

Communication about HIV/AIDS Screening in Côte d'Ivoire and Forms of Resistance among Young People

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Abstract

This paper looks into the burning issue of young people's social resistance to HIV/AIDS screening in Côte d'Ivoire though sensitization communication is undertaken. The current political scene seemingly makes national as well as international decision-makers forget the issue of HIV deliberate screening for Ivorian population's medical well-being at the threshold of great electoral challenges of 2020. Through field investigation, the current study aims to identify forms and factors of social resistance to HIV/AIDS screening among young people whose age ranges from 15 to 49. Numerous social, psychological, religious and communicational setbacks are revealed by the study as reasons and display of such a resistance.

Keywords: Public Health, HIV/AIDS, Screening, Communication, Young People, Resistance.

1.Introduction

Since it appears in 1981 in U.S.A, HIV/AIDS is still a threat with dramatic consequences to developing countries. Indeed, despite international and national action in favor of prevention and therapy, it causes the death of more than 35 million of people throughout the world (UNAIDS, 2017).

Côte d'Ivoire is among the most affected territories of sub-Saharan Africa with an overall prevalence of 3.5% (UNAIDS, 2015). However, the country set up Provider-initiated Screening and Counseling (CDIP) in 2009 as recommended by WHO in order to bring down the shortcomings of Counseling and Voluntary Screening (CDV). Clearly, health professionals have got to offer HIV medical tests to all patients regardless of their reason for consultation. Despite the policy and strategies undertaken by appropriate organizations, hesitation to HIV screening still exists (Carillon & al 2017).

The investigation on AIDS indicators in Côte d'Ivoire (EIS, 2005) confirms that young people are vulnerable to the pandemic. Through the inquiry, the behavior of resistance sets itself up as one of the reasons explaining the spread of the disease among that category of citizens. A study by EDS-MICS (2012) indicates accordingly that only 25% of men and 38% of women aged 15-49 knew their HIV status. We consequently realize that few Ivorian citizens know their HIV status since they refrain to do HIV screening. This is a global issue among young people in Côte d'Ivoire. And it deserves further consideration in this period of increasing use of communicational means that are accessible to the population.

The purpose of this study is to analyze, through a methodological framework of field observation, forms and factors of resistance to HIV/AIDS screening among young Ivorians between the age of 15 and 49. Especially, those who have once at least witnessed a sensitization campaign about the pandemic.

2-Theoretical and methodological positioning of the study

2.1 Resistance as an obstacle to change

Resistance to change, according to Morin (1996, p. 205), is a set of "forces opposing conduct reorganization and acquisition of new skills or, in other words, restrictive forces". The writers Collette & Schneider (1997, p. 185) agree in the same way when they speak of "defensive reaction to a proposal of change". In other words, it is a refusal to change assumed by many participants (Brassard & Brunet, 1994).

In any case, resistance consists of a proposal of change that is ultimately perceived by the recipient as a threat to them. This refers to the emergence of forces that impede or obstruct a process of change. That is why Bared(2004) reveals that the impact of change on social relations tends to create more resistance than the change itself. And the fact of connecting resistance with human action gives the term “resistance” a more negative sense.

The word “resistance” is consequently perceived in the study as an obstacle to a proposal of change of risky behavior. However, it allows understanding attitudes developed by a target population (young people in particular) as for the knowledge of their HIV status at a time when political events seem to have taken precedence over health concerns.

The research comes within the framework of Bareil & Savoie’s theoretical approach, which focuses on mental state of individuals. Clearly, the method points out cognitive and emotional aspects as the main factors of failure to change attitudes. They propose a procedure based on receivers’ concern about change. The theory of concern phases assumes that persons tortured by the announcement of a change, react during a given moment, for reasons mentioned. And it falls to find them out at any time.

