Tradition, Modernization and Public Health Policy: Combating HIV/AIDS in Senegal

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I dedicate this thesis to the extraordinary people I had the privilege to know in Senegal.

Never in my life have I laughed so much.

Jèrejèf, ba baneen yoon inshallah.

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I love you madly.
Abstract

This thesis explores how traditional beliefs and institutions have been used in a nationwide campaign against the spread of HIV/AIDS in the case of Senegal. Relying on the works of Max Weber, Edward Shils, and Erving Goffman, the theoretical chapter of the thesis develops the concepts of traditionalism, modernization, rationalization, and social stigma. This theoretical framework is applied to the case of Senegal in order to support the idea that the tradition of Sufi Islam played an important role in the nationwide campaigns against AIDS. However, I argue that a successful national policy against HIV/AIDS must rely on a combination of central government initiatives, NGO participation, local community efforts, and religious institutions. More specifically, the main goal of such a comprehensive program should be to target the social stigma surrounding infected individuals, and focus on lowering rates of infection through the dissemination of information. The case of Senegal demonstrates that traditional religious institutions can play a key role in lowering levels of HIV/AIDS infection in developing countries.
Introduction

This thesis examines the theory that the coexistence of traditional and modern elements in a developing society can lead to the effective implementation of programs targeting HIV/AIDS and the maintenance of low rates of infection. I use Senegal as a case study to support this claim. I argue that the traditional elements of Senegalese society have actually enabled rationalization and the successful implementation of programs targeting HIV/AIDS. Many developing countries, such as Senegal, are characterized by a pronounced traditionalism, often embodied in religion. My thesis suggests that we need to make room for this tradition in our theories of rationalization.

Acquired Immune Deficiency Syndrome (AIDS) is a worldwide pandemic that strikes between five to ten years after a person is infected with the human immunodeficiency virus (HIV).\(^1\) Although many societies have been successful in instituting campaigns of prevention and promoting treatment options, others have had less success. Efforts targeting high rates of infection have been met with particular resistance in many Muslim societies because of conflicting social norms. In her recent article, Memoona Hasnain states that the reliability of prevalence and mortality data in Muslim countries is low because the infection goes horribly underreported.\(^2\) Despite this level of under-reporting, data suggests high rates of infection in Muslim countries. According to the CIA World Fact Book 2005, Guinea-Bissau and Tanzania, both predominantly Muslim countries, respectively have the 11\(^{th}\) and 12\(^{th}\) highest HIV/AIDS

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adult prevalence rates out of the 168 countries that have reported their national statistics.\(^3\) Of the 30 countries with the highest prevalence rates, nine are countries with 50 percent or greater Muslim populations. The Muslim country of Nigeria has the third highest number of people living with HIV/AIDS and the third highest number of deaths due to HIV/AIDS.\(^4\) Additionally, Hasnain cites a statistic estimating that in three years, “40% of the African populations, where the disease burden is highest, will be Muslim.”\(^5\) These statistics point to the inescapable conclusion that HIV/AIDS is a pronounced presence in Muslim societies.

These numbers also seem to run counter to our expectations surrounding a way of life that strictly prohibits homosexuality, premarital sexual relations and adultery. However, Hasnain claims that many Muslims engage in these behaviors despite their religious affiliation. For example, the commercial sex trade is rampant in many Muslim countries.\(^6\) Sex workers in these countries generally have very poor support networks and are rarely tested or treated for sexually transmitted diseases.\(^7\) Religious institutions discourage open dialogue about HIV/AIDS. As a result, there is little significant social or medical support for the infected and this lack of a support network further spreads infection.

In many Muslim countries, religious institutions remain particularly powerful even as the state modernizes. The incomplete rationalization, in Max Weber’s sense of the term, and the continued existence of conservative religious practices, have led to greater social stigma associated with HIV/AIDS. Muslim victims often experience particular discrimination from their families and from their religious community. A common result of this threat of discrimination is


\(^4\) Ibid.

\(^5\) Hasnain, 3.

\(^6\) Hasnain, 4.

\(^7\) Ibid.
that infected persons do not reveal that they carry the disease.\(^8\) Furthermore, they do not seek treatment or counseling because they fear ostracism and denunciation. The stigma and discrimination associated with illicit sexual conduct create “barriers to successful implementation of prevention and treatment strategies…”\(^9\)

There are common misconceptions surrounding the illness in some developing countries. Many people in Muslim societies may associate HIV/AIDS infection only with illicit sexual behavior, and may be unaware of other causes, such as contact with contaminated blood and mother-to-child transmission. People may completely disregard the possibility that unfaithful spouses can get infected and pass the infection on to their families. This ignorance and misinformation is partially due to the lack of AIDS education in developing countries, particularly in Muslim societies. Many governments and religious communities have not taken the necessary steps toward encouraging open dialogue about AIDS, which would result in less stigma and greater awareness and treatment. As a result of this inaction, many Muslims perceive acting on behalf of HIV/AIDS patients as condoning illicit behavior.\(^10\)

Stigma often prevents those infected from disclosing their status, and prevents those at risk from getting tested. It prevents people from seeking professional counseling and support from their families out of fear of being found out.\(^11\) The Joint United Nations Programme on AIDS (UNAIDS) classifies stigma as “any measure entailing any arbitrary distinction among persons depending on their confirmed or suspected HIV serostatus or state of health.”\(^12\) Peter Piot, the Executive Director of UNAIDS, and Dr. Awa Marie Coll Seck, the former Senegalese

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\(^{8}\) Hasnain, 5.  
\(^{9}\) Ibid.  
\(^{10}\) Ibid.  
\(^{11}\) Hasnain, 1.  
Minister of Health, write of the urgent need to address the problem of stigma in their 2001 theme paper. They argue that “an all-out effort against stigma will not only improve the quality of life of people living with HIV and those who are most vulnerable to infection, but meet one of the necessary conditions of a full-scale response to the epidemic.”

Hasnain claims that “in the Muslim World, religion defines culture and the culture gives meaning to every aspect of an individual’s life.” There is a great discrepancy between religious teachings and actual cultural practice. The challenge remains how to address this discrepancy. It is largely the responsibility of the government and the religious communities to establish a society in which fear of discrimination does not detract from disease awareness and the process of addressing high mortality rates. In many Muslim countries, these institutions have failed to contribute in the fight against the spread of HIV/AIDS.

However, among Muslim countries, Senegal stands out as one of a handful of exceptions. The CIA World Fact Book 2005 cites Senegal as having a .8 percent infection rate, as opposed to Guinea-Bissau, another West African Muslim country, which has a 10 percent infection rate. In contrast to similar societies where culture is still rooted largely in tradition, Senegal has managed to strike a balance between the influence of tradition and the rise of modern institutions in order to encourage behavior geared toward maintaining a low level of infection.

In societies, like Senegal, moving toward rationalization, a concept defined later in the thesis using the works of Max Weber, Reinhard Bendix, and Alex Inkeles and David H. Smith, modern elements coexist with traditional beliefs and values. The division of labor and the shift

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14 Hasnain, 5.
toward the rational-legal form of authority have arisen in the midst of the stable power of traditional institutions like religion. Edward Shils discusses the “mixed character” of transitional societies, positing that some parts of society are able to rationalize, while others remain traditional. Urbanization and bureaucratization are processes commonly associated with rationalization. However, even while these processes and modern institutions expand, religion can retain a firm grip, especially on people living outside of the main urban centers.

In this thesis, I take the notion of the coexistence of tradition and rationalized institutions a step further to claim that tradition can actually enable rationalization. I use Senegal as my case study to illustrate this point. Senegal is a nation with a deeply religious Muslim population devoted to the continued existence of religion in the face of rapid modernization. In many rationalizing Muslim countries tensions exist between efforts geared towards modernization and communities intent on retaining the traditional, religious nature of society. This friction poses a problem particularly when approaching the question of how to reconcile traditional societies with the need to adopt “rational” and “modern” behavior, such as getting tested for AIDS.

In addition, AIDS is a modern issue that acknowledges the presence of sexual behavior not sanctioned by traditional religious doctrines, including the Koran. Indeed, AIDS is a unique case where the only ammunition we have to fight it is prevention. No vaccine exists, nor is there a cure. Biomedical solutions have failed to alleviate the suffering of millions and have been inadequate in preventing further infection. All we have is the hope that one day AIDS will be eradicated as a result of changes in social behavior. This will never be accomplished unless we reverse the widespread social stigma surrounding the pandemic.

As previously stated, in Muslim societies, stigma and the threat of a backlash from the traditional community that arises from this taboo issue often prevent people from disclosing their
status and seeking treatment. Piot and Seck claim that a unified response involving all sectors of society is needed in order to address this stigma. They define a “full scale response”\(^ {16}\) as encompassing a unified effort between credible government actors, community leaders and leadership outside of the health sector. Actors outside of the government and health sector give the national response greater “breadth.”\(^ {17}\) In this thesis, I suggest that such leadership is represented by the work of non-governmental organizations as well as the traditional religious community. Therefore, I posit that a successful response to the AIDS pandemic that addresses stigma in developing countries must incorporate government commitment, community initiative, the work of non-governmental organizations, and the leadership of the religious community. I try to prove that Senegal is an example that shows the efficacy of this framework.

In Senegal, in order to address this stigma, religious leaders have spoken out in support of universal testing and the adoption of modern practices like birth control. In addition, the religious institution of polygamy actually encourages modern behavior. Men are expected to remain loyal to their wives, and evidence seems to point to this as a reality. The religious community and the state regulate polygamous marriage and as a result of this regulation by both traditional and modern institutions, there is a pronounced lack of promiscuity within the Senegalese polygamous society.\(^ {18}\) As a consequence of the lack of promiscuity and the increase in fidelity in polygamous relationships, the pool of people who can contract the HIV-virus from one individual gets smaller. In this way, Senegal has adapted a very traditional religious practice to decrease its population’s vulnerability to infection.

\(^{16}\) Piot and Seck, 1107

\(^{17}\) Ibid.

Thus, this thesis argues that tradition can be enabling in establishing such rationalized notions as a national policy to fight AIDS. Chapter One outlines the applicable theory and provides definitions for traditionalism and modernization. I use Weber and Shils to discuss the relationship between the two within a rationalizing society. I also write about the sources used for this thesis and the factors that limited my ability to conduct a fully comprehensive study.

Chapter Two provides a brief history and background information on the country of Senegal. Chapter Three applies the theoretical material to the case of Senegal and presents the public health policy framework developed for use in rationalizing countries. Finally, the conclusion discusses the wider applicability of my argument and how it can be considered in the cases of other public health issues in the developing world.
Chapter One: Theoretical Framework

1.1 Traditional vs. Modern Societies

Edward Shils provides a definition of traditional societies in his book *Tradition.* Shils describes the word as a less derogatory term for “primitive,” “backward” or “simple.” To refer to societies as simple or underdeveloped seems rather condescending as it implies that there is some sort of scale on which these societies would fall on the bottom. Therefore, these societies are termed “traditional” partially because this is the least offensive term. Among other qualities, traditional societies generally have little mechanical technology, a high degree of illiteracy, widespread acceptance of authority, many pervasive religious beliefs, relative satisfaction with income and status, little initiation for change and a strong reliance on agriculture for economic prosperity. In such societies, “There has generally been an assumption that they have not changed greatly over many years and that such changes as have occurred are primarily adaptations to changes in the external circumstances of the societies...The societies which have been classified as traditional have on the whole been relatively small in population and territory and have been relatively isolated from other societies.”

Ferdinand Tönnies refers to these types of traditional societies as *Gemeinschaft* societies. Such societies revolve around community life where religion dictates the norms and morals of individuals. They are characterized by a strong sense of collective consciousness, or deeply internalized norms that are codified through laws. Emile Durkheim claims that although the collective consciousness exists separate from individual consciousness, individuals tend to

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20 Shils, 292.
21 Shils, 293.
22 Shils, 293-4.
23 Shils, 294.
adhere to the norms set by the collective.\textsuperscript{25} Durkheim also discusses the concept of mechanical solidarity, which can be defined as the type of solidarity in a society that is usually traditional and \textit{Gemeinschaft}-like, and where people are relatively homogeneous in their morals and norms. There are minimal individual differences and the collective consciousness is strong.\textsuperscript{26}

At the other end of the spectrum are modern societies. Alex Inkeles and David H. Smith define modern society and the process of modernization, also known as rationalization, in their book, \textit{Becoming Modern}.\textsuperscript{27} One institutional line of thought states that society is at the center of modernization. “The defining features of a modern nation are then taken to include mass education, urbanization, industrialization, bureaucratization, and rapid communication and transportation.”\textsuperscript{28} Inkeles and Smith acknowledge that what is considered modern varies from culture to culture as a result of local conditions and the culture’s history. However, the above characteristics are indicators of transformation in the direction of modern societies.

Reinhard Bendix claims that the word ‘modern’ also evokes an association with democratization and equality in societies. Bendix writes of the modernization of traditionalistic societies:

\begin{quote}
“Wherever [modernization] has occurred, the modernization of societies originated in social structures marked by inequalities based on kinship ties, hereditary privilege and established (frequently monarchical) authority. By virtue of their common emphasis on a hierarchy of inherited positions, pre-modern or traditional societies have certain elements in common. The destruction of these features of the old order and the consequent rise of equality are one hallmark of modernization.”\textsuperscript{29}
\end{quote}

\textsuperscript{25}Emile Durkheim, \textit{The Division of Labor in Society} (New York: The Free Press, 1997), 40.
\textsuperscript{27}Alex Inkeles and David H. Smith, \textit{Becoming Modern}, (Cambridge, Massachusetts: Howard University Press, 1974).
\textsuperscript{28}Inkeles and Smith, 15.
In addition, Bendix writes of the role of governments in modernizing societies. Governments are especially important in the efforts of "relatively backward" societies to modernize. Citizens generally place their trust in the capacity of the governing body, and this implies a shift in intellectual perspective toward the more "advanced" state, where the government is more powerful and centralized.

In keeping with the institutional line of thought, there are economic aspects of modernization that include technological developments and the specialization of labor. In addition, modernization occurs in a political sense, a concept explored by Samuel Huntington. Huntington highlights three main processes associated with this form of modernization:

"The replacement of a large number of traditional, religious, familial, and ethnic political authorities by a single, secular, national political authority; the emergence of new political functions—legal, military, administrative, and scientific—which must be managed by new administrative hierarchies chosen on the basis of achievement rather than ascription; and increased participation in politics by social groups throughout the society, along with the development of new institutions such as political parties and interest groups to organize this participation."

This approach has received the most attention in studies focusing on economic and political modernization.

The other approach to defining modernization focuses more on the shift in individual thinking and feeling. Inkeles and Smith write that this approach has received far less attention, but that it is just as important in the study of modernization. They state,

"Whereas the first approach, as represented by Ward and Huntington, more stresses ways or organizing and doing, the second assigns primacy to ways of thinking and feeling. The first approach is concerned more with the institution, the other with the individual."
Inkeles and Smith cite Robert Bellah as claiming that something modern should be viewed as a “kind of mentality.”\textsuperscript{34} This approach is much more psychologically based and it identifies a process of change in individual mentalities and values.\textsuperscript{35}

\textbf{1. 2 Weber on Rationalization}

Max Weber’s writings on rationalization and bureaucratization can be used to expand upon these conceptions of traditionalism and modernity. When Weber thought of the changing attitudes and mentalities during the process of rationalization, he liked to quote Friedrich Schiller’s phrase about the “disenchantment of the world.”\textsuperscript{36} In Weber’s concept of rationalization, decisive change takes place when the magical elements of thought decrease and ideas begin to be more systemized and consistent.\textsuperscript{37}

This new form of thought is embodied in the shift to rational-legal authority and is accompanied by the rise of the modern state. One of Weber’s most important observations is that in the modern state political officials no longer rely on traditional authority to legitimize their power. Under traditional forms of political authority, political figures are granted legitimacy based on “unimaginably ancient recognition.”\textsuperscript{38} In traditional societies, religion and faith are inextricably linked to political authority. Instead, in modern societies, officials justify their power based on the rational-legal form of legitimacy. Under this system of domination, the power of the leader is legitimized

\textsuperscript{35} Inkeles and Smith, 16. \\
\textsuperscript{37} Gerth and Mills, 51. \\
\textsuperscript{38} Gerth and Mills, 79.
“By virtue of the belief in the validity of legal statute and functional ‘competence’ based on rationally created rules. In this case, obedience is expected in discharging statutory obligations. This is domination as exercised by the modern ‘servant of the state’ and by all those bearers of power who in this respect resemble him.”39

With the rise of the modern state, Weber observed the evolution from traditional authority towards rational-legal authority. As people moved away from the idea of authority bestowed upon a leader by a higher power, the impersonal and legally established rules associated with the modern state became the key component of legitimacy.

Societies based on rational-legal authority relied on bureaucracy for the enforcement of modern norms. Only in modern states operating under the advanced institutions of capitalism could bureaucracy develop. Such a modern system is defined by the hierarchical structure of authority where power has been legally granted to public authority.40 In addition, in contrast to the more personal and patrimonial relations of authority found in traditional societies, individuals in modern societies are devoted to impersonal and functional purposes.41 Modern bureaucracy embodies efficiency, speed, continuity of operation and, above all, specialization. These processes embody rationalization because they are based on procedures, rules and superior efficiency. As Gerth and Mills state: “Weber thus identifies bureaucracy with rationality, and the process of rationalization with mechanism, depersonalization, and oppressive routine.”42

Thus, the establishment of the modern state and the move toward leadership based on rational-legal authority were accompanied by the rise of bureaucracy. In expounding the ties between rationalization and bureaucratization, Weber states:

39 Gerth and Mills, 79.
40 Gerth and Mills, 198.
41 Gerth and Mills, 199.
42 Gerth and Mills, 50.
The bureaucratic structure is everywhere a late product of development. The further back we trace our steps, the more typical is the absence of bureaucracy and officialdom in the structure of domination. Bureaucracy has a ‘rational’ character: rules, means, ends and matter-of-factness dominate its bearing. Everywhere its origin and its diffusion have therefore had ‘revolutionary’ results...That is the same influence which the advance of rationalism in general has had. The march of bureaucracy has destroyed structures of domination which had no rational character...\textsuperscript{43}

Weber thought that different types of authority succeed each other and as rationalization occurs in societies, rational-legal replaces traditional authority. There is a historical sequence involving the gradual shift toward authority in a modern state. However, Weber never excluded the possibility that a society could have a mixture of different types of authority.

