complete cover image for the purposes of publicizing this work, but the artwork cannot be extracted from the context of the cover of this specific work without breaching the artist's copyright.

**COPYRIGHT NOTICE:** This open-access work is published under a Creative Commons licence. This means that you are free to copy, distribute, display or perform the work as long as you clearly attribute the work to its authors and publisher, that you do not use this work for any commercial gain in any form, and that you in no way alter, transform, or build on the work outside of its use in normal academic scholarship without our express permission. If you want to reuse or distribute the work, you must inform its new audience of the licence terms of this work. For more information, see details of the Creative Commons licence at: <http://creativecommons.org/licenses/by-nc-nd/4.0/>

### UNDER THE CREATIVE COMMONS LICENCE YOU MAY:

- read and store this document free of charge;
- distribute it for personal use free of charge;
- print sections of the work for personal use;
- read or perform parts of the work in a context where no financial transactions take place.

### UNDER THE CREATIVE COMMONS LICENCE YOU MAY NOT:

- gain financially from the work in any way;
- sell the work or seek monies in relation to the distribution of the work;
- use the work in any commercial activity of any kind;
- profit a third party indirectly via use or distribution of the work;
- distribute in or through a commercial body (with the exception of academic usage within educational institutions such as schools and universities);
- reproduce, distribute, or store the cover image outside of its function as a cover of this work;
- alter or build on the work outside of normal academic scholarship.



**Acknowledgement:** We acknowledge the wording around open access used by Australian publisher, **re.press**, and thank them for giving us permission to adapt their wording to our policy <http://www.re-press.org>

# Cultural Dimensions of HIV/AIDS and Gender-Based Violence: A Case of Alur and Tieng Adhola Cultural Institutions in Uganda

*Paul Bukuluki, Ronard Mukuye, Ronald Luwangula, Aloysious Nnyombi, Juliana Naumo Akoryo, and Eunice Tumwebaze*

Culture is a “set of guidelines (both explicit and implicit) that individuals inherit as members of a particular society, and that tell them how to view the world, how to experience it emotionally, how to behave in it in relation to other people, to supernatural forces or gods and to the natural environment” (Helman, 2007, p. 2). It is the “foundation on which behaviour, specifically health behaviour, is ‘expressed and through which health must be defined and understood” (Airhihenbuwa & Webster, 2004, p. 5). It is an important determinant of the level of health of the individual, the family, and the community

Several studies have positioned culture as a determinant of HIV and gender-based violence (GBV). Tiruneh (2009) considers cultural variations, especially norms governing sexuality, as influencing the spread of HIV. According to UNESCO (2002), cultural factors that range from beliefs and values regarding courtship, sexual networking, contraceptive use, perspectives on sexual orientation, explanatory models for disease and misfortunes, and norms for gender and marital relations are factors that have an impact on HIV/AIDS in African societies. Moyo and Muller

(2011) conclude that some rites of passage associated with birth, puberty, marriage, and death influence the spread of HIV. UN Women et al. (2016) note that social norms assign “strict gender roles based on stereotypes of men as providers and women as care givers, prizing physical strength, aggression and sexual experience in men, and submissiveness, passivity and chastity in women. This leads to harmful constructions of a dominant masculinity based on power, control and (hetero) sexual entitlement over women, and the socio-cultural acceptance of violence and abuse as a way to assert dominance” (p. 8).

This chapter builds on existing knowledge about the relationship between culture and behaviour. We do propose an understanding that human behaviour is rooted in cultural norms, values, and practices. Situating human behaviour within culture allows us to explore both the negative and positive influences of culture on human behaviour, and on the positive cultural resources that can be tapped into to curb the prevalence of HIV and GBV. Positive cultural resources are increasingly being considered in global health circles as an area of intervention (Bruun, 2006; Sovran, 2013).

