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The Impact of Culture on AIDS/Sex Education Methods in India and Brazil, and Whether These Methods Could Successfully Be Used in America
(based off Case Study 4-6)

“The concept of culture implicitly assumes that people from various backgrounds are exposed to their unique traditions... which provide them with difference learning environments... which in turn lead to variations in moral standards, beliefs, and behaviors across cultures” (Pallab, et al.). Using this definition, it is possible to infer that culture also influences perceptions of right versus wrong; ethical versus unethical. In a sense, ethics are the moral dimension of culture, and the two are inextricably related. Sexual activity has historically been closely tied to morals and ethics – from burning adulterers to the condemnation of homosexuals – making it that much more difficult for open and frank sexual discussions to take place in certain countries. Any time a sexually transmitted infection or disease is found to be spreading quickly through a population, there are outcries from people denouncing so-called rampant sexual activity. One such transmitted infection is still today believed by some to only infect those involved in certain types of sexual behavior.

For as long as AIDS has been around, the Acquired Immune Deficiency Syndrome has been the subject of much debate in terms of both its history and how to educate the public about it. The numerous theories, ranging from extremely controversial to scientifically accepted, show the confusion surrounding the origins of AIDS. Many people originally believed that HIV, the retrovirus that causes AIDS, could only be passed through homosexual intercourse. In 1984, however, cases of AIDS being passed on through heterosexual intercourse started to appear.

Still, many people believed having HIV or AIDS meant the infected person was homosexual. The first case of AIDS was believed to have occurred in Manchester, UK in 1959. Some scientists now believe the patient did not actually suffer from HIV or AIDS. What is not under debate, however, is that 1981 brought about the first agreed upon deaths from AIDS: By the end of the year, 121 men in the United States died from the syndrome. The following year, AIDS had been detected on five continents. By 1987, just under seventy-two thousand cases of AIDS worldwide had been reported to the World Health Organization. The WHO believed that upwards of 10 million people may be infected without their knowledge, causing reports to be incorrect. With the hope of combating a possible AIDS epidemic, the WHO launched their Global Program and, in 1988, declared the first World Aids Day.

The most effective way of slowing down an AIDS epidemic is education. Without the knowledge of how AIDS is spread, there is no way to prevent an epidemic within the global community. However, certain cultural beliefs – *moral* beliefs – prevent AIDS education from being the same throughout the world.

India has historically been a sexually liberated culture. In the past, there were no taboos on nudity and, in fact, India is arguably the country where sexual pleasure was first regarded as a science, as seen through such philosophically-and-scientifically-oriented works as the *Kama Sutra*. Historical works show evidence that ancient Indian culture was as sexually tolerant as many modern cultures today. Medieval and colonial times in India brought occupations by various groups from conservative Islam to the powerful and forceful Britain, bringing with it the Catholic Inquisition. The wide variety of cultures that have occupied India have led to a somewhat puritanical and Victorian view of sex in Indian culture. Conservative views of sexual relationships and activity are the norm in India, though with globalization and increased

exposure to cultures around the world, India has rather ironically begun its own sexual revolution in major cities.

Because AIDS never existed back when India was so liberated, the country's point of view toward AIDS education has generally been very conservative. India has offered sex education since the late 1980s, but the course offered little to no information on contraception or sexually transmitted infections. In May 2007, six of India's twenty-eight states "banned sex education for adolescents or refused to implement the curriculum, saying the course material was too explicit or that it was against Indian culture" (Reuters, "6 States in India..."). According to the article, the Hindu government has decided that discussing sex is improper for Indian teenagers and they will be introducing a course in yoga, instead. The stigma surrounding sexual discussions is such that India has begun educating barbers on safe sex – with the hopes that the barber shops' generally female-free zone will encourage the men to talk about condoms and AIDS prevention.

Sexual activity has increased in recent years, with studies showing twenty-five percent of Indian woman from ages 18-30 having had premarital sex. In the country with the highest number of HIV-positive people, – 5.7 million – forty percent of Indian women have never heard of the terms "HIV" or "AIDS" (Reuters, "6 States in India..."). This is not for lack of trying by certain Indian interest groups; Vandana Sharma, director of Nari Raksha Samiti, a charity long known for its campaigns for better sex education in schools, has openly declared the reason for the course's necessity: "This kind of teaching was not necessary 10 years ago. But now India is merging more and more with Western cultures... through cable television. Teenagers see characters having extra-marital affairs... and they want to experiment, too. The real problem is with the soaps – these are against Indian culture – not the sex education, which really represents

the solution” (Gentleman). This point of view – that the invasion of Western culture is to blame – seems fairly common. Actor Richard Gere, appearing at an AIDS awareness rally in New Delhi, kissed Indian celebrity Shilpa Shetty on the cheek. This display of public affection was considered obscene by many Indians, some of whom burned images of Gere and called for his arrest, saying that proponents of Western culture should not intrude on that of India.