1.3 Coexistence of Tradition and Modernism

In \textit{Tradition}, Shils picks up on this point and posits that traditional and modern aspects can, in fact, coexist in a society. Shils claims that modernization often occurs in societies where traditional practices are not sufficient for maintaining the well-being of the individuals. As Shils states,

\begin{quote}
One of the reasons why modern societies...have been damaging to substantive traditionality is that they have cultivated, in many forms, ideals which are, explicitly or implicitly, directly or indirectly, injurious to substantive tradition and which have become traditions in their turn. These ideals have been urged on rulers and in public opinion. Most of the ideals which have been held up as worthy of pursuit have been ‘dynamic’ ideals. They are ideals which require active and deliberate movement away from substantive traditional patterns of belief and action. The dynamic ideals are not ideals of heroism; they are ideals which entail rationality in the application of abstract principles, and the thoroughgoing utilization of empirical knowledge for the attainment of ends still unrealized thus far in these societies. The ‘dynamic’ ideal in Western societies requires departures from traditional ways of seeing and doing things. It is an expression of discontent with what has been received.\textsuperscript{44}
\end{quote}

\textsuperscript{43} Gerth and Mills, 244.
\textsuperscript{44} Shils, 287.
In the past, this discontent was most often addressed by private individuals. More recently, however, the government has taken on the task of overcoming this widespread discontent. In societies that rely too heavily on tradition the government is charged with instituting rationality and modernism. The government is encouraged to “disregard old ways”\(^{45}\) in favor of modernization.

In the past, there used to be a mutual acknowledgement of differences between societies, rather than the more current trend of modifying and modernizing societies to measure up to those that are more Westernized. In the past, foreign societies might have been more modern, but the more traditional society was not expected to attempt to become more like them. Nor was it thought in the past that there was an “order” of development and progress, where the least modern societies are at the bottom and the newest, most advanced societies are at the top.\(^{46}\)

In the modern period, however, the cultures at the bottom of the order of development struggle to attain the same level of modernization and advancement as the societies at the top. Governments of countries that lie outside the sphere of Western liberal traditions insist on modernizing their state. As Shils claims,

> “The object of their rationalizing activity is the mass of the population which is set in its substantively traditional ways, and which, when it departs from them, does so with a practical rationality unacceptable to the officially announced ambitions to rationalize their society by governmental action. The Asian and African rulers and publicists mingle their desire to rationalize their societies with an incompatible insistence on conformity with Islamic law and with intermittent support for traditional religious and aesthetic culture, communal ceremonies, and therapeutic procedures.”\(^{47}\)

Thus, Shils exposes a great paradox of modernization theory: that a society can modernize in some aspects, leave other aspects traditional and still call itself rationalized. Shils writes, “The

\(^{45}\) Shils, 288.
\(^{46}\) Ibid.
\(^{47}\) Shils, 289.
ideal is rationalization, all qualifications and concessions to substantive traditionality notwithstanding.\textsuperscript{48} For example, many modernizing societies make concessions to traditions of religious belief.

Shils discusses Weber’s thoughts on the rationalization of societies. Weber thought that as a result of rationalization’s success in the West, other societies struggled to achieve equal levels of modernization. As previously discussed, an important aspect of rationalization was that most parts of the state—governments, legal systems, universities, and economic enterprises—were all becoming more bureaucratized.\textsuperscript{49} The sense of status group identity dissolved and was replaced with the class system in which members of each class fought for their own advantage in the economic system. Markets became internationalized, as did previously self-sufficient villages. With modernization also came a loss in the power of religion, with scientific inquiry replacing rationalized theology. The “mighty torrent of rationalization”\textsuperscript{50} had taken hold and Weber thought that traditional modes of belief had little chance of surviving. However, “he did not count on attachments to traditions to stand up against the solving power of rationality and of the rationalizations which it sustained.”\textsuperscript{51}

Many traditional societies have integrated forms of rationalization and have assumed a greater role in world affairs. They have become integrated into the world economic market and have developed more modern industrial technology, usually confined to the urban areas. Modern education systems were implemented and political revolutions were organized

\textsuperscript{48} Ibid.
\textsuperscript{49} Shils, 291.
\textsuperscript{50} Shils, 292.
\textsuperscript{51} Ibid.
according to Western doctrines. In addition, people began to move away from their traditional religious roots and became more focused on adopting the literary practices of the West.\textsuperscript{52}

It is important to take note here, however, that these shifts towards modernization were largely focused in the urban centers of the previously traditional societies. As Shils writes,

"In the countryside and away from the urban centers society continued almost as it had been before. The indigenous religious centers retained their faithful adherents... Substantive traditions about primordial ties, piety towards the gods, deference towards superiors persisted."\textsuperscript{53}

Agriculture remained a vital part of their economy, and the bureaucracy established in cities was nowhere to be found in the countryside. Instead, the system of family, clan and caste remained powerful. Therefore, we can conclude that while rationalization occurred in many traditional societies, it was limited. The effects of modernization are most easily seen in urban areas, while traditionalism remains the dominant way of life for people living in rural areas. This disparity between different locations in the same country makes it all the more difficult to label an individual country as either fully traditional or fully modernized.

Along the same lines, Shils observes that the process of modernization has been somewhat unsuccessful in many formerly completely traditional societies. Citing "Black Africa and the Muslim Middle East"\textsuperscript{54} as prime examples, Shils shows that dangerous rivalries, civil wars and opposition from religious leaders can prevent complete modernization. During the attempt to modernize in Iran, there was such opposition from Islamic religious leaders that the government was displaced. Shils states,

\textsuperscript{52} Shils, 295.
\textsuperscript{53} Ibid.
\textsuperscript{54} Shils, 297.
“Rationalization, had it been successful, would have cut away the thicket of traditional attachments in these Asian and African societies. It has not done so, because the rationalizing programs have been beyond the means and powers of their rulers, and the intended subjects of the rationalization have been too bound to their own ways of doing things.”

Shils thinks that rationalization has been somewhat ineffective in accomplishing its goal of supplanting traditionalism. The traditions of locality and tribe may be weakened by modernization, but they still hold power over certain aspects of a society. Shils claims that rulers of countries often

“Will not reconcile themselves to the obduracy of the human beings whom they would treat as malleable materials. It is in the nature of the ideological belief in the necessity of rationalizing the whole of society on behalf of a single ideal that the shortcomings of human powers and the resistance of traditions are either overlooked or are erroneously regarded as subject to extirpation by rational arrangements and coercion. It is scarcely within the realm of the possible that the societies of Asia and Africa, less integral and more heterogeneous, will be susceptible to attempts at total rationalization.”

A society’s devotion to traditional ideals and beliefs is not easily suppressed. In many Asian and African states, “traditional ideals, beliefs, attachments, and practices have not yet yielded to the rather feeble rationalizing exertions of their rulers.” Conflicts in many states still arise from problems between ethnic or religious groups. As an example Shils cites the conflicts in Sudan between the Christian South Sudanese and Sudan’s Muslim government. These clashes are results of conflicting traditions and beliefs between Christians and Muslims. Shils also cites the fact that one third of the Russian people defiantly announced their identities as Christians after the Soviet Union’s campaign to spread atheism using propaganda. Shils states, “These

55 Ibid.
56 Shils, 298.
57 Shils, 299.
58 Shils, 301.
instances show that traditional beliefs and attachments are not easily cut down by
rationalization, however coercive it is."\(^{59}\)

Joel Migdal writes about the relative failure of some governments to institute
rationalized policies. He writes, "Governments have been unable to achieve that which had been
so widely assumed inevitable."\(^{60}\) Indeed, this failure is most evident in third world countries
attempting modernization. Migdal states,

"Those favoring the weak state image... have examined capabilities involving regulation
of social relationship and appropriation of resources in determined ways. They have often
studied social policy implementation, especially the difficulties state leaders have had in
ensuring intended widespread changes in people's social behavior and planned overall
transformations in social relations. Many states have tended to encounter particular
difficulties in achieving their leaders' aims at the local level. A number of scholars have
concentrated on sub-Saharan Africa, where leaders have had grave difficulties
implementing social policies that call upon individuals down to the lowest status groups
and out to the most remote areas to change their behavior and beliefs."\(^{61}\)

Migdal posits that states' weaknesses in instituting social change can be attributed to the power
of certain other "social elements."\(^{62}\) Tradition is an example of a social element that can limit
the power of the state. Traditional elements of a society, like religious beliefs, are so firmly
embedded in the minds of the citizens that they pose a challenge to the power of the state. The
state has to rely somewhat on the traditional community because it is simply not powerful
enough by itself.

Rationalization is also difficult to achieve in traditional societies because of the
propensity of rulers to single-handedly monopolize power and subsequently rule in traditional or
charismatic fashion, Weber's third type of authority. In most modern societies, there are

\(^{59}\) Shils, 302.
\(^{61}\) Migdal, 8.
\(^{62}\) Migdal, 9.
competing ruling elites, whose existence lessens the possibility of the monopolization of power. However this decentralization of power makes it difficult to avoid conflict among different ideals and interests. The conflict within the bureaucracy may cause a lack of coherence among the group seeking to rationalize a society.63

It is worth noting that the process of rationalization has had more success in Western countries. It is in these cases that Weber’s “mighty torrent of rationalization”64 has been applicable. In such democratic, capitalistic societies, traditional authority was weak compared to the incoming forces of modern society. Religious beliefs, deference to traditional authority, and the sense of lineage were weakened as state administration officials adopted more rational policies.65 This was easier to accomplish in the West than in many Asian and African states because of the elite’s particular drive to dominate in the world’s changing economic circumstances. Western states sought pecuniary power in the global economy and rationalization seemed to go along with this goal.66

However, though modernization seems to be gaining the upper hand in many countries, traditional religious beliefs often still dictate opinions on things like traditional gender roles and sexual activity. A sort of mutual coexistence has developed between modernization and traditionalism in many countries. In such societies, substantive traditions have taken on a less prominent role, but they are still a presence alongside the movement towards rationalization:

“Substantive traditions continue...not because they are the exterior manifestation of still unbroken habits and superstitions but because most human beings constituted as they are cannot live without them. The great movements of rationalization and the closely connected movement of individual emancipation have made great progress; that is indisputable. They have made progress at the expense of patterns of conduct,

63 Shils, 300.
64 Shils, 292.
65 Shils, 302.
66 Ibid.
organization, and belief, which depended on substantive traditions...[However] although the substantive traditions lost their ascendancy in the eye of public opinion in very large parts of the various Western societies, they did not cease to exist or to be effective.\footnote{Shils, 304-305.}

Thus, there exists a "balance and intertwinement"\footnote{Shils, 308.} between tradition and new forms of rationalization. Shils claims that tradition is everywhere, even in societies that consider themselves rationalized. Although not always visible, tradition still dominates aspects of many peoples’ lives.

1.4 Overcoming Social Stigma

Shils posits that societies integrate tradition into the process of rationalization, whether consciously or not. In societies that retain traditional values, many people still have rather negative attitudes about strangers, or people who do not fit the norms set by society. As Durkheim posits in his theory of mechanical solidarity, traditional societies are characterized by relative uniformity in morals and norms. Thus, what sometimes arises from this continuance of tradition is the clashing of traditional values and modern problems. A common result of this collision is the prevalence of stigma. Erving Goffman discusses stigma in his book, Stigma: Notes on the Management of Spoiled Identity. Goffman claims that in a society routines of social intercourse are set so that we may accept others who fit our definitions of what is normal. Goffman states, "we lean on these anticipations that we have, transforming them into normative expectations, into righteously presented demands."\footnote{Erving Goffman, Stigma: Notes on the Management of Spoiled Identity (Englewood Cliffs, NJ: Prentice-Hall, Inc., 1963), 2.} As a result of this homogeneity, there is widespread moral revulsion when members of society are faced with a violator of common norms. Goffman defines stigma as:
"An attribute that makes [a stranger] different from others in the category of persons available for him to be, and of a less desirable kind—in the extreme, a person who is quite thoroughly bad, or dangerous, or weak. He is thus reduced in our minds from a whole and usual person to a tainted, discounted one. Such an attribute is a stigma..."\(^70\)

Unstigmatized members of society, or “normals,”\(^71\) stigmatize individual violators of norms and advocate forms of social exclusion. A stigma’s purpose is to maintain the collectivity and homogeneity of society, and the presence of a transgressor poses a threat to this kind of society. As a result of the prevalence of the collective consciousness, there is generally a unified front dedicated to excluding the transgressor from society.

As soon as the stranger is labeled as deviating from the norm, the “normals” begin to discriminate against him/her. Normals come up with theories in order to rationalize their reactions and to explain the outsider’s differentness and inferiority.\(^72\)

"Those who have dealings with the [stigmatized individual] fail to accord him the respect and regard which the uncontaminated aspects of his social identity have led them to anticipate extending, and have led him to anticipate receiving: he echoes this denial by finding that some of his own attributes warrant it."\(^73\)

Thus, the stranger often perceives that he is not fully accepted as normal and feels shame for the attribute that defiles him.\(^74\) Stigmatized individuals respond differently to their situation. Some people do all they can to correct their deformity in order to attain normal status. Others arrange their lives so that they rarely have to be in the physical presence of normal individuals.\(^75\)

However, this is often difficult to accomplish. Stigmatized individuals will inevitably come into

\(^70\) Goffman, 3.
\(^71\) Goffman, 5.
\(^72\) Ibid.
\(^73\) Goffman, 8-9.
\(^74\) Goffman, 7.
\(^75\) Goffman, 12.
contact with “normals” at some point in their lives. It is in these situations that the effects of stigma are most directly exhibited. These individuals are unsure of how they will be received by the normals. During their interactions, the stigmatized individuals are often preoccupied with wondering how they are being classified by the normals and whether they are simply being defined according to their stigma. "Thus in the stigmatized arises the sense of not knowing what the others present are ‘really’ thinking about him.”

Goffman believes that it is important for stigmatized individuals to control the social information they convey to normals. Goffman divides stigmatized individuals into those who are discredited and those who are discreditible. The discredited assumes that his/her differentness is obvious to the outside world. The discreditible assumes that his/her differentness is not immediately perceivable by the outside world. When considering how stigmatized individuals control the information they convey to the public, we can see that the situation is easier for the discreditible because of the lack of physical evidence giving away their deformity. As a result, the primary issue for the discreditible stigmatized individual is “that of managing information about his failing. To display or not to display; to tell or not to tell; to let on or not to let on; to lie or not to lie; and in each case, to whom, how, when, and where.” Although Goffman published this work before the onset of the HIV/AIDS pandemic, it is useful in conceptualizing the dilemma facing HIV/AIDS patients. The fear of being labeled an outcast in one’s own community, of acquiring the more outwardly discernable discredited status, can prevent a person from disclosing the traits that result in stigma.

76 Goffman, 13-14.
77 Goffman, 14.
78 Goffman, 4.
79 Goffman, 42.
80 Ibid.
Stigmatized individuals use different strategies in managing public information about social stigma. One widely employed strategy involves a stigmatized individual sharing his/her status with a small group, and revealing nothing to the rest of the world.\textsuperscript{81} This small group may consist of family members or other individuals who can relate to the person’s status as stigmatized. These communities of support can serve as a “protective circle, allowing [the stigmatized individual] to think he is more fully accepted as a normal person than in fact is the case.”\textsuperscript{82}

Doctors often suggest this course of action for people diagnosed with a disease because it provides for a community of support. This support group is often necessary to ensure that the patient will continue to seek medical treatment for his/her condition.\textsuperscript{83} The decision of HIV/AIDS patients regarding whether to disclose their status can be made easier by this incentive to seek out a community. For example, a deeply religious person may be more inclined to seek medical treatment and counseling if he/she had the support of the religious community.

Although this stigma is most often felt in Durkheim’s mechanical solidarity societies, Shils’ notion that no society can be completely devoid of traditional elements leads us to the conclusion that most societies discriminate in some way. Even the most rational, Western, bureaucratic societies retain some forms of tradition in their culture, and thus some level of social exclusion takes place when members of society recognize a foreigner in their midst.

In this thesis I build upon this theory to demonstrate that public health policy in most developing countries should incorporate traditional elements with modern elements in order to be effective. Many developing countries are moving away from traditionalism towards establishing

\textsuperscript{81} Goffman, 95.
\textsuperscript{82} Goffman, 97.
\textsuperscript{83} Goffman, 95.
themselves as modern nations. However, as Shils states, it is nearly impossible to rid a society completely of its traditional values. They are so ingrained in a society's way of life that even with the rapid onset of rationalization and urbanization, traditional values and beliefs retain significant power over individuals.

Therefore, in establishing modern initiatives that touch on deeply held moral values—like a national health policy to address HIV/AIDS—tradition must be taken into account. In Senegal, tradition has maintained its grip on the majority of the population through religion. However, Weber's rationalization has also taken effect as seen through the rise of the rational-legal system of democracy and its ideals. Senegal is influenced strongly by tradition, yet transitioning to modern ideas. I argue that it is this coexistence of tradition and modernity that has paved the way to success in keeping the HIV/AIDS rate low in Senegal.

1.5 A Note on Sources

In this thesis, I have used information from diverse sources to obtain data and gain insight into my research topic. I conducted research using books and online scholarly journals available through Oberlin College. I navigated the websites of the World Health Organization, the Central Intelligence Administration and the Joint United Nations Programme on HIV/AIDS for statistics and reports on HIV/AIDS in Senegal and around the world. I used several reliable news sources, including The Boston Globe, to supplement my research. In addition, during my second stay in Senegal, I spent time at Africa Consultants International (ACI), an American not-for-profit organization that works to find "effective responses to HIV/AIDS and other major health issues
in Africa." I obtained several secondary sources from ACI that I have used directly in this thesis and indirectly in my research.

In addition to secondary sources, I conducted interviews in Senegal with seven Senegalese medical professionals and NGO workers. I interviewed one doctor at le Centre de Traitement Ambulatoire (Center for Ambulatory Services), an HIV/AIDS clinic at Fann Hospital, one of Senegal’s public hospitals, and one medical researcher at Polyclinique, another hospital partially funded by the state. I conducted interviews with the Executive Director of SIDA Service (AIDS Services), the leading Christian anti-AIDS NGO, and the Executive Secretary of the Senegalese chapter of the Society for Women Against AIDS in Africa, another NGO. I also interviewed the Assistant for Community Outreach of the international NGO, ENDA Tiers-Monde (ENDA-Third World), and the Coordinator and the Assistant to the Coordinator of Jamra, the leading Muslim NGO in Senegal. A complete list of the names of my respondents can be found in Appendix A.

The interviews were conducted between January 4, 2007 and January 17, 2007 and they lasted between nineteen minutes and one hour and twenty-one minutes. With the exception of one segment of one interview, I possess the voice recordings of my interviews. I have attached the lists of questions I used for my interviews in Appendix B. However, it is important to note that these lists of questions served as guidelines for the interview and that I sometimes strayed from the questions during the interview. Most conversations were quite animated and all of my respondents were well-qualified to speak about HIV/AIDS in Senegal. All direct quotes used in this thesis are my own translations from the interviews conducted in French.