## Context

### *HIV/AIDS*

Uganda has suffered a severe HIV/AIDS epidemic for over a quarter of a century, since the early 1980s. Since then, there has been a comprehensive and multi-sectoral national response to battle the pandemic. Currently the national prevalence stands at 6.2 percent among adults aged 15–49 years. It is higher among women (7.6 percent) than men (4.7 percent). Among children aged 0–14, the prevalence is 0.5 percent, which corresponds to approximately 95,000 children. Among young adults, there is a disparity in HIV prevalence by sex. HIV prevalence is almost four times higher among females than males aged 15–19 and 20–24 (Ministry of Health [MoH], 2017). Uganda is still classified as a high burden country with high numbers of persons living with HIV, with an increasing incidence. This is a result of the continuing spread of HIV, and increased longevity among persons living with HIV (Uganda AIDS Commission [UAC], 2015). The

focus of this study was on the Tieng Adhola and Alur ethnic groups. There are 56 legally recognized ethnic groups in Uganda; the Adhola group that lives mainly in Eastern Uganda makes up about 8 percent of the population, and together with the Acholi, Langi, and other smaller groups, the Alur make up about 15 percent of the population (Uganda Bureau of Statistics, 2020).

### *Gender-based Violence (GBV)*

GBV is an “umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females” (Inter-Agency Standing Committee, 2005 p. 7). It comprises all forms of physical, psychological, and sexual violence linked to the survivor’s gender and socially constructed gender roles in a society (Keesbury & Askew, 2010). GBV is contrary to international instruments such as the Charter of the United Nations (UN, 1945), Security Council Resolution 1325 (UN, 2000), the Universal Declaration of Human Rights (UN, 1948), and the African Charter on Human and Peoples’ Rights (Organization of African Unity, 1981).

Women and girls make up most of the victims of GBV worldwide and the same is true of Uganda. Women are more than twice as likely to experience sexual violence as men. More than 1 in 5 women aged 15–49 (22 percent) report that they have experienced sexual violence at some point compared with fewer than 1 in 10 (8 percent) men. In Alur Kingdom, 21.2 percent of women reported that they have experienced violence (Uganda Bureau of Statistics, 2016).

## Methods

This chapter is based on an exploratory study conducted on cultural norms, values, and practices that have an impact on HIV/AIDS and GBV in Uganda in the Alur and Tieng Adhola cultural institutions. The key objectives of the study were to: (1) document the socio-cultural norms, values, and beliefs that have an impact on HIV/AIDS and GBV; (2) take stock of community-acknowledged good practices in responding to HIV/AIDS and GBV; and (3) synthesize community-proposed recommendations for positive change.

The field sites for Alur Kingdom were in Nebbi and Zombo districts and, for the Tieng Adhola, Tororo and Butaleja districts. In Alur Kingdom, data were collected in Nyaravur Sub County in Nebbi district and Atyak Sub County in Zombo District. In the Tieng Adhola Cultural Institution, data were collected in Rubongi Sub County in Tororo District and Busabi Sub County in Butaleja District. The study was commissioned by the Ministry of Gender, Labour and Social Development (MGLSD) with support from the United Nations Education, Scientific and Cultural Organization (UNESCO). It utilized exploratory and descriptive qualitative approaches of data collection and analysis. The main methods of data collection were key informant interviews and focus group discussions (FGDs) targeting cultural leaders. Validation meetings were organized involving stakeholders drawn from cultural institutions, MGLSD, district local governments, and civil society agencies involved in HIV and GBV prevention. In each cultural institution four focus group discussions, each comprising 8 participants and 10 key informant interviews, were conducted. In addition, one validation meeting was conducted in each cultural institution.

The study generated a qualitative data set. Data were typed, processed, and analyzed, focusing on reducing the data set into manageable proportions and summarizing it in a form that brings out salient issues of investigation. Data were organized under two thematic areas of HIV/AIDS and GBV. For each of these thematic areas, sub-themes were drawn in line with the objectives that guided the study and then subjected to further analysis. From the thematic analysis, data under each theme and sub-theme were synthesized to draw out their implications in relation to the study objectives.

## Results

The findings revealed diverse but closely related cultural norms, values, and practices that increase the risk of spread of HIV/AIDS and risk of GBV, but also positive cultural resources and opportunities for preventing the same in both cultural institutions. Some of these cut across both cultural institutions while others were unique to each of them.