2.2. Examination of Resistance to Change: Target Population and Method of Analysis

Identifying forms and factors of resistance to HIV/AIDS medical tests within a category of Ivorian young people (from three cities: Abidjan, Yamoussoukro, and Korhogo) prompted us to use qualitative and quantitative survey strategies. In this respect, Osgood’s differential scale for measuring attitudes (Bonville, 2006) permitted to identify the behavior of resistance among a sample of 200 young people through developed items. These people have already experienced sensitization communications about HIV/AIDS screening. Furthermore, the study does not intend to assess sensitization messages. Therefore, we did not focus on analyzing the corpus of awareness raising messages. Conversely, we emphasized transmission channels. Nevertheless, interviews were conducted with thirty-five (35) respondents (students, health personnel, employees of NGOs and CDV centers) in order to obtain further information. The survey allowed revealing a plurality of information sources as far as HIV/AIDS screening is concerned. Various communication mediums are utilized to inform the youth. Television (40.5%) is the main channel to sensitize young people about the issue of HIV/AIDS medical tests. However, from now on, those young people are more used to digital social networks. Moreover, from importance order, there are health workers (13%), Radio (10%), schools (8.5%), family (7%), peers (4, 5%), and social networks (4%). 86% of respondents identify willful screening as a method to know HIV status whereas 14% think that symptoms (or

clinical signs) permit to know HIV positive person. More than ¾ of respondents (76%) are acquainted with screening sites compared to 24% who know nothing about those sites. The figures are characteristic of the target population. They constitute a major addition to the research methodology which led to findings below. The results are interpreted on the perspective of forms and logics of resistance to HIV medical tests. Various psychological, socio-cultural and religious, institutional, socio-economic and therapeutic factors and forms are discovered.

3. Forms and factors of resistance to HIV/AIDS medical tests among young people

3.1 Virginity, Condom, abstinence and view of sexual risk absence

The issue of “risk and AIDS” has regularly been the object of discussion. Researchers have highlighted the duality between sexual pleasure and HIV/AIDS. Indeed, sexuality is a natural need and a source of joy as well for men as women. But, HIV and AIDS stand prevent that pleasure. Accordingly, instead of being an object of thrill and happiness, HIV/AIDS brings about misfortune to some persons (Topé-Gueu, 2015). In these circumstances, young people change their sexual conduct through the adoption of HIV prevention methods.

Some non-sexually active respondents put off their first sexual experience in embracing sexual abstinence. On the contrary, the sexually active people undergo two kinds of situation: Either some of them have opted for (temporary) sexual abstinence, or others use condom to protect themselves from HIV. In their understanding of the risk of HIV transmission and sexuality, keeping virginity could allow them not to proceed to HIV medical test.

Considering the situation, we realize that sexual risk prevails as HIV transmission channel. Consequently, the young think having run no sexual risk related to HIV. This acceptance comes true according to Tchegnina (2007) where virgin young boys whose age ranges from 15 to 18 consider it useless to do HIV screening. Likewise, they admit not to understand its validity.

Besides, it is only necessary to try to do HIV medical test to check up an individual's state of health for assurance when they are sexually active or had risky sexual intercourse.

Moreover, Akoto (2008) thinks that the behavior of resistance among young people is also due to religion weight on human consciousness, especially Muslim religion. Through the advocacy of sexual abstinence to marriage for young people and faithfulness for married couples, Islam- and other religious faiths fight against fornication and all that brings about depravity of morals. In so doing, they favor the spread of HIV infection.

However, on the basis of Maroc's example, Christopher maintains that virgin young girls and women embrace anal and/or oral sexualities to get round vaginal sex which is the object of social and religious sanctions. Thus, under the combination of various socio-cultural and religious factors, there is an implicit and clandestine development of a substitute pre-nuptial sexuality for more or less precocious fair-sex. Faced with traditional and religious morals, they take on a resistance that is not sheltered from HIV contamination.

Condom use is also a sexual practice that serves as a justification among young people when they do not resort to HIV medical test. According to Kacou (2005), sexually active unmarried young individuals think that condom is the only method to prevent the transmission of HIV and STIs. However, at any sexual intercourse, they do not yet systematically use it in such a way that sexual intercourses are at high risk of HIV infection.

Beyond this sexual risk young people seemingly understate, there still exists some danger related to condom handling. Therefore, Ngui (2010) argues that the systematic and correct use of condom should not overshadow the need to perform AIDS screening. Likewise, he urges every researcher of the field to reflect on roundabout means of "social desirability" which could definitely lead young people to understate or overstate the use of condom. Apart from those explanatory elements, a person's culture of origin, their religious practices as well as variables related to stigmatization as a phobic dimension can also help understand a young Ivorian's resistance to HIV screening.