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The language and cultural barriers were two challenges I faced during my interviews. Although I am conversational in French and Wolof, the two languages most widely spoken in Senegal, and have spent significant time in Senegal, and in West Africa more generally, it still proved difficult at times to elicit the information I really needed. I learned more in these interviews than perhaps is expressed in this thesis. In the end, it proved difficult to incorporate all my conversations, some quite intimate, into the writing of the thesis. However, it is unquestionable that the interviews introduced new ideas to my study, helped validate my research, and provided numerous first-hand accounts of the subject matter.

My interviews with health professionals focused largely on testing and treatment options for the Senegalese population. From these interviews, I also learned about the Senegalese health care system and government policies specifically targeting HIV/AIDS. These health professionals emphasized the need for universal testing above all else in order to maintain low rates of infection. My interviews with NGO officers focused more on the need for sensitization campaigns to reduce stigma throughout the country. Perhaps the main concern of these respondents was the need for yet greater awareness and the need to reach particularly at-risk populations like commercial sex workers and migrant workers.

While researching and writing this thesis, I came across a couple of issues that limited my ability to conduct a fully comprehensive study of the literature. AIDS, in itself, is a very modern concept that has only been introduced in the last two decades. Therefore, it is worthy of praise that so many studies have been done on AIDS in Africa and that the matter has garnered so much attention. However, as Memoona Hasnain states in her article, AIDS cases go drastically underreported around the world, especially in Muslim countries.\(^85\) The lack of reliable empirical

\(^{85}\) Hasnain, 3.
evidence on AIDS statistics makes it difficult to come to definitive conclusions about the effectiveness of health policies.

Second, although my general claim that tradition can enable rationalization in targeting HIV/AIDS is suggested in a few articles, it is not yet a well-developed theory in the literature. As such, the rather counter-intuitive propositions I put forth in this thesis may have had more merit if I had been able to cite more definitive statistics and studies. Third, in the conclusion, although I speak of the potentially broader implications of this study for the public health policies targeting malaria and tuberculosis, it was even more difficult to find sources of information and analysis regarding malaria and tuberculosis in sub-Saharan Africa than it was to find sources on HIV/AIDS. Therefore, the claims and suggestions I make in the conclusion are somewhat speculative and await further research.

Finally, a fact that should be emphasized above all is that the topics of AIDS in Muslim countries and the involvement of traditional institutions like the religious community in AIDS prevention and treatment are very sensitive. To that end, in my interviews, I handled the subject matter delicately and held back on questions or comments that I believed might have elicited negative reactions. It is possible that I missed out on potentially valuable information or perspectives in doing so, but the cultural sensitivity surrounding the issue necessitated this caution. Additionally, it may be reasonable to assume that this particular area of research is comparatively unexplored in documented studies because of the taboo nature of its content.
Chapter Two: Senegalese History and Background

Before arguing that Senegal’s incorporation of traditional elements into a somewhat rationalized society has to let to an effective national policy against HIV/AIDS, it is first necessary to outline Senegal’s history and current political and religious climate. This chapter is devoted to giving the reader a sense of Senegal’s history, society, government and religion.

2.1 A Brief History

Senegal lies just south of the Sahara Desert and just to the north of the Guinean forests. As a result, Senegalese pre-colonial societies were based on agriculture. Villages were organized around family lineages and because of the abundance of available land, there was little conflict surrounding land rights. In addition, Islam did not play a significant role in pre-colonial Senegalese societies, as the majority of people were not Muslim.

Senegal became a French colony in 1854 when Major Louis Faidherbe was appointed governor of the country. The French declared that their presence in Senegal was necessary in order to implement more enlightened and humane institutions. Under French rule, only a small number of Senegalese were granted citizenship and enjoyed the right to vote. Less than five percent of Senegal’s population were considered true citizens. In addition, only educated citizens who could speak fluent French were actually involved in colonial politics.

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87 Gellar, *Democracy*, 23.
French imperialism coincided with the rapid spread of Islam as religious leaders began to attract new followers. In response to colonization, Islam spread quickly around the country and gained more followers. Gellar believes that Islam spread so rapidly because it represented adherence to Senegalese tradition and went against the colonizers: “Senegalese forms of Sufism demonstrated a clear mistrust of the state and temporal authority especially when that authority was exercised by foreigners and non-Muslims.”

A significant sign of modernization caused by colonization occurred in 1902 when the city of Dakar became the capital of French West Africa. Dakar was considered the bureaucratic and commercial capital of West Africa and it was rebuilt to reflect such prominence.

“Dakar soon became the center for French West Africa’s most advanced government services, providing secondary schools, hospitals, and research facilities to serve the entire federation. At the same time, the French spent heavily to modernize Dakar and make it the hub of economic life in the French West African Federation. Improvements in port facilities quickly transformed Dakar into French West Africa’s most important port. The construction of the Dakar-Niger railroad connecting Senegal to French Soudan (now Mali) spurred peanut production and made Dakar a major entrepôt for trade between France and French Soudan.”

As a result of this modernization and abundance of urban amenities, most European trading companies set up their headquarters in Dakar. By the end of the 1930’s Dakar’s population had grown to over 100,000 people, and it included the largest European community in West Africa.

The Vichy regime in France took over control of Senegal during World War II. Under this regime, all democratic rights and institutions were abolished. With the end of World War II, a great number of Senegalese began to demand their independence. After the 1958 political uprising in Algeria, General de Gaulle decided to offer France’s African colonies their

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91 Gellar, *Democracy*, 32.
92 Gellar, *Democracy* 35.
94 Gellar, *Senegal*, 16.
independence. After an initial decision to retain ties with France, Senegal appealed to France again for independence. Senegal and French Soudan formed the Mali Federation and became independent from France on April 4, 1960, still celebrated as Senegal’s independence day. The federation broke up on August 22, 1960 when Senegal and French Soudan realized that they had different political and future agendas. French Soudan became Mali and Senegal became its own nation with a constitution and a seat in the United Nations in 1960.95

2.2 Senegalese Government and Politics

Senegal is currently identified as one of the few multiparty democracies on the African continent. Although there have only been three presidents of Senegal since independence from France, scholars maintain that the country stands for a new wave of democracy in the third world.

2.2.1 The Senghor Era

For their first two decades of independence, Senegal’s electorate chose Léopold Sédar Senghor as their leader in 1960. Soon after taking office Senghor drafted a new constitution that placed more power in the hands of the president. His first few years in office were spent transforming Senegal into a de facto one-party state.96 He also restricted freedom of the press and assembly in order to maintain his positive public image, which resulted in low public opinion of him. In 1970, Senghor tried to restore the public’s faith in the administration. He reinstated the position of prime minister, appointing Abdou Diouf. In addition, “with the political opposition reduced to impotence, Senghor began to move cautiously to liberalize the regime and to restore

the semblance of multiparty democracy.”

Senghor formally recognized the main opposition parties, and by 1979, the Senegalese constitution recognized four political parties. Senghor’s presidency could also be characterized by the movement towards urbanization and relative government centralization. The centralized state controlled most aspects of Senegalese life, though there were Rural Councils that governed separate regions. Senghor retired from office in 1981 and he appointed his prime minister as the next president.

2.2.2 Abdou Diouf and Democratization

Once Abdou Diouf took power, he committed to the process of decentralization. Diouf recognized the power of local government institutions and gradually downsized the power of the central state. The 1990s were characterized by the creation of effective regional governments in each of Senegal’s ten regions. Diouf succeeded in returning to the rural communities some of the power they had lost during Senegal’s urbanization and Senghor’s policies of centralizing government power. Diouf granted the Rural Councils greater autonomy and by the time his presidential successor took power, the Councils had become “increasingly more representative and open institutions.” Local liberties have since increased local engagement and citizen participation within the framework of community-based development.

Diouf took many important steps in an attempt to transform Senegal into a democracy. He liberalized the press, which reported openly on the plethora of political parties present in Senegalese government, and in 1992, the government granted the political opposition access to previously state-controlled television and radio. Independent newspapers and radio stations were

97 Gellar, Senegal, 25.
98 Gellar, Democracy, 64.
99 Gellar, Senegal, 27.
100 Gellar, Democracy, 56-57.
101 Gellar, Democracy, 66.
established, leading to a better-informed public. Radio reached the rural population and places where newspapers were not easily distributed. The government also worked to make the electoral system more transparent and created a National Election Observatory in 1997 to oversee elections. By 2000, there were over forty legally recognized political parties.

2.2.3 Democracy in Senegal

The 2000 presidential elections resulted in a victory for Abdoulaye Wade, a long-time presidential contender. Wade’s political party had long been considered too weak to attract many followers, but after more than twenty years of campaigning, Wade obtained a majority vote in the 2000 election runoff. Wade took the presidency as Diouf left office peacefully, a remarkable occurrence in Africa. Gellar states:

“The 2000 presidential elections demonstrated that regime change—alternance—could be achieved peacefully through the ballot box. These developments permitted Senegalese to change their political leadership in open and fair elections, thereby satisfying the basic criteria for a democratic system established by Huntington....”

Despite this peaceful shift in power, questions have been raised regarding whether Senegal qualifies as a true democracy. Even though the president was chosen through free elections, popular opinion states that once Wade took office he ignored many of the promises for democracy he made during his time in the opposition party. He provided for limited transparency in government operations and reverted to a more centralized government. In fact, “the concentration and personalization of power in the hands of the president...aroused some concern that Senegal was already in, or in danger of, becoming an authoritarian regime.”

102 Gellar, Democracy, 84.
103 Gellar, Democracy, 82.
104 Dunn, 175.
105 Gellar, Democracy, 88.
was elected president, Wade controlled the executive, legislative and judicial branches and most local government councils.

At the same time, however, Senegal has made impressive reforms and has taken drastic steps toward the institution of democracy. For example, the free press keeps the public educated about political affairs, mandating that Wade take public opinion into consideration when making political decisions.\textsuperscript{107} The right to free association has allowed people to organize and has made it more difficult for a particular group's concerns to be ignored by the government.\textsuperscript{108} In addition, religious tolerance and the peaceful coexistence between people of different ethnicities imply that there is a level of moderation and acceptance in Senegal not seen in many other African countries.\textsuperscript{109}

There is also the strong presence of civil society in Senegal, an aspect of society Robert Putnam claims is necessary for a flourishing, legitimate democracy. In his book, \textit{Making Democracy Work}, Putnam states that citizens are most trustful of their government when there is a horizontal network of representative associations. Associations "cut across social cleavages"\textsuperscript{110} to unify the population. Civil society fosters the rise of social capital, which, in turn, promotes a greater level of trust among citizens and between citizens and their government.\textsuperscript{111} Putnam writes, "Social trust has long been a key ingredient in the ethos that has sustained economic dynamism and government performance."\textsuperscript{112} In Senegal, there is a pronounced presence of civil society.

\textsuperscript{108} Gellar, \textit{Democracy}, 166.
\textsuperscript{109} Gellar, \textit{Democracy}, 163.
\textsuperscript{111} Putnam, 170.
\textsuperscript{112} Ibid.
society, and non-governmental organizations and the government have a mutually supportive relationship. Because of the power of civil society in Senegal, citizens can trust their government to lead them. One indication of this is the willingness of the Senegalese people to grant the government legitimacy to take action against such modern issues as the rise of HIV/AIDS.

The current Senegalese constitution, adopted on July 7, 2001, committed to a democracy focused on equality before the law.\(^\text{113}\) The Constitution outlines the balance of power through the executive, legislative and judicial branches of government. It also provides for individual rights such as the right to life, freedom, security, free development of personality and protection against physical mutilation. There are certain inalienable human rights that serve as the basis of the “human community”\(^\text{114}\) and freedoms that are guaranteed to all citizens, including civil and political liberties. Therefore, “it is clear that Senegal, despite its many flaws, has made considerable gains along the road to democracy.”\(^\text{115}\)

\section*{2.3 Sufism in Senegal}

Although the specific origins of Sufism are still widely disputed, most followers and experts believe that it originated in the teachings of the Prophet Muhammad based on divine revelation. It was first taught in the 2\(^{\text{nd}}\) Muslim century in the Iraqi city of Basra.\(^\text{116}\) Sufi Islam follows the five pillars of Islam: observance of Ramadan, giving charity to the poor, praying five


\(^\text{114}\) Constitution of the Republic of Senegal

\(^\text{115}\) Gellar, Democracy, 170.

times each day, making the *hajj* (pilgrimage) to the holy city of Mecca and the declaration that Allah is the only God.¹¹⁷

Far from being a fundamentalist form of Islam, Sufism is more tolerant and flexible regarding modernization. However, religious leaders still wield tremendous power over their followers and essentially define what is culturally acceptable. Sufism in Senegal stresses the importance of community and the subordination of individual needs to the greater good of the community. The brotherhoods are accepting of people from a wide range of social classes and they promote the idea that one has the ability to rise through the ranks of the religious hierarchy regardless of one’s inherited social status.¹¹⁸ In addition, Sufism preaches religious tolerance for those belonging to other religions as well. As a result, most Muslims have a high level of tolerance for the Christian minority in Senegal.¹¹⁹

Sufism really took hold of the Senegalese population during the last century. Before 1900, less than half of the population identified as Muslim.¹²⁰ Currently, 93 percent of the Senegalese population is Sufi Muslim.¹²¹ In West Africa, the Islamic faith is divided into brotherhoods (*tariqas*). In Senegal, these brotherhoods are: the Qadiriyya, Tijaniyya, Mouride and Layecene.¹²² Because Sufism is community-focused, the Sufi orders consist of decentralized autonomous networks. Each brotherhood has spiritual leaders (*marabouts*) who are usually scholars of the Koran and who serve as personal guides for their followers.¹²³ The *marabouts* hold power over their disciples, but rely on donations from their followers to survive. Some

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¹¹⁹ Gellar, *Democracy*, 112.
¹²¹ Joseph Oppong and Samuel Agyei-Mensah, 74.
¹²² Mbacké, 14.
marabouts inherited their status as religious leaders. Others used charisma and personal piety to attain their status.

The power that religious leaders have over their disciples extends to all areas of Senegalese society because 93 percent of the population considers the marabouts to be the undisputed leaders, as deemed by God. For example, marabouts have the power to influence decisions in the economic and political spheres. Depending on their level of religiosity and dedication, people involved in politics will sometimes obey the wishes of their marabouts. In his book on democracy in Senegal, Sheldon Gellar states,

"The large tracts of land granted to the leaders of the Sufi orders, the contributions of their disciples, and the extent of their influence vis-à-vis the political authorities transformed marabouts into patrons. As patrons with considerable resources at their disposal, marabouts could provide their followers with all kinds of advantages, for example, access to land, money to start a new business, protection against the administrative authorities, and preferential treatment for those applying for a government job or seeking political office."\(^{124}\)

Despite modernization and the gradual move towards greater secularization among the state, Sufism is still a strong presence in Senegalese affairs. The popularity of Sufism in Senegal can be attributed to the “Muslim brotherhoods’ ability to adapt to changing social conditions, the spread of Koranic primary schools, and Senegal’s growing ties with the Islamic world.”\(^{125}\) The Senegalese brotherhoods have been extremely adept at retaining power while adjusting to the country’s processes of urbanization and modernization. While there are many Senegalese intellectuals who strive to modernize, in many parts of Senegal “Koranic schools are expanding

\(^{124}\) Gellar, Democracy, 110. \\
^{125}\) Gellar, Senegal, 88.
more rapidly than the public schools, while at the University of Dakar students are renouncing
Marxism, turning toward Islam, and becoming [disciples] of Senegalese marabouts.\footnote{126}

2.3.1 Islam and the Secular State

Although Senegal is technically a secular state, as stated in its Constitution, the
relationship between religion and the state has been and remains ambiguous. The 2001
Constitution states, “The Republic of Senegal shall be secular, democratic and social.”\footnote{127} During
his presidency, Léopold Senghor worked to maintain the secular nature of Senegalese politics
while also soliciting the support of religious leaders. When the Family Code became law in 1972
there was enormous public opposition from the marabouts because it “reflected an effort to unify
the law, strengthen the secular nature of society, acknowledge individual rights, and insure the
equality of all citizens, notably women in society.”\footnote{128} Because the Family Code discouraged
polygamy and reinforced the rights of women, Sufi religious leaders denounced it as going
against Islamic law. As a result of this religious denunciation, the law was generally enforced in
urban areas and largely ignored in rural areas. This solution helped avoid a “direct confrontation
between the state and the Brotherhoods.”\footnote{129}

However, in the midst of this move to secularize the state, Senegal worked to strengthen
its ties with the Muslim world. As Islam gained more and more popularity among Senegalese
citizens, Senegalese politicians reiterated the country’s identity as a Muslim country and sought
the support of the heads of the Sufi brotherhoods. When Abdou Diouf became the first Muslim
president of Senegal in 1981, “it marked a new era in Senegalese politics as the ‘spirit of Islam’

\footnote{126}{Gellar, \textit{Senegal}, 87.}
\footnote{127}{Constitution of the Republic of Senegal.}
\footnote{128}{Gellar, \textit{Democracy}, 117.}
\footnote{129}{Gellar, \textit{Democracy}, 118.}
became increasingly integrated into Senegal’s public life.\textsuperscript{130} During his presidency, Diouf supported Muslim organizations and maintained strong ties with the religious community. Since 2000, with the election of Abdoulaye Wade as president, religion has played an even larger role in politics. Members of Wade’s administration publicly quote from the Koran and make reference to God. In addition, state schools have integrated religious education into their curriculums.\textsuperscript{131}

The year 2000 also marked the entry of marabouts into the presidential election of a secular state. In the past, marabouts had occasionally run for local political office and supported or denounced presidential candidates. However, never in Senegal’s history had religious leaders participated so directly in the political affairs of the secular state by running for presidential office. Gellar claims,

\begin{quote} 
"The political engagement of representatives of the younger generation of more worldly marabouts contrasted markedly with the positions of the leaders of the Sufi orders who opted not to publicly support any of the candidates... Senegalese public opinion seems to support the position that the heads of the Sufi Brotherhoods should maintain their political neutrality and not get involved in politics... At the same time, Senegalese public opinion also accepts the right of individual marabouts as citizens to run for public office and form their own political parties."\textsuperscript{132}
\end{quote}

In conclusion, despite modernization, democratization and rationalization taking place in Senegal, ties have been strengthened between the political and religious spheres. However, despite moves to inject Islamic values into the affairs of the state, religious leaders have not succeeded in upsetting the power and authority of the secular state. In all likelihood, Senegal will not become an Islamic Republic.\textsuperscript{133}

\begin{flushright} \textsuperscript{130} Ibid. \textsuperscript{131} Ibid. \textsuperscript{132} Gellar, \textit{Democracy}, 119-120. \textsuperscript{133} Gellar, \textit{Democracy}, 123. \end{flushright}
2.4 A Nation Between Modernization and Traditional Values

Once Senegal achieved independence from France in 1960, the nation found itself caught between two worlds. On the one hand, Senegal has been, and continues to be rapidly modernizing and democratizing in its attempt to play a prominent role in international affairs. Inkeles and Smith highlight mass education, urbanization, industrialization and bureaucratization among others as components of a rationalizing society—components present in Senegal today. Senegal’s secular state and centralized political authority are representative of what Huntington views as processes of rationalization, as is the development of political parties and interest groups. Traditional authority plays less of a role in centralized Senegalese politics and has been replaced with a government legitimized by rational-legal authority and abiding by a constitution. Capitalism and bureaucracies are present, while Senegal has become one of the most powerful countries in Africa and has developed relationships of particular political and economic influence with nations and organizations around the world. Capitalism, an institution Weber refers to as “the very embodiment of rationality,” ¹³⁴ is represented in Senegal through the specialization of functions and private ownership. Developments in technology are encouraged and labor has become specialized to increase efficiency. As a result, it seems likely that Weber would label Senegal as a rationalizing nation.