## Practices and Beliefs Related to Death and Widow Inheritance

There are several beliefs and practices associated with death of a husband and widow inheritance that increase vulnerability to GBV and HIV, which bear some similarities with practices in Ghana described by Baoteng and Sottie in chapter 5 of this book, and in Nigeria as discussed by Olaore, Drolet, and Olaore in chapter 2. These include a lengthy period of mourning and the social norms related to widow inheritance.

### *Widow inheritance*

This practice was found to be entrenched in both the Tieng Adhola and Alur cultures. Following the death of a husband, the deceased's elders and clansmen often preside over a cultural function where the young brother or any other earmarked relative of the deceased would inherit the widow. This was rationalized on several grounds, including protecting the family property from being taken over by a "stranger," ensuring continuity of the family lineage, "rescuing" the bride price paid, enabling continued care for the widow, and preventing a scenario where a widow would leave the children and remarry, or bring a man from another clan into the deceased's house. Unfortunately, widow inheritance is often done before an HIV test, hence predisposing both parties to the risk of HIV infection. Related to widow inheritance is another practice wherein if a man lost his wife, he would be "compensated" with the deceased's sister. This practice was mainly reported in Tieng Adhola culture and not in Alur Kingdom.

### *Lengthy mourning period*

This practice was found only in the Tieng Adhola community, where upon the death of someone, mourning could last for up to five days, a time during which people from diverse backgrounds interact day and night and engage in irrational behaviours, including risky sexual practices. Secondly, as part of the mourning period, one of the cultural practices was shaving off the hair of family members. In most cases, this practice was crudely done using the same razor blade on more than one person, which exposed those involved to the risk of HIV infection. Essentially, there was less

sensitivity to the risk of HIV as members fulfilled the traditional practices that defined their culture and identity.

## Practices and Beliefs Related to Marriage and Dating

Several beliefs and practices related to marriage and dating exist among the Alur and Tieng Adhola cultures that increase vulnerability to GBV and HIV. The major ones elaborated below include polygamy, non-consensual marriages, dowry payment festivities, and multiple and extramarital sexual relationships.

### *Polygamy*

Men marrying more than one wife is an old practice that is highly esteemed in many African cultures. Among the Alur and Tieng Adhola cultures, polygamy was found to be an acceptable and cherished practice. It was identified as risky since all wives and husbands may not be faithful to their spouses. Besides, it was not necessarily the case that before every successive marriage an HIV test would be done. Polygamy was associated with failure by men to sexually satisfy their wives, which made some wives to look elsewhere for sexual satisfaction.

Although polygamy was reported to be declining in both cultures, it still poses significant risk in the context of HIV/AIDS. Besides exposing partners to HIV infection, polygamy was found to be leading to GBV mainly due to the inability of men to meet the needs of their spouses. Sometimes men reportedly secured money from some wives to cater to the needs of other wives, which causes tensions in the family and contributes to violence.

### *Non-consensual marriages*

Subjection of girls to non-consensual marriages was common among the both Tieng Adhola and Alur communities. Among the Alur, such marriage was referred to as *por*. If a man explicitly showed interest in marrying, but was unsuccessful dating, he would organize his peers to kidnap the girl of his interest. The “kidnapped girl” would be confined at the man’s place until she agreed to marry him. While in captivity, the girl would be



sexually abused as a bondage tool, leading to her eventual acceptance of the marriage. Given the circumstances that surround the marriage, there is hardly any chance for the couple to first test for HIV, hence exposing the parties to risk of infection.

Among the Tieng Adhola, young girls below the age of 18 years were commonly married off due to disregard for the education of the girl-child, and the need for bride price. Marrying off underage girls often leads to early sexual debut in which girls have difficulty negotiating safe sex. Besides, since such marriages are culturally arranged, testing for HIV is not a priority.

Furthermore, parents among the Tieng Adhola community traditionally practised marriage “bookings” for their children. A boy’s family could identify his future partner at the age of about eight years. Parents of both children informed the children about this arrangement and allowed them to be friends without getting involved in sexual practices until they reached the age of 14 years. The practice constrained children’s choices of marriage partners and subjected them to the wishes of the parents.