3.2 Culture, Religion, Stigma and Serophobia¹

Living as an HIV positive individual generally equates with facing up to various biases and stigma that still surround the disease (Francoeur, 2011). Fear of stigma and *serophobia* overwhelms people's minds. It curbs HIV screening even if ARV treatments exist. This is consistent with our research since the participants state that they are afraid of HIV positive result consequences. The finding goes hand in hand with Compaoré's study (2006) in Burkina Faso. The latter maintains that young people's refusal to do HIV medical test is explainable by the fact that AIDS is "an incurable disease and ARV treatment is still restricted. In addition, negative representation, view, stereotype, etc. discredits HIV positive subject. It brings social opprobrium, etc. Moreover, the pre-eminence of the infection sexual connotation may give deliberate process undertaking a public admission of wandering and guilt-feeling sexuality. Despite some sensitization, contextual and individual

¹The term *serophobia* is used to refer to any discrimination specific to HIV/AIDS. It means fear, rejection of PLWHA, website www.lecrips-idf.net. (June, 25, 2017).

determinants keep influencing HIV screening decision making much negatively. In these circumstances, medical test refusal turns out to be a response to the fear of self-exclusion. The assessment of as well advantages as drawbacks of knowing one's HIV test always leads to disagreeable psychic state the latter tries to put an end to (Festinger, quoted by Gallen & Brunel, 2014, p. 5). Clearly, Topé-Gueu affirms that young people going through such a mental state are subject to an internal battle in order to lessen the incoherence. That is why they modify one of the dissonant elements into another consonant with cognition on stage, possibilities of resistance rationalization through methods of mocking the medical test.

All takes place in an African social reality where regardless of international mobilization against the pandemic, stigmatization and discrimination still continue to be factors of HIV representation. As such, HIV is a divine punishment following abnormal sexual conduct (Mellok, 2011).

Bâ (2012) corroborates the interpreting of the disease as a sin consequence. He also remembers that anti-AIDS programs have more focused on groups known as "high-risk groups" almost everywhere in Africa. The categorization is generally related to the forbidden sex. And it definitely leads to stigmatization and discrimination of anyone experiencing it. HIV/AIDS is a sexually transmitted disease. So within the community, it is generally heard that any individual suffering from it is only a sexual delinquent. In this respect, AIDS has become a disease of shame and adultery. Consequently, any HIV positive person always feels guilty within their community. Obviously, this stands as a great barrier to deliberate screening.

Because of social exclusion and marginalization fear, the young people prefer to take refuge in ignorance. Thus, they withstand any HIV/AIDS screening attempt.

The approaches about forms and factors of resistance to HIV medical test regardless of numerous sensitization and communication campaigns about the matter as well as actions related to financial backers and medical test management allows a new reading of the situation dealt with.

3.3 Donors and HIV screening management

Fanré (2016) asserts that the world of institutions involved in the fight against HIV/AIDS may contribute to create and keep up dysfunction through obvious passivity and ignorance. It favors current high level of resistance to HIV medical test. These shortcomings might hinder reception and understanding of information the population produce as far as the struggle is concerned. Apart from matters related to access to care and health aid in developing countries, the battle that major international financial backers indulge in tends to impose their leadership

through some veiled strategies. The same goes for the protection of their interest in the field. The battle also confirms that “health definitely turns out to embody more than ever” “stakes of power” (as well economical as political). It then results from a “socio-historical process” informed by battle of wills between great parties” (Depret, 2005, p. 3) to the detriment of beneficiary States populations. Actually, only financial backers devise Aid programs implemented in developing countries.

Boidin (quoted by Depret, 2015) recommends that important donors really take into account wishes of States benefiting from international development aid in such a way that that aid is in the heart of Health goods and services production and spread process. In so doing, they can settle paradoxes generated by power struggles so that health becomes “worldwide possession” and not “merchant property”.

Carillon & al. (2017.) contend that beyond screening workers’ demotivation for financial reasons, strategic orientation constraint and donors’ directive justifies health professionals’ hesitation to propose HIV medical test to all patients. “Except for clinical suspicion cases for which the medical test is most of the time prescribed than suggested”, the other reasons mentioned are effectively related to the nursing staff’s scare of refusal consequences, distrust, loss of patients following HIV screening proposition.

Carillon & al. (2017) argue that Administration unwieldiness, unpaid extra-hours, a procedure of medical tests to all comers, lack of official training in counseling seem to be medical employees’ other concerns.