However, on the other hand, Senegal remains a traditional society in many ways. The religious community still exerts a great deal of power in Senegal’s political sphere and there are occasional clashes between those moving to Westernize and those who wish to form a state more predicated on Islamic values. While maintaining a very close relationship with France and the

¹³⁴ Gerth and Mills, 49.
Western world, Senegal has developed ties with the Islamic world as well. Senegal took part in international Muslim religious solidarity and enjoyed the economic aid provided by fellow Muslim nations. In 1991, Senegal became the first country in Sub-Saharan Africa to host the World Islamic Conference.

When taking Shils’ modernization theory into consideration, the paradox he identifies—the coexistence of modernizing and traditional cultural elements—becomes obvious in Senegal. Shils discusses the desire of African states to rationalize while insisting on adherence to Islamic law and religious culture. Senegal is an example of this, where the state “has managed to attract a considerable amount of international aid: as a ‘moderate,’ ‘stable’ and ‘democratic’ country, it has sympathy in the Western camp; as a country of Muslim tradition, it has support from the Arab states.” Senegal can be characterized as a rationalizing society making exceptions for certain traditions and religious beliefs. The traditional components cause incomplete rationalization while the modernizing state is not quite strong enough to dominate all aspects of society.

135 Gelhar, Senegal, 79.
136 Gelhar, Democracy, 118.
137 Shils, 289.
Chapter Three: Theoretical Application to Senegalese Case

In this chapter I use Senegal as a case study in order to support my argument that an effective national policy against HIV/AIDS in developing countries can be achieved through incorporating traditional aspects of society in the modernization process. I apply the theories discussed previously on traditionalism and modernization to the case of public health policy implementation in Senegal.

Although the belief in the spiritual nature of a greater power than the individual manifests itself in various ways among different nations and communities in sub-Saharan Africa, there is a common traditionalism at the root of these societies. Outside influences from the West have diluted these beliefs in many cultures, but traditionalism still predominates in much of sub-Saharan Africa.  

In their recent article, Ezekiel Kalipeni and Njeri Mbugua use the events following the death of the former Kenyan vice-president, who is suspected to have died of AIDS, to illustrate the pervasiveness of tradition and culture in the lives of people who are “highly educated, who live in urban areas and who appear very Westernized.” When the former Kenyan vice-president, Michael Wamalwa, died from an undisclosed illness, the government and Wamalwa’s family disagreed over whether to disclose his cause of death and over his burial site. Kalipeni and Mbugua believe that his family decided not to announce his cause of death, both because they anticipated a strong negative reaction from the public and out of respect for his spirit. In addition, because Wamalwa’s family wanted him to be buried in his rural home among his family in western Kenya, the Kenyan government decided not to insist on burial in a place

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140 Ibid.
established for political figures in Nairobi. The Kenyan Minister for Transport attended his rural funeral, and Kalipeni and Mbugua explain the motivation behind his actions:

“This spiritual awareness was what led the Minister for Transport—a learned man possessing a degree in mechanical engineering and capable of dressing in a formal black suit—to dress in a hide and brandish a spear at invisible evil spiritual forces allegedly bent on disrupting the spiritual journey of Wamalwa.”

This acknowledgement of the importance of spirituality in death suggests that even among people who consider themselves Westernized and lead a modern lifestyle, tradition and culture cannot be ignored.

From this example, we can begin to conceptualize the importance of tradition in establishing policies against HIV/AIDS. Kalipeni and Mbugua claim, “One strategy of curbing the AIDS pandemic in sub-Saharan Africa is to incorporate beliefs about spiritual forces into AIDS prevention models.” They believe that public health planners must include traditional customs in their policies aimed at containing health pandemics. Along with the need to incorporate tradition, the pressing nature of HIV/AIDS calls for the adoption of an approach that takes into account modern-day tactics. These tactics include raising awareness and decreasing stigma through sensitizing campaigns, promoting condom use and offering antiretrovirals (ARVs) free of charge to those who are HIV-positive. It seems that in developing countries where people still live according to traditional values, these programs will be more effective with the support of traditional communities.

In addition, in many countries traditional beliefs are embodied in religion. Traditional and religious leaders often legitimize actions that may otherwise be viewed as going against the tenets of traditional belief systems. Social norms and morals that propagate stigma and other

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141 Kalipeni and Mbugua, 33.
142 Kalipeni and Mbugua, 34.
hindrances to low rates of infection are often difficult to overcome because they are so deeply ingrained. Enlisting the support of the traditional community to help address this stigma and better enact effective health policy may increase the likelihood that people will follow potentially radical and modern health initiatives.

In Senegal, changing social norms and values that often lead to the widespread acceptance of modern AIDS prevention practices can be explained with the help of Alex Inkeles and David H. Smith’s theory of modernization. Inkeles and Smith’s theory of modernization emphasizes a change “in ways of perceiving, expressing, and valuing.” In the case of HIV/AIDS in modernizing Muslim countries, this change in mentality on the individual level is vital to changing risky behavior.  

One way to address this goal is to form a partnership between religious leaders, the government, civil society and communities. Kalipeni and Mbugua claim that it is through respecting cultural traditions and forming this partnership that risky sexual behavior can be reversed in sub-Saharan Africa. Indeed, the adoption of this partnership is how Senegal has achieved its status as a success story in the fight against HIV/AIDS.

In their theme paper published in 2001, Peter Piot and Dr. Awa Marie Coll Seck focus on establishing successful programs against HIV/AIDS on a national scale. In addition to writing about the importance of overcoming stigma, which undermines successful implementation of policies and makes services less accessible, Piot and Seck emphasize the need to follow the Global Strategy Framework on HIV/AIDS, approved by the UNAIDS Programme Coordinating Board in 2000. Seck and Piot outline the framework as follows:

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143 Inkeles and Smith, 16.
144 Hasnain, 5.
145 Kalipeni and Mbugua, 34.
"First, political leadership is required at all levels to marshal the necessary commitment and resources for the social mobilization on which the response must be built. Second, responses to the epidemic need to be conceptualized as multisectoral tasks, and not confined to health sector action. Just as the impact of AIDS is felt across all social and economic sectors, so too the scale and breadth of the response needs to encompass all elements of national planning. Third, national coordination is required and, given the multisectoral nature of the crisis, many of the most effective national responses are those which have been steered from the offices of prime ministers and presidents. Fourth, responses are successful when people living with HIV are centrally involved in the effort. Fifth, successful responses to the epidemic have their roots in communities. Local actors are able to determine the most effective priorities for action when they are properly informed, and they can act accordingly when they are helped to mobilize the necessary resources. When these principles are applied to local responses, and when the political leadership exists to proliferate local responses on a national scale, the epidemic can be reversed.\textsuperscript{146}

This framework was developed in Senegal soon after the discovery of the pandemic, and it has resulted in the successful maintenance of the country's low rate of infection. A team composed of prominent Senegalese researchers discovered the first case of HIV in Senegal in 1986. Interestingly enough, the first case discovered in Senegal was not a Senegalese, but a Malian migrant worker. Soon after this discovery, the government acknowledged the pandemic and became involved in prevention efforts. Their first step was to form a National AIDS Prevention Committee (NAPC) in conjunction with medical experts in October 1986. The government also aired images of affected countries like Uganda on television in order to instill in the minds of the Senegalese people "the devastating effects of the epidemic."\textsuperscript{147} In addition, in 1988, the government allowed the testimonials of two people living with HIV to be televised nationally.\textsuperscript{148} By the early 1990s, international agencies were lending support to Senegalese non-governmental organizations. The government and religious leaders participated in two national

\begin{thebibliography}{9}
\bibitem{146} Piot and Seck, 1107.
\bibitem{148} Diop, 114.
\end{thebibliography}
symposia to promote awareness among the religious community. These symposia succeeded in “securing the contribution of local religious leaders.”

Although there is still room for improvement in certain areas of Senegal’s national program, virtually all of the literature I have surveyed refers to Senegal’s response as exemplary. Politicians, religious leaders, non-governmental organizations and community associations worked in conjunction to maintain the low rate of HIV/AIDS infection throughout the country. Cooperation and constant dialogue among these different institutions helped overcome social stigma and implement successful policies aimed at providing HIV testing for the Senegalese population and treatment for those with HIV/AIDS. Most importantly, however, experts acknowledged that Senegal has succeeded in incorporating traditional and modern elements to form an effective public health policy. What follows is an analysis of these efforts. I first consider Senegal’s process of rationalization and then discuss how the country has maintained its traditional cultural roots and how this tradition has enabled the success of programs fighting HIV/AIDS.

3.1 Political Involvement

Immediately following the discovery of the first six Senegalese cases of AIDS in 1986, the government delivered an expeditious response and a comprehensive plan for treatment and future prevention. In attempting to describe why some governments have been more committed than others in responding to the pandemic, the Interagency Coalition on AIDS and Development, a network of Canadian international development non-governmental organizations and AIDS

\[149\] Diop, 115.
service organizations, calls political commitment an “elusive concept.” Moran interprets this claim by stating, “...although we can observe the effect of political commitment, the reason why the commitment was there at all is seldom obvious.” It is difficult to provide an explanation as to why certain political leaders and governments have been more open and willing to respond to the pandemic than others.

However, in his paper for the Department for International Development, James Putzel highlights key aspects that contribute to a government’s willingness to act. One such aspect involves the minimization of negative incentives and the maximization of positive incentives. The government must be in a situation where “leaders have little to lose and everything to gain by engaging the fight with HIV/AIDS.” In Senegal, researchers had already gained international recognition for discovering HIV-2—a virus different from HIV-1, also known simply as HIV, the virus more commonly found in Europe and the US. The country felt immense pride in discovering HIV-2, a virus that was later found to be endemic in parts of Africa, particularly in West Africa. Because of this sense of pride the Senegalese wanted to talk publicly about their prominent role in helping to lead the fight against HIV/AIDS. In 1986, the team that discovered the first case of HIV-1 in Senegal approached President Diouf about immediately launching a national campaign against the virus. As a result of the researchers’ international

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fame, “work on HIV/AIDS was seen as something that added value to, rather than detracting from, Senegal’s reputation.”

Through his decision to launch a national campaign, President Diouf essentially shunned the negative stigma often associated with HIV/AIDS in his own country and on the international level. National pride was a motivating factor for Diouf and he considered the early initiative against AIDS to be beneficial for Senegal. The high level of political commitment was considered important beyond partisan politics. In fact, as Putzel states, “No one could occupy high office in [Senegal] without demonstrating a commitment to continue the fight against the virus.” The commitment to fight HIV/AIDS had become so ingrained in the minds of the Senegalese that the notion of lessening this commitment was inconceivable.

The second reason Senegal’s response was so expeditious and successful was that Diouf placed a high value on medical research. Since Dakar was the former capital of French colonial Africa, there were many institutes of medical research. There was also a highly educated group of Senegalese doctors and President Diouf was receptive to their findings and expert opinions. This modern approach to the pandemic was representative of the slow move toward modernity and away from complete traditionalism.

A third explanation posits that the Senegalese government was so quick to act in response to the growing pandemic because Senegal is a relatively peaceful country and thus had the means to focus efforts on HIV/AIDS. As demonstrated earlier, Senegal has a history of democracy, and this has made it easier to openly discuss the issue of AIDS and distribute information. Moran states,

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154 Putzel, 22.
155 Putzel, 24.
156 Putzel, 22.
"It becomes apparent that where unrest and conflict are prevalent, the much-vaunted political commitment is impossible to achieve...Save the Children states that HIV/AIDS and conflicts are a ‘double emergency’. In conflicts and related emergencies, high-risk sexual behavior, including sexual bartering and sexual violence, contribute to the spread of HIV/AIDS. In such settings, awareness of HIV/AIDS is low, denial and stigma are widespread, health services are overwhelmed and under-resourced, and do not offer adequate care or protection against infection and disease."

Conflict detracts from the commitment necessary for an effective national response.

While leaders in other countries in West Africa ignored the pandemic for many years because of political turmoil and war, Senegal’s stability allowed the government to expeditiously respond to HIV/AIDS. In a personal interview, Aissatou Mbaye, the Assistant to the Coordinator of the Muslim NGO, Jamra, stated:

“It is fundamentally thanks to the political leaders [that we] have arrived here. Look at the other countries, where [political leaders] were very late in making decisions: the epidemic flared. For example, Côte d’Ivoire... the epidemic exploded.”

It is reasonable to assume that the recent civil war in Côte d’Ivoire has prevented the government from focusing its efforts on the pandemic. The government itself was largely without power and legitimacy during the crisis. Côte D’Ivoire is now among the 15 worst affected nations in the world.

It is also important to note that civil strife generally results from a sense of distrust in the central government. Citizens revolt because they are discontented with the state of affairs in their country. The lack of accountability and the tenuous link with the population diminishes

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157 Moran, 14.
159 Oppong and Agyei-Mensah, 70.
government capacity to respond to a public health crisis, as in Côte d'Ivoire. The power and legitimacy of the state is central in delivering a nationwide policy against HIV/AIDS.

Weber claims that one of the defining characteristics of rationalization is the rise of rational-legal authority. Instead of relying on tradition to determine their status as political authorities, modern politicians rely on impersonal legal rules for legitimization. In most modern states, including Senegal, political parties form to compete for political positions and the state holds elections to determine the leader. In addition, leaders abide by a constitution dictating society’s expectations and laws. In this form of political authority, citizens legitimize their leader’s rule based on their belief in the legal system. Leaders are held accountable for their actions based on whether their decisions benefit the people who have elected them into office.

Perhaps partially as a result of their history as a colony with a centralized, French-controlled government, Senegalese citizens are accustomed to the centralized administration instituted by the French. The Senegalese believe in the efficacy of centralized administration. In keeping with Bendix’s writings, government centralization is a key element in moving towards the “advanced” state. A result of this legitimacy and trust in the centralized rational-legal authority system is that people tend to trust elected leaders and their decisions. In the case of government action in Senegal to combat HIV/AIDS, this translates into the higher probability that Senegalese citizens will follow the recommendations of their political leaders. Thus, a fourth reason that the government was effective in implementing health programs was its high level of legitimacy in the eyes of the Senegalese citizens.

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161 Bendix, 417.
It has been suggested that political leadership and commitment is vital when instituting programs against HIV/AIDS. Leaders who have been granted power based on the rational-legal form of authority through elections are bound to the interests of their constituents. When a crisis arises, Seck claims that political leadership is necessary on all levels to ensure an effective social mobilization against the crisis. Many experts believe that Senegalese political leadership stands out as among the most successful in the developing world. UNAIDS states that “while politicians in some other countries ignored the threat of AIDS for fear of alienating conservative supporters by initiating a discussion about safe sex, politicians in Senegal supported efforts to confront the epidemic.”

The immediate political support behind the establishment of the National AIDS Control Program contributed to Senegal’s success. In contrast to many other African countries, national and local politicians came to an early consensus regarding the need to act. The defined hierarchy based on clear levels of legitimized authority made it easier for the government to act both at the central level and at the local level. The hierarchical nature of the government bureaucracy meant that there was not as much disagreement between levels of government. Instead, government actors overwhelmingly agreed to enact programs against HIV/AIDS. This stood in contrast to some other countries like Ethiopia. It took the Ethiopian government more than a decade to institute a national policy against AIDS. The delay was due to the lack of agreement between national and local leaders. UNAIDS reported the adult rate of infection in Ethiopia at around

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162 Piot and Seck, 1107.
163 Interagency Coalition on AIDS and Development, 1.
165 Moran, 10.
10.6 percent at the end of 1999.\textsuperscript{166} However, four years later, after a national policy had been instituted, the Central Intelligence Agency (CIA) Word Fact Book classified Ethiopia as having a 4.4 percent infection rate.\textsuperscript{167} This suggests the efficacy of centralized, national policies to fight high infection rates. Though only one case, the history of the Senegalese response to HIV/AIDS strongly suggests that in order to maintain a low infection rate, there must be a high level of political commitment and cooperation between levels of government.

The Senegalese government has implemented numerous programs in order to address AIDS. Indeed, the government invested the equivalent of about $20 million towards prevention programs between 1992 and 1996.\textsuperscript{168} Firstly, in October of 1986, the government formed a national AIDS committee, le Programme National de Lutte Contre le SIDA (PNLC- National AIDS Control Program) with the help of UNAIDS and the World Health Organization (WHO).\textsuperscript{169} This national program set out to identify methods of disease transmission and prevention. It also implemented AIDS education into the school curriculum.

Secondly, an important way in which the government addressed HIV/AIDS was to broaden the capabilities and the scope of the national health care system. The Senegalese government’s policy of free testing, ARVs and counseling, better-trained health workers and easier access to condoms leads to low rates of infection. This is a good illustration of Shils’ claim that in modernizing societies some traditional ideals, such as the promotion of abstinence in place of condoms, become outdated. Shils claims that there is often a sense of discontent among the

\textsuperscript{168} Ibid.
\textsuperscript{169} Meda, et al., 1399.
majority of the population and a need for change to keep up with the rapidly modernizing world. When the government attempts to address the people’s discontent, the government “is counted upon to act rationally [and] to disregard old ways…” The government is charged with implementing modern advances, like national programs to fight AIDS, when traditional practices do not sufficiently maintain the well-being of individuals in society.