### *Dowry payment festivities*

Among the Alur community, payment of dowry involves festivities traditionally known as *keny*. Traditionally, older men and women from the groom’s side visited and interacted with older men and women in the family of the bride. Over time, the *keny* ceremony evolved and started involving young men from the visiting team. Eventually, it became an opportunity for young boys and young girls to meet and identify their future partners. However, the festivities, which often last several days, predispose young people to HIV by engagement in unprotected casual sex.

Closely related to the above, the payment of bride price in Tieng Adhola culture was a key driver of gender-based violence. The reason for this is twofold; first, payment of dowry implies the “purchase” of a woman, who becomes the man’s property for him to manage “it” the way he wishes. Secondly, women endure violence at the hands of husbands because escaping to their families often prompts men to demand the return of the bride price. Families do not willingly welcome back their daughters for fear of the bride-price repayment. It is for this reason that debates on

addressing GBV in the Tieng Adhola culture have centred much on the need to adjust the bride-price requirements.

### *Multiple and extramarital sexual relationships*

Traditionally, there was preference for a boy child among the Alur community. If a couple only bore female children, the husband's family pressured him to look for other women until he produced a boy child. This gave men the "legitimacy" to engage in extramarital relationships. There was also a belief that a woman does not belong to one man. This drove some unfaithful partners into extramarital relationships, at times with already married women.

## Practices Related to Healing and Body Beautification

Several beliefs and practices related to healing and beautification exist among the Alur and Tieng Adhola cultures that increase vulnerability to GBV and HIV. These include body incision and traditional healing practices and tooth extraction.

### *Body incision and traditional healing practices*

Body incision among the Tieng Adhola and Alur communities was a common cultural practice, undertaken as part of the traditional healing process involving application of local herbs for purposes of curing some ailments. Among the Adhola community, the practice is common particularly for purposes of beautifying women's bodies. For instance, the women created lines with a resemblance to terraces on their stomachs. Regardless of the purpose, body incision is often done in a crude manner involving use of unhygienic and unsterilized sharp objects such as razor blades and knives on more than one person, thus exposing them to HIV infection.

### *Tooth extraction*

The practice of tooth extraction was found to be mainly among the Tieng Adhola Cultural Institution. Particularly, the lower front teeth of girls were extracted by a local dental surgeon. Among the custodians of the Tieng

Adhola culture, extraction of these teeth was synonymous with beauty. However, the removal of the teeth followed a crude process undertaken using a single shared sharp object, often a knife. The practice thus exposes the girls to the risk of HIV infection. Though the practice was said to be rare of late, it is not yet extinct. Moreover, in the guise of beautification, the practice is a manifestation of gender-based violence against the girls.

## Practices Related to Sexuality

Results revealed a number of beliefs and practices related to sexuality among the Alur and Tieng Adhola cultures that increase vulnerability to GBV and HIV. These include sex a few days after delivery, forced abortion, and preference of boy child over the girl child.

### *Sex a few days after delivery*

Among the Tieng Adhola culture, having sex with a woman a few days after delivery was found to be cherished by men. The practice, termed “*kala adila*,” involves having sex with a woman three to five days after delivery, based on the belief that it would make the child put on weight and increase the availability of breast milk. Although this practice is declining, men practice it without due regard for the emotional and physical state of the mother and her needs. While there is no mandatory abstention period, health care professionals generally recommend a waiting period of four to six weeks following the birth of a baby (Mayo Clinic, 2018).

### *Forced abortion*

Among the Tieng Adhola, unmarried teenage pregnancy was not tolerated. Girls were expected to conceive only after marriage. Teenage girls who became pregnant out of wedlock normally had to endure untold suffering involving painful forced abortions, locally known as “*yath dero*.” This was mainly done to deter other girls from getting pregnant before marriage and to protect the family’s honour. Currently, the practice is less prevalent. Despite the good intentions of the practice in attempting to prevent early sexual debut and pregnancy, the punishment meted out to those who deviated from the norm was an extreme case of GBV, with potentially fatal effects.