In the end, shortage of mobilized resources compared to needs, non-consistence of foreign partners with priorities and domestic necessities are considerable factors that pervade the funding of anti-AIDS struggle in Côte d’Ivoire.

3.4. Communicational Dimension: Ignorance of Screening and HIV Treatment Stakes

A lack of information is among elements influencing HIV/AIDS spread. Thus, access to information is primordial for the epidemic prevention. That is why Cecchi insists: “Channels allowing to coming to decision are complex”. However, a presence or absence of knowledge and information crucially ascertain conditions within which decisions are made. The writer consequently thinks that information sets itself up as an aid and regulator of the decision.

The issue of information acquisition or a shortage of information about screening and HIV treatment prove correct in our study. Indeed, 11.6% of respondents raised reasons connected with “ignorance of stakes and modalities of medical test and treatment” as ground of their sero-ignorance. The assertion is confirmed by EDS-MICS (2012).

Considering the target population, the survey undeniably reveals that at most 16% of women and 25% of men aged 15-24 have knowledge known as “thorough” of HIV/AIDS. We can therefore come down to the fact that more than a majority of young people lack information or they still have a narrow knowledge of as well HIV/AIDS as screening. The situation is a true sign that research for access to information relating to a cascade of HIV care (or a cascade of HIV treatment) should be developed nowadays. Besides, knowledge of ARV advantages in HIV treatment on behalf of HIV positive people is crucial to convince more than one about screening relevance. The WHO new guidelines for antiretroviral drugs usage make them a cure-all. The treatment permits to curb HIV/AIDS provided that treatment is administered as soon as possible. Thus, it ensures good health, an undetectable viral state and reduces a risk of virus transmission to other people.

Access to screening services constitutes a great matter in the struggle against HIV proliferation in Côte d’Ivoire. HIV screening setbacks linked to conscious and unconscious refusal and displayed through resistance to medical tests is a fact concerning Ivorian young people. Those individuals seem to prioritize sexual biases environmental, socio-cultural, religious variables expose them to. Therefore, it is imperative not only to continue informing as many persons as possible (young people in particular) about public health stakes, but also lay an emphasis including various aspects of resistance acts the current study proposes to identify and apprehend.

4. Conclusion

Health is regarded as a “human right” by the United Nations (AlternativesSud, 2004). Likewise, it is a globally recognized interest. Because of its dramatic consequences on development of countries such as Côte d’Ivoire, HIV/AIDS has particularly mobilized health well-being activities on national as well as international scale. The action aims to reduce social inequalities as far as Health is concerned. It also intends to improve people’s health. The practice of HIV medical tests in young people’s milieu comes within the framework of the anti-pandemic programs principles. The initiative has very often led to noticeable results relating to prevention in Côte d’Ivoire. Beyond advance, it is all the same important to keep in mind that young Ivorians’ HIV screening is still problematic because of some socio-communicational hindrance whose forms and display the present article tries to comprehend through a methodological framework of field investigation.

Considering stated hypotheses, findings of the investigation reveal that because of its incurable status, AIDS is still assimilated with a divine curse resulting from abreach of religious precepts, a motif of social exclusion (A declared HIV positive person's fear of stigmatization).

Furthermore, condom use as a method of prevention generally equates with safety in sexually active young Ivorians' view. They consequently understate screening in this post-electoral crisis period of the county's progress towards emergence by the year 2020. The ideas may be perceived as *serophobia* (explained above). They actually show young people's non-assurance to blossom socially as well as mentally in case their medical tests prove HIV positive. Consequently, those people prefer to live without knowing their HIV status.

It is also necessary to remember that factors such as lack of training of medical workers appointed to screening job, shortage of funding and deficiency of monitoring health programs nourish *serophobia* among young people.

Addressing young people's refusal to practice HIV screening, sensitization campaigns seemingly prioritize traditional media such as television, radio, etc. over channels the young people regularly use in these days: social networks (Referring to our investigation findings)

In short, national and international decision-makers make much effort to eradicate one the most dreadful pandemic to health well-being in Africa as well as Côte d'Ivoire (HIV/AIDS). However, social, psychological and communicational hindrance (revealed by our research) still exist as real obstacles to the struggle against the pandemic through screening.

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