One such modern advancement was government-established health clinics that test for and treat HIV. The government currently provides free HIV/AIDS testing for all Senegalese at all public clinics. As Senegal is currently striving to achieve a 100 percent testing rate, they believe that free testing will encourage more people to learn their status. In my interview with Dr. Gilbert Batista, a doctor who works at le Centre de Traitement Ambulatoire (CTA- Center for Ambulatory Services), he noted that the government funds many public hospitals in Senegal. However, I have been unable to find a statistic citing the exact number. There are also health clinics and hospitals that receive funding from the government and from non-governmental organizations. CTA is one such health clinic that is located within the sprawling grounds of Fann Hospital. Although Fann Hospital is public and receives funding from the state, CTA is semi-public and semi-private as it receives significant funding from an NGO, l’Organisation Panafricaine de Lutte Contre le SIDA (Pan-African Organization in the Struggle Against AIDS). The clinic offers free HIV/AIDS testing, free condoms and Family Health

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170 Shils, 287.
171 Shils, 288.
172 Dr. Ndiaye, Polyclinique, January 9, 2007, Dakar, Senegal.
173 Dr. Gilbert Batista, interview by Hannah Godlove, January 17, 2007, Centre de Traitement Ambulatoire, Dakar, Senegal.
International funds the psychological and nutritional counseling available to all people who visit the clinic. 174 Dr. Batista described the clinic:

"People come here who are HIV-positive or who have an opportunistic infection. In terms of psychological care, we offer counseling before testing. Here we offer VCT [Voluntary Counseling and Testing], so before the test we offer counseling and then after the test, when the results are given, a counselor works again with the patient. So, everyone who comes here for testing receives the aid of a social worker. We also offer nutritional care and advice on correct diets to prevent the onset of [opportunistic] disease." 175

The center's free testing, counseling and antiretroviral treatment for all patients regardless of social or economic status, demonstrates that government programs are effectively carried out by clinics, an example of Weber's rationalized bureaucracy. The government and private organizations have succeeded in establishing safe spaces where people can receive services free of charge.

Furthermore, in 2001, the Senegalese government took the first step in providing subsidized antiretrovirals for people who are HIV-positive. Prior to 2001, it cost every patient an estimated equivalent of $35 each month for treatment. However, this new initiative provided free treatment to patients without an income. 176 In 2003, the Senegalese government decided to offer free antiretroviral treatment to everyone infected with HIV/AIDS regardless of socio-economic status. 177 A study conducted by the Agence nationale de recherche sur le SIDA (National AIDS Research Agency) revealed that:

174 Ibid.
175 Ibid.
177 Batista, interview.
“In 1999-2000 over 50% of patients who interrupted treatment for more than five days reported that the treatment break was due to financial problems. By 2003 this proportion had fallen to 15%, with travel and voluntary treatment interruptions the chief reasons for treatment breaks.”\(^{178}\)

The cost of treatment plays a direct role in whether or not the patient is able to adhere to the regimen. Therefore, it is apparent that the government-subsidized medication has a positive effect on the rate of adherence among people following antiretroviral treatment regimens.

In addition, the government instituted other measures to aid in containing the pandemic and treating those already infected. By 1987 the government had set up a system in every region of Senegal to test blood used for transfusions.\(^ {179}\) After better training and more medical personnel were cited as necessary for an effective response to the pandemic, the government launched a program through which health workers were better trained to care for patients infected with STDs.\(^ {180}\) Health workers were trained to follow up HIV tests with counseling, information and the promotion of safe sex behavior.\(^ {181}\) In addition, in an effort to increase nationwide use of condoms, the government abolished an excise tax imposed on condoms. In the past, the tax had effectively quadrupled the cost for Senegalese consumers.\(^ {182}\)

Thirdly, the government’s tolerance for prostitution has been another major factor in the containment of HIV seroprevalence in Senegal. Although counter-intuitive, this shockingly modern notion of tolerating a practice traditionally frowned-upon signifies an even greater move towards rationalization and away from traditional taboos hindering the implementation of effective programs. Because 14-20 percent of sex workers in Senegal tested positive for HIV in

\(^{178}\) Keith Alcorn.
\(^{180}\) Oppong and Agyei-Mensah, 75.
\(^{181}\) Meda, et al., 1401.
2002, this government initiative seems necessary. Although this number seems high, it is reasonable to assume that it would be even higher were it not for government aid. In addition, the percent of HIV-positive commercial sex workers (CSWs) in Senegal is low compared to rates in other countries. In Abidjan, the capital of Côte d’Ivoire, UNAIDS estimated the infection rate of CSWs at 89 percent in 1992. Fortunately, by 1998 that statistic had fallen to 32 percent. In Senegal, “since 1969, prostitution has been officially tolerated among women over 21 years of age, who must be registered and attend specific dispensaries for monthly medical visits that include a genital examination, laboratory tests, counseling and condom delivery.” Due to the official tolerance of CSWs, many CSWs take advantage of the opportunities afforded to them by the government. In addition to these free monthly medical examinations, many HIV-positive CSWs join support groups to help them deal with health issues. Members of these groups attend cultural events surrounding the issue of AIDS and they often serve as educators for other CSWs.

However, many workers do not register with the government as legal CSWs. The government does not provide these clandestine sex workers with the same benefits as those within the system, and as a result this group has higher rates of HIV infection that often remains untreated. According to a study performed by Christian Laurent, et al., one reason women do not register with the government is because they are under age. Another reason is ignorance of the

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184 UNAIDS, “Country Profile: Côte d’Ivoire,”
185 Christian Laurent et al., eds. “Prevalence of HIV and Other Sexually Transmitted Infections, and Risk Behaviors in Unregistered Sex Workers in Dakar, Senegal” AIDS 17 (2003), 1812.
186 Oppong and Agyei-Mensah, 75.
legal system and the rights of CSWs in Senegal.\textsuperscript{187} In addition, some women wish to remain outside of the legal system because of their desire for discretion.

This study supports the idea that despite efforts in Senegal that target at-risk groups for testing and treatment, still more needs to be done in order to convince all CSWs to take advantage of government subsidized care. Stigma, while less rampant in Senegal than in many other countries, still exists as a hindrance to a 100 percent testing rate. The practice of commercial sex carries its own stigma around the world, often preventing women from seeking the medical care they need. Clandestine sex workers may feel especially ostracized by their community if they reveal that they even need to get tested for sexually transmitted infections.

Piot and Seck argue in their paper that it is at this "entry point for care and treatment... that patients are most vulnerable to stigma."\textsuperscript{188} The very choice to get tested is perhaps the most sensitive step in the process of receiving treatment for HIV/AIDS because when people get tested they acknowledge the chance that they are not like everyone else. Thus, testing itself increases their likelihood of exclusion from the rest of society. Goffman writes of the disrespect accorded to the "stranger" in a relatively homogenous society and he believes that as a result of this threat of social exclusion, potentially stigmatized individuals attempt to control the information they convey to "normal" people about their stigma.\textsuperscript{189} It is difficult for people to control this information if they have to come forward and acknowledge the possibility that they have HIV/AIDS.

As a result, I believe the government and civil society sector should institute even more social mobilization campaigns targeting stigma, especially among members of at-risk groups.

\textsuperscript{187} Laurent, 1814.
\textsuperscript{188} Piot and Seck, 1110.
\textsuperscript{189} Goffman, 4.
Despite these misgivings, the government’s social mobilization campaign has, in fact, been one of the most effective methods of prevention. This campaign has taken place in the school system, in the workplace and other public arenas.  

The openness and urgency with which the Senegalese government acted has undoubtedly contributed to maintaining the country’s low level of HIV-seroprevalence. There has been exemplary political leadership and government support for national and community level programs to fight HIV/AIDS. The government exercises legitimate authority based on enacted laws and, as a result, can better implement and enforce effective public health policies.

3.2 Influence of Non-governmental Organizations

Organizations operating outside of the government also play a crucial role in responding to the HIV/AIDS pandemic in sub-Saharan Africa. Non-governmental organizations (NGOs) are made up of community-based organizations (CBOs), national NGOs and international NGOs (INGOs). The majority of INGOs have at least twice the budget of a national NGO, so their involvement is vital in creating and maintaining an effective global response to HIV/AIDS. The very concept of NGOs is a rather modern one and, indeed, NGOs often have a pronounced presence in rationalizing societies.

The response in the NGO community regarding the rise of AIDS has been unprecedented. Douglas Webb claims, “Arguably no other single issue has galvanized civil society cooperation in so many contexts on such a scale before.”

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190 Meda, et al., 1401-1402.
191 Alassane Seck, Répertoire des ONGs nationales et internationales intervenant dans le secteur de la santé: Description et Analyse, décembre 1997, 15.
192 Webb, 19.
government does not allocate the appropriate amount of attention and funds for HIV/AIDS awareness, prevention and treatment. As Webb states:

“Where democratic processes have either broken down or are very fragile, state actors are not accountable to their constituents, and a void is created where interests are pursued through other means. State inaction in the face of AIDS has necessitated the empowerment of an alternative and representative group, partly as a result of failures within democratization.”

NGOs are especially vital in nations with unstable governments or those unwilling to address the pandemic. As mentioned earlier, it took the Ethiopian government over a decade to implement a national AIDS policy, partially because of the lack of community and NGO involvement in meetings and in the general decision-making process. On a broader scale, the UN has stated that it is beneficial for all states in implementing policy to involve NGOs as active participants.

In Senegal, the rapport between the government and NGOs is one of active encouragement, and the government has promoted NGO activity to aid in the national response to AIDS. The majority of NGOs currently operating in Senegal were established in the 1980s, the decade when AIDS was first detected in the country. The African Council of AIDS Service Organizations (AfricASO) was established in Dakar to serve as a network of NGOs, CBOs and groups of people living with HIV/AIDS (PLWAs). The stated mission of AfricASO is to “promote and facilitate the development of HIV and AIDS community response in Africa.”

Through councils and organizations like AfricASO, it is apparent that there is high level of civil involvement in addressing the HIV/AIDS crisis in Senegal.
society involvement in Senegal. Senegal stands out as one of the few nations in Africa (Uganda being a similar case) where the government and NGOs have a relatively supportive relationship. Each sector recognizes the other’s importance in contributing to a full-scale effort targeting HIV/AIDS, and neither strives to undermine the power of the other. NGOs have undoubtedly aided in establishing programs around Senegal.

Although most NGOs have established their headquarters in urban areas, one of their principle objectives is to increase awareness in communities outside Senegal’s most modernized cities.\(^{198}\) The presence of NGOs outside of urban centers addresses one of Shils’ main concerns. Shils writes that shifts toward modernization are often focused in urban centers and that modernizing efforts often ignore the rural population. Especially outside of modernized urban centers, traditionalism and religious institutions retain faithful followers.\(^{199}\) Efforts and campaigns that are limited in scope do not always reach communities that may have higher rates of infection and a more traditional population than in the rationalizing urban areas. However, in Senegal many NGOs have explicitly adopted a policy of decentralization. NGOs have opened offices and provided care in virtually all regions of Senegal through partnerships with local health officials and hospitals.\(^{200}\) NGOs mostly work to promote prevention techniques, such as Voluntary Counseling and Testing (VCT) services. The Joint United Nations Programme on HIV/AIDS claims that the most common strategies among these organizations have been raising awareness, instituting campaigns of social mobilization and providing training to community and religious leaders.\(^{201}\) Some state and international development partners, like USAID and the European Union, have helped to fund these NGOs. In 2005, there were 816 community

\(^{198}\) Seck, 15.
\(^{199}\) Shils, 295.
\(^{200}\) Joint United Nations Programme on HIV/AIDS, 43.
\(^{201}\) Joint United Nations Programme on HIV/AIDS, 44.
organizations and NGOs active in Senegal's national response to HIV/AIDS. With the widespread existence and decentralization of NGOs, Weber's "mighty torrent of rationalization" seems to be on the march.

For example, the Senegalese chapter of the Society for Women Against AIDS in Africa (SWAA Senegal) has decentralized as much as possible and has established offices in all eleven region of Senegal. In a personal interview, Executive Secretary Rokhaya Nguer stated:

"We opened offices in all the regions of Senegal... These offices are all composed of between thirteen and fifteen staff members. They can better implement activities and programs particular to their regions. They work in the community, in the different [neighborhoods] and in the villages to contribute in reducing the level of infection of HIV/AIDS among women."

The INGO, ENDA Tiers-Monde (ENDA), is based in Dakar, but has also established offices in five regions of Senegal. From these headquarters of operation scattered throughout the country, ENDA employs people to work in different communities. ENDA has also made a huge effort to form and provide support to a vast network of community volunteers.

Despite wide decentralization, the actual level of involvement of NGOs in all regions of Senegal is widely debated. Some regions of the country receive more attention than others. In a personal interview, Paul Sagna of the Christian NGO, SIDA Service, explained: "in the villages, organizations and hospitals could be better organized... actors need to play a greater role."

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202 Joint United Nations Programme on HIV/AIDS, 43.
203 Shils, 292.
205 Nguer, interview, my translation.
207 Diop, 116.
Dakar, Thies and Kaolack, all relatively urban areas, are the most frequented regions in the country by NGOs. These areas receive the most attention and the most aid. Dakar has the best hospitals and because it is the capital, it is the city where the government is most involved and where the French modernizing colonial legacy is most present. 209 NGOs are present in these regions and they sometimes fund private hospitals and dispense medication. It is perhaps partly due to the presence of civil society that Dakar, Thies and Kaolack have such low rates of infection. If this is the case, increased NGO action in other areas of Senegal may further decrease the level of infection.

Certain regions of Senegal have higher rates of infection than in Dakar, Thies and Kaolack. Some of these regions are also less frequented by NGOs, such as the Casamance, in lower Senegal. 210 In our interview, Mbaye of the Muslim NGO, Jamra, stated that these regions are characterized by elevated levels of HIV/AIDS infection. Long-standing conflict in the Casamance region may provide an explanation as to why infection rates are higher. The government and NGOs are not able to exercise as much power over this region because of the continued presence of a separatist movement. Mbaye said that Kolda, a large area of the Casamance, has an infection rate of 3 percent, which is six times higher than the rate in Dakar, estimated at .5 percent. Kolda is located near the border of Guinea-Bissau and Gambia and the area has many international markets where traders from all over West Africa come to sell their goods. These migrant workers often bring the virus into Senegal from other countries in West Africa. 211 Despite the elevated risk for residents of areas like Kolda that are located on the

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209 Mbaye, interview.
210 Seck, 94.
211 Batista, interview.
border, there is a relative lack of infrastructure and NGOs educating the public about the dangers of AIDS.  

Mbaye also cited Mbour, a small city on the coast of Senegal, as having relatively elevated HIV/AIDS infection rates. Mbour is not far outside of Dakar, and it serves as a jumping-off point for tourists in Senegal heading out to the smaller beach towns along the coast. It is a busy tourist site and, consequently, there is a greater amount of prostitution in Mbour than in many other areas of Senegal. Mbaye stated,

“When a map was drawn of AIDS in Senegal, it was obvious that there were certain regions where there was still much to do. We also learned that there were certain target groups, like homosexuals and prostitutes, where the level of infection was much higher."  

Mbaye cited Mbour as such a region where NGOs needed to focus their efforts on reaching CSWs, the target group most at risk in this area. Another such region with an elevated prevalence rate is Ziguinchor, in the Casamance region. In 1997, a study showed that, among CSWs, they had a 33.3 percent infection rate. Statistics provided by UNAIDS suggest that this infection level has been slightly reduced in the last decade to around 20 percent. However, despite efforts to register CSWs and provide government-subsidized healthcare spanning the whole country, there are areas like Mbour and Ziguinchor where NGOs need to focus prevention campaigns and CSW registration efforts.

Thus, it seems that NGOs play an important role in Senegal’s campaign for awareness and the regionally specific implementation of national health policies. It is an area of Piot and  

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212 Mbaye, interview, my translation; Paul Sagna, interview.  
213 Mbaye, interview.  
215 UNAIDS, “Country Profile: Senegal.”
Seck's framework where Senegal is lacking somewhat in certain geographical regions and among certain populations. However, with increased attention to these regions and populations, NGOs can be even more effective in implementing measures targeting HIV/AIDS.

3.3 Community Action

Community social action is intimately linked with the work of NGOs because NGOs often operate in local settings. Civil society is needed in communities in order to provide a functional framework for program development. However, despite this link with the work of NGOs, it is important to consider as separate the work that communities do in the national fight to contain the pandemic. In her article, Dominique Moran cites Peter Piot and Awa Marie Coll Seck as stating that “successful responses to the epidemic have their roots in communities.”216 As the national government and community sectors are so influential, there must be a balance between the more centralized, bureaucratic government approach and the ground-up ideology of community action programs in order to implement effective national public health policies.

Community organizations have developed in order to organize HIV/AIDS campaigns. The majority of villages around the country have implemented educational programs in schools. In many villages there is at least one women’s association and an association called the Cultural and Sports Association that targets young people and adults. In his article, Waly Diop states “all of these groups have been active continually for the past several years on information, education, counseling and other aspects of the fight against HIV/AIDS.”217 As an example, Diop discusses how AIDS was the theme of the 1992 annual youth association theater competition. The government has also instituted initiatives like youth week against AIDS, women’s week, and the

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216 Moran, 11.
217 Diop, 116.
World AIDS Day campaign. Community groups and associations take advantage of these initiatives to develop appropriate programs and promote awareness.\textsuperscript{218}

While in Senegal, I was able to photocopy a Behavioral Surveillance Survey conducted by Family Health International in 1997 and 1998 and it seems to confirm the widespread awareness about HIV/AIDS among the Senegalese population. The survey focused on HIV/AIDS-related knowledge, attitudes and behavior in Senegal. The results of the survey state that 100 percent of females were able to identify two or more methods of preventing HIV transmission in 1998.\textsuperscript{219} In addition, 63.6 percent of males reported always using a condom with non-regular sex partners.\textsuperscript{220} High rates of knowledge and awareness are probably due in large part to the widespread work of community organizations.

Community organizations are especially important because they apply national programs in a more regionally specific manner. Members of these organizations are the best judges of what is most effective in a specific community. Since many of the more traditional societies in Senegal are located in rural settings, community activism is especially important to reach target groups that may not otherwise adopt modern practices in working against the spread of the pandemic. NGOs and community associations must take general recommendations and practices like increasing condom availability and make them acceptable to the people in their community.

As Jean McGuire explains, "...these organizations came into being because HIV prevention and care requires a cultural sensitivity and community intimacy unparalleled in other health challenges..."\textsuperscript{221} Often, people identify and feel most comfortable with their community and it is through the community that they have their support network. Thus, organizations at the

\textsuperscript{218} Ibid.
\textsuperscript{219} Family Health International, 4.
\textsuperscript{220} Family Health International, 5.
community level work to decrease stigma and fear surrounding the disease so that those infected experience less ostracism from community members.\textsuperscript{222} These organizations know best how to tackle the prevailing traditional misconceptions specific to members of their community and make people more accepting of modern tactics to approach the pandemic.

\textbf{3.4 Religious Community Involvement}

This chapter has already shown that Senegal incorporated rationalization into its HIV/AIDS programs through government leadership, NGO involvement and community action. Now, it is necessary to add that, at the same time, Senegal has maintained its traditional roots, as seen through the continued practice of polygamy and the involvement of the religious community in promoting changes in sexual behavior. Shils states that it is often the case in the West that modern ideals are "explicitly or implicitly, directly or indirectly, injurious to substantive tradition."\textsuperscript{223} However, the situation in Senegal seems to suggest that this not always the case.