### *Preference of boy child over the girl child*

In Tieng Adhola culture, boys are generally liked because of the belief that they ensure continuity of the family lineage compared with girls, who are eventually taken away by their husbands. Girls are perceived to be valuable only in relation to what they can bring in terms of bride price. As a result, girls are often excluded from attending good schools, and when they make mistakes they are harshly treated compared to boys. The parental preference of boys over girls leads to several issues that affect not only the girls but their mothers and the general domestic relationships. Men engage in extramarital affairs to get boy children, girls are overworked, their education is compromised, and there is gender-based discrimination of opportunities between girls and boys.

### Positive cultural practices

In contrast with the above, the results revealed several positive cultural resources among the Alur and Tieng Adhola that, if reconceptualized and practised within gender-transformative and human rights frameworks, can be harnessed to promote HIV and GBV prevention. These include: parenting and preparing children for marriage; self-discipline and respect; willingness of cultural leaders to promote sensitization against HIV & AIDS; the value and role of traditional aunties and uncles; the use of evening fire places as spaces for socialization of young people; and prolonged courtship.

### *Parenting and preparing children for marriage*

In the Alur culture, it was a common practice for boys and girls intending to marry to fully involve their parents or relatives from the paternal and maternal sides. Such involvement by both families helped in preventing sex before marriage to the extent that by the time of marriage, the couple was well prepared and equipped with the virtues of marriage. The findings show that this practice is changing, and young men and women only inform their families, without involving them in marriage arrangements.

Similar practices were found in Tieng Adhola culture. Virginity was highly valued as it was considered critical in helping families fetch more cows as bride price from their girls. In some communities, with a

distorted sense of family honour, girls who lost their virginity would be killed. Unfortunately, such excessive punishment shows how a well-intended practice inherently embeds GBV.

### *Culture-led sensitization against HIV/AIDS*

Acknowledging the power and authority over its subjects, the Alur Cultural Institution considered using its position to contribute to the prevention of HIV in its area of jurisdiction. It is not unusual for cultural leaders to meet and talk to their subjects about HIV/AIDS. Some use platforms such as burial ceremonies to sensitize the masses against cultural practices such as ‘keny’ that expose people to HIV infection. When cultural leaders make pronouncements, their subjects listen.

### *Self-discipline and respect*

This core cultural value particularly prevented women from engaging in extramarital affairs; it ensured family stability and supported the appropriate nurturing of children so that they internalized socially acceptable values. Discipline and self-control prevented the spread of sexually transmitted diseases such as gonorrhoea, syphilis, and HIV. Culturally, the Tieng Adhola and Alur valued dignity, and boys, girls, and women whose economy revolved around the household would not leave their homes without a serious reason. The impression was that where such practices are upheld today, they can have a positive effect in the struggle against HIV/AIDS.

### *The value of traditional aunties*

Traditional aunties particularly guided girls to develop into responsible adults with acceptable behaviours essential in marriage. They guided girls through a set of values and virtues including hard work, respect for the husband, faithfulness in marriage, and being welcoming to visitors, and taught that adultery is the biggest sin a woman can ever commit against her husband. Boys went through similar orientation at the hands of uncles. Sex education of young girls and boys largely defined the roles of aunties and uncles. Such moral imperatives nurtured and prepared girls for marriage, with implications for domestic stability and prevention of HIV/AIDS. This checked early sex debut, which in current times exposes girls and boys to risky sexual practices and HIV infection. However, these

must be understood in changing socio-cultural and historical contexts. This is because they can also serve to reinforce patriarchal social norms that sustain unequal gender roles, power relations, and access to and control of resources between males and females. In the long run, these may not protect females and males against HIV. What must be considered is a recommitment to fundamental human values of respect, regard, and restraint for self and for other boys and girls, and for women and men alike. For example, as much as it is important to educate young women about the virtues of hard work, maintaining a good household and being faithful in marriages, young men must also be socialized into the same values. Young men must also be taught that adultery is the greatest sin that they can commit against their wives! For this to happen, the traditional aunts and uncles need reorientation to embrace gender equality and core human rights values.

