Sense and sensibilities: the psychosocial and contextual determinants of STD-related behaviour

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1. The urgency to respond to an escalating health problem often neglects the need to systematically planned and executed interventions which then result in ineffective activities.

2. Social-cultural understanding of disease determines the use of formal medical and traditional health care mechanisms for treatment.

3. The complexity of the socio-cultural context that underlies STD illness representation with specific reference to gender constructions and traditional beliefs should not be underestimated as it poses a major challenge to sustained behaviour change interventions.

4. Interventions directed at STD preventive behaviour need to promote a norm which encourages men to take responsibility not only for their own health but also for their sexual partner's health.

5. There needs to be a combination of a social and biomedical science approach to health care delivery in order to meet the challenge posed by STDs/AIDS.
6. A simultaneous utilisation of both the formal medical and the traditional medical system reflects a holistic approach to care and must not be viewed as contradictory.

7. Situations of poverty and desperation are eroding social norms and values making people vulnerable for exploitation in sex, crime and violence.

8. Young people need to be part of a process that engenders hope in the future in order to discourage them from participating in behaviours that place them at risk.

9. For STD/HIV prevention interventions to be culturally sensitive and appropriate health workers need to be trained in both social and biomedical sciences.

10. Health education interventions such as Tobacco prevention programmes, STD prevention programmes, and Violence prevention programmes need to be preceded by a detailed study of the determinants of relevant behaviours before financial investments into these programmes are made.
Stellingen behorende bij het proefschrift:

Sense & Sensibilities:
The psychosocial and contextual determinants of STD-related behaviours

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1. An in-depth qualitative investigation of the psychosocial, cultural and contextual factors that influence health and health related behaviours is a necessary first step in the development of an intervention.

2. The illness representations of patients with STDs are reflections of their socio-cultural understanding of disease, this in turn impact on their general perceptions of the cause of STDs, their perception on their risk to contract STDs and their ideas on prevention.

3. The establishment of a safer sex norm both among men and women, in which condom use is seen as a responsible act and an act of caring needs to be fostered.

4. The concept of monogamy has been challenged through the ages and continues to be challenged in modern Africa. It is therefore important that any health education intervention that is aimed at preventing STDs including HIV be designed in such a way that it meets this challenge.

5. True empowerment of women can only be achieved through a process of exploration, negotiation and education of both men and women concurrently.
6. The incorporation of the socio-cultural and economic dimensions of women's vulnerability to STDs/HIV needs to inform feasible gender sensitive prevention initiatives.

7. The willingness and ability for men and women to communicate would facilitate the overcoming of barriers posed by different sexual relationships.

8. The fragmentation of knowledge that characterizes the Western practice of human sciences tends to underestimate the reciprocal relationship between health promotion and sustainable development.

9. Community participation in planning, implementation and decision making forms part of a transformation process that takes place within individuals to assist them in overcoming feelings of helplessness and powerlessness and to gradually take control over their own lives.

10. The fostering of a truly participatory democratic society can be enhanced through health promotion by facilitating community action and building skills at an individual level.

11. South Africa could benefit from national guidelines that health education interventions could rely upon.