Senegal’s religious traditions have not lost a significant amount of support through the processes of rationalization and urbanization. On the contrary, religious figures have maintained their status as important and influential members of society, attracting new followers and becoming directly involved in politics. Religious leaders in Senegal can perhaps be considered as examples of Weber’s charismatic leaders. As Weber states, charismatic leaders have “the authority of the extraordinary and personal gift of grace (charisma)…”\textsuperscript{224} Religious leaders are thus able to easily attract and maintain followers even as society modernizes around them.

\textsuperscript{222} McGuire, S281.
\textsuperscript{223} Shils, 287.
\textsuperscript{224} Gerth and Mills, 79.
In keeping with Shils’ theory regarding the coexistence of traditional and modern aspects of a society, I explore why Senegal’s success in keeping HIV/AIDS rates low is owed in large part to the continued presence and influence of the religious community. Although Sufism is a less radical and imposing form of Islam, religious leaders still wield a tremendous amount of power over their followers and essentially define what is culturally acceptable. Thus, it has been suggested that in order for the Muslim population to be educated and act out against HIV/AIDS, they should have the encouragement of their religious leaders.

Putzel emphasizes the important role of the religious community in overcoming stigma and embracing modern, often considered radical, behavior to prevent further infection:\textsuperscript{225}

“Because progress in fighting the HIV/AIDS epidemic is so dependent on changing risky sexual behavior the dissemination of information and education of the public at large is all important. In both Uganda and Senegal, like in most parts of the world, fostering open discussion about sexual behavior touches on matters deeply personal and closely linked to specific moralities, values and religious beliefs. Early on in their campaigns political leaders in both countries saw the necessity of involving religious leaders and organizations... Because AIDS was initially linked in the west to homosexual behavior and injecting drug users, and even in Africa was initially linked to promiscuous sexual behaviour, enormous stigma was attached to the disease. No efforts of surveillance, prevention or care and treatment could be made without fighting stigma and religious leaders were recognized as playing an essential part.”\textsuperscript{226}

To address the causes and impact of the HIV/AIDS pandemic would require a “transformation of social norms,”\textsuperscript{227} many of which are directly influenced by religious teachings. For example, condoning condom use or simply speaking about a sexually transmitted disease is often considered taboo among religious leaders in Muslim countries. In Senegal, however, the religious community has taken the steps necessary in working towards developing a national campaign against AIDS, a radically modern concept in itself. Putzel, along with many other

\textsuperscript{225} Putzel, 34.
\textsuperscript{226} Putzel, 33.
\textsuperscript{227} Putzel, 35.
experts, believe that this transformation away from such strict adherence to traditional religious norms would have been unachievable without the support of the religious community and its leaders.

Goffman discusses the dilemma facing stigmatized individuals regarding the extent to which they reveal their societal “failing.” The fear of ostracism and being shunned by the community, a practice especially prevalent in traditional societies, often prevents individuals from disclosing their stigma and seeking support. Goffman states that it is more likely for people suffering from a failing to disclose their status if they have some kind of support community. In Muslim countries, the presence of religion in virtually every aspect of society translates into the need for religious leaders to serve as this community of support.

In Senegal, religious leaders have played a direct role in keeping the country’s rate of infection low. Experts and government leaders acknowledged the vital connection between the religious and the cultural spheres early in the emergence of the epidemic. In March 1990, only four years after the first six cases of AIDS were reported in Senegal, religious leaders from all over the country met to discuss HIV/AIDS prevention methods. The participating religious leaders “reached a consensus to make AIDS control a national priority.”

In June 1994, the AIDS Control Prevention Project (AIDSCAP) and Africa Consultants International (ACI) facilitated a symposium between political and religious leaders. One of the purposes of the symposium was to gauge religious leaders’ levels of knowledge regarding AIDS.

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228 Goffman, 42.
229 Goffman, 95.
230 Hasnain, 6.
and address their misconceptions. In their report on the symposium, AIDSCAP and ACI state that, prior to June 1994, the 22 participating Muslim and Christian religious leaders perceived the pandemic as "a calamity," and as a "sign of a morally sick society." In addition, AIDSCAP and ACI report that the main reasons why religious leaders had been slow to take action against HIV/AIDS were because religious leaders did not understand the "gravity of the epidemic and its reality in Senegal," and because they thought that the people who contracted AIDS had all shunned their religious beliefs. Because the facilitators recognized the importance of the involvement of religious leaders in the fight against AIDS, the remainder of the symposium was dedicated to addressing these misconceptions. The facilitators focused on educating religious and political leaders about HIV/AIDS and how to promote effective practices against HIV/AIDS.

Jamra, one of the most prominent non-governmental organizations in Senegal and a participant in this symposium, is an Islamic organization that has worked to raise awareness and maintain the link between the religious community and prevention efforts. Aissatou Mbaye of Jamra described the work of the organization:

"In the beginning, the only thing anyone knew was that it was a terrible disease that homosexuals and people who had sex with prostitutes would contract. Now that has changed... [actors who have sensitized the population] promoted the idea that AIDS is not, in fact, a malady of only homosexuals. On the contrary, this disease even affects children. And what did they do? What did they do to deserve this? Nothing at all. Nothing at all. So [Jamra] started from there. We changed things and explained the situation regarding AIDS by instigating promotion campaigns."

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232 Ibid.
234 Mbaye, interview, my translation.
Mbaye went on to emphasize that the population had become well-informed about HIV/AIDS largely due to the involvement of the religious community.\textsuperscript{236}

The first way in which members of the religious community have helped keep the rate of infection low has been to focus efforts on HIV/AIDS awareness by publicly discussing preventive measures. One way the Imams accomplished this was during their Imams' Friday sermons in the mosques.\textsuperscript{237} Oppong and Agyei-Mensah state, "The moral support for AIDS prevention given by religious leaders allowed secular and health authorities to work productively in providing education and specific HIV prevention services."\textsuperscript{238} The rapidly rationalizing state and the traditional religious community worked together in order to institute a more comprehensive plan of education and prevention. The Senegalese government set up training sessions where religious leaders were educated about HIV. Imams received literature on the topic and were asked to distribute the material to people in their mosques. Many highly ranked religious leaders spoke out in favor of preventive measures on television and on the radio and "these leaders used their sermons to draw the attention of their followers to the reality of AIDS and the appropriate behaviors encouraged by the various religions."\textsuperscript{239}

Religious leaders and organizations worked in conjunction with the government and NGOs to distribute countless pamphlets intended to educate the Senegalese population about HIV/AIDS. Meda, et al. write of the Senegalese response to the pandemic,

\begin{quote}
"The third feature was the extent of social mobilization in the development of campaigns of information, education and communication (IEC) activities to promote responsible and safe sexual behavior and to encourage the use of condoms. The existing network of hundreds of NGOs served as the basis for this mobilization. Local communication to effect change in behavior was essential: at the workplace, in schools and universities,
\end{quote}

\begin{itemize}
\item \textsuperscript{236} Mbaye, interview.
\item \textsuperscript{237} Hasnain, 6.
\item \textsuperscript{238} Oppong and Agyei-Mensah, 75.
\item \textsuperscript{239} Diop, 115.
\end{itemize}
stations, roads, markets, kiosks, touring cinema buses in peripheral regions, national days of action, etc. Tens of thousands of IEC items (brochures, handbooks, videos, posters, etc.) were produced by the NAPC [National AIDS Prevention Committee] and NGOs.\(^2\)

Many of the pamphlets target stigma in particular. While in Senegal, I received one pamphlet and one booklet as samples from Mbaye of the NGO, Jamra. I have photocopied portions of these documents in Appendix C.

Mbaye gave me one booklet that had been distributed nationwide in 2000. The booklet was written by representatives from the National AIDS Control Program; Jamra; SIDA Service, its Christian counterpart; and the National Association of Imams. The booklet is entitled: “Alliance of Religious Leaders and Medical Experts in the Response to the AIDS Epidemic in Senegal: Medical, Koranic and Biblical Principles That all Believers Must Read, Know and Apply.”\(^3\) The booklet provides statistics about AIDS in Senegal, describes the methods of transmission, emphasizes the importance of getting tested, and lists methods of prevention. The government and religious leaders first recommend moral behavior, fidelity and abstinence. In the absence of such behavior, they recommend using condoms “systematically.”\(^4\)

The next section of the booklet focuses on enforcing the link between religious doctrines and AIDS prevention. The authors provide quotes from the Koran and the Bible to reinforce methods of prevention and decrease stigma. I have translated from French what the authors write:

“We must warmly welcome people living with HIV,... take the time to listen to them, show them compassion and empathy, bring them support, and pray for them. The

\(^{2}\) Meda, et al., 1401-1402.  
\(^{4}\) Ministère de la Santé et de la Prévention, 7.
prophets of all disclosed religions always manifested their compassion, their solicitude and their solidarity with those who suffer.\textsuperscript{243}

This quote from the booklet suggests that a sign of a true religious believer is showing compassion for those who are infected. In order to be a good Christian or a good Muslim, one must not discriminate against people with HIV or AIDS. However, one of the main messages of the booklet is that “neither the state, nor religion can dictate changes in sexual behavior, it is up to each Senegalese to act for him/herself, to put his/her will to the test to fight against this formidable infection.”\textsuperscript{244} Despite this powerful alliance between the state and religion in raising awareness about AIDS, government and religious leaders acknowledge that the campaign will be ineffective without commitment from all Senegalese citizens.

The National Network of Islam, AIDS and Education and the National Committee in the Fight Against AIDS published the second document I received. This pamphlet gives statistics, methods of transmission, and drawings that show explicitly how one is infected.\textsuperscript{245} It also emphasizes the importance of universal testing for all Senegalese. However, a particular benefit of this pamphlet is that it lists ways in which AIDS is not transmitted. I have translated this list from French as follows:

“Everyday acts of life that do not transmit AIDS: sharing the same school or place of work; eating and drinking together; greeting each other; sharing toilets; exchanging clothing; sharing transport vehicles; playing together; insect bites.”\textsuperscript{246}

\textsuperscript{243} Ministère de la Santé et de la Prévention, 12.
\textsuperscript{244} Ministère de la Santé et de la Prévention, 2.
\textsuperscript{246} Réseau National Islam/SIDA/Education, and CNLS.
This is particularly important because it addresses incorrect ideas about the transmission of HIV/AIDS that can possibly lead to undeserving stigmatization and discrimination. These pamphlets are just a few examples of the astounding role the religious community has played in conjunction with the government to decrease the level of stigma, increase awareness and change fundamental traditional behavior that could hinder acceptance of stigmatized individuals.

The second way the religious community is involved in the fight against AIDS is through promoting male circumcision among Muslims. Experts recommend circumcision in countries where HIV/AIDS is endemic and scientific evidence has proven that a man is less likely to contract AIDS if he is circumcised. Although Imams did not begin promoting circumcision in response to the AIDS pandemic, the religious support for circumcision has played a direct role in low rates of infection. Male circumcision is universal in Senegal from age seven and remains a culturally accepted practice throughout the country. The Muslim religion condones circumcision, following the words of the Prophet Muhammed, because it promotes cleanliness and can prevent infection. This sign of purification serves cultural purposes, as a form of acceptance into the Muslim community, and it serves as a means to reduce infection rates. Therefore, this traditional custom is used as one of the most effective modern strategies in containing the pandemic.

Thirdly, many religious leaders in Senegal have adopted a flexible stance in allowing the
distribution of condoms. Nicolas Meda, et al. conducted a study on HIV rates, social behavior
and prevention efforts in Senegal in 1999. They report that as of 1999, there had been a
widespread increase in the availability of condoms to the public in the last ten years. They
claim that distribution increased ten-fold between 1988 and 1997. Meda, et al. estimate that:

"[In 1997] over 85% of the adult population was estimated to have easy access to
condoms in urban areas and 99% of [commercial sex workers] reported easy access to
condoms. Among those who reported having had casual sex in Dakar in the last 12
months, 67% of men and 45% of women reported using a condom in their last sexual
intercourse with a casual partner. Of the 738 [commercial sex workers] interviewed in
1997 in the four largest cities in Senegal (Dakar, Saint-Louis, Kaolack and Ziguinchor),
94% said they had used a condom the last time they had sex with a regular client and
98% with a new client."  

It is possible that this increase in the availability of condoms to the public is due in large part to
the involvement of religious leaders. Religious leaders have become aware of the importance of
condoms in containing the spread of sexually transmitted diseases due to education workshops
provided by the government. Therefore, religious authorities do not generally take action to
control the widespread distribution of condoms. Because such influential figures in Senegalese
society who base their power on tradition condone the use of modern birth control methods, it
deeply legitimizes their use among Muslims, and thus may play a role in how often Senegalese
use condoms.

The fourth way in which Imams have lowered rates of infection has been to encourage
the concepts of family and fidelity. Although polygamy is a common practice in Senegal, Imams
make clear the importance of fidelity to one’s partners. Polygamy is sanctioned by the Koran and

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250 Hasnain, 5.
251 Meda, et al., 1400.
252 Meda, et al., 1401.
a man is allowed to take up to four wives. When a man marries his first wife, the state requires that he state officially whether the marriage will be monogamous or polygamous. This declaration is life-long and a man can only alter it if he wants to decrease his number of wives.\textsuperscript{253}

Additionally, the traditional concepts of \textit{levirate}, where a man marries his brother's widow, and \textit{sororate}, where a woman marries her sister's widower, have been relaxed to allow for the possibility that an individual may be HIV-positive. Here, we can see an example of adapting traditional customs in light of modern problems. The relaxing of these rules illustrates Shils' belief in the possibility of the coexistence of modernization and the continued presence of traditionalism. This is a necessary principle in order to implement successful health policies in Muslim countries. "Religious leaders advised that no one should be obliged to marry if it 'runs the risk of losing your life.'"\textsuperscript{254}

Mbaye claimed that there is nothing that can be done about polygamy in Senegal. It is simply a way of life for the majority of the population. Mbaye stated, "If every man were to take two wives, each man would be loyal to those two women. Everyone is loyal. So, in reality, polygamy can regulate. At the same time it can also bring about proliferation."\textsuperscript{255} To illustrate this Mbaye cited an example where a man has three wives and decides to take a fourth. The fourth wife is HIV-positive. Mbaye stated:

"So, because of my fourth wife, I contaminate all of my wives and I contaminate myself. And that, that is very serious...but what are we going to do? Polygamy is an institution in this country, so we can do nothing. Men will always be looking for wives."

\textsuperscript{253} Emory University Law School, \url{http://www.law.emory.edu/IFL/legal/senegal.htm} (accessed March 29, 2007)
\textsuperscript{254} Moran, 13.
\textsuperscript{255} Mbaye, interview, my translation.
\textsuperscript{256} Ibid.
It seems that polygamy is a traditional religious practice that is unlikely to disappear. However, its presence may correspond with low levels of infection. To substantiate this claim, we can note that in many Middle Eastern countries with predominantly Muslim populations, the HIV/AIDS infection rate is extremely low as well. According to the CIA World Fact Book, in 2001, Pakistan’s rate of infection was .1 percent, Iran’s was less than .1 percent and Afghanistan’s was .01 percent. These are all countries that officially allow the practice of polygamy, enforcing the idea that there may be a corresponding relationship between polygamy and low levels of infection.

Thus, government and religious leaders draw a clear distinction between what is polygamous and what is promiscuous. The state supports polygamy, while government and religious leaders look negatively upon promiscuity. A 1997 study performed in Dakar revealed that 99 percent of married women and 88 percent of men claimed they did not have sex with anyone but their spouses in the preceding twelve months. In addition, Oppong and Agyei-Mensah reported that Senegalese have a low average number of sexual partners even in comparison with other West African countries with different national religious affiliations. In countries where there is a higher infection rate, like Côte d’Ivoire and Guinea Bissau, the proportion of men with multiple sexual partners was three to four times higher than that found in Senegal in 1997.

“Paradoxically, then, while poly-partner sexual activity may be the norm, Senegalese may not be as vulnerable as those in other countries that frown on polygamy but accept a long

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258 Oppong and Agyei-Mensah, 74.
259 Meda, et al., 1403.
It is possible that the traditional practice of polygamy coupled with modern laws against promiscuity has succeeded in containing the spread of HIV infection. Because of the ingrained nature of the traditional practice of polygamy, it should continue to be taken into consideration when trying to develop a national plan against a modern pandemic like HIV/AIDS. As Senegalese are so focused on maintaining their cultural and religious roots, it is necessary to find a way to reconcile the two in forming an effective model of prevention. Kalipeni and Mbugua state that “indeed, polygamous relations in Senegal were not done away with, but on the contrary were respected as traditional authentic means of prohibiting promiscuity and therefore preventing STIs.”

However, several of the experts I interviewed cited the lack of empirical evidence on whether polygamy plays a definitive role in Senegal’s low rate of infection. Rokhaya Nguer, of SWAA Senegal stated that there have not been statistics published yet that prove whether polygamy does, in fact, play a direct role in Senegal’s infection rate. Nevertheless, she conceded that many experts believe that polygamy is a traditional fact of life that may unconsciously aid in keeping HIV/AIDS rates low in Senegal.

The possibly unintended positive effects of polygamy coupled with the deliberate efforts of the religious leaders seem to be successful in encouraging the Senegalese to take measures in avoiding AIDS. Imams and marabouts openly encourage modern practices and, as a result of their great influence on the vast majority of the Senegalese population, their recommendations are followed. Senegalese citizens make conscious efforts to adopt modern measures to avoid AIDS. However, through continuing the traditional practice of polygamy, the same end is

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260 Oppong and Agyei-Mensah, 74.
261 Kalipeni and Mbugua, 32.
262 Nguer, interview.
pursued, but less purposefully. It is possible that an already accepted practice happens to help keep HIV/AIDS infection rates at bay.

There are obvious advantages in reconciling the religious with the modernizing aspects of government in implementing and maintaining effective HIV/AIDS control. As stated by Jacob Olupona in his book on African traditional religions,

"The welfare of the living community, and of the entire manifest world, is dependent on maintaining a proper relationship with the entities and forces of the invisible world. This relationship is maintained by religious experts."

As the mediators between human beings and the spiritual world, religious leaders have recognized their own importance in creating a safe environment for people with AIDS. They have taken a strong position against behavior that may encourage HIV transmission and they have publicly encouraged practices that will slow down the pandemic. The successful involvement of the religious community strongly suggests the importance of developing strategies from within cultures that will not "alienate the very people they are supposed to be helping."