### *The practice of evening fire*

The Adhola community has a tradition of evening fire places in a homestead where elders meet and interact with boys and girls over several topical issues, such as the importance of virginity until marriage for both girls and boys. Parents and grandparents pass on generational messages to boys and girls through open discussion, folk songs, stories, and riddles. Such messages help greatly to check premarital sex and other forms of irresponsible sex and reduce chances of contracting HIV. In terms of social control, children spend their evenings within the vicinity of adults/parents. Children and youth spent their evenings with adults at the evening fire places, or in the kitchen in the case of girls with their mothers. This kept them from the so-called “evening walks,” video cinemas, bars, and night clubs. It cannot be overemphasized that today, these are key drivers of susceptibility to HIV infection.

### *Prolonged courtship*

Long courtships were an integral practice in the Adhola culture. As boys and girls were prepared for marriage, they were advised by their parents, aunties, uncles, and elders to take their time after a marriage partner was identified for them. Thus, boys and girls were encouraged to get to know their respective families before marriage. Even where the boy and the girl

met each other with limited influence from their families, the two were encouraged to understand themselves adequately before making a commitment to marry. This served multiple purposes; for instance, it ensured that boys and girls made the right marriage choices but also checked on the problem of early pregnancy and GBV.

## Positive Cultural Norms, Values, and Practices in Relation to GBV

The study unraveled several positive cultural resources among the Alur and Tieng Adhola cultures that can be harnessed to complement efforts geared toward prevention and responses to GBV. These include: clear separation of men and women's roles and holding men responsible for fulfilling their roles; cultural context-specific methods of conflict resolution; succession planning particularly writing of wills; and values of mutual respect.

### *Clear separation of men's and women's roles*

In the past, there were clearly defined roles of men and women. Men mainly took care of the livestock and fulfilled the provider role to support the family. Women, on the other hand, have been traditionally involved in farm activities and household chores such as cooking, although this has been changing over time. Men have tended to increasingly abdicate their provider roles, and this has increased the burden of care for the girls and women. This, coupled with alcohol abuse, has been blamed for the increasing intimate partner violence.

### *Traditional methods of conflict resolution*

Traditionally, the Alur and Tieng Adhola communities devised ways of handling conflicts at individual, family, and community levels. It was found that clan structures were crucial in conflict resolution. In some cases, men who beat their wives would be publicly caned as a deterrent to such practices. When there were any disagreements, conflicts, or violence in a home, elders and relatives would come together to ensure that these were resolved or managed.

However, the drawback is that these social norms are not necessarily gender transformative; they tend to maintain the status quo of the subordinate position of women relative to men. Therefore, unequal gender relations as a structural driver of intimate partner violence tend to remain unchecked. These cultural resources have not been adequately engaged and used to transform gender relations.

### *Succession planning, including writing of wills*

Another practice that should be promoted is preparing of wills before death. This used to be done by men in the past and it helped in ensuring appropriate apportioning of the deceased property. It is the lack of wills that is causing problems, especially for widows and children after the' death of the husband/father. It is important to seriously revive and support asset distribution following death as a strategy for preventing the suffering of widows, which is evident in property grabbing by the relatives of the deceased man.

This is a constructive tool for protecting widows and orphans and vulnerable children. However, this cultural resource exists in the context of patriarchal gender relations and the will itself may tend to favour the male children over the females. Although it is a building block supporting child protection and social protection of widows, it lacks the gender-transformative dynamic that would make it work to effectively protect women and girls. The written wills tend to reinforce existing unequal gender relations.

### *Values of mutual respect*

Traditionally, the Alur were supposed to be respectful people. Although women were particularly expected to be submissive and humble, men were also expected to be respectful. Married women were respected in the community. With this respect, one would expect that there would be little room for violence.

This notwithstanding, men are the gate keepers who control resources and maintain power relations, and they tend to make decisions that favour males. In this case demonstrating respect, within dominant patriarchal expectations, may favour women who play along with the unequal power relations to access resources. Those who attempt to challenge this inequality are perceived as outliers who are not well socialized. There are



therefore inherent contradictions in the notions of mutual respect in the context of the Alur and Tieng Adhola social norms.