The Brazilian view of sex is markedly different than that of India. South America’s largest country allows prostitution so long as participants are consenting adults over the age of eighteen. Rather than condemn the institution for spreading STIs, Brazil’s government has embraced prostitution as a way to reach sexually active citizens in a manner few, if any countries, have done. They offer free direct outreach to prostitutes, giving them education alongside unlimited condoms. This is extremely important, as 6% of prostitutes in certain areas of Brazil have been diagnosed with HIV (“Fact Sheet: Latin America”). Prostitutes are taught through state-funded programs that condoms are a necessity in their industry and make it a point to use the government-supplied contraceptives. Brazilian AIDS activist Sonia Correa explains that “the denial and the stigma that you find attached to sexual health issues in so many places isn’t found in Brazil,” making this method of education one of the best ways to slow down the spread of AIDS in her country (Reel). This can be seen in the numbers: Condom usage throughout Brazil has increased by about 50% in the years since this program was first implemented (“Fact Sheet: Latin America”).

Until 1985, Brazil was under a dictatorship in favor of full censorship. When the regime fell, Brazil became extraordinary liberal, allowing everything from transvestite revues to strip shows to be advertised on television. Since then, Brazil has been known for its unblushing sexuality – especially prevalent during the Bacchanalian holiday, Carnaval.

The Brazilian government has decided to use their knowledge of Carnaval as an “clothes and inhibitions optional” time to raise AIDS and safe sex awareness (Gentleman). They have made extensive efforts to promote condoms, setting goals of distributing at least 25 million condoms during the holiday. These free condoms are handed out with pamphlets describing proper usage as well as statistical information.

This form of sex education is especially important in Brazil, because the culture dictates that it is common for men to have extramarital affairs and not tell their wives. Additionally, women tend to be punished both physically and emotionally for questioning a man’s sexual history or requesting the use of a condom. Interestingly, it is considered more acceptable among Brazilian youths to use a condom when in a long-term relationship, but less masculine to use one during a one-time sexual encounter – such as occurs in many situations involving alcohol – not the least of which is Carnaval. This ties back to the extensive condom distribution by the government at such times. (Levinson, et al.).

Sociocultural context must be taken into consideration when developing AIDS education methods. Although many Americans claim to view India as a somewhat backwards country, due in part to the country’s reaction to the Gere/Shetty incident, their point of view on sexual education is very similar to ours. The US government’s official stance is that abstinence, and only abstinence, should be taught to students. In 2005, the government allocated \$167 million in funding for abstinence-only sex education courses. Around the same time, a law was passed stating that for a sex education course to receive funding, “it must not talk about the health benefits of using condoms – only about how they fail” (Bradley). Many educators are forbidden by law to answer questions relating to proper condom usage – a big problem in a country where 88% of teenagers who pledge to remain virgins until marriage will eventually break that pledge,

many of whom will not use a condom (Bradley). Although the American stance is that illustrated sexual education teaching about condom usage and AIDS is based on not wanting to negatively impact students' psyche, it is not terribly different than the Indian's government's decision to forgo sex education to preserve Indian culture. Reasons may be vastly different, but the education methods seem fairly similar.

The Brazilian way of dealing with AIDS stands out from both India and America. In the past years, the government has refused \$40 million in US AIDS grants due to the accompanying condition: that Brazil denounce its sex workers ("The Anti-Prostitution Loyalty Oath..."). Because Brazil's AIDS education methods involve teaching prostitutes, by definition, it would not be a success in America. Additionally, the process of free condom distribution to all age groups goes against America's requirements for government funding.

Before developing a system for educating a country on AIDS, the culture must first be thoroughly examined. A country's customs and belief system plays a large role in the public's attitude and perception towards sex. Perhaps Gabriela Leite, a retired Brazilian prostitute, sums it up best: "It's strange, this attitude... that says [one country's way] is the best, even in another culture that is completely different. If that's the way it's done in your culture, that's fine. But it's different here, and we'll do it our way" (Reel).

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