



A methodology for building culture and gender norms into intervention: An example from Mumbai, India

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ABSTRACT

This paper responds to the call for culturally-relevant intervention research by introducing a methodology for identifying community norms and resources in order to more effectively implement sustainable interventions strategies. Results of an analysis of community norms, specifically attitudes toward gender equity, are presented from an HIV/STI research and intervention project in a low-income community in Mumbai, India (2008–2012). Community gender norms were explored because of their relevance to sexual risk in settings characterized by high levels of gender inequity. This paper recommends approaches that interventionists and social scientists can take to incorporate cultural insights into formative assessments and project implementation. These approaches include how to (1) examine modal beliefs and norms and any patterned variation within the community; (2) identify and assess variation in cultural beliefs and norms among community members (including leaders, social workers, members of civil society and the religious sector); and (3) identify differential needs among sectors of the community and key types of individuals best suited to help formulate and disseminate culturally-relevant intervention messages. Using a multi-method approach that includes the progressive translation of qualitative interviews into a quantitative survey of cultural norms, along with an analysis of community consensus, we outline a means for measuring variation in cultural expectations and beliefs about gender relations in an urban community in Mumbai. Results illustrate how intervention strategies and implementation can benefit from an organic (versus *a priori* and/or stereotypical) approach to cultural characteristics and analysis of community resources and vulnerabilities.

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Introduction

Adjusting and adapting interventions to a community's cultural and social context is now a well-recognized part of behavioral change and development programs (Lyles et al., 2006; McKleroy et al., 2006). Most intervention programs are developed in the West (Europe and the United States), and while nowadays they are not simply imposed without modification, they more often than not aim for speedy implementation at the risk of overlooking

critical contextual factors. Anthropologists and other social scientists who explore culture as a key variable have been critical of interventions for their oversimplification of the role of culture, but have generally not provided guidelines that can suggest how to make interventions more culturally-informed.

This paper seeks to implement a call for culturally-relevant intervention research and implementation (UNAIDS, 2008) that can assist developers and interventionists to identify existing community norms and resources available to disseminate and sustain intervention activities. We seek to present innovative approaches that can apply cultural insights into intervention research and project implementation. These approaches include how to (1) examine modal beliefs and norms, any patterned variation within the community and the strength of cultural agreement or cohesion within and among community subgroups (2) identify and assess variation in cultural beliefs and norms among different community sectors (including community and religious leaders, community-service sector, and the general population); and (3)

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identify differential needs among sectors of the community and key types of individuals best suited to help formulate and disseminate culturally-relevant intervention messages.

Results of an analysis of community norms, specifically attitudes toward gender equity, are presented from a research and intervention project on HIV/STI prevention in a low-income community in Mumbai, India. Prevention of HIV has been identified as a critical topic requiring culturally-informed and evidence-based intervention approaches (NIMH, 2007), particularly those addressing gender inequities and sexual double standards (Bermudez et al., 2010; Jewkes, 2010).

The role of culture in sustainable behavioral change

Interventions promoting behavioral change need to address relational and community-level factors (e.g., marital, social, economic, political) contributing to behaviors that negatively impact health (Becker, Bazant, & Meyers, 2008; Peterson & DiClemente, 2000). The limited long-term efficacy of behavioral, individual skills-based and informational approaches to prevention and intervention (Gillies, 1998) highlights the need to understand sociocultural contexts and to develop “health-enabling communities” (Tawil, Verster, & O’Reilly, 1995) to support and sustain behavioral change. Addressing community dynamics can lead to better absorption and institutionalization of intervention activities and principles by implementing organizations, increased capacity of community members and organizations to mobilize resources, technical assistance, researcher involvement, and public support for existing or developing programs (Jana, Basu, Rotheram-Borus, & Newman, 2004; Schensul, 2009). Programs that extend beyond the individual to peer, family, and community involvement have proven effective in a number of interventions, contributing to the reduction of cardiovascular risk (Weinehall et al., 2001), reduction in childhood obesity (Beech et al., 2003; Janicke et al., 2008), greater adolescent psychosocial health (Williams, Reinfurt, & Wells, 1996), greater treatment efficacy for co-occurring mental illness and substance abuse disorders (Holder, 2000), and reduction of sexual risk factors among substance-users (Fleming, Tumilty, Murray, & Nunes, 2005).