## Conclusion

In this chapter we have presented norms, values, and practices that have the potential to positively contribute to the fight against HIV and GBV. However, it was a challenge to identify and interpret norms, values, and practices that positively contribute to prevention of HIV and GBV. This is partly because of the inherent contradictions in some of the norms, values, and practices, which on the one hand had potential to reduce vulnerability to HIV and GBV, but when analyzed further, are likely to maintain structural gender inequality and subordination of women and girls. This implies that for cultural norms, values, or practices to be utilized in the prevention and response efforts for HIV and GBV, they need to be conceptualized in the context of human rights and gender equality to qualify as resources in prevention and response efforts for HIV and GBV (Sengendo & Sekatawa, 1999).

As Mofolo (2010) observed, the relationship between culture and HIV/AIDS is complex and has been perceived in terms of gender inequalities and the patriarchal society that culture entrenches. Culture also perpetuates risky practices such as widow inheritance, polygamy, non-consensual marriages, and multiple and extramarital relationships, among others, that predispose individuals to the risk of sexually transmitted infections.

Cultural structures, including cultural leaders, clan leaders, and their representatives at different levels, have potential to contribute to HIV and GBV prevention, but their roles must be entwined with human rights and gender-transformative programming. For example, in Uganda, the Tieng Adhola and Alur cultural institutions have been engaged by the Ministry of Gender, Labour and Social Development (MGLSD) and the Uganda AIDS Commission. Staff have been trained in human rights and gender equality, and these institutions are being used in HIV and GBV prevention work. Cultural institutions have also been engaged by MGLSD and the Uganda AIDS Commission to declare some cultural norms and practices “not part of their culture any more” through developing policy briefs

and making public statements against social norms that perpetuate GBV or increase vulnerability to HIV infection (MGLSD, 2013).

GBV within the Tieng Adhola and Alur communities is strengthened and driven by patriarchy and distorted notions of family honour. The patriarchal beliefs, norms, and practices in both communities support power relations among men and women that render women vulnerable to abuse. It should, however, be noted that often men abuse and distort given cultural norms, values, and practices (Robins, 2008; Palitza, 2006). Practices like payment of bride price are intended to symbolize respect for the family of the girl, but often are taken to signify “purchasing of the bride,” an assumption that might be used to legitimize violence against women (MGLSD, 2013).

Overall, although the positive cultural resources have potential to contribute to prevention of HIV and GBV, their full potential can only be realized by adopting a gender-transformative and human rights lens. The major drawback is that these norms, values, and practices are not necessarily gender transformative. They tend to maintain the status quo of the subordinate position of women relative to men. Therefore, unequal gender relations, as a structural driver of intimate partner violence, tend to remain in place. These cultural resources need to be adequately engaged as building blocks to transform gender relations that continue to promote and sustain GBV and make women and girls, and men and boys, vulnerable to HIV infection (Sengendo & Sekatawa, 1999; UNESCO, 2002).

Cultural dynamism, emphasized by social anthropologists and social workers, provides a useful resource. For example, Norval (1999, pp. 7–8) argues that culture cannot be seen as closed and positive but it “exists as fragile and vulnerable—as a hybrid and non-pure” (Norval 1999, p. 7). It is therefore amenable to change through deliberate but culturally sensitive social norm change programs that build on cultural resources and assets while they engage with relevant stakeholders to change social norms that are inimical to human rights (Sengendo et al., 2001) and the core values of social work.