Religious leaders exert great power in promoting preventive behavior and in encouraging people to seek treatment for HIV/AIDS. Experts claim that Senegal’s low rate of infection is due, in large part, to the action taken by the religious community. In such a religious society, it seems unlikely that changes in social behavior that touch on deeply held morals would change without the encouragement of religious leaders. Indeed, Mbaye claimed that it will be up to the religious leaders to keep the infection rate down in the future. It seems that Senegal has struck a balance between maintaining its status as a largely traditional society, seen through the permeation of

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263 Brermer, 347.
264 Kalipeni and Mbugua, 32.
265 Mbaye, interview.
most aspects of society by religion, and its effort to rationalize through the promotion of modern strategies to combat HIV/AIDS.
Chapter Four: Conclusion

This thesis gives support to the claim that traditional elements of a rationalizing society are enabling in establishing public health programs, especially those targeting HIV/AIDS. I have used Senegal as my case study to lend credence to this claim and to outline the measures taken by different actors in addressing the pandemic. Senegal is a rationalizing society in which traditional values and norms remain strong and widespread, and are embodied in such institutions as religion.

I used the works of Max Weber, Reinhard Bendix, Alex Inkeles, David H. Smith and Erving Goffman to conceptualize tradition and modernization and provide a framework to demonstrate that traditional beliefs and values can coexist with modern elements in rationalizing societies. This theoretical framework provided a base to better understand the importance of integrating cultural traditions into such modern policies as programs targeting AIDS.

Even though I have focused this study on understanding how traditional societal elements can enforce HIV/AIDS programs, this study has possibly greater implications and can be applied to other modern processes taking place in rationalizing societies. Remaining within the realm of disease, this study can be applied to other diseases that carry their own stigma. However, there remains a remarkable paradox within this study of the treatment of disease in developing countries. In Senegal, where the government, non-state actors, community actors and religious leaders have instituted campaigns to keep the HIV/AIDS rate remarkably low, the infection rate of other diseases remains high. The framework that has worked when applied to HIV/AIDS prevention efforts has either not worked as well or has not been applied in fighting other diseases like malaria and tuberculosis (TB). Governments and NGOs have formed initiatives and global partnerships that address the increasing infection levels of these diseases, but they do not seem to
be effecting as much change as AIDS initiatives. The policy framework of incorporating traditional elements into modern approaches towards addressing disease has been purposely utilized in the fight against HIV/AIDS. However, it remains questionable whether it has been applied to campaigns against other endemic diseases.

In rationalizing countries where traditions maintain a significant presence, I argue that these traditions should be incorporated into modern policies to fight disease if the goal is to sensitize a whole population. The fact that such a strategy has worked in Senegal to maintain a low prevalence rate of HIV/AIDS, an illness with a great amount of stigma attached to it, can have enormous implications. Indeed, AIDS is an elusive illness that may generate cultural backlashes in rationalizing societies for years to come. However, despite this cultural aversion and stigma, the studies I have researched for this thesis show that efforts have been successful in maintaining low rates and reversing high rates of infection in rationalizing countries. Thus, the issue that arises here is whether this concept of using traditional elements of society to promote modern policies has been applied in efforts to control other endemic diseases.

After conducting research into this question, it appears that, in contrast to the plethora of literature written regarding the HIV/AIDS pandemic in Africa, there is not as much to be found about campaigns against other, just as deadly, diseases. Therefore, it is difficult to determine the nature of prevention efforts of such diseases as malaria and tuberculosis (TB). However, after analyzing much of the available information, I have found that prevention efforts targeting malaria and tuberculosis have not measured up to the campaigns against HIV/AIDS. Campaigns against HIV/AIDS have been conducted on a grand scale, incorporating traditional institutions like religion with government, non-state actors and community actors. In order to achieve the
same success as with HIV/AIDS, I think the same tactics should be adopted in efforts targeting malaria and TB.

In the year 2000, Senegal had the 11th highest malaria infection rate in the world at 12 percent, and a 72 percent malaria mortality rate.\textsuperscript{266} This stands in stark contrast with the nation’s AIDS statistics that place Senegal with an HIV/AIDS infection rate of .8 percent.\textsuperscript{267} In a more global perspective, malaria infects an estimated 600 million people each year, a rate that “dwarfs”\textsuperscript{268} that of HIV/AIDS. TB and malaria are easier to contract than HIV, but they are also easier to treat. Measures that can be taken to combat malaria are relatively inexpensive and they include distributing insecticide-treated bed nets, promoting treatment drug regimens and instituting sensitization campaigns among particularly vulnerable populations, such as pregnant women.\textsuperscript{269} These are all measures that require implementation at the community-level and would benefit from the involvement of trusted political, religious and community leaders. In developing countries, where malaria is most endemic, the support of traditional figures and religious leaders, in particular, would further legitimize these efforts in the eyes of the very people targeted for change.

During the 1980s, TB rates multiplied by 500 percent in sub-Saharan Africa, as opposed to 1 percent in Europe and North America. Currently, TB is the second most widespread killer in

\textsuperscript{266} World Health Organization, “United Nations Common Database”
\textsuperscript{269} Ibid, 2.
Africa, the first being HIV/AIDS.\textsuperscript{270} TB and HIV/AIDS are intimately linked, as tuberculosis is an opportunistic disease and is the most common cause of death in people who have AIDS.\textsuperscript{271} In addition, TB carries its own social stigma that often prevents people from seeking treatment. Like AIDS, tuberculosis has not been widely discussed in the past because few people have been educated about the disease and many fear ostracism by their community if they reveal that they have it. However, unlike AIDS, less has been done to reverse these social inhibitors. Furthermore, what efforts have been attempted have not been effective enough and have not been aimed at changing social behavior. Stigma remains the dominant cause behind the unsuccessful attempts to institute a similarly effective prevention program.\textsuperscript{272} The Millennium Project, a subset of the United Nations Development Programme, has identified the lack of community involvement as a leading cause of the prevalence of stigma and the failure to stop TB. The Project has committed to decreasing the level of stigma and increasing the scope of sensitization campaigns to target particularly vulnerable populations.\textsuperscript{273} However, I think that neither the Millennium Project, nor other organizations committed to lowering levels of TB infection, has adequately sought the support of the traditional community.

Thus, not only have many organizations yielded their efforts targeting TB and malaria to those targeting HIV/AIDS, but those programs that do address TB and malaria may not sufficiently incorporate traditional elements into their rationalized plans. The support of traditional or religious leaders may increase understanding and decrease widespread stigma surrounding TB. In 2001, the Academy of Educational Development (AED) and USAID carried

\textsuperscript{270} World Health Organization, “WHO declares TB an emergency in Africa,” Maputo, Mozambique, August 26, 2005.
\textsuperscript{273} Ibid.
out a study in Tanzania on the relationship between the gender of patients and the decisions whether to treat their TB. One interesting result of this study was that women often sought the care from traditional providers before seeking modern medical care. In Tanzania, as in much of the developing world, the traditional community remains separate from the government and other rationalizing actors. Because of the lack of cooperation and dialogue between government actors, NGOs, community leaders and the traditional community, efforts in Tanzania were not centralized and, ultimately, not very effective in encouraging treatment of and decreasing stigma surrounding TB. 274 The authors of the AED publication write, “In many communities, prompt treatment for women may require working with these alternative providers.”275 This is a practice already effectively instituted in Senegal in order to fight HIV/AIDS.

One possible explanation for why efforts targeting high TB and malaria rates have been less successful is that both illnesses have existed for a long time and the novelty of AIDS has overshadowed them. The “horror and novelty”276 of AIDS has eclipsed TB especially in terms of drug development and public education. Thomas Dormandy states:

“At a morbid level there are fashions in diseases as there are in swimwear, pop groups and religious cults; and by the mid 1980s in popular appeal (and royal patronage) AIDS easily outshone tuberculosis.”277

In the recent past, AIDS has taken funds away from tuberculosis efforts and “in the campaign against AIDS tuberculosis was and would clearly remain a somewhat peripheral issue.”278

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275 Ibid.
276 Dormandy, 385.
277 Ibid, 386.
278 Ibid.
funding and broad-based commitments have been lacking. In the AED publication, the authors write:

“TB, like virtually all other health emergencies...has been overshadowed by HIV/AIDS in terms of both political will and funding. And while researchers have investigated the social and individual determinants of behaviors among myriad groups at risk for HIV/AIDS, tuberculosis is still being fought primarily via a ‘medical model.”

Therefore, it is possible that the traditional community has not been involved in these efforts at the same level as in the fight against AIDS because of the general shift of focus away from malaria and tuberculosis.

As a last point, I would like to emphasize that although this thesis has focused on the success of policies targeting HIV/AIDS in Senegal, it is just as important to recognize and appreciate other nations’ successes as well. Some people refer to AIDS as one of the world’s most unspeakable evils. But, in fact, AIDS has become one of the most public, spoken about issues in the world today. All over the globe, there are individuals and organizations working tirelessly to ease the burden of AIDS. In countries such as Uganda, Thailand and Brazil national campaigns devoted to the fight against AIDS have succeeded in dramatically lowering rates of infection and providing care for those already infected.

Uganda, Thailand and Brazil are countries that also illustrate the effectiveness of the comprehensive framework discussed in this thesis. In Uganda, faith-based organizations have played an important role in AIDS prevention by promoting fidelity and abstinence among the predominantly Christian population. Uganda’s president, Yoweri Museveni, also demonstrated a high-level of political commitment, seen through the institution of sex education programs and

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279 The Academy of Educational Development, 40.
the widespread social marketing of condoms. In Thailand, the multi-sectoral prevention program advocated a “people-centred approach.” The Thai government implemented a policy focused on changing the behavior of the population. According to a UNAIDS report,

“Emphasis was placed on the risk behaviour and vulnerability of young people as well as on the more specific risk behaviour of particular groups. Knowledge and awareness are important but are not sufficient; life skills training (e.g., decision-making and negotiation), condom promotion and long-term approaches such as changing social norms are also necessary.”

Brazil’s policy of offering completely government subsidized ARVs and substantially cheaper generic drug equivalents has increased the amount of people who can seek treatment. In addition, NGOs have championed efforts in education and prevention. Moran writes, “Research has indicated that Brazil’s young people are amongst the best informed in the world about HIV/AIDS.”

Other success stories like those discussed above support the idea that the comprehensive framework involving multiple areas of society can be effective when implementing policies targeting HIV/AIDS. However, the cases of Thailand and Brazil, in particular, are very different from that of Senegal. I argue in this thesis that incorporating traditional elements of society can indeed lower rates of infection in certain developing societies, especially Muslim countries. However, it seems necessary to acknowledge that there are other ways to go about reaching the same end. In Thailand and Brazil, Islam does not play an important role in the lives of the majority of citizens, nor do religious leaders take an active role in promoting measures against HIV/AIDS. The approach that incorporates traditional aspects of a society into national AIDS

280 Moran, 11.
281 Ibid.
283 Moran, 12.
policies has been applied in Senegal, and, to some degree, in Uganda, but it may not have been considered so integral in other countries like Thailand and Brazil. Yet, AIDS infection rates have been reduced through national efforts. These cases suggest that the government and active NGOs can fill the void left by the lack of strong traditional religious leaders. These stories indicate that my focus on the importance of traditional involvement is just one of perhaps many ways to keep rates of infection low in developing countries.

Since the onset of the AIDS pandemic, much has been learned about how to effectively implement public health policy. However, most importantly, these stories provide hope in a field dominated by pessimism and despair. Simply speaking the words “AIDS in Africa” trigger images of the pandemic that involve deaths on a Biblical scale. These images are not without basis, as a sickening majority of AIDS cases are indeed found in Africa.

It is true that in the recent past, AIDS in Africa has received more attention from the West. But in doing so, AIDS has been framed as a pandemic found in backward civilizations, and as a pandemic that elicits the blanket response of ignorance, stigmatization and denial on the part of Africans. While these attitudes do exist, and indeed this thesis is predicated on their continued existence, there has emerged a struggle committed to their reversal. This struggle has gained significant ground in third-world countries and has been steadily working to adapt to prevailing cultural practices. However, it has been eclipsed by the insistence that African societies remain culturally backward and are ill equipped to fight a pandemic that requires such radical thinking and action. Traditional cultural practices are still thought of as hindrances to fighting AIDS rather than as aspects that can enable strategies to develop.

By contrast, this thesis has attempted to illustrate the power of cultural tradition. The eradication of AIDS in Africa is directly tied to the reversal of ignorance and stigma. It is easier
to achieve this difficult goal by incorporating long-standing cultural practices and beliefs into a modernizing nation-wide policy framework.
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UNAIDS. “Country Profile: Senegal.”


Appendix A

List of Respondents

Dr. Gilbert Batista
Doctor
Centre de Traitement Ambulatoire
Fann Hospital
BP 5035
Dakar, Senegal
January 17, 2007

Gora Diouf
Assistant for Community Outreach
ENDA Tiers-Monde (Environmental and Development Action in the Third World)
54, Rue Carnot
BP 3370
Dakar, Senegal
January 9, 2007

Bamar Gueye
National Coordinator
Jamra
Avenue Bourghiba
Dakar, Senegal
January 4, 2007

Aissatou Mbaye
Assistant to the Coordinator
Jamra
Avenue Bourghiba
Dakar, Senegal
January 4, 2007

Dr. Ndiaye
Biologist, HIV-test Administrator
Polyclinique
Medina
Dakar, Senegal
January 9, 2007

Rokhaya Nguer
Executive Secretary
Society for Women Against AIDS in Africa (SWAA Senegal)
Sacre-Coeur II - N° 8608 F
BP 16425  
Dakar-Fann, Senegal  
January 11, 2007

Paul Sagna  
Executive Director  
SIDA Service  
Cardinal Hyacinthe Thiandoum Centre for Health Promotion  
B.P. 15314  
Dakar-Fann, Senegal  
January 11, 2007
Appendix B

Interview Guidelines: Health Care Workers

1. What is your current job title and description?
2. How long have you held your current job?
3. Have you held other jobs in the health sector?
   a. If so, what were they?
4. What kind of testing for sexually transmitted diseases do you offer at this clinic?
5. Are testing and treatment available to commercial sex workers at this clinic?
   a. Is there any special program to treat commercial sex workers?
6. Do you offer condoms to patients?
7. What types of programs do you offer for people who are HIV-positive or who are infected with AIDS? Do you offer any counseling programs?
8. Please describe the kinds of patients who are treated at this clinic.
   a. Do most patients come in for HIV/AIDS treatment?
   b. What is the gender of most patients?
   c. What is the economic and class status of most patients?
9. Have you seen any significant changes in the number of HIV/AIDS patients being treated here now and in the past?
10. Do you think there is a certain stigma surrounding people who are infected?
    a. Does social stigma affect the likelihood that they will seek treatment?
11. What is the religious affiliation of the majority of the people seeking treatment at this clinic?
12. Do you think religion plays a role in determining whether a patient will seek treatment?
13. What do you think about government-initiated programs to combat HIV/AIDS?
    a. Have these programs been effective?
14. Does the government play a role in this clinic?
    a. Does the government provide financial support for this clinic?
    b. Does the government train health care providers at this clinic?
15. Why do you think Senegal’s rate of infection is so low compared to other countries in Africa?
    a. Does Senegal’s predominantly polygamous society play a role in the country’s low rate of HIV/AIDS?
    b. Does it help when religious officials encourage awareness about HIV/AIDS?
    c. Are there any other factors that cause the rate to be so low?
16. Is there anything that you think should be different about the HIV/AIDS health care system that would improve treatment? Do you have any recommendations?

Ask for data or statistics on the clinic.
Interview Guidelines: 
Non-governmental Organization Officers

1. What is your current job title and description?
2. How long have you held your current job?
3. Have you held other jobs related to public health?
   a. If so, what were they?
4. Please describe the organization you currently work for.
5. Where does your organization operate? In Senegal or globally?
6. Do you offer programs that specifically target people infected with HIV/AIDS?
   a. Please describe these programs. (promoting community-level awareness; encouraging condoms and safe sex; distribution of brochures, posters, etc.)
7. Does your organization have any religious affiliation?
8. Why do you think the rate of infection is so low in Senegal?
   a. Does education play a role?
   b. Does the health care system play a role?
   c. Does religion play a role?
9. What kind of roles do religious leaders play in promoting HIV/AIDS awareness?
10. Does Senegal's predominantly polygamous society play a role in the country's low rate of HIV/AIDS?
11. What role has the government taken against HIV/AIDS in Senegal? Have they initiated any specific programs?
12. Is the government involved at all with this NGO? What is your relationship?
   a. Do you receive financial assistance from the government?
13. What are communities doing on the local level to educate about AIDS? Are they implementing preventive measures?
14. In what ways specifically do you think the work that you do with this NGO has helped prevent AIDS? OR In what way has your work helped people infected with HIV/AIDS?
15. Can you think of any other reasons why the rate of infection is so low in Senegal?
16. What steps could still be taken to lower the AIDS infection rate in Senegal? Is there anything Senegal could be doing better?

Do you have any literature or data available?
Appendix C

Pamphlet and Booklet
ALLIANCE DES RELIGIEUX ET DES EXPERTS MEDICAUX DANS LA REponce A L'EPIDEMIE DU SIDA AU SENEGAL

Les Principes médicaux, coraniques et bibliques que tout croyant doit lire, savoir et appliquer
AVANT-PROPOS

Cher lecteur

Ce présent document est un guide que tout sénégalais en âge d'activité sexuelle doit connaître, pour s'informer, informer son entourage et sa famille. Il augure le plan d'activités de l'Alliance Nationale des Religieux et des Experts Médicaux contre le SIDA au Sénégal.

Les conseils et obligations divines qui sont évoqués dans ce document doivent être appliqués par les croyants, mais aussi par la minorité des non-croyants sénégalais pour éviter la propagation du SIDA, prévenir la mort prématurée et préserver notre pays, le Sénégal, de ce fléau.

Ni l'État, ni les Religieux ne peuvent dicter les changements de comportements sexuels, il appartient à chaque sénégalais d'agir pour soi, de mettre sa volonté à l'épreuve pour lutter contre cette redoutable infection.

Ce document, concu par le Comité SIDA, l'ONG JAMRA, l'ONG Sida/Service et l'Association Nationale des Imams du Sénégal est un guide consensuel des Religieux (Chrétiens et Musulmans) et des Experts Médicaux sénégalais. Il facilitera la compréhension des croyants sur la maladie du Sida et leur donnera des armes pour mieux se protéger de cette infection et accompagner ceux qui en souffrent.
La religion est le premier don que Dieu a légué à l’Homme. La santé constitue, elle aussi un immense bienfait. Elle est le fondement de la vie, du progrès et de la civilisation.

La religion saisit l'homme dans sa totalité physique et spirituelle. Selon la religion, s'appuyer sur Dieu, écouter ses recommandations sont la base de toute prévention et guérison.

Rappelons que des maladies graves ont jalonné l’histoire de l’humanité. À l’image du SIDA, nous évoquerons l’exemple de la Syphilis apparue au 15ème siècle et qui ravagea une bonne partie de notre planète.

La mobilisation des Religieux a beaucoup contribué à ralentir la propagation de cette épidémie dont le remède n’est apparu qu’en 1942.