Addressing contextual factors is particularly important in the context of HIV/STI prevention. Dworkin and Ehrhardt (2007) and others (Exner, Dworkin, Hoffman, & Ehrhardt, 2003; Gupta, 2001) argue that many commonly-used strategies to reduce HIV risk among women (e.g. abstinence, fidelity, condom use) are ineffective because they fail to address how “gendered contexts,” including how cultural practices and institutions contribute to sexual double standards and gender-discriminatory practices affecting women’s sexual risk and disempowerment. Findings from a variety of cultural settings, including China, India, Peru, Russia and Zimbabwe (Becker et al., 2008; Hawe, Shiell, Riley, & Gold, 2004; NIMH, 2007) suggest that to effectively impact sexual risk reduction, it is necessary to address how gender power dynamics are supported by cultural beliefs and norms. A number of studies from India (e.g. Bermudez et al., 2010; Go et al., 2003; Jewkes, 2010; Maitra & Schensul, 2002) suggest that community gender norms often sanction domestic violence and contribute to sexual double standards that interfere with women’s ability to effectively adopt HIV-preventive behaviors. However, programs designed to reduce HIV risk in this context have so far been challenged by a lack of clear strategies and methodologies for changing behavioral norms and stigma associated with safe sex practices (Bhattacharya, 2004; Jana et al., 2004; Latkin & Knowlton, 2005) Furthermore, few HIV risk-related studies illustrate how to characterize contextual norms without resorting to stereotypes and how to apply information

about cultural norms in practice (Grassly, Garnett, Schwartländer, Gregson, & Anderson, 2001).

Translating knowledge about cultural norms

For the purposes of this paper, norms are defined here as any expectations and proscriptions for behavior that are associated with cultural values and beliefs and have motivational influence (D’Andrade & Strauss, 1992). Because norms are likely to vary among individuals and across segments of a population (Pelto & Pelto, 1975), a challenge for interventionists is to identify not only the dominant cultural pattern(s) but also the degree and sources of intra-community variation in order to most effectively target or seek support for messages and activities. Identifying key individuals and segments of the population whose views are congruent with planned intervention messages in addition to those whose views are dissimilar helps interventionists to better understand the composition of the community and to engage with these subgroups both as sources of potential support and opposition.

Analyzing variation in a community can entail a wide range of mixed-methods. Ethnographic interviewing to explore community characteristics constitutes an important first step in getting to know a community (Schensul, Schensul, & LeCompte, 1999). Ethnography can also provide a means for describing and tracking change both qualitatively and quantitatively (Schensul, 2009) and for understanding cultural knowledge from an “emic” perspective (LeCompte and Schensul, 1999). Various techniques, including ethnographic mapping (Tripathi, Sharma, Pelto, & Tripathi, 2010), in-depth interviewing and immersion in the daily lives of community members can provide insight into links between individuals, groups and institutions. For the purposes of intervention, ethnography can help to identify social network and media-based links (e.g. television, radio, and/or internet communications) that can be constructive for dissemination of preventive messages (Buraway et al., 2000; Schensul & Trickett, 2009). Participant observation and interviews with key informants can also help to assess potentials for collaboration (Averill, 2003), particularly useful in formative stages of intervention research.

Cultural analysis contributes to one of the fundamental goals of translational research, which is the need for a better understanding of the factors affecting the reception of intervention programs and their continuity within the community (Green & Glasgow, 2006; Mendel, Meredith, Schoenbaum, Sherbourne, & Wells, 2008; Mercer, DeVinney, Fine, Green, & Dougherty, 2007). Successfully translating data about cultural norms into an intervention requires a clear sense of how intra-cultural or community differences may be interpreted and acted upon by interventionists in order to match the needs, capacities, interests, cultural perspectives and values of both implementers and recipients of the program (Castro et al., 2004; Solomon, Card, & Malow, 2006). Cultural analysis forms part of a larger pre-implementation or community “readiness” assessment (e.g. Plested, Jumper-Thurman, Edward, & Oetting, 1998; Miller & Spilker, 2003) in order to predict challenges in the implementation process, anticipate outcomes and strategize scaling up of interventions (Fuller et al., 2007; Panzano & Roth, 2006).

Methods

The data on which this paper is based are drawn from an Indo-US, NIMH funded project (2007–2012) involving collaboration of the University of Connecticut School of Medicine, the Institute for Community Research, Tulane University, the Asia Regional Office of the International Center for Research on Women, the Tata Institute for Social Sciences, the Population Council and the National

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