## REFERENCES

- Airhihenbuwa, C. O., & Webster, J. D. (2004). Culture and African contexts of HIV/AIDS prevention, care and support. *SAHARA-J: Journal of Social Aspects of HIV/ AIDS*, 1(1), 4–13.
- Bruun, B. (2006). *Questioning the role of culture and traditional practices in HIV transmission: NGOs’ involvement in changing unsafe local practices*. Copenhagen: DK: AIDSnet Children and Youth Network.
- Helman, C. G. (2007). *Culture, health, and illness* (5th ed.). London, UK: Hodder Arnold.
- Inter-Agency Standing Committee. (2005). *Guidelines for gender-based violence interventions in humanitarian settings: Focusing on prevention of and response to sexual violence in emergencies* (Field test Version). Geneva, CH: Inter-Agency Standing Committee. [www.unhcr.org/453492294.pdf](http://www.unhcr.org/453492294.pdf)
- Keesbury, J., & Askew, I. (2010). *Comprehensive responses to gender-based violence in low resource settings: Lessons learned from implementation*. Lusaka, ZM: Population Council. <http://www.genderhub.org/get-in-the-know/resource-library/comprehensive-responses-to-gender-based-violence-in-low-resource-settings-lessons-learned-from-implementation>
- Mayo Clinic. (2018). *Sex after pregnancy: Set your own timeline*. <https://www.mayoclinic.org/healthy-lifestyle/labor-and-delivery/in-depth/sex-after-pregnancy/art-20045669>
- Ministry of Gender, Labour and Social Development (MGLSD). (2013). *Tieng Adola cultural institution policy brief on HIV, GBV, and maternal health*. Kampala, UG: Author.
- Ministry of Health. (2017). *The Uganda population-based HIV impact assessment 2016*. Kampala, UG: Author. <http://www.afro.who.int/sites/default/files/2017-08/UPHIA%20Uganda%20factsheet.pdf>
- Mofolo, T. (2010). *The role of culture in contributing to the spread of HIV/AIDS: Understanding how cultural norms and practices, specifically female genital mutilation facilitate the spread of HIV/AIDS* Africa Institute of South Africa Policy Brief No. 29.
- Moyo, N., & Müller, J. C. (2011). The influence of cultural practices on the HIV and AIDS pandemic in Zambia. *HTS Theologiese Studies/Theological Studies*, 67(3), 1–5.
- Norval A. (1999). “Hybridization”: The im/purity of the political. In J. Edkins, N. Persram, & V. Pin-Fat (Eds.), *Sovereignty and Subjectivity* (pp. 99–116). London, UK: Leine Reiner.
- Organization of African Unity. (1981). *African Charter on Human and Peoples’ Rights*. Addis Ababa, ET: Author.
- Palitza, K. (2006). Culture (ab)used to dodge women rights. *Agenda*, 68, 108–111.
- Robins, S. (2008). Rights. In N. Shepherd & S. Robins (Eds.), *New South African keywords*. Sunnyside, ZA: Jacana Media.

- Sengendo, J., Bukuluki, P., & Walakira, E. J. (2001). *A cultural approach to HIV/AIDS prevention and care*. UNESCO/UNAIDS Research Project, Kampala Pilot Project Phase One Scientific Report (Studies and Reports, Special Series of the Cultural Policies for Development Unit, Issue No. 15). Paris, FR: UNESCO. <http://unesdoc.unesco.org/images/0012/001255/125587e.pdf> accessed 3/05/2018.
- Sengendo, J., & Sekatawa, E. A. (1999). *A cultural approach to HIV/AIDS prevention and care: Uganda's experience country report*. UNESCO/UNAIDS Research Project (Studies and Reports, Special Series of the Cultural Policies for Development Unit, Issue No. 1). Paris, FR: UNESCO. <http://unesdoc.unesco.org/images/0012/001206/120611e.pdf>
- Sovran, S. (2013) Understanding culture and HIV/AIDS in sub-Saharan Africa. *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, 10(1), 32–41.
- Tiruneh, G. (2009). Determinants of adult HIV/AIDS prevalence in Africa: Do cultural variations matter? *Mid-South Political Science Review*, 10, 103–124.
- Uganda AIDS Commission. (2015). *2014 Uganda HIV and AIDS country progress report*. Kampala, UG: Author.
- Uganda Bureau of Statistics. (2016). *Uganda demographic and health survey (2016)*. Kampala, UG: Author.
- Uganda Bureau of Statistics. (2020). <https://www.ubos.org>
- UN. (1945). Charter of the United Nations. Geneva, CH: Author.
- UN. (1948). Universal Declaration of Human Rights. Geneva, CH: Author
- UN. (2000). Security Council Resolution 1325. New York, NY: Author
- UNESCO. (2002). *A cultural approach to HIV/AIDS prevention and care: Summary of country assessments*. Division of Cultural Policies. Paris, FR: UNESCO.
- UN Women. (2016, December 1–2). *Preventing violence against women and girls through social norms change*. Learning paper from the Asia-Pacific forum on preventing violence against women and girls: Evidence and tools for social norm change. Bangkok, TH.