Les domaines de la prévention, de l’accompagnement et de la gestion de la confidentialité seront abordés dans le respect absolu de la personne qui est image de Dieu, dans une démarche de foi, d’espérance et d’amour.
CHIFFRES ACTUELS ET PROJECTIONS

Après 12 ans de lutte contre le SIDA, la mobilisation communautaire et celle des Religieux en particulier a permis à notre pays, l'Ouganda et la Thaïlande d'être les premiers pays en développement qui ont capitalisé les meilleurs résultats dans la prévention du SIDA.

La prévalence du virus du SIDA dans la population générale est de 1,4%, c'est à dire qu'environ 90 000 personnes sont atteintes du virus du SIDA au Sénégal. Les importants résultats capitalisés seront remis en question si les efforts de prévention ne sont pas renforcés au niveau individuel et collectif. L'épidémie continuera alors de se propager et la prévalence du virus du SIDA atteindra 3% dans la population générale en l'an 2003.

Les trois principaux facteurs qui favorisent la propagation de l'épidémie du SIDA au Sénégal sont "la précocité des rapports sexuels, la prostitution clandestine et la migration".

MODES DE TRANSMISSION

Il existe différents modes de transmission du SIDA :
- La transmission sexuelle (hétérosexuelle ou homosexuelle) : au Sénégal, comme dans la plupart des pays africains, plus de 80 % des contaminations font suite à des rapports sexuels.
- La transmission de la mère à l’enfant : 30 % des enfants nés de mères contaminées sont infectés du virus du SIDA. Ce chiffre va diminuer significativement grâce à la politique d'accès aux médicaments contre le SIDA en vigueur au Sénégal à partir de l'année 1998.
- La transmission par les produits sanguins infectés ou par des objets ou du matériel souillés de produits contaminés : mais les sujets transfusés dans les structures sanitaires sont tous dépistés et les dons de sang contaminés sont détruits.
MODES DE NON TRANSMISSION

Il est important de noter que le SIDA ne se transmet pas par la salive, par la transpiration, en serrant la main à quelqu'un, par les moustiques, par les toilettes ou par le verre d'un malade.

IMPORTANCE DU DEPISTAGE

Il est important pour toute personne de connaître son statut sérologique. Le dépistage peut constituer un bon moyen de se protéger et de protéger les autres de l'infection à VIH. La disponibilité des médicaments antirétroviraux constitue un argument supplémentaire pour le dépistage.

SIGNES DE LA MALADIE DU SIDA

Les principaux signes de cette maladie sont la diarrhée, l'amincissement, la fièvre, la toux, la tuberculose est l'infection la plus fréquente associée au SIDA au Sénégal.

Mais il faut surtout retenir que la plupart des personnes infectées du virus du SIDA ne présentent aucune symptomatologie extériorisée.

IMPACT DU SIDA SUR LE DEVELOPPEMENT ET SUR LA MORTALITE

Les études de la Banque Mondiale, du PNUD et de l'ONUSIDA ont montré que le SIDA a un impact négatif sur la productivité et le développement, parce qu'il atteint surtout les jeunes et les adultes en âge de productivité.

Les études récentes faites dans les pays très atteints comme le Botswana et le Zimbabwe montrent que l'espérance de vie a diminué de 10 à 12 ans dans ces pays à cause de l'importance de l'épidémie du SIDA.

En 1998, 2,5 millions de personnes sont mortes de SIDA dans le monde. Ce chiffre démontre que le SIDA et la paludisme sont actuellement parmi les cinq (5) maladies les plus meurtrières du monde.
Enfin, le SIDA a aggravé le tableau de l'épidémie de tuberculose. Trois (3) millions de nouveaux cas ont été enregistrés à cause du SIDA.

TRAITEMENT ET VACCIN

Les traitements contre le virus du SIDA commencent à être actuellement accessibles au Sénégal mais coûtent cher. Le traitement annuel d'un malade du SIDA revient à 5 millions de francs CFA. Et le malade doit se traiter toute la vie.

Les traitements les meilleurs contrôlent le virus du SIDA dans le sang, font disparaître les infections opportunistes, améliorent nettement l'état de santé du malade, mais n'éliminent pas le virus du SIDA, notamment dans le sperme et dans certains organes comme le cerveau.

Ainsi, une personne infectée par le VIH peut contaminer son ou ses partenaires même si elle est sous traitement, quand les rapports sexuels ne sont pas protégés.

LE VACCIN

Des progrès importants ont été réalisés mais dans l'état actuel des connaissances le vaccin efficace contre tous les types du virus du SIDA ne peut être accessible avant au minimum 5 à 10 ans.

IMPORTANCE DE LA PREVENTION

Le coût très élevé des traitements, la complexité et les difficultés liées à la découverte du vaccin et l'impact du SIDA sur le développement sont ainsi autant de facteurs qui doivent entrainer le renforcement de la prévention du SIDA au niveau individuel et des communautés.

MOYENS DE PREVENTION

Selon les médecins, les moyens de prévention pour se protéger du SIDA sont:
- la préservation des comportements moraux, la fidélité et l’abstinence,
- Et l’utilisation des préservatifs, “Si vous ne pouvez pas rester fidèles ou vous abstenir, utilisez systématiquement le préservatif pour vous protéger et protéger votre partenaire du virus du SIDA”.

**PREVENTION DE LA TRANSMISSION DU VIH DE LA MERE A L’ENFANT**

Grâce aux nouveaux médicaments disponibles actifs contre le VIH, il est désormais possible de réduire significativement le risque de transmission du virus de la mère à l’enfant durant la grossesse, l’accouchement et l’allaitement.

Un important programme de prévention de la transmission du VIH de la mère à l’enfant du VIH a été mis en place. Il est recommandé à toute femme enceinte de faire un test de dépistage afin de pouvoir bénéficier, en cas de séropositivité, d’un traitement préventif.
PRINCIPES CORANIQUES ET BIBLIQUES

1- LA PREVENTION

“Dieu ne change jamais l’état d’un peuple tant que ce peuple n’a pas changé lui-même son comportement” nous dit le Coran (Sourate 13, Verset 11)

A/ CONVICTIONS

* La prévention demeure le moyen le plus efficace contre l’expansion de la pandémie
* Les comportements à adopter sont :
  - l’abstinence
  - la fidélité
au nom de l’amour humain qui est le reflet de Dieu pour les hommes.

“Tu aimeras ton prochain comme toi-même” Matthieu 22,37-39

“Ne savez-vous pas que votre corps est un temple du Saint-Esprit, qui est en vous et que vous tenez de Dieu ? Et que vous ne vous appartenez pas ?” nous dit Saint Paul dans la première Lettre aux Corinthiens (1 Cor.6, 19)

Le prophète Mohamed (PSL) n’a jamais cessé de s’adresser aux hommes et aux femmes en ces termes :
“celui qui garantit de préserver ce qui est entre ses mâchoires et entre ses cuisses de tout ce qui est illicite, je lui garantis alors le paradis.” (d’après Boukhary et Mouslim).

Il nous rappelle de même que “chacun de nous est un berger et on demandera à chacun le compte de son troupeau” (d’après Mouslim).

“Il est bon pour l’homme de s’abstenir de la femme. Toutefois, à cause des débauches, que chaque homme ait sa femme et chaque femme son mari” écrit Saint Paul (1 Corinthiens 7, 1-2)
Les religions condamnent toutes les pratiques immorales (homosexualité, libertinage sexuel, prostitution). Le prophète Mohamed (PSL) a dit que “lorsque le libertinage sexuel et tout ce qu’il entraîne apparaît dans la société, celle-ci attire sur elle-même le châtiment de Dieu ” (d’après hakim)

“Ne vous y trompez pas ! Ni impudiques, ni idolâtres, ni adultes, ni dépravés, ni gens de moeurs infâmes ... n’hériteront du Royaume de Dieu ” (1 Corinthiens 6, 9-1)

Dieu a dit dans le Saint Coran “n’approchez point la fornication. En vérité, c’est une turpitude et quel détestable chemin !” (Sourate 17, verset 32)

*N’avez-vous pas lu que le Créateur, dès l’origine, les fit homme et femme, et qu’il a dit : ainsi donc l’homme quittera son père et sa mère pour s’attacher à sa femme, et les deux ne feront plus qu’une seule chair ? Ainsi ils ne sont plus deux, mais une seule chair”. Matthieu 19, 4-6

* Faciliter et encourager le mariage peut être considéré non seulement comme une recommandation, mais encore comme forme efficace de prévention des Infections Sexuellement Transmissibles et du SIDA.

*Aucune religion n’impose le lévirat ou le sororat. Elle les interdit formellement, surtout lorsqu’il y a risque de transmission ou de contamination.

* Il faut aussi éviter de banaliser la femme, d’en faire un objet de publicité et de convoitise publique. La respecter, c’est garder l’image sacrée de la mère.

“Le premier bienfait qu’un enfant puisse recevoir de son Seigneur, c’est d’avoir une mère croyante, vertueuse et chaste”.
II) ACCOMPAGNEMENT DES PERSONNES VIVANT AVEC LE VIH

A/ CONVICTIONS

Dans le preambule de Gaudium et Spes ( l’Eglise dans le monde de ce temps ), nous trouvons :
“les joies et les espoirs, les tristesses et les angoisses des hommes de ce temps, des pauvres surtout et de tous ceux qui souffrent, sont aussi les joies et les espoirs, les tristesses et les angoisses des disciples du Christ et il n’est rien de vraiment humain qui ne trouve écho dans leur cœur ”.

“Apporter aux frères et soeurs atteints du Sida tout le réconfort possible du point de vue matériel comme du point de vue moral et spirituel ” ( Cf. Ecclesia in Africa, 116 ).

* Préparer psychologiquement le malade et lui permettre d’accepter, d’assumer et de gérer positivement son nouvel état conformément aux prescriptions islamiques qui demandent aux croyants de faire preuve de persévérance et d’endurance face à la maladie.

* Ne pas désespérer le malade, lui apporter réconfort moral, spirituel, et même financier. Et beaucoup de compassion.

“Avez de la compassion pour ceux qui sont sur terre, ainsi ceux qui sont dans les cieux auront de la compassion pour vous” (d’après Boukhary et Mouslim).

Le Prophète (PSL) a dit : “les musulmans doivent être unis comme un seul corps ; si une partie du corps est atteinte, tout le corps en souffre “. (d’après Boukhary).

Si les hommes passent outre cet avertissement divin, la turpitude se développera sur terre et sur mer du fait de leurs propres péchés.
B/ INFORMATION - EDUCATION

INFORMATION

* L'Information doit être vraie, adaptée large et complète. Elle n'est ni partielle, ni mensongère. Elle s’adapte à la sensibilité des personnes dans le respect absolu de leurs croyances, de leurs convictions, de leur histoire personnelle. Elle a le souci de toucher tous les hommes et tout l'homme. (Charte de SIDA SERVICE, 10)

EDUCATION

* L’Information ne saurait suffire, elle doit se situer dans une démarche éducative. La question du SIDA montre l’importance et l’urgence d’une éducation sociale, affective et sexuelle des jeunes et les moins jeunes. Elle concerne la connaissance de soi, du corps, l’amour et l’estime de soi-même et des autres. (Charte de SIDA SERVICE, 11).

Dieu dit : “Je vous établirai sur terre un vicaire (Khalife)...” (Sourate Al Bakhara. La vache, verset 30). L’homme est considéré comme vicaire de Dieu sur terre : une créature noble à laquelle Dieu a attribué un statut suprême dont le socle est la qualité et la responsabilité”.


Il ressort des enseignements du Prophète (PSL) que “Donner une bonne éducation à son enfant est meilleure pour le parent que de donner une aumône de nourriture par jour” (d’après Boukhary).

“Quicleve bien son fils en tirera satisfaction ! et parmi ses connaissances il s’ennoncera fier” l’Ecclesiastique 30,2

* L’éducation religieuse à la vie familiale et la préparation au mariage doivent être privilégiées dans les communautés religieuses, dans les associations et mouvements de jeunes, d’adultes, en milieu scolaire.
* La famille doit rester une cellule sacrée. Lorsqu’elle est sainte, toute la société le devient et vit alors en toute sécurité et tranquillité.

* Le mariage est une institution divine, visant entre autres objectifs, l’expression sexuelle des époux en toute sécurité et tranquillité.

* Le mariage est une institution divine, visant entre autres objectifs, l’expression sexuelle des époux et la sauvegarde du genre humain.

B/ CONTENU DE L’ACCOMPAGNEMENT

* L’accompagnement ne concerne pas seulement les personnes vivant avec le virus du SIDA mais s’étend aussi à leur entourage proche. Il doit porter essentiellement sur : l’accueil, l’écoute, l’empathie, la compassion et la prière qui est une arme efficace.

* Nous devons accueillir chaleureusement les personnes vivant avec le VIH et leur entourage, prendre le temps de les écouter, leur témoigner empathie et compassion, leur apporter un soutien matériel et médical, et prier pour eux. Les prophètes de toutes les religions révélées ont toujours manifesté leur compassion, leur sollicitude et leur solidarité avec ceux qui souffrent.

C/ COMPORTEMENT DE L’ACCOMPAGNATEUR

* L’accompagnateur doit être suffisamment informé sur les différents aspects de la maladie.
* Il doit se créer une relation permettant à l’accompagné comme à l’accompagnateur de s’exprimer en toute liberté.

* L’engagement de l’accompagnateur se traduit par le témoignage de la foi, le respect et la considération de l’autre, une disponibilité face aux attentes de l’accompagné tout en ayant conscience de ses limites.

3 - CONFIDENTIALITÉ

Ce qui fonde la confidentialité, c’est la dignité et les droits inviolables de la personne humaine.
A/ LE SECRET PROFESSIONNEL

* Médecins, Educateurs ou Conseillers, nous sommes en contact avec des personnes qui, parce qu’elles ont confiance en nous et se savent assurées de notre discrétion, nous livrent des détails sur leur vie personnelle et sur celle de leur entourage. Nous sommes tenus au respect de la confidentialité qui consiste à savoir garder absolument un secret confié dans l’exercice de notre engagement.

“ Avec ton prochain, vide ta querelle, mais sans révéler le secret d’autrui, de crainte que ta dislamation soit sans retour”. Proverbe 25. 9

* Les religions demandent aux croyants de respecter la confidentialité ; cependant, dans un couple légal, il est souhaitable que les conjoints s’informent réciproquement pour éviter la propagation au sein de la famille.

B/ LA REVELATION DE LA SEROPositivite

* Une fois que la personne séropositive connaît son état, il faut l’aider à prendre conscience qu’il faut l’annoncer en priorité à son conjoint, à ses partenaires, à ses parents si elle est mineure ou dependante encore de sa famille d’origine. La révélation d’un état de séropositivité à qui de droit peut se faire avec la participation directe d’un accompagnateur, ou encore en passant par un membre influent de la famille élargie, mais toujours avec l’accord de la personne concernée.

* Si les personnes concernées montrent une certaine résistance, les médecins doivent conseiller aux patients de demander l’assistance de leur leader religieux pour annoncer leur statut à leur conjoint.
DOCUMENTS DE REFERENCE

- Le Coran
- Hadiths du Prophète (PSL)
- La Bible
- Actes du Concile Vatican II
- Actes du Colloque national “Sida et Religions : Réponses des églises chrétiennes” - Janvier 1996
- Charte de SIDA SERVICE
- Guide de l'accompagnateur (SIDA SERVICE)
- Résolution finale du séminaire de juin 1998 sur “La confidentialité organisé par SIDA SERVICE”
- Guide Islam et Sida (Jamra et ANIS) -
- Résolution du premier colloque “Islam et Sida” (mars 1995) organisé par l'ONG Jamra
- Actes du Colloque international “Sida et Religions” (octobre - novembre 1997 ) organisé par Jamra, ANIS, SIDA SERVICE, CNLS
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RESEAU NATIONAL ISLAM/SIDA/EDUCATION

COALITION DES RELIGIEUX MUSULMANS POUR UNE HARMONISATION DES MESSAGES DANS UNE SYNERGIE D’ACTION

JOURNEE DE REFLEXION POUR LA MISE EN PLACE DE NATIONA LSALAM ET VIH/SIDA

03 mai 200
- Dans le monde chaque jour 6000 personnes sont infectées. Cinq millions (5 000 000) de personnes ont été infectées en 2001 dont 800 000 enfants.

- En Afrique au sud du sahara environ 3,5 millions de nouvelles infections ce qui a porté à 28,5 millions de personnes vivant avec le VIH.

- Au Sénégal
  - 80 000 personnes vivent avec le virus du SIDA dont 45 300 adultes, 47% de femmes et 4000 enfants de moins de 15 ans.

  4200 nouvelles infections

  4500 décès dus au VIH/SIDA

  * Environ 90% de la transmission se fait par voie sexuelle. Certains comportements et attitudes accentuent la propagation du virus.

  * Prostitution clandestine / libertinage sexuel

  * Rapports sexuels précoces chez les jeunes

  * Pratiques culturelles à risque (levirat-sororat)

  * Peur de se faire dépister
- Le mode de transmission le plus fréquent (environ 90% des cas) se fait au cours des rapports sexuels.

- Par le sang contaminé, utilisation d'instruments tranchants souillées par le sang contaminé (aiguilles, lames, seringues).

- De la transmission mère-enfant pendant la grossesse au moment de l'accouchement ou pendant l'allaitement.

- Attention toutes les infections sexuellement transmissibles fréquentes et non traitées nous exposent à l'infection du VIH/SIDA.
- Les actes de la vie courante

☐ Partager le même établissement scolaire, lieu de travail.

☐ Manger et boire ensemble.

☐ Se saluer.

☐ Partager les toilettes.

☐ Echanger les habits.

☐ Partager les véhicules de transport.

☐ Jouer ensemble.

☐ les piqûres d'insectes.
COMMENT FAIRE POUR ÉVITER LE SIDA
SELON LES PRÉceptES ISLAMIQUES

La religion est un don que DIEU a légué à l'homme. La santé constitue elle aussi une immense bienfait.

- Prévention

Seul un ancrage aux valeurs islamiques dont le socle est l'abstinence et la fidélité nous permettra de lutter efficacement contre la pandémie du SIDA. Car “DIEU ne change jamais l’Etat d’un Peuple tant que ce peuple n’a pas changé lui même son comportement” (Sourate 13 - verset 11)

Le Prophète Mohamed (PSL) n’a jamais cessé de s’adresser aux femmes et aux hommes en ces termes : “celui qui garantiit de préserver ce qui est entre ces machoires et entre ces cuisses de tout ce qui est ilicite, je lui garantis alors le paradis” (d’après Boukhary et Mouslim). Et DIEU a dit dans le Saint Coran : "N’approchez point la fornication. En vérité, c’est un turpitude et quel détestable chemin (Sourate 17 - Verset 32).

- Dépistage

La connaissance du statut sérologique permet de te protéger et de protéger